

**THE SAN MATEO HEALTH COMMISSION
Regular Meeting
October 8, 2025 - 12:30 p.m. Pacific Time
Health Plan of San Mateo
801 Gateway Blvd., Boardroom
South San Francisco, CA 94080**

This meeting of the San Mateo Health Commission will be held in the Boardroom at 801 Gateway Blvd., South San Francisco. Members of the public wishing to view this meeting remotely may access the meeting via YouTube Live Stream using this link: <https://youtube.com/live/FSnNWLvYwJ0?feature=share>. Please note that while there is an opportunity to provide public comment in person, there is no means for doing so via the Live Stream link.

AGENDA

- 1. Call to Order/Roll Call**
- 2. Public Comment/Communication**
- 3. Approval of Agenda***
- 4. Consent Agenda***
 - 4.1 Approve Six-Month Amendment Extension to Agreement with American Logistics Company
 - 4.2 Approve Extension of Amendment Agreement with Toney Healthcare
 - 4.3 QIHEC Meeting Minutes – June 26, 2025
 - 4.4 San Mateo Health Commission Meeting Minutes from September 10, 2025
- 5. Specific Discussion/Action Items**
 - 5.1 Health Outcomes and Population Health Updates
 - 5.2 HPSM Investing for the Future - Continued Discussion
- 6. Report from Chief Executive Officer**
- 7. Other Business**
- 8. Adjournment**

**Items for which Commission action is requested.*

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MEMORANDUM

AGENDA ITEM: 4.1

DATE: October 8, 2025

DATE: October 1, 2025

TO: San Mateo Health Commission

FROM: Pat Curran, Chief Executive Officer
Amy Scribner, Chief Health Officer
Gale Carino, Director of Integrated Care
Erica Han, Program Manager, Transportation

RE: Approve Six-Month Amendment Extension to Agreement with American Logistics Company

Recommendation

To avoid disruption in services to members, we seek approval to authorize the CEO to extend the current NMT vendor agreement with NMT vendor, American Logistics (AL), for six months. This amendment request would extend services for six additional months from January 1, 2026, through June 30, 2026, allowing HPSM adequate time to complete the RFP process.

Background

NMT involves member transportation necessary to access any Medi-Cal covered service. AL has been HPSM's NMT vendor since the firm was selected through an RFP process in 2009:

- 2009: Selected through RFP process to administer the CareAdvantage (CA) ride benefit.
- 2015: Selected through a subsequent RFP to continue offering the CA ride benefit.
- 2017: Commission approved a contract amendment to expand ALC's scope to cover all Medi-Cal members to comply with DHCS' mandated benefit expansion. An RFP was not conducted in 2017 given the two-month turn-around time DHCS provided to Plans to implement the expanded benefit. In July 2017, ALC initiated alternative transportation services through a partnership with the rideshare company Lyft, which increased the capacity of the ALC network beyond ALC-contracted drivers.
- 2018: HPSM issued an RFP for transportation management services, receiving proposals from three vendors. The RFP review committee selected ALC based on pricing, proposal content, willingness to comply with HPSM's performance standards, and experience administering the transportation benefit for HPSM and other California Medi-Cal managed care plans.

- 2021: AL agreement set to expire on December 31, 2024.
- 2025: January Commission approved request to waive RFP process and approval amendment of agreement with AL for an additional 12 months; AL agreement is set to expire on December 31, 2025.

Discussion

Staff recommend extending the AL agreement for the following reasons:

1. Ensuring adherence to RFP process and review times is complex, adding the additional 6 months to the contract will allow for thorough reviews of proposals and any potential transition time, if a new vendor is selected.
2. Ensuring uninterrupted services for members while maintaining continuity of services while the RFP process is being completed and contract transition is final.
3. AL's performance has consistently met contract standards.
4. HPSM is currently working with AL and Compliance to strengthen monitoring and controls to better mitigate misuse of the NMT ride benefit. Extending this agreement will allow time to complete and fully operationalize these enhancements.

Fiscal Impact

The proposed amendment extends the agreement with AL through June 30th, 2026. The amendment also provides improvements to the NMT process to mitigate misuse of the benefit while reducing cost and improving member experience. AL's current rates will remain in effect and carry forward into the extended agreement period. Interventions to be applied in the extended agreement are as follows:

1. Additional controls to be implemented to mitigate FWA/misuse of the ride benefit; this includes system enhancement, workflow revisions, staff training and monitoring.

This amendment will memorialize changes and predicted spending is \$5.35 million. This represents a month over month decrease from prior annualized cost.

As approved by the Commission in January 2025, this agreement will continue without a contract maximum amount. NMT is a mandatory benefit for Medi-Cal members, so HPSM is required to provide rides regardless of member demand. As such, these costs are eventually reflected in HPSM's rates from the CA Department of Health Care Services.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF A SIX MONTH
AMENDMENT EXTENSION TO AGREEMENT WITH AMERICAN
LOGISTICS COMPANY**

RESOLUTION 2025 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission executed its most recent agreement with American Logistics Company for non-medical transportation services in 2018;
- B. Non-Medical Transportation is a health-care expense, and its costs are reflected in HPSM's capitation rates received from the Department of Health Care Services; and
- C. American Logistics Company has offered a favorable proposal to continue providing Non-Medical Transportation, including assumption of additional services.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission authorizes the Chief Executive Officer to execute an amendment to the agreement with American Logistics Company to extend Non-Medical Transportation services through June 30, 2026.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 8th day of October 2025 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

Bill Graham, Chair

ATTEST:

APPROVED AS TO FORM:

BY: _____
M.Heryford, Clerk

Kristina Paszek
DEPUTY COUNTY ATTORNEY

MEMORANDUM

AGENDA ITEM: 4.2

DATE: October 8, 2025

DATE: October 1, 2025

TO: San Mateo Health Commission

FROM: Pat Curran, Chief Executive Officer
Amy Scribner, Chief Health Officer
Gale Carino, Director of Integrated Care

RE: Approve Extension to Amendment Agreement with Toney Healthcare Consulting

Recommendation

Authorize the Chief Executive Officer to execute an extension to the current agreement amendment with Toney Healthcare through December 31, 2026, for a total amendment agreement amount not to exceed \$1.66M used to augment clinical staffing essential to perform & meet operational and regulatory requirements for health plan operations.

Background

Toney Healthcare is an organization that specializes in clinical operations support for health plans, with expertise in Medicaid, Medicare, and Dual-Eligible Special Needs Plans (D-SNP). Toney Healthcare has expertise in recruiting and retaining a pool of clinical subject matter experts with California licensure and is able to readily deploy staff to health plans to fill staffing or expertise gaps both short and/or long-term. This allows health plans to be nimble in scaling up to meet needs, often in conjunction with recruitment efforts concurrently happening at the plan level.

HPSM first contracted with Toney Health Care in 2024 to support Physician Review Services and to meet the need for additional clinical staff support to meet regulatory requirements for CareAdvantage DSNP. In February 2025, HPSM expanded the scope of the agreement with Toney Health Care to include CA licensed nurses to the staffing scope of work through December 31, 2025, while HPSM concurrently recruits for open permanent positions. Deploying additional clinical staff via Toney Health Care to be extended through December 31, 2026, will allow HPSM to maintain compliance with regulatory requirements quickly in the short term while a longer-term plan for adherence is in process. This approach ensures compliance with regulatory requirements while maintaining fiscal flexibility and avoiding long-term staffing commitments amid uncertain membership levels in 2026.

Fiscal Impact

The amendment to the agreement will extend to December 31, 2026, adding a new period of August 1, 2025 – December 31, 2026, to provide clinical operations support staffing to include physician review services is not to exceed \$1.66M as follows for a total contract amount of \$2.32M:

- Physician Review Services amendment not to exceed \$333,600 for the 17 months covering extended agreement period.
- Clinical Staffing Support (Care Planning) amendment not to exceed \$1.32M for the 17 months covering extended agreement period.

HPSM will only incur costs for actual hours worked allowing budgetary flexibility through year 2026.

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVE EXTENSION TO
AMENDMENT AGREEMENT WITH TONEY
HEALTHCARE CONSULTING**

RESOLUTION 2025 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission has entered into agreements with Toney Healthcare for contractor services for Physician Review Services and clinical staffing support.
- B. HPSM has operational support needs for its Medicare program, CareAdvantage DSNP, in the areas of care management/individual care planning and interdisciplinary care team clinical facilitation.
- C. Amendments to agreements are needed to cover the additional services and costs.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission authorizes the Chief Executive Officer to execute an extension of amendments to agreements with Toney Healthcare for services through December 31, 2026; and
- 2. Approves the Toney Healthcare amendment agreement for a total contract amount not to exceed \$2.32M

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 8th day of October 2025 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

ATTEST:

BY: _____
M. Heryford, Clerk

Bill Graham, Chair

APPROVED AS TO FORM:

Kristina Paszek
DEPUTY COUNTY ATTORNEY

DRAFT

**QUALITY IMPROVEMENT HEALTH AND EQUITY
IMPROVEMENT COMMITTEE**

June 26 ,2025 6:00 p.m. – 7:30 p.m.
Health Plan of San Mateo 801 Gateway Blvd.
South San Francisco CA 94080

Agenda Item: 4.3

Date: October 8, 2025

Voting Committee Members	Specialty	Present (Yes or Excused)
Kenneth Tai, M.D.	PCP (Internal Medicine)	Excused
Jaime Chavarria, M.D.	PCP (Family Medicine)	Yes
Maria Osmena, M.D.	PCP (Pediatric)	Yes
Jeanette Aviles, M.D.	SMMC Physician (Internal Medicine)	Excused
Alpa Sanghavi, M.D.	SMMC Physician (Chief of Quality and Patient Experience)	Yes
Curtis Chan, M.D.	Deputy Health Officer, San Mateo County	Excused
Nazleen Bharmal, M.D.	Chief Health Equity Officer, Stanford Medicine	Yes
Non-voting HPSM Staff	Title	Present (Yes or Excused)
Chris Esguerra, M.D.	CMO	No
Amy Scribner	CHO	Yes
Nicole Ford	QI Director	Yes
Talie Cloud	PHM Program Specialist	Yes
Samareen Shami	PHM Manager	Yes
Non-voting Guest	Title	Present (Yes or Excused)
Kismet Baldwin-Santana	Health Officer, San Mateo County	Yes
Manuel Santamaria	San Mateo Health Commissioner	Yes

- **Call to Order**

The meeting was called to order by Dr. Aviles.

- **Public Comment/Communication**

No public comments received.

- **Approval of Agenda**

Motion to approve. Approved by the Committee members.

- **Approval of Consent Agenda**

- .1. QIHEC minutes from March 20, 2025
- .2. CQC minutes from February 24, 2025
- .3. P&T Committee minutes from September 17, 2024, November 26, 2024 and February 26, 2025
- .4. CCS Clinical Advisory minutes from September 26, 2024 and December 4, 2024
- .5. PRC minutes from February 11, 2025 and April 8, 2025
- .6. DAG minutes from September 20,2024, October 18,2024, November 15,2024 and April 18, 2025

Motion to approve. Approved by the Committee members.

- **Utilization Management Review**

- **Data Sharing Concerns:** Nicole discussed the anxiety and ethical concerns surrounding the sharing of data between the Centers for Medicare and Medicaid Services (CMS) and Homeland Security. They mentioned that some plans have drafted letters to inform patients, but there is a debate on whether it is the responsibility of the plans or the state to inform patients. Nicole suggested that community organizations could help relay the message to build trust.
 - **Data Sharing Anxiety:** Nicole expressed significant concern about the Centers for Medicare and Medicaid Services (CMS) sharing data with Homeland Security, highlighting the ethical and moral implications. She mentioned that there is anxiety and chatter about this issue, and some plans have considered sending letters to inform patients.
 - **Legal and Ethical Debate:** Nicole discussed the debate on whether it is the responsibility of the plans or the state to inform patients about the data sharing. She mentioned that their general counsel advised against informing patients as it was not their decision to share the data.
 - **Community Partnerships:** Nicole suggested that partnerships with community organizations could be an effective way to relay the message to patients and build trust. She emphasized the importance of maintaining trust and proposed that community entities could host town halls and webinars to inform the public.
 - **Proactive Measures:** Nicole mentioned that some plans have drafted letters to inform patients, but the wording was not ideal and could cause more worry. She stressed the need for clear communication and proactive measures to address patient concerns.

- **Dental Integration Pilot:** Nicole provided an update on the dental integration pilot, which is in its fourth year. They explained that the program has increased access to orthodontic services by easing prior authorization requirements. The program has also expanded coverage for preventive services and new technologies, such as hydroxyapatite. The second round of changes will go live in July, and providers are being informed about the updates.

- **Orthodontic Services:** Nicole explained that the dental integration pilot has significantly increased access to orthodontic services by easing prior authorization requirements. Initially, the state had stringent requirements, but the program aimed to approve around 100 services per year, which has been achieved and exceeded.
- **Preventive Services:** The program has expanded coverage for preventive services, including routine cleanings and carries risk assessments, which were not previously covered by the state. This expansion aims to make the dental benefits more comprehensive and similar to commercial plans.
- **New Technologies:** Nicole highlighted the inclusion of new technologies such as hydroxyapatite, a substance that strengthens teeth, in the dental benefits. This technology is relatively new and not covered by the state, but the program has decided to include it to enhance dental care.
- **Financial Investment:** Nicole mentioned that the program is an investment by the organization, as the expanded benefits are not reimbursed by the state. The financial analysis of the first two years showed an increase in costs due to increased access and restorative services, but this was anticipated as part of the investment.

- **Provider Awareness:** Nicole stated that the second round of changes will go live in July, and providers are being informed about the updates. This includes ensuring that dental providers are aware of the new benefits and how to bill for them.

6. MY2024/RV2025 HEDIS Results

- **HEDIS Results:** Nicole presented the Health Effectiveness Data Information Set (HEDIS) results, highlighting improvements in several measures, including childhood immunizations, breast cancer screening, and prenatal and postpartum care. They noted that the plan had no measures below the minimum performance level and six measures above the high-performance level.
 - **Overall Performance:** Nicole reported that the plan had no measures below the minimum performance level and six measures above the high-performance level. This indicates a strong overall performance in the HEDIS results.
 - **Childhood Immunizations:** Nicole highlighted significant improvements in childhood immunizations, with the plan to achieve high performance levels. This improvement is attributed to better data capture and increased efforts to ensure children receive their vaccinations on time.
 - **Breast Cancer Screening:** Nicole noted improvements in breast cancer screening rates, which have increased by 6%. This improvement is due to targeted interventions and pilot programs like Cologuard, which have helped increase screening rates.
 - **Prenatal and Postpartum Care:** Nicole mentioned that the plan performed well in prenatal and postpartum care measures, with the postpartum care measure being very close to the high-performance level. This indicates effective care for pregnant women and new mothers.
 - **Diabetes Management:** Nicole discussed improvements in diabetes management, particularly in glycemic control. The plan has seen positive trends in managing diabetes, which is attributed to ongoing efforts and incentives for providers.
- **Data Capture and Reporting:** Nicole discussed the challenges and improvements in data capture and reporting for various measures. They mentioned efforts to improve data capture for well-child visits, developmental screenings, and diabetes management. Nicole also highlighted the importance of accurate data capture for measures like blood pressure and depression screening.
 - **Well-Child Visits:** Nicole discussed efforts to improve data capture for well-child visits, noting that accurate data capture is crucial for measuring performance. The plan has made changes to ensure more accurate data collection, which has led to improvements in well-child visit rates.
 - **Developmental Screenings:** Nicole highlighted significant improvements in developmental screenings, with rates increasing substantially. This improvement is due to better data capture and coding by providers, ensuring that screenings are appropriately documented.
 - **Diabetes Management:** Nicole mentioned ongoing efforts to improve data capture for diabetes management, including capturing A1C values and ensuring accurate documentation. These efforts have led to positive trends in diabetes management measures.
 - **Blood Pressure Measurement:** Nicole emphasized the importance of accurate data capture for blood pressure measurement, noting that the last recorded value in the measurement year is used. The plan has made efforts to ensure that blood pressure values are accurately captured and documented.

- **Depression Screening:** Nicole discussed the challenges of capturing depression screening data, particularly the need for actual screening tool values. The plan is working to establish data feeds with providers to capture these values accurately.
- **Race and Ethnicity Stratification:** Nicole explained the stratification of HEDIS measures by race and ethnicity, noting that the plan captures more granular categories, but reports based on NCQA specifications. They discussed the challenges of capturing accurate race and ethnicity data and the importance of addressing disparities in health outcomes.
 - **Granular Categories:** Nicole explained that the plan captures more granular categories of race and ethnicity, but reports based on NCQA specifications. This allows for a detailed understanding of health outcomes across different populations.
 - **Data Capture Challenges:** Nicole discussed the challenges of capturing accurate race and ethnicity data, noting that the data comes from various sources, including enrollment files and provider records. There are inconsistencies in how race and ethnicity are reported, which can affect data accuracy.
 - **Addressing Disparities:** Nicole emphasized the importance of addressing disparities in health outcomes. The plan uses stratified data to identify and address disparities, ensuring that all populations receive equitable care.
 - **Provider Data Feeds:** Nicole mentioned efforts to establish data feeds with providers to capture race and ethnicity data more accurately. This includes working with major providers and health information exchanges to improve data collection.
- **Plan All-Cause Readmissions:** Nicole presented the plan's all-cause readmissions data, showing improvements in the observed rate for both Medicare and Medicaid populations. They explained the methodology for calculating the observed-to-expected ratio and noted that the plan aims to keep this ratio below one.
 - **Observed Rate Improvement:** Nicole reported improvements in the observed rate for all-cause readmissions for both Medicare and Medicaid populations. This indicates better management of patient care and reduced remissions.
 - **Methodology Explanation:** Nicole explained the methodology for calculating the observed-to-expected ratio, which is based on risk adjustment tables and expected readmission values. The plan aims to keep this ratio below one to indicate better performance.

7. 2025 QIHEC meeting schedule

The following dates were approved by the Committee members:

September 18, 2025

December 18, 2025

Meeting time will be 6:00 PM to 7:30 PM

8. Adjournment: next meeting Thursday, September 18, 2025

DRAFT

SAN MATEO HEALTH COMMISSION
Meeting Minutes
September 10, 2025 – 12:30 p.m.
Health Plan of San Mateo
801 Gateway Blvd., 1st Floor Boardroom
South San Francisco, CA 94080

AGENDA ITEM: 4.4

DATE: October 8, 2025

Commissioners' Present: Jeanette Aviles, M.D. Kenneth Tai, M.D.
Michael Callagy Manny Santamaria, Vice-Chair
Bill Graham, Chair Amira Elbeshbeshy
Shabnam Gaskari Jackie Speier

Commissioners' Absent: Raymond Mueller
Si France, M.D.
Ligia Andrade Zuniga

Counsel: Kristina Paszek

Staff Presenting: Pat Curran, Chris Esguerra, M.D., Amy Scribner, Luarnie Bermudo, Miriam Sheinbein, M.D.

1. Call to order/roll call

The meeting was called to order at 12:33 p.m. by Commissioner Graham, Chair. A quorum was present.

2. Public Comment

There were no public comments.

3. Approval of Agenda: The agenda was approved as presented. Motion: Callagy (Second: Speier) M/S/P.

4. Consent Agenda: The consent agenda was approved as presented. Motion: Speier (Second: Tai) M/S/P.

5. Specific Discussion/Action Items:

5.1 Approval of \$7.5M for Primary Care Investment Grants: Luarnie Bermudo, Director of Provider Services provided an update on the first phase of the Primary Care Investment Grants. They are also seeking approval for an additional block of funds for the next phase. Ms. Bermudo recognized her team and the grants program manager Brook Satre for their hard work on this project. She reminded the group that work they do in primary care hits all six areas of the strategic plan and emphasized how relevant it is to area six regarding investing in the future. In July of 2025 HPSM rolled out significant network rate increases across the hospital, specialty and CareAdvantage (CA) network and will continue to roll out primary care

increases throughout the next several years. Miriam Sheinbein, M.D., HPSM Medical Director, went over primary care investment goals and provided details about the providers that were recently funded. For each opportunity they consider the appropriateness and whether it is for project support or general operational support. With providers they consider how well it is testing or piloting something new and will they be able to implement and sustain this over time. The four strategic goals for the primary care investments are: 1) to better allocate resources to benefit primary care, 2) to fortify a diverse primary care workforce that has capacity, bandwidth and joy, 3) to support the network to be more population focused and 4) to enhance the care experience so that each member feels connected to and engaged in primary care. The Primary Care Provider Grants program was launched in April of 2025. HPSM offers four grant types in the current program:

- Primary Care team expansion Grant - designed to hire and integrate new interprofessional team members such as pharmacists, behavioral and community health workers, and scribes to help expand capacity of the primary care team.
- Core Team Stabilization Grant - created to recruit and retain primary care providers and medical assistants.
- Provider Sabbatical Grant - to help retain providers by enhancing resilience through a sabbatical program.
- Custom Pilot Program - to support PCPs to create design pilots and programs that they think will improve primary care capacity, bandwidth, and joy.

In the first four months since the launch, they have received 21 applications. She reviewed some of the different requests for each category. Of the 21 applications, 14 have been pre-approved and 3 have been completed. There was a question about the sabbatical grant and what they hope to receive in return. It was noted that this is something new that is being tested. It is based on extensive literature on sabbaticals in the business community, which show that they increased retention and resilience of employees. To be eligible for this you must have served as a primary care provider to HPSM members for a minimum of 10 years, and the number of weeks increases with the number of years. For example, for every 5 years above 10, you get an additional two weeks of sabbatical. There was a question about the Core Team Stabilization Grant, specifically if those receiving it are from the area or if they are targeting specific people from outside the County. To qualify you must be new to providing care to HPSM members. Dr. Sheinbein was asked if she was surprised that there was only one application for the primary care team expansion. She noted that they are working on an evaluation tool because they really want to see how effective these grants are and if they should be continued. She did acknowledge that they believed the primary care expansion grant would have the most impact, noting the shortage of primary care providers. They reminded the group that this is just one piece in the investment puzzle, and they hope to identify gaps and get more information once practice transformation efforts begin. Ms.

Bermudo also remarked that the one application for team expansion did generate additional capacity for 1,000 members under the CA line of business.

Commissioner Callagy motioned to approve \$7.5M of the formerly approved \$130M for the next phase of Primary Care Investment Grants. (Second: Santamaria) **M/S/P.**

5.2 Update on Baby Bonus Program: Amy Scribner, HPSM Chief Health Officer provided an update on the Baby Bonus Program. This program is an investment in the most important years of a child's development. It provides essential support for babies beginning with a cash gift and coordinated care. The goal is to improve health and well-being for young children and inform long-term policy change for child poverty reduction. The program was launched in March of 2025. She reviewed the components of the program. Core partners include First 5 of San Mateo County, San Mateo County Health, the County of San Mateo Human Services Agency, Health Plan of San Mateo, Stanford University, and the Jackie Speier Foundation. Lucille Packard Children's Hospital randomized control trial (RCT) consists of two experimental groups, one receiving services only and one receiving cash plus services. The control group receives services as usual. Births at all other hospitals receive cash only. The program duration is 36 months. Support services are through a community health worker who visits families in their homes to determine needs and provide linkage to needed services, coordinates care with other providers and provides education about HPSM benefits and community services. CHWs are employed and funded by HPSM. She went over enrollment numbers in both the non RCT and the RCT groups. Ms. Scribner noted that the sign-up process, which must be completed after birth but before leaving the hospital, can be cumbersome. Stanford has updated their script to warn families that it may take an hour or two to get through the process. All three groups get \$50 for completing the baseline survey and get money annually when they complete the additional surveys. Despite this challenge, they are signing up approximately 50% of eligible families, the forecast was for 30%.

These are some of the themes they have seen so far:

- High number of Spanish-speaking families
- Coverage disruptions are common.
- Childcare is challenging.
- Social determinants of health are top referrals.
- Members are appreciative of in-person visits.

She notes that it is too early to tell health outcomes, true attrition levels, and overall impact. In the next 6-12 months they will continue with the hiring and retention of CHWs, ramp enrollment to the total cohort, qualitative learning about needs of families and adapt to learnings. She will report back in the next 6-12 months to provide another update. There were questions about the preferred method of payment. Ms. Scribner confirmed that it is the debit

card. There were also questions about whether they are seeing families express the need for other services such as childcare and jobs. She confirmed that the top request is for childcare, there have also been requests for housing. Help with employment is not requested as much, however when it comes up, they are referred to Novaworks. There were questions about how the groups were selected. They use a tool called Epic, which contains demographic data, and is plugged into a randomization tool.

5.3. Update on HPSMs Investing for the Future/Goal 6 efforts: Chris Esguerra, HPSM Chief Medical Officer, provided an update on Item 6 in the strategic plan which is focused on investing for the future. He reminded the group about the items of interest that came up at the retreat in April. Employment, housing access, systems and services navigation, childcare, the behavioral health ecosystem, and food as health were some of the subjects discussed. The list and concerns were updated in June and considering the current environment they decided to add the topic of how to preserve healthcare coverage. There was also much discussion at the time about HPSM's strengths and capabilities and how they can help with data and use their role as convener and funder. In reviewing their strengths in these areas, they realized there is a gap. To address that he shared the idea of creating a new entity. He noted that a sister plan, Inland Empire Health Plan (IEHP), which covers San Bernadino and Riverside counties, created a foundation in 2021. Their focus areas are access and equity, reducing and managing chronic conditions and improving outcomes. He also spoke about the Scan Foundation. Scan is a large, not-for-profit Medicare plan. Their foundation was created in 2008, their focus is on data equity, models of care and financing, financial security, and health equity in aging.

Dr. Esguerra explained that this new entity would focus on the community broadly and serve both as an anchor funder by receiving and distributing funds, and as organizer and convener. The entity would be the operator and work on testing and learning as well as supporting and/or deploying pilots. This would be helpful as HPSM's limitations force them to focus on core operations as defined by regulations and longstanding precedents and their efforts are limited to HPSM members. Commissioner Graham liked the concept and thinks it is one worth exploring. He cautioned that in San Mateo County there can sometimes be an overlap, with organizations going after the same monies. He stressed the importance of using these monies effectively and competently noting the importance of the convener concept in terms of operations and program building. Dr. Esguerra explained that the entity would be 501C3, a non-profit entity that would initially be seeded funding by HPSM. To ensure that it is a truly community focused organization, they would eventually work with other funders to gather and anchor funding, while also providing flexibility and innovation. Other items to consider are the governing board and the mission. Specifically, what would governance look like, what role will the new entity play in the community, and what vision/mission alignment should be present for the new entity? Dr. Esguerra will speak about this further at an upcoming Commission meeting. He asked the Commissioners to send him their input and concerns in the meantime.

6. Report from Chief Executive Officer: Pat Curran, HPSM CEO provided an update. He noted that not much has changed in the policy landscape. HR 1 has passed, and the State has a budget; HPSM does not expect vast changes to that. HPSM is currently in the budget process and will need to make assumptions about what next year looks like. They are seeing ongoing activity and indications that at the Federal level there will continue to be scrutiny about funding and services provided to people who are undocumented. HPSM will keep abreast of all new developments and adapt and react as they come up. They are currently assessing what has already been passed but there could be more changes coming. Commissioner Graham reminded the group that despite the challenges, HPSM, largely due to leadership, is in a unique position to be flexible and adaptable. The discussion about a new entity looking at alternative ways to support the broader community shows that.

7. Other Business: There was no other business.

8. Adjournment: The meeting was adjourned at 1:57 pm by Commissioner Graham.

Submitted by:

M. Heryford

M. Heryford, Clerk of the Commission



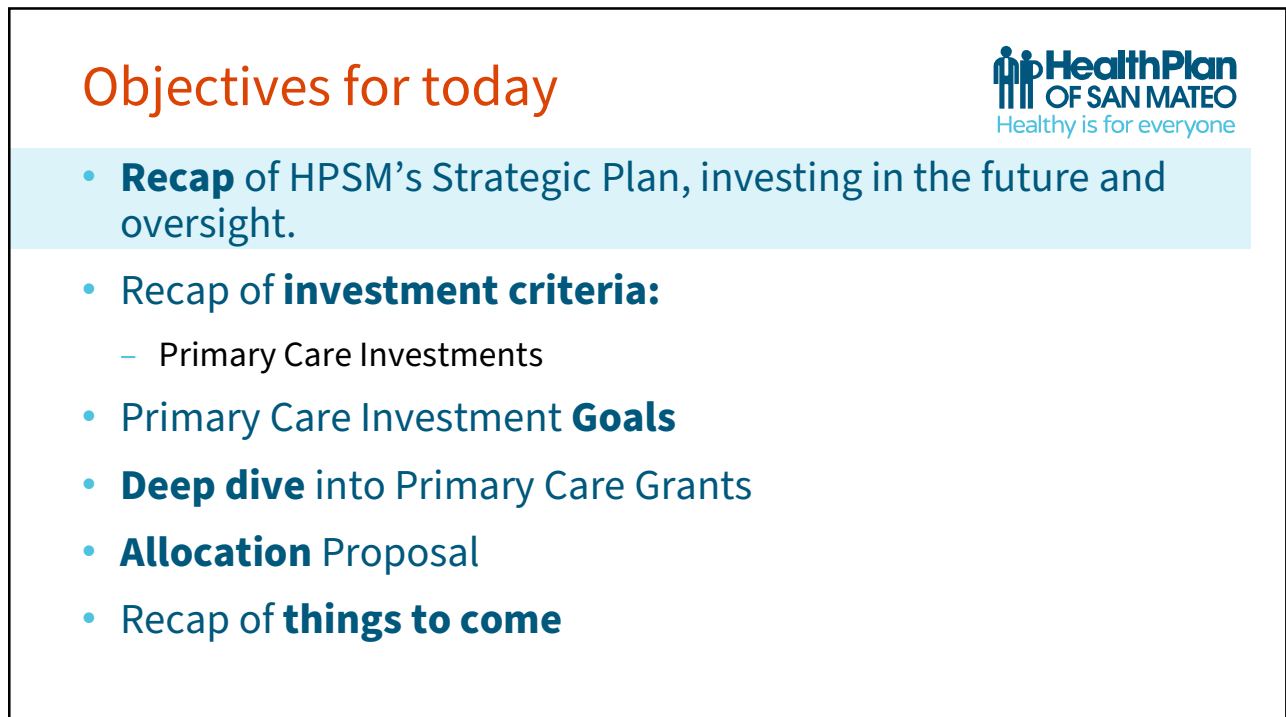
Primary Care Investments: Grants Update

Luarnie Bermudo, Director of Provider Services
Dr. Miriam Sheinbein, Medical Director


San Mateo Health Commission
September 2025



1



Objectives for today



- **Recap** of HPSM's Strategic Plan, investing in the future and oversight.
- Recap of **investment criteria**:
 - Primary Care Investments
- Primary Care Investment **Goals**
- **Deep dive** into Primary Care Grants
- **Allocation** Proposal
- Recap of **things to come**

2



Ensuring effective oversight



In May 2024, SMHC approved **investment criteria** for the Provider Investment Fund (\$100M) and Primary Care Investments (\$30M)

SMHC approved the following **oversight processes**:

1. Obtain Commission approval by vote for:
 - Vendor expenditures following our existing purchasing policies
 - Bundles of one-time provider investments
2. Report out on progress on Provider Investments and Primary Care Investments every 6-12 months, including HPSM progress on implementing network rate changes based upon approved criteria

5

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Ensuring effective oversight



In May 2024, SMHC approved **investment criteria** for the Provider Investment Fund (\$100M) and Primary Care Investments (\$30M)

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Objectives for today



- **Recap** of HPSM's Strategic Plan, investing in the future and oversight.
- Recap of **investment criteria**:
 - Primary Care Investments
- Primary Care Investment **Goals**
- **Deep dive** into Primary Care Grants
- **Allocation** Proposal
- Recap of **things to come**

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All Reserve Investments

HPSM Investment Criteria



Does this investment:

- ☐ **Meaningfully impact member access** to high-quality care, services and supports in alignment with our mission.
- ☐ Support our members' journey to the **best possible health outcomes**, including equitable outcomes and a positive member experience
- ☐ **Leverage HPSM's unique strengths** including our unique capabilities, resources, relationships and role within the health care ecosystem.
- ☐ Support strong **stewardship of our financial resources**.
- ☐ Address threats and opportunities that **impact HPSM's long-term organizational health**
- ☐ Have defined metrics for **measurable progress** we can realistically make within an appropriate time frame.

8

Network dashboard: top priority needs

X AXIS: HPSM Member Access Priority

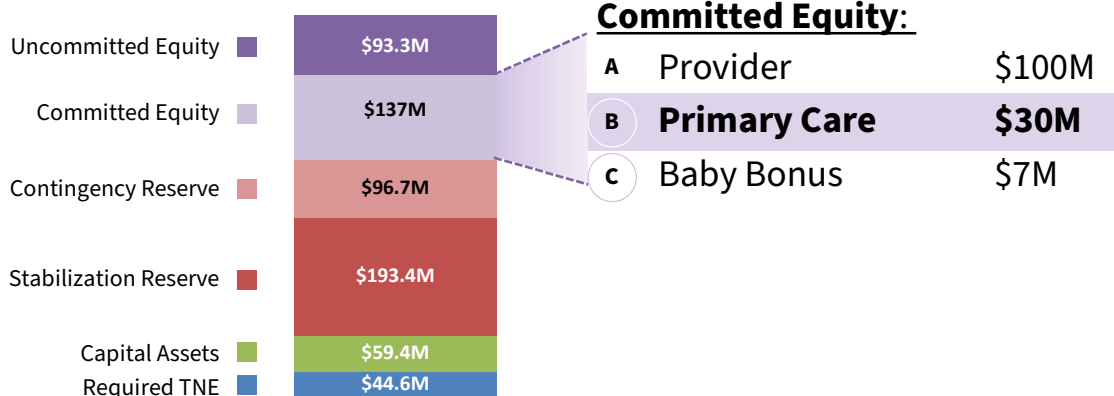
Primary Care	Primary Dental	Dental Specialty
Behavioral Health	NEMT	Speech/Occupational Therapy
Gender Affirming	CalAIM	OB/GYN
Ophthalmology	Optometry	Community Health Workers
Neurology	Doula	LTC/SNF

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Primary Care Investment Update

Committed TNE as of EOY 2024



Based upon last audited financials: December 2023

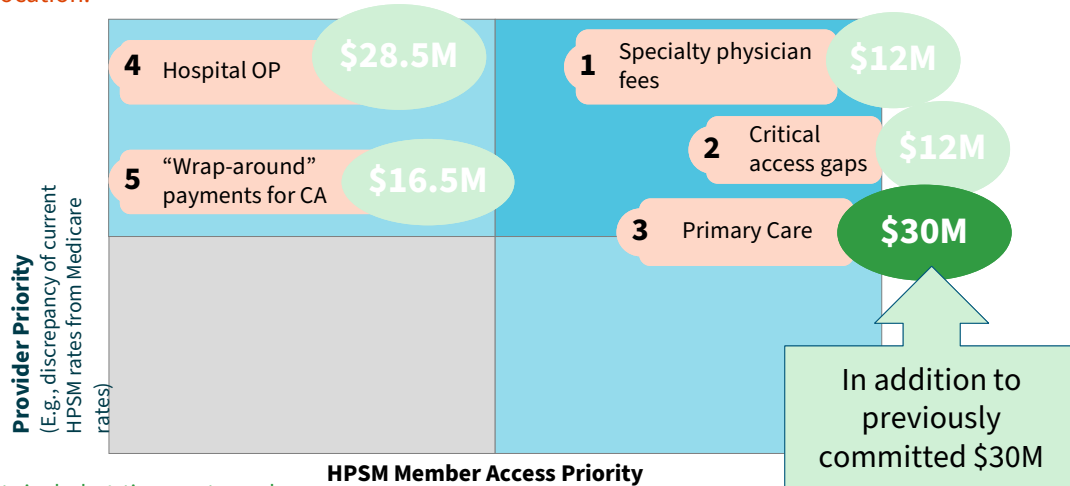
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A Provider Investment Fund

2025-2027 Provider Investments

Cost allocation:



● Total costs include 1-time costs, and the cost of network rate increases over **three years 2025-2027**

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Primary Care Investment Goals



Prioritization considerations:

- ☐ The degree to which the opportunity advances our four investment goals relative to the size of the investment/grant.
- ☐ The appropriateness of HPSM as the funder, do-er, or convener
- ☐ Appropriateness of the request by the specific provider

Either/or (not both):

- ☐ For project support: test something that is net-new; aligned with the concepts of piloting, evaluating, and sharing lessons learned
- ☐ For general operational support: financial stability of the investment for HPSM and sustainability for the providers implementing new solutions

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Primary Care Investment Goals



Strategically invest in primary care, to:



1. Better allocate resources: to address chronic underinvestment, support the implementation of advanced primary care, and shift from a focus on *volume to value*.



2. Promote a robust and thriving workforce: fortify a diverse primary care workforce in San Mateo County that has capacity, bandwidth, and joy.



3. Improve population health: support our network to be more population focused, in order to achieve better, more equitable health outcomes for our members.



4. Enhance the care experience for members and families, so that they are satisfied, engaged in their care, and healthy.

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Quintuple Aim



Better Use of Resources

1. Measure/Report/Increase Primary Care Spend
2. Pay for Advanced Primary Care
3. Test Alternative Payment Models
4. Align with Other Payers
5. Offer Practice Supports

Better Population Health

1. Increase Network Population Health Management Capabilities
2. Improve Data Transparency
3. Support Data Integration and Interoperability
4. Improve Performance and Reduce Disparities

Better Work

1. **Bolster the 3Rs: Recruitment, Retention, and Resilience**
2. **Promote Team-Based Care that Increases PCP Capacity**
3. Enhance Staff Diversity, Inclusion, and Belonging
4. Invest in Workforce Development

Better Care Experience

1. Uplift member voices
2. Enhance Community Partnerships for more Coordinated, Integrated and Comprehensive Care
3. **Improve Access**
4. Increase Engagement

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Four flexible options

Grant type:

Purpose:

Primary Care Team Expansion	Hire and integrate new interprofessional team members
Core Team Stabilization	Recruit and retain Primary Care Providers and Medical Assistants
Provider Sabbatical	Retain providers by enhancing resilience through sabbatical
Custom Pilot Program	Design pilots and programs that improve primary care team capacity, bandwidth and joy

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Primary Care Provider Grants Overview

Grant type:

Applications Received:

Primary Care Team Expansion	1 application
Core Team Stabilization	9 applications
Provider Sabbatical	7 application
Custom Pilot Program	4 applications
Total	21 applications

Current as of 8/25/25

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Organizations Who Applied for Grants

Independent Practices

- LiveWell Medical Clinic, Inc.
- San Bruno Pediatrics, Inc.
- Simon Lee MD A Professional Corporation
- Sound Pediatrics
- Pacific Family Medicine Clinic - Millbrae
- Carrillo Medical Group

Large Health Systems

- Chinese Hospital Clinics

FQHC's

- San Mateo Medical Center (SMMC)
- North East Medical Services (NEMS)
- Ravenswood Family Health Network

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Grants Application Overview

Grant type:	Applications Pre-approved:	Grant Dollars Out-the-Door:
Primary Care Team Expansion	1 application - \$90,400	-
Core Team Stabilization	9 applications - \$3,385,000	-
Provider Sabbatical	4 applications - \$206,940	3 invoices - \$160,780
Custom Pilot Program	1 applications - \$142,400	-
Totals	14 applications - \$3,824,740	3 invoices - \$160,780

Current as of 8/25/25

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Objectives for today



- **Recap** of HPSM's Strategic Plan, investing in the future and oversight.
- Recap of **investment criteria**:
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- Primary Care Investment **Goals and Metrics**
- **Deep dive** into Primary Care Grants
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- Recap of **things to come**

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Proposed Allocation



Approve **allocation of \$7.5 Million** from **\$30,000,000 Primary Care Capacity Fund** to be dispersed via the four **Primary Care Grants** over the next 6 months.

22

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B Primary Care Investments

Next steps



- Launch **Practice Transformation**
- Ongoing **communication and engagement campaign**
- Continue to bring **updates to SMHC** on progress
- **Additional one-time capacity funding** opportunities to support primary care will be brought to SMHC for approval as identified

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Questions?

Appendix

2025-2027 Network Rate Investments

Based upon prioritization criteria



Category	Annual Investment	Three-Year Investment (2025-27) (millions)	Implementation
Provider wrap-around Medi-Cal payments for CareAdvantage members	\$5.5M	\$16.5M	Q2 2025
Specialty Physician Fee Schedule Payments	\$4M	\$12M	Q2 2025
Hospital Outpatient Payments	\$9.5M	\$28.5M	Q2 2025, dependent on reaching agreement
Primary Care Payments: FFS, Capitation and Value-Based	\$10M	\$30M	Q2 2025 for FFS
Payments in Critical Access Areas	\$4M	\$12M	In progress - ongoing
Total Provider Investment	\$33M	\$99M	

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B Primary Care Investments

Primary Care Investment Metrics



Investment Goal:

Primary Metric:

- Better Use of Resources**
Increase primary care spend by 30% per capita
- Better Work**
Right-size primary care panels to 1200 members per primary care team.
- Better Population Health**
Show tiered **improvement on prioritized HEDIS metrics**
Close disparity gaps for well-child visits and immunizations
- Better Care Experience**
Increase the percent of members with a **usual source of primary care**

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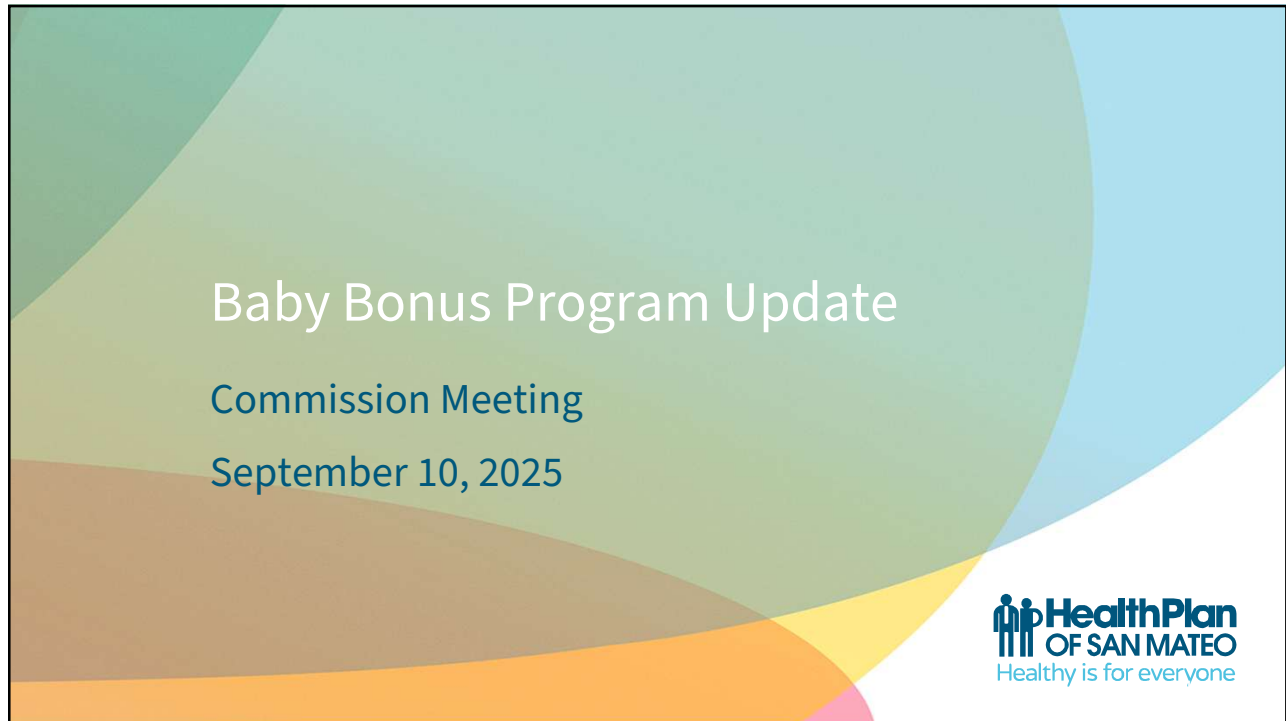
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Primary Care Investment Metrics

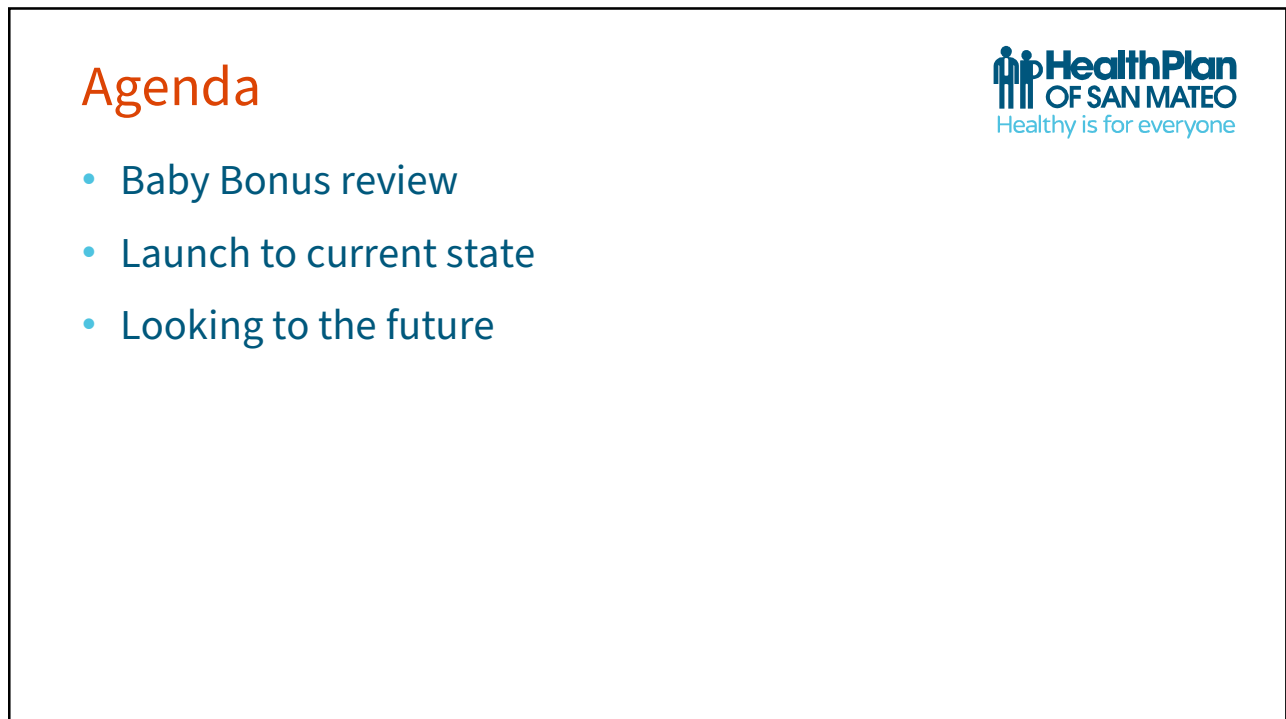


Goal	Primary Metric(s)	Secondary Metric(s)
Better Use of Resources	Increase PC spend by 30% (proportional to number of members)	Monitor proportion of reimbursement earned through VBP. Monitor rates in comparison to Medicare.
Better Work	Right-size primary care panels to 1200 members per primary care team.	Monitor provider well-being.
Better Population Health	Each primary care organization will show tiered improvement* on the following applicable clinical (HEDIS) metrics**: Well Child Visits; Breast Cancer Screening; Depression Screening and Follow Up; HbA1C>9 Close disparity gaps for well-child visits and immunizations at a statistically significant level.	Increase data transparency, integration and interoperability.
Better Care Experience	Increase members with a usual source of primary care.	

* Tier 1: at or above 90th percentile: stay or exceed; Tier 2: between 50th and 90th percentile: greater than 25% gap closure to 90th percentile; Tier 3: below 50th percentile: exceed 50th percentile
 ** minimum denominator of 30 members per component rate



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Agenda



- Baby Bonus review
- Launch to current state
- Looking to the future

3

HPSM's 2024-2028 Strategic Plan



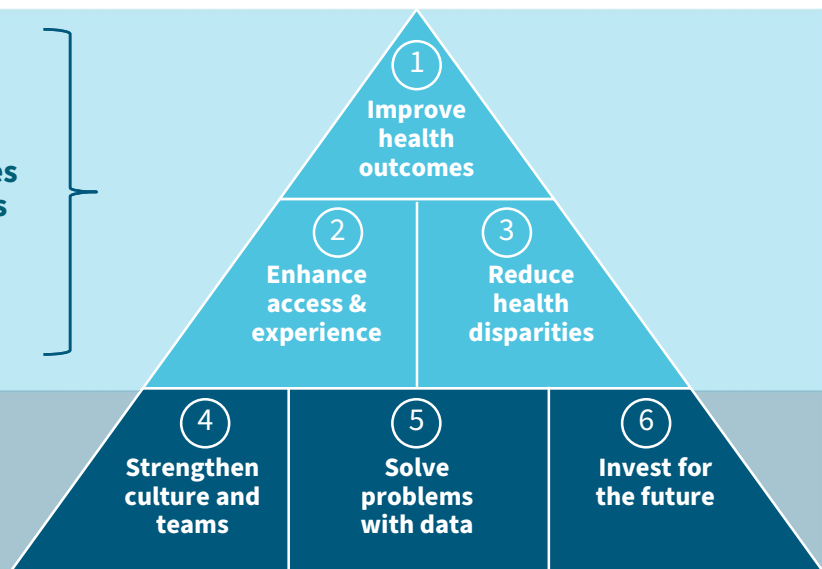
HPSM 2024-2028 Strategic Plan:

Area of Focus 1:

**Better Health Care Experiences
and Outcomes for all Members**

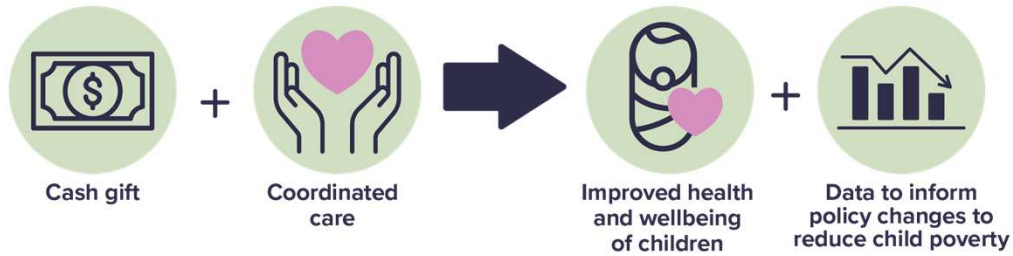
Area of Focus 2:

**Thriving Organizational
Capacity and Resilience**



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Essential Supports for Baby's Beginning



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Core Partners

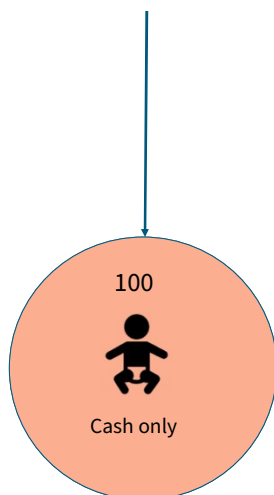


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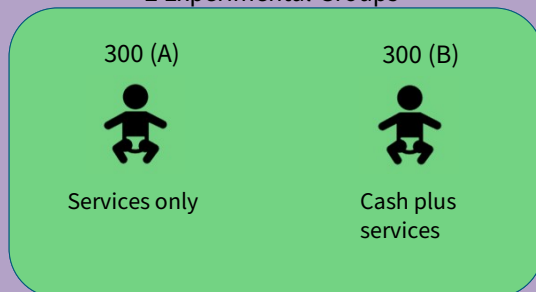
Project Framework



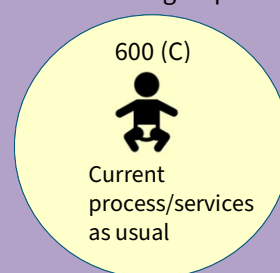
All Other Hospitals



2 Experimental Groups



Control group



**Lucille Packard Children's Hospital
Randomized Control Trial (RCT)**

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Cash Gift Component



\$300 per month to birthing parent for 36 months

- Money delivered monthly through debit card, direct deposit or live check
- First 5 contracted with UpTogether as Financial Intermediary
- HPSM funding for 300 members in RCT (\$3.5M investment); funds raised elsewhere for additional 100 outside RCT

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Supportive Services (CHWs)



A Community Health Worker:

- Visits families in their homes to determine needs and provide linkage to those needed services
- Coordinates care with other providers
- Provides education about HPSM benefits and community resources
- Employed and funded by HPSM (\$3.5M investment)

9

Key Outcome Measures



Health care
utilization

Service
access, gaps
and utilization

Parental
Stress

Parental
mental health

Child
development

10

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Agenda



- Review Investments and Baby Bonus
- Launch to current state
- Looking to the future

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Births outside of Stanford Hospital (non-RCT)



Enrollments 3/24/2025 – 9/2/2025

Total Eligible	Total Enrolled	Total Paid
51	41	34

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Births at Stanford Hospital (RCT)



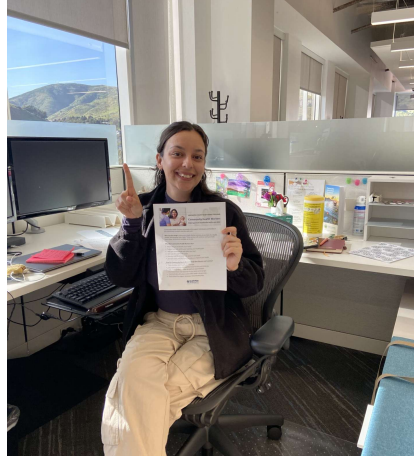
Enrollments 04/07/2025 - 09/02/2025

Total Eligible	Total Approached	Total Enrolled	Group A (CHW Support)	Group B (CHW Support + Baby Bonus)	Group C (Control)
354	315	146	36	36	74

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First RCT enrollments



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Themes to date



High number of Spanish speaking families

Coverage disruptions are common

Childcare is challenging

Social determinants of health are top referrals

Appreciative of in person visits

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Agenda

- Baby Bonus review
- Launch to current state
- Looking to the future



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Too early to tell...



Health
Outcomes

True Attrition
Levels

Overall
Impact

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18

The next 6-12 months



Hiring and retention of CHWs



Ramp enrollment to total cohort



Qualitative learning about needs of families



Adapt to learnings

19

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Questions?




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1

Agenda

 **HealthPlan**
OF SAN MATEO
Healthy is for everyone

- Provide a recap of our HPSM Strategic Initiative, Invest for the Future (Goal 6) efforts to date
- Present and discuss a consideration for a new entity to support Investing for the Future
- Gather input and feedback from the Commission

2




3

Goal 6: Invest for the Future

6
Future Investment

We will ensure HPSM's long-term sustainability to advance our mission, by evaluating and pursuing opportunities to expand or invest differently.

 All investments of HPSM reserves were made applying our impact criteria.

4

Grounding: approaching uncertainty with clear high-level priorities



1

- **Core operations** to uphold our mandate as a local, community-organized Medi-Cal and Duals plan

2

- **Long-standing precedents** aligned with our Mission, Vision, and local priorities

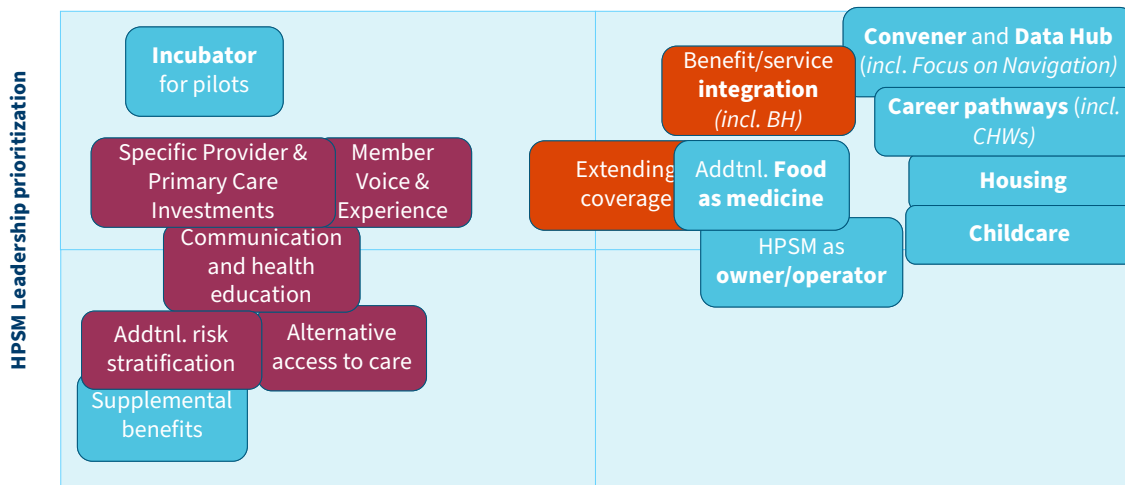
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- **New opportunities** to consider to advance our strategic goals, including long-term sustainability

5

Retreat x HPSM Leadership Prioritization

Prioritization of themes



1. Core Operations



2. Long-standing precedents



3. New opportunities

6

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Top priorities in brief



What

- **Employment** (incl. CHWs)*
- Supporting **Housing** Access*
- Service & System **Navigation***
- **Childcare**
- **Behavioral Health** ecosystem*
- **Food as Health***

How

- Strong support for HPSM leveraging our strengths as a **convener** and **data hub**
- Endorsement to continue our precedent of **piloting integration efforts**

* Early exploration and/or piloting underway in these areas

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Timeline



8

8

Insights into Leadership Team's Work



HPSM's role and where we are best suited

- Doer..
 - to what limit?
- Convener...
- Funder...

And there's a gap...

9

9

Career Pathways: Who is best suited to do What



HPSM	Existing CBOs/Entities	Gap
<ul style="list-style-type: none">• Hire and train Community Health Workers, then deploy in the community• Utilize existing internship/fellowship program	<ul style="list-style-type: none">• Train/Certify• Hire	<ul style="list-style-type: none">• Funder• Pilots• Connector• Pipelines (Community to Schools/Training to Jobs)• Convener

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Housing: Who is best suited to do What



HPSM	Existing CBOs/Entities	Gap
<ul style="list-style-type: none"> Limited to HPSM members Utilize existing structures and benefits to support Participate in blended funding/flex pool 	<ul style="list-style-type: none"> County Department of Housing Behavioral Health and Recovery Services 	<ul style="list-style-type: none"> Consolidate funding Advisory board to blend funding and prioritize intervention areas Can own/operate

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Navigation and Resource Hub: Who is best suited to do What



HPSM	Existing CBOs/Entities	Gap
<ul style="list-style-type: none"> Support with funds to an extent Support data sharing Support services sharing (limited to HPSM members) 	<ul style="list-style-type: none"> Provide navigation services HSA performs some of these functions 	<ul style="list-style-type: none"> Funder Operator of the navigation hub <ul style="list-style-type: none"> Maintain data System scan for updates

12

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Childcare: Who is best suited to do What



HPSM	Existing CBOs/Entities	Gap
<ul style="list-style-type: none">• Refer members	<ul style="list-style-type: none">• Provide childcare services	<ul style="list-style-type: none">• Convener• Childcare providers• Can receive and disburse funds

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With this gap...
Let's consider a new entity



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Existing Examples



IEHP
Inland Empire Health Plan

- Local health plan like HPSM



IEHP Foundation

- Established 2021
- Vision: We will not rest until the promise of Vibrant Health exists for all of us
- Focus areas:
 - Access and Equity
 - Reduce and manage chronic conditions



SCAN

- Medicare Advantage plan



THE scan FOUNDATION

- Established 2008
- Vision: where all of us can age well with purpose
- Focus areas:
 - Data equity
 - Models of care and financing
 - Financial security
 - Healthy equity in aging

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Why a New Entity?

New Capabilities, Community Impact

- Focuses on the community broadly
- Anchor funder
 - Receiving and distributing
- Organizer and convener
- Entity as operator
- Testing and learning
 - Supporting and/or deploying pilots

Address HPSM's Limitations

- Focus on core operations as defined by regulations and longstanding precedents
- Efforts limited to HPSM members

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Discussion



- Initial thoughts and reactions to a new entity?
- What other capabilities or impacts should we consider?
- What other limitations should we acknowledge?
- Who should be included in this conversation?
- Are there other options that we should consider to address the gap?

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New Entity Considerations



Legal	Governance	Mission
<ul style="list-style-type: none">• 501(c)(3) Foundation• For later consideration:<ul style="list-style-type: none">• 501(c)(4) Policy and Advocacy	<ul style="list-style-type: none">• Representation• HPSM Influence	<ul style="list-style-type: none">• Align with HPSM?• Broader community mission?

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Discussion



- What should governance look like?
- What role should the new entity play in the community?
- What vision/mission alignment should be present for the new entity?

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Next Steps



- We will consolidate and bring back to a future Commission meeting
- Thank you for your feedback

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AGENDA ITEM: 5.1

DATE: October 8, 2025

Meeting Materials are not included for

Item 5.1 – HPSM Health Outcomes & Population Health 2025

Updates

AGENDA ITEM: 5.2

DATE: October 8, 2025

Meeting Materials are not included for

Item 5.2 – HPSM Investing for the Future – Continued Discussion

AGENDA ITEM: 6.0

DATE: October 8, 2025

Item 6.0 – No CEO Report for October Meeting