



801 Gateway Boulevard, Suite 100
South San Francisco, CA 94080

tel 650.616.0050

fax 650.616.0060

tty 800.735.2929 or dial 7-1-1

www.hpsm.org

THE SAN MATEO HEALTH COMMISSION

Regular Meeting

November 13, 2024 - 12:30 p.m.

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/b_yph7T45uo?feature=share Please note that while there will be 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 Quality Improvement and Health Equity Minutes, June and September 2024
- 4.2 Community Advisory Meeting Minutes, August 2024
- 4.3 Waive Request for Proposal Process and Approval of Agreement with Periscope
- 4.4 Amendment to Agreement with Print Vendors, Clarity and FolgerGraphics
- 4.5 Approval of San Mateo Health Commission Meeting Minutes from September 11, 2024

5. Specific Discussion/Action Items

- 5.1 Provider Capacity Investments*
- 5.2 Population Needs Assessment and Health Outcomes Updates

6. Report from Chief Executive Officer

7. Other Business

8. Closed Session

CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION (Government Code Section 54956.9(d)(1))
West Sacramento Nursing and Rehabilitation Center v. Health Plan of San Mateo (Case No. 24-CIV-05925,
Superior Court for the County of San Mateo)

CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION (Government Code Section 54956.9(d)(2)) (1 case)

9. Reconvene Open Session (and report on closed session)

10. Adjournment

**Items for which Commission action is requested.*

Government Code §54957.5 requires that public records related to items on the open session agenda for a regular commission meeting be made available for public inspection. Records distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the Commission. The Commission has designated the Clerk of the San Mateo Health Commission located at 801 Gateway Boulevard, Suite 100, South San Francisco, CA 94080, for the purpose of making those public records available for inspection. Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact the Clerk of the Commission at least two (2) working days before the meeting at (650) 616-0050. Notification in advance of the meeting will enable the Commission to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it.

QUALITY IMPROVEMENT HEALTH AND EQUITY IMPROVEMENT COMMITTEE

June 20, 2024, 6:00 p.m. – 7:30 p.m.

Health Plan of San Mateo

801 Gateway Blvd.

South San Francisco CA 94080

| 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) | Yes |
| Alpa Sanghavi, M.D. | SMMC Physician (Chief of Quality and Patient Experience) | Yes |
| Non-voting HPSM Staff | Title | Present (Yes or Excused) |
| Chris Esguerra, M.D. | CMO | Yes |
| Nicole Ford | QI Director | Yes |
| Janet Davidson | UM Manager | Yes |
| Samareen Shami | PHM Manager | Yes |

1. Call to Order

The meeting was called to order by Dr. Jeanette Aviles.

2. Public Comment/Communication

No public comment received.

3. Approval of Agenda

Motion to approve. Approved by the Committee members.

4. Consent Agenda:

4.1 QHEIC Minutes from March 21, 2024

4.2 UMC Minutes from April 22, 2024

4.3 CQC Minutes from May 20, 2024

4.4 CCS Minutes from December 14, 2023

4.5 Dental Advisory Group minutes from

4.5.1 March 15, 2024

4.5.2 April 19, 2024

4.5.3 May 17, 2024

4.6 P&T minutes from

4.7 Peer Review Committee minutes from

Approval of Consent Agenda

Motion to approve. Approved by the Committee members.

5. Prior Authorization (PA) List Search Tool and PA List updates

HPSM previously met with a vendor who had developed a prior authorization code tool for any codes requiring prior authorization for medical necessity review. The purpose is to update the list for functionality accuracy as well as NCQA requirement. The list is member/provider user-friendly. The prior authorization code tool will search the code with the date the code was updated to reflect the changes that were made to the prior authorization list.

Feedback from this committee is needed with the prior authorization list/search tool.

A comment from Dr. Esguerra with the existing version is a spreadsheet that is downloaded to be posted for medical necessity review. The tool does not request prior authorization other than indicating a prior authorization is required or not. The list is updated on a quarterly basis. In addition, there was a significant amount of clean up required on the spreadsheet. For example, there were some inconsistencies with codes for specific prior authorizations that required prior authorizations or not. What other items should be included on the list that makes sense such as from a service perspective (likely ordered by a primary care) on a claim. Additional work is still needed for electronic integration for CMS guidelines requirement by 2027.

A comment from Dr. Chavarria where the title of the prior authorization result is confusing and should be removed from the list. What is the timeframe to approve the authorization? Dr. Esguerra commented that the process is typically within 5 days and/or less for all LOB. Ms. Davidson commented that typically for routine authorizations is 5 business days and urgent authorization is within 72-hours. The average turnaround time is 3 days. Dr. Chavarria suggested adding the turnabout timeframe would be helpful.

A comment from Dr. Aviles if the prior authorization code list is the same for members and providers? Ms. Davidson commented that the list is slightly different for members and providers. The member list will be reviewed by Compliance for any recommendations. The list will be available on the HPSM website.

A comment from Ms. Davidson, the member/provider, could be put in the key word description to populate the code. In addition to build through the prior authorization list to review what codes providers have been requesting with the volume.

Action items:

- Add to the code list tool the turnaround timeframe, routine, and urgent authorizations.
- Follow up with Pharmacy related to programming issues for electronic integration.

6. HEDIS Measurement Year 2023/Reporting Year 2024 Results

- Health (H) Effectiveness E Data (D) Information (I) set
- Performance metrics that assess the effectiveness and access/availability of care
- Measured and reported annually: submitted mid-June for prior calendar year's membership and services.
- All submissions require passing NCQA audit prior to reporting.
- Compared across health plans annually.
- Most measures based on claims, and pharmacy data (Administrative) require the use of medical record review as well (Hybrid). Plans can also use supplemental data sources (e.g. laboratory, EMR, registry, case management system, and HIE data feeds) with auditor approval to measure evidence of care.

- Benchmarks
 - Medicare
 - Medi-Cal MCAS
 - DMHC HEQMS
- HEDIS MY2023/Ry2024
 - Added 2 new supplemental data sources in addition to established immunization registry, laboratory and EMR feeds from large volume PCPs.
 - Collected and reviewed 4,000 medical records.
 - Reused charts collected from Risk Adjustment Project.
 - Vendor for data analytics and medical record abstraction, HPSM staffed oversight and project management.
- Medi-Cal MCAS
 - 6 measures above HPL (above 90th percentile)
 - Childhood Immunization Status – combination 10
 - Immunizations for Adolescents – combination 2
 - Breast Cancer Screening
 - Chlamydia Screening in Women
 - Prenatal and postpartum care – postpartum care
 - Prenatal and postpartum care – timely prenatal care
 - No measure between MPL (50th percentile)
- Medicare and DMHC HEQMS
 - Successfully measured and reported all required measures.
- CMS STAR Ratings Estimate
 - Cut points released in October of reporting year
 - Changes in TRC - HomeAdvantage vendor change
 - OMW: The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.
- MY2023/Ry2023 MCAS – MPL
- MY2023/Ry2023 MCAS – no MPL
- MY2023/Ry2023 DMHC HEQMS
- Well-Child Visits in First 30 Months of Life
 - Area of Focus for 2023 and 2024
 - MC benchmark P4P payment measure and included in Care Gaps P4P program
 - Continue to investigate potential data gaps and procure additional data capture
 - Engaging Family Health Services to assist with member barriers to visits
 - DHCS Clinical PIP topic -reducing disparity for the Hispanic/Latino population
 - DHCS Collaborative Sprint lead by Institute for Healthcare Improvement (IHI) to focus on improving child well visits
- W30 Race/Ethnicity Stratification
 - State-wide PIP to reduce the disparity with Black/African American population, but HPSM's EP for this population is small (N=9 for W15 and 22 for W30), so Hispanic/Latino chosen as target population (N =465)
 - Keep in mind small N for some populations
- Breast Cancer Screening
 - Performance improvement project (PIP) in 2022 with direct member outreach calls to Black women who had not had a screening in the last two years to decrease the disparity among Black/African American Medi-Cal members.
 - Multiple ongoing interventions to improve cancer screening rates for adult members in 2023 and continuing in 2024

- Diabetes Care
 - P4P incentives to PCPs for ensuring that diabetic members have their HbA1c monitored & achieve control
 - Leveraging other encounters with Medicare members to collect & monitor HbA1c and BP through home-based assessments and HomeAdvantage programs
- HbA1c HW, MC Race/Ethnicity Stratification
 - State-wide PIP to reduce the disparity with Black/African American population, but HPSM's EP for this population is small (N=9 for W15 and 22 for W30), so Hispanic/Latino chosen as target population (N =465)
 - Keep in mind small N for some populations
- Controlling High Blood Pressure
 - With RY2021, BP measured with digital monitor by member can be used. Home digital BP monitors CMC formulary in 2021, and Medi-Cal Rx June 1, 2022
 - Hypertension control in all PCP P4P programs
- MC CBP Race/Ethnicity Stratification
- Plan All-Cause Readmissions
 - Percentage of acute inpatient and observation stays with an unplanned acute inpatient and observation stay for any diagnosis within 30 days of the initial hospital discharge for members ages 18-64 for Medi-Cal or 18+ for Medicare. All admissions from "outlier members" (4+ admissions) are excluded
 - Lower rates are better

Comments from Dr. Aviles concerning the immunization registry where providers are not using the data registry. Ms. Ford commented that HPSM will conduct a medical record review. Another comment from Dr. Aviles if providers were not allowed to use the care system. Meanwhile, SMMC uses the care system whereas not all providers, pharmacies, will use the care system. Ms. Ford commented that claims data is allowed but immunization is not always reimbursed versus administration by the Plan.

A comment from Dr. Aviles if there a HEDIS measure screening for syphilis and other measures? Ms. Ford confirmed, Chlamydia Screening for Women only.

A comment from Ms. Ford explained Prenatal and Postpartum Care – timely prenatal care is within the first trimester and/or within 42 days enrollment with the Plan.

A comment from Dr. Esguerra where there is high level volume of performance measures within the 90th percentile. Whereas many Plans have struggled with meeting the immunizations and breast cancer screening measures. In addition, the State has incentivized high performance levels with rates for measurement year 2024 for 1) care for our members and 2) a quality withholds.

Comments from Ms. Davidson for women who have been screened for multiple STI's if the data is available in the system? Dr. Esguerra commented, probably. Ms. Ford asked if we could identify the codes for those screenings. Ms. Ford asked if there was a procedure code from the lab. Dr. Aviles commented that not all screenings for STI's are incentivized as Chlamydia screening under Performance for Payment. A recommendation by Public Health as universal for Chlamydia for routine screening.

A comment from Ms. Davidson concerning the CMS STAR Ratings Estimate under HbA1c rate is high? Ms. Ford stated the rate should be lower whereas HPSM has reported around 23% where lower is better. Dr. Esguerra stated the context for Medicare CMS STAR Ratings not only for the Duals population compared to all other Duals population for Medicare.

A comment from Dr. Aviles concerning HbA1c for members who scored 9% and higher are in this specific group? Ms. Ford stated the members are placed in the controlled group. In addition, there is one measure with one STAR rating for osteoporosis management (fracture) is not always reported due to requiring 30 eligible members during the measurement year. A member with a fracture would be tested for bone marrow density within the six-month timeframe, after-the-fact.

A comment from Ms. Ford with other areas of low performance under transition of care metrics and Plan All-Cause Readmission. For transition of care, the notification of patient, admission, discharge notice must be documented in the outpatient medical record by the primary care provider. The notification would need to be documented/acknowledged in the patient's medical chart.

A comment from Dr. Aviles concerning depression screening under prenatal/postpartum data. Ms. Ford stated the prenatal/postpartum as well as for the general population are categorized for multiple depression screening measures by NCQA.

A comment from Ms. Shami where the Population Health Management team has recently released data on health disparity across the board. The Population Needs Assessment data will be available to this committee soon.

Action item: Ms. Ford will inquire with our team about Chlamydia screening as well as other STI screenings, and report back to the committee.

7. Adjournment: next meeting September 19, 2024

QUALITY IMPROVEMENT HEALTH AND EQUITY IMPROVEMENT COMMITTEE

September 19, 2024, 6:00 p.m. – 7:30 p.m.

Health Plan of San Mateo

801 Gateway Blvd.

South San Francisco CA 94080

| Voting Committee Members | Specialty | Present (Yes or Excused) |
|---------------------------------|--|---------------------------------|
| Kenneth Tai, M.D. | PCP (Internal Medicine) | Yes |
| Jaime Chavarria, M.D. | PCP (Family Medicine) | Yes |
| Maria Osmena, M.D. | PCP (Pediatric) | Yes |
| Jeanette Aviles, M.D. | SMMC Physician (Internal Medicine) | Yes |
| Alpa Sanghavi, M.D. | SMMC Physician (Chief of Quality and Patient Experience) | Yes |
| Non-voting HPSM Members | Title | Present (Yes or Excused) |
| Chris Esguerra, M.D. | CMO | Yes |
| Amy Scribner | CHO | Yes |
| Nicole Ford | QI Director | Yes |
| Talie Cloud | PHM Program Specialist | Yes |
| Samareen Shami | PHM Manager | Yes |
| Non-voting Guest | | Present (Yes or Excused) |
| Curtis Chen, M.D. | SMMC Physician (Deputy Health Officer) | Yes |

1. Call to Order

The meeting was called to order by Dr. Kenneth Tai.

2. Public Comment/Communication

No public comments received.

3. Approval of Agenda

Motion to approve. Approved by the Committee members.

4. Consent Agenda:

4.1 QIHEC Minutes from June 20, 2024

4.2 UMC Minutes from July 22, 2024

4.3 CQC Minutes from August 19, 2024

4.4 CCS Clinical Advisory Minutes from March 28, 2024, and June 27, 2024

4.5 Dental Advisory Group minutes from

4.5.1 June 21, 2024

4.5.2 July 19, 2024

4.5.3 August 16, 2024

4.6 P&T Committee minutes from May 28, 2024

Approval of Consent Agenda

Motion to approve. Approved by the Committee members.

5. Utilization Management Review

The goal is to continue to reduce unnecessary prior authorization requirements based on the prior authorization list. One of the longstanding allowances for various MRIs whether prior authorization is necessary for any MRIs. There was an internal discussion to remove all MRIs; however, there was discussion specifically related to back pain. Feedback needed from this committee in contemplation of requiring prior authorizations for all and/or specific MRIs needed.

Comments

- Dr. Osmena stated specifically around back pain whether an MRI criterion has been met or not met. Are there examples of how many require MRIs and how often are based on criteria versus not?
- Dr. Esguerra stated most MRIs are approved whereas if back pain was denied could be clinical pathway guidance for prior authorization.
- Dr. Osmena commented that it looks like many providers are following the guidelines.
- Dr. Esguerra stated if any prior authorization requirements are removed, we monitor and review for over-utilization. Lastly, there has been minimal over-utilization of unnecessary services. Also, how would we move forward with not using prior authorization based on using clinical best practices.
- Dr. Chavarria questioned if prior authorization is required for radiologists?
- Dr. Esguerra stated yes for radiologists where there is a lack of clinical information perhaps from an imaging center providing the treatment.
- Dr. Tai questioned whether a practicing physician/provider would not require prior authorization? For example, low back pain. There was a campaign by the American College Physicians to choose wisely when using imaging or not to follow the clinical guidance.
- Dr. Chavarria asked if prior authorization requirement is mostly for new providers?
- Dr. Esguerra stated this could be more of a tracking mechanism in the system, which will be brought back to the UM team for further discussion.
- Dr. Aviles commented to see if there has been a spike as well as which providers with more over-utilization. This could be specifically a provider education versus penalizing all providers.
- Dr. Esguerra stated this would be helpful when monitoring and reviewing for over-utilization. The feedback received from this committee will be discussed at the Utilization Management Committee.

6. Clinical Practice Guidelines 2024

A list of clinical practice guidelines was sent out, which was previously reviewed and approved by this committee last year. There were some additions proposed by our medical directors in the guidelines. The purpose is strictly for provider-facing requirement guidelines and not for member-facing materials.

Comment from Dr. Chen if the guidelines are provided by the state and/or internally developed?

Comment from Ms. Ford the guidelines are locally developed. There are no mandates for any of the topics, which are generally from the USPSTF A & B guidelines. Note: there could be other topics such as dental integration, behavioral health integration guidelines added if improvement is needed on the list.

Approval of the Clinical Practice Guidelines approved by Dr. Aviles and approved by the committee members.

7. Population Needs Assessment 2024

Goals (Medi-Cal):

- Identify member health needs and health disparities
- Assess health outcomes and resources available
- Evaluate the health experiences of HPSM subpopulations
- Implement targeted strategies for PHM program/services gaps through an Action Plan
- Combine requirements of PHM2

What areas does the PNA cover?

- Member profile: demographics, engagement with care, program enrollment, chronic conditions & behavioral health, social determinants of health, disparities, action plan
- Subpopulation analysis: perinatal, children & adolescents, adults, older adults and people with disabilities, members with LEP

HPSM Membership

- San Mateo County/ACE Program
- CareAdvantage D-SNP
- HealthWorx
- Medi-Cal
- Total membership: 149,847

Demographics (HPSM Medi-Cal members, 2024 PNA)

- Language (50% of members prefer a non-English language and our population of Spanish speakers is rising, up to 6% since last year)
- Race/ethnicity (largest populations are Hispanic/Latino, not provided, and Asians or PI)

Age

- The 22-64 age group continues to grow as a percentage of overall membership
- Decrease in MC membership from 141,291 last year to 137,702 this year

Geography

- A large concentration is in the North County area (Daly City, Redwood City, San Mateo).
- The layout represents where there might be a lack of access deficiency with providers, specialty and non-specialty providers.
- Comparison with members, how many providers are in the specific areas.

Engagement with Care

- Primary care attendance among youth (0 – 21 years old)
 - 60% of HPSM's pediatric members saw a PCP in the past 12 months
 - 2,426 (12%) members who did not see a PCP had an emergency department visit in the last 12 months

Primary Care Attendance Among Adults

- 45% of HPSM's adult MC members saw a PCP in the past 12 months.
- 4,306 members who did not see a PCP did have an emergency department visit in the last 12 months.

Social Determinants of Health (SDOH)

- 11.3% of all HPSM MC members had 1 or more SDOH claims, up from 3.3% last year.
- More than 8,000 members have a housing economic circumstances SDOH code. 1,446 have been identified as homeless and 4,405 HPSM MC members lack adequate food and/or experience food insecurity.
- 1 in 4 members experiencing food insecurity are unhoused.
- 96% of members identified as food insecure speak English or Spanish.

- 2% of membership under the age of 21 experiences food insecurity based on claims.

Measuring Health Disparities

- Review overall membership level data associated with metrics for chronic disease management and preventive care access.
- Stratify member data by demographic variables to identify metric rates for subpopulation.
- Check statistical significance of metric rates for subgroups. Identify positive deviants and disparate subgroups.
- Deep analysis of disparate subgroups to determine which characteristics interact across multiple variables and metrics.
- Develop targeted action plan based on summary of findings.

Disparities Analysis Summary

- Age (17 – 21 and 22 – 50)
- Gender (male)
- Race/ethnicity (Caucasian/Black-Identifying)
- Spoken language (English/Arabic)
- Other disparities (SSF/People with Disabilities)

Prioritization

- Focus areas are prioritized based on:
 - Impact on population health
 - Volume of members affected
 - Presence and persistence of disparities
 - Regulatory & strategic alignment
 - Plan feasibility
 - Provider impact

Action Plan

- Perinatal Health
- Child and Youth Health
- Adult Preventive Health
- Chronic Condition Management

Comments

- Dr. Aviles asked if there is a breakdown of 0 – 21 for example, (0 – 5, etc.)
- Ms. Cloud stated there is a breakdown of 0 – 5 and onward. Generally, the ages between 12 – 21 have lower rates than those under 12 years of age.
- Ms. Shami reported the Medi-Cal population is less engaged than the CareAdvantage population. The ages between 0 – 31 months have higher rates of care than the 12 – 15 will slowly decrease and beyond the 15 will dramatically decrease across the network.
- HPSM offers a \$25 gift card incentive to try to reach those members. An area for improvement is needed for this age group. The pilot was expanded to all SMMC clinics as of July 1 for better improvement. HPSM will continue to track those well visits if the incentive has any impact on clinic visits.
- Dr. Aviles commented if the assigned PCPs for the age group between 18 – 21 have seen their assigned PCP or not?
- Ms. Cloud stated under the 21-age group is assigned to their PCP and whether this age group will go to their PCP visit or not.
- Dr. Osmena commented with those 36% of adults not engaged if there is a comparison of ER visits for those 60% engaged?

- Ms. Cloud stated the 2,400 members have not seen any PCPs. There is a breakdown of ED utilization for those with PCP visits versus those who have not. The breakdown is also by race/ethnicity for comparison with racial and language differences, which could be a cause for concern.
- Dr. Esguerra stated one of our goals for the dental pilot for the age group under 21, 60% have had dental visits.
- Ms. Shami explained that these codes are tracked and reviewed, such as what support and programs are available for these members. However, it is very difficult when these codes will drop off.
- Dr. Esguerra stated more discussion in the strategic connection as well as a blueprint to start building out a matrix in the next few years to reconcile the data.
- Dr. Aviles commented on the Disparities Analysis Summary with the Black-Identifying members being a very small group. It appears not interventional that is systemic for such a small group. In addition, are the populations being served by only specific PCPs and should be addressed at the system level to be enrolled in HPSM Medi-Cal?
- Ms. Shami reported there are disparity challenges with certain populations. Meanwhile, HPSM is ensuring those members are receiving the same communication/flyers/gift cards. In addition, looking at the assigned clinics for those members not getting their well visits.

8. 2024 NCQA Health Plan Rating

- Accredited NCQA Health Plan – HPSM received 4.5 out of 5 Stars
 - Patient experience
 - Prevention and equity
 - Treatment

9. Adjournment: **next meeting December 19, 2024**

**HEALTH PLAN OF SAN MATEO
COMMUNITY ADVISORY COMMITTEE MEETING
Meeting Minutes
Wednesday, August 20, 2024
801 Gateway Blvd. – 1st Floor Boardroom
South San Francisco, CA 94080**

Committee Members Present: Amira Elbeshbeshy, Ricky Kot, Ligia Andrade-Zuniga

Committee Members Absent: Cynthia Pascual, Angela Valdez, Marmi Bermudez, Hazel Carillo, Ana Avendano Ed.D., Rob Fucilla.

Staff Present: Chris Esguerra, M.D., Megan Noe, Amy Scribner, Keisha Williams, Luarnie Bermudo, Sarah Munoz, Mackenzie Munoz, Corinne Burgess, Michelle Heryford

- 1.0 Call to Order/Introductions:** The meeting was called to order by Ms. Elbeshbeshy at 12:10 pm, a quorum was not met.
- 2.0 Public Comment:** There was no public comment.
- 3.0 Approval of Meeting Minutes for April 17, 2024:** This item will be added to the October agenda.
- 4.0 Consent Agenda:** This item will be added to the October agenda.
- 5.0 HPSM Operational Reports and Updates:**
 - 5.1 CEO Update:** HPSM Chief Health Officer Amy Scribner provided an update on behalf of CEO Pat Curran on the Baby Bonus program. The program was recently approved by the San Mateo Health Commission (SMHC). It is a collaboration between HPSM, First Five, Stanford Hospital and the County Health and Human Services Agency. Stanford will do a randomized controlled trial evaluation for this program. Over the next 18-24 months, there will be 1,200 families enrolled in the program. The families will be randomly placed into three groups. 300 families will receive \$300 a month in guaranteed income for 36 months. They will also receive community health worker services through the duration of the program. The second group will be 300 families as well, this will be the services only group, they will only get the community health

worker. The remaining 600 will be randomized into the control group which will receive services as usual. All participants will be surveyed at various times throughout the study and there will be a stipend for participation. They will be measuring a number of things including health outcomes, well child visits, referrals to services and services occurring. The referrals include items like childcare transportation and other social drivers of health, including behavioral health and substance abuse treatment if needed. Part of the program will be for babies that are born outside of Stanford Hospital. 70%-80 % of babies from HPSM members are born at Stanford Hospital. The rest are at other area hospitals. 100 babies and families from these other hospitals will not be part of the study but they will get \$300 a month for 36 months. Participation in this program will not impact the family's eligibility for Medi-Cal (MC) because this is considered a gift and not income. The program is slated to start in January 2025, because it is an evaluation and a randomized controlled trial, it needs to go through Stanford's IRB process. There is no restriction on how the \$300 is spent.

5.2 CMO Update: HPSM CMO, Chris Esguerra, M.D. advised the committee that the State/Medi-Cal has been working consistently towards tying specific quality measures to the financials of health plans. If a health plan does not perform at a certain level, the consequence could be penalties or sanctions. Health plans would need to earn that back based on performance. This is known as the quality withhold. Another issue that does not yet apply but may in the future is a process called auto assignment. This is for counties where there are multiple plans. There is a methodology for members who become eligible for Medi-Cal. It is an assignment based on your quality outcomes as a plan. HPSM is a County Organized Health System (COHS), however Kaiser has a direct contract with the State so there is some work the State needs to do to define this better. He noted the managed care accountability set (MCAS) is over 40 measures, plans are held to perform at a certain level, which is known as the minimum performance level (MPL). HPSM would need to hit the 50th percentile. The goals for the State is that all plans perform above the MPL on all of the measures, which is not the case now. Dr. Esguerra and his team gathered all of the outcomes and measures for HPSM members in 2023, focusing on Medi-Cal. They are happy to report that HPSM has no measures below the 50th percentile. HPSM is in fact, the only plan in California with no measure below the 50th percentile and they actually have 6 measures that are above the high-performance level, which is the 90th percentile. Dr. Esguerra and his

team will be reporting this out to the SMHC later in the week. In October they will be able to see what their National Committee for Quality Assurance (NCQA) and Medicare measures look like.

5.3 Health Promotion: Health Promotion Manager, Sarah Munoz reviewed new health promotion materials. These are reminders about services available for the Baby+Me, Teen Wellness and Diabetes Prevention programs for MC members. Cancer screening (breast and colorectal) and the fitness membership program for CareAdvantage (CA) members. Tobacco Cessation, Diabetes Management and Hypertension Management services for all members. They've updated the Baby+Me vaccine flyer to include the COVID vaccine. Coming soon is the "Well-Baby" Newsletter and First 5 New parent kits. They've updated the well-visit mailer for members 12-17 and those 18-21 and added a message about the gift cards. The Cancer Screening Program flyer was updated to include the Cinemark prepaid ticket incentive. She also spoke about special edition newsletters on diabetes, quitting tobacco and mental health that are all available on the HPSM website. Printed copies of these newsletters are also available upon request. Ms. Munoz notified the group that they are working on a community engagement strategy to enhance the way they engage with the community and gather input. They will take this information and integrate it into their programs and services. Part of the strategy is to collect an inventory of events occurring in San Mateo County. They are focusing on events for kids and families, older adults, and people with disabilities. She asked committee members to advise HPSM when they learn about any events that might fall into these categories and for their feedback on the materials shared.

5.4 Provider Services Report: Director of Provider Services, Luarnie Bermudo updated the committee on new provider contracts and services. Dental services continue to be an organizational priority. HPSM is in the middle of their demonstration project with the State. They kicked off a dental collaborative in partnership with the Sequoia Healthcare District. The goal is to increase the number of primary dental providers in the network. There are 6 new dentists in the collaborative. The idea is for them to serve at least 10 HPSM members. They are working on single case agreements with them with the hope that they will want to contract with HPSM. There is a stipend involved to encourage participation. She also reported that there is a new dental surgeon in Daly City, a new orthodontist in Menlo Park, and a new general dentist in Pacifica. There are also two new home dental providers. One of them has partnered

with some of the skilled nursing and long-term nursing facilities in the network. These providers are equipped to handle persons with disabilities as well.

She also reported that HPSM is in partnership with the Department of Health Care Services (DHCS) and UCSF on a dental evaluation. UCSF will serve as the principal investigators; the process will take about a year. UCSF will be tasked with identifying four main goals that were predetermined by the State.

Ms. Bermudo reminded the committee that BHT has been de-delegated. This is for ABA services targeted to member children with autism. It was previously administered by Magellan; it is now going in house. October 1st is the go-live date. HPSM has contracted with 29 BHT providers, there are 10 pending. They are opening up capacity funding for some of the BHT providers and there are at least two who are interested. They are working closely with DMHC on this, as the State needs to approve it. There was a question about ABA services in the schools and if they exist. They do somewhat, but it's not as extensive as what HPSM provides. They will check with Director of Behavioral Health, Courtney Sage, and will get back to the committee with more details. It was noted that there is a new special education director at the San Mateo Union school district who may be interested in these services.

Ms. Bermudo also updated the group on transportation. There are 6 new non-emergency medical transportation (NEMT) providers. They all provide wheelchair transport and two of them offer gurney transport. She also noted that there are some issues with optometry with the pediatric population, in particular infants who are requesting prescription lenses outside of what the California Prison Industry Authority (CALPIA) can produce. They are working with other plan partners to come up with a solution to address these gaps. Ms. Bermudo also noted that Seton is planning on opening their Coastside location at the end of the year, and they are building out additional specialty capacity. They've added a neurologist, an allergist, a breast surgeon, and EP cardiologists. HPSM is looking at ways to share this with their members. She advised the committee that SMMC is having some access issues. The hospital has lost or is anticipating losing a neurologist, a pediatric cardiologist, a musculoskeletal specialist, and an ophthalmologist. This will create access challenges

for the network. The hospital is openly recruiting for these positions. HPSM will work with their leadership to see how they can support them. There was concern about the loss of these important positions. The committee discussed gathering data to see if they can identify trends.

5.5 Member Services Report: Director of Member Services, Keisha Williams went over the Q2 Member Services (MS) report. She reported a 4.5 increase in membership. In Q2 ACE membership trickled to about 1,400 members. There are approximately 1,200 members in Healthworx (HW) and 1,200 in CCS. MC membership has remained steady. Call volume has fluctuated. They have seen an increase in calls from members who have transitioned due to age, they are calling to access new benefits and to inquire about the transportation benefit. It has resulted in high call volume, long wait times and long call times. Metrics are on hold as they work on implementing the new phone system which will go live on September 10th. Training is happening now for current staff. They are recruiting for the call center and are almost at full staff. They are also looking for a new call center supervisor.

5.6 CareAdvantage Enrollment and Call Center Report: There was no verbal report, a printed report for Q2 was sent to committee members prior to the meeting.

5.7 Grievance and Appeals Report: Chief Health Officer, Amy Scribner went over the Grievance and Appeals (G&A) report. There was an increase in G&A in Q2. She explained that the process has changed, the State has declared that if a member expresses any dissatisfaction, instead of the issue being resolved at the call center level, as a first call resolution, it automatically goes to grievance. This has resulted in an increase in grievances. The process change occurred in Q1. The rate of complaints per 1,000 members were outside the goal, Healthworx and MC were just a bit over the goal. ACE and CCS were well outside of goal, these LOBs are such a small percentage of overall membership that just a few complaints will affect it negatively. CA continues to be outside the goal even after the goal was changed. BHT grievances and appeals increased as well, some of these were continuity of care (COC) issues with a non-contracted provider. This occurs when a new member has seen a provider through their previous insurance, they come to HPSM and hope to stay with that provider, in this case likely a psychiatrist or therapist. HPSM can start the process of contracting with them but there are times when the providers do not want to contract with HPSM. There were a few of these instances in Q2. When this happens, HPSM will offer two or

three alternate providers. HPSM will try to implement single case agreements, however there is no guarantee that the provider will agree to them regardless of the members' wishes. Ms. Scribner noted that timeliness came in at 98.41%, surpassing the 95% goal. PCP changes remain stable. She shared the rate of complaints per 1,000 members and details of G&A for the CA line. Customer service, quality of care and billing are the top three grievances. Prescription drugs, DME and inpatient hospital are the top three appeals. For the MC line, quality of care, customer service and availability are the top three grievances. Other service/therapy, DME and imaging are the top three appeals. It was noted that customer service G&A may be due to exchanges with the provider or the transportation vendor and not necessarily with HPSM.

6.0 New Business: There was no new business.

7.0 Adjournment: The meeting was adjourned at 1:14 pm by Ms. Elbeshbeshy.

Respectfully submitted:

M. Heryford

M. Heryford

Assistant Clerk to the Commission

MEMORANDUM

AGENDA ITEM: 4.3

DATE: November 13, 2024

DATE: October 30, 2024

TO: San Mateo Health Commission

FROM: Patrick Curran, Chief Executive Officer

RE: Waive Request for Proposal and Approve Professional Services Agreement with
The Periscope Group

Recommendation:

HPSM staff recommends that the San Mateo Health Commission waive the RFP process and approve a new agreement with The Periscope Group effective January 1, 2025, through December 31, 2027, in an amount not to exceed \$1,000,000.

Background:

The Periscope Group (formerly DME Consulting) is a national third-party vendor that offers assessment services for durable medical equipment (DME), medical supplies, and home health care services. HPSM uses The Periscope Group to provide in-home assessments for members needing certain medical equipment, supplies, and home-based services, to evaluate the home environment and recommend the best options based upon covered benefits. Periscope charges a fixed rate per assessment for these services and has no financial incentives which may influence what services a member receives. HPSM previously contracted with Periscope for these services, but that agreement will soon cease to be in effect.

Chris Baughman, HPSM's Chief Performance Officer, conducted the market review. She found that Periscope performs similar services (reviews DME auth requests from providers and determines if they meet the medical necessity criteria and guidelines of Medicare, Medi-Cal) for many other health plans in California, and that this service is unique in the marketplace. Periscope communicates their recommendations to HPSM, which then processes the provider authorization requests accordingly through their standard procedures. Periscope maintains a web-based portal where the health plans can submit and track their DME authorization requests and view the status and details of each request.

These assessments are conducted in the member's home or via a thorough chart review. Most importantly, Periscope conducts the assessment but does not provide any equipment or home health services themselves, thereby eliminating the conflict-of-interest present when a provider of DME conducts its own assessments.

Many other local health plans use The Periscope Group, and through the market analysis HPSM has determined that The Periscope Group provides a unique service. Under the circumstances, HPSM staff recommends waiver of the RFP process.

Discussion and Fiscal Impact:

After conducting this market review, HPSM staff recommend that we continue to use The Periscope Group in essentially the same manner as we have in the past. They provide a valuable service that is unique in the market. This proposed agreement with The Periscope Group continues the services to HPSM members in an uninterrupted manner and the dollar amount requested is consistent with past usage of services by HPSM and past approvals by the Health Commission.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF WAIVE REQUEST FOR PROPOSAL AND
APPROVAL OF AGREEMENT WITH THE PERISCOPE GROUP**

RESOLUTION 2024 -

RECITAL: WHEREAS,

- A. HPSM provides covered services that includes durable medical equipment, medical supplies, and home health care services;
- B. HPSM has utilized the services of The Periscope Group to conduct in-home assessments based upon the needs of the member;
- C. The Periscope Group provides unique and valuable consultation expertise to determine the equipment and services for the member; and
- D. HPSM requests to waive the RFP process and continue to use The Periscope Group by entering into a new agreement effective January 1, 2025, through December 31, 2027.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission waives the RFP process and approves an agreement with The Periscope Group and
- 2. Authorizes the Chief Executive Officer to execute said agreement for a term of January 1, 2025, through December 31, 2027, in an amount not to exceed \$1,000,000.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 13th day of November, 2024 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

George Pon, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____

C. Burgess, Clerk

Kristina Paszek

DEPUTY COUNTY ATTORNEY

MEMORANDUM

AGENDA ITEM: 4.4

DATE: November 13, 2024

DATE: November 1, 2024

TO: San Mateo Health Commission

FROM: Pat Curran, Chief Executive Officer

RE: Approval of Amendments to Agreements with Print and Mailing Services Vendors

Recommendation

Approve a resolution authorizing the Chief Executive Officer to execute Amendments to the Agreements for Print and Mailing Services. These amendments increase the expenditures for services by \$1,000,000 for the current agreement terms through December 31, 2024.

Background and Discussion

HPSM performs a large volume of print and mailing services to meet State and the Centers for Medicare and Medicaid Services (CMS) requirements for printed hard copies of important informing materials to be mailed to the Plan's 160,000 members and more than 900 providers.

HPSM handles the printing, packaging and mailing of materials through a combination of internal staff resources and contracted vendors. Many years ago, HPSM invested in a small number of large, high-volume printers to handle print jobs that are more efficiently done internally, especially simple letter notices about key program changes. HPSM Administrative staff print and process these materials.

HPSM has been using multiple print and mailing vendors to provide services that would give HPSM more flexibility to choose the vendor that best fits timeline and delivery requirements as well as cost considerations and allowed HPSM to obtain competitive pricing for certain print jobs. In 2020, the Commission approved \$1,737,400 for printing services provided by FolgerGraphics, KPLLC and Clarity which was to be identified through an RFP. In May 2022, the commission approved an increase of \$1,000,000 for a total amount not to exceed of \$2,737,400 for these services. In January 2024, the commission approved an increase with a total not-to exceed of \$5,437,000 for the full term of the agreements from January 1, 2020 through December 31, 2024.

Due to new programs including Cal-AIM, Dental, Pharmacy and D-SNP, as well as some unexpected mailing mandates from the State, the cost of contracted printing increased significantly. While departments actively worked together to anticipate these costs to HPSM, the costs were much higher than anticipated. We are asking the Commission to approve amendments to increase the current agreements by a total of \$1,000,000.

Fiscal Impact

HPSM 2022-23 expenditures with vendors for print, processing and postage were requested to be budgeted for \$1,737,400. This request to add \$1,000,000 would increase the total amount not to exceed of the agreements to \$6,437,400. The agreements will be with Clarity and FolgerGraphics collectively would be a total amount not to exceed of \$6,437,400 for term through December 31, 2024. Clarity initially notified HPSM that they will be shifting to subscription model effective July 1, 2024, however, they retracted that change and will still be utilizing the same payment model on the original agreement. KP, LLC, however will be replaced with a different vendor that was awarded during the RFQ process.

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

**IN THE MATTER OF APPROVAL OF AMENDMENTS TO
AGREEMENTS FOR PRINT AND MAILING VENDORS:
KPLLC, FOLGERGRAPHICS AND CLARITY**

RESOLUTION 2024 -

RECITAL: WHEREAS,

- A. HPSM does a large volume of print and mailing services to meet requirements from the State and the Centers for Medicare and Medicaid Services (CMS) to mail printed hard copies of important informing materials to members and providers; and
- B. Multiple print and mailing vendors give HPSM more flexibility to choose the vendor that best fits timeline and delivery requirements as well as cost considerations, and allows HPSM to obtain competitive pricing for certain print jobs; and
- C. HPSM has been using KPLLC, FolgerGraphics and Clarity for these services.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission approves amendments to the agreements with KP LLC and FolgerGraphics to add \$1,000,000 for a total amount not to exceed of \$6,437,400 for the term ending December 31, 2024; and
- 2. Authorizes the Chief Executive Officer to execute said amendments.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 13th day of November 2024 by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

George Pon, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____

C. Burgess, Clerk

Kristina Paszek

DEPUTY COUNTY ATTORNEY

DRAFT

SAN MATEO HEALTH COMMISSION
Meeting Minutes
September 11, 2024 – 12:30 a.m.
Health Plan of San Mateo
801 Gateway Blvd., 1st Floor Boardroom
South San Francisco, CA 94080

AGENDA ITEM: 4.5
DATE: November 13, 2024

Commissioners Present: David J. Canepa Manuel Santamaria
Si France, M.D. Kenneth Tai, M.D.
Raymond Mueller Ligia Andrade Zuniga
George Pon, R. Ph., Chair

Commissioners Absent: Jeanette Aviles, M.D., Michael Callagy, Bill Graham, Vice-Chair.

Counsel: Kristina Paszek

Staff Presenting: Pat Curran, Chris Esguerra, M.D., Colleen Murphey, April Watson

1. Call to order/roll call

The meeting was called to order at 12:35 p.m. by Commissioner Pon, Chair. A quorum was present.

2. Public Comment

There were no public comments at this time.

3. Approval of Agenda

Commissioner Canepa moved approval of the agenda as presented (Second: Tai). **M/S/P.**

4. Consent Agenda

Consent Agenda was approved as presented. Motion: Canepa (Second: Tai) **M/S/P.**

5. Specific Discussion/Action Items:

5.1 MCO Tax Update

Mr. Patrick Curran presented an update on the MCO Tax, Proposition 35 which is on the November ballot. His presentation is attached to these minutes.

Mr. Curran explained how the MCO Tax is collected from California Medi-Cal and commercial managed care health plans. It is extremely disproportionate in the funds that are collected, with most coming from Medi-Cal plans and a small portion from commercial plans. These funds are matched by federal funds from CMS. The state uses the combined funds to reimburse Medi-Cal plans to fund enhanced benefits to Medi-Cal.

Mr. Curran noted that the state increased the MCO Tax in 2023 which was intended to enhance provider payments under the Medi-Cal program. Provider increases called Targeted Rate Increases (TRI) were implemented by HPSM in 2024. The final state budget reduced the planned expansion but kept the existing TRI.

Mr. Curran explained that Proposition 35 makes the MCO Tax permanent, assuming it continues to be approved by CMS beyond 2026, and identifies specific provider categories for enhanced payments for the Medi-Cal program.

If the proposition passes, it would implement those provider rate changes, which could create a short fall for the state because it is already using those funds to backfill the budget. Advocates for Medi-Cal see the proposition as a way to enhance payment to providers. In general, the proposition would benefit providers that serve Medi-Cal beneficiaries.

Commissioner Pon noted that some Medi-Cal providers would not receive enhanced payments through this proposition. Mr. Curran stated that it remains to be seen exactly which provider categories would receive enhanced payments and the extent of those payments. HPSM staff will evaluate access needs and how to supplement the MCO Tax as needed to support providers and members.

5.2 Update on HPSM Work Culture (2024 Company Initiative)

Mr. Curran introduced Colleen Murphey, Chief Operating Officer, and April Watson, HR Director of Learning, who gave an update on the goal #4 to “Strengthen Culture and Teams” of HPSM’s 2024-2028 Strategic Plan. Ms. Murphey touched on the following points:

- The Goal Statement: We will foster an inclusive learning culture that promotes diversity, equity, accessibility and belonging.
- The target of measurement is 10% sustained improvement on Employee Engagement measures of DEI-B(Diversity, Equity, Inclusion, and Belonging) and psychological safety.
- Ms. Murphey reviewed the history of the employee engagement survey, which began in 2016 and has used a consistent set of questions through 2022. In 2023 the survey was redesigned to align with our 2024-2028 strategic plan. The vendor we use to conduct the survey and its results provides benchmark data from other California health plans for all standard questions, with the newer question not yet having a benchmark.
- The newer questions support our work to develop a learning culture of psychological safety and accountability; and, Diversity, Equity, Inclusion and Belonging (DEI-B).
- Ms. Watson reviewed the meaning and impact of Psychological Safety and Accountability as a fundamental part of becoming a Learning Organization. This is the framework to transform the organization and achieve goals as a Learning Organization. This will be measured in our annual engagement survey.
- The four areas of change anticipated are: problem solvers at every level; leaders will support staff by asking questions and offering ideas and resources; visualization of daily work to add context and meaning; and leaders focus on implementing strategy and adjusting for new priorities and changes in work as a Learning Organization.

- Definition of Psychological Safety in the Workplace shared: “The belief that one will not be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes, and that the team is safe for interpersonal risk taking.” *Amy Edmondson 1999*. Basically, “felt permission for candor”.
- Ms. Murphey moved on to summarize insights from the survey on strengths and opportunities:
 - Six categories being measured in the survey: overall measures of level of engagement; leadership and management; communication and collaboration, day to day work; rewards, compensation and benefits, and growth.
 - She touched on overall engagement, satisfaction and future career intentions: For future career intentions, we saw a more dramatic change in staff planning to stay less than one year correlated to those closer to retirement age; decrease of uncertainty of intentions to continue to stay at HPSM; and then career path had an increase of those feeling they have a clearly established career path at HPSM; overall engagement and satisfaction was higher for 2023.
 - She reviewed some leverage analysis. Paying attention to those that have a predictive value.
- In summary: the results showed:
 - consistent response to the survey of 90% to 95% record rate in 2023.
 - overall measures of engagement and satisfaction are the highest than ever before and significantly above industry norms.
 - Significant strengths in Leadership & Management, Communication/Collaboration, and Growth.
 - Three new questions of DEI-B and Psych Safety emerged as top strengths with high correlation to employee engagement
 - Concerns: Increase in the percentage of staff who plan to stay with HPSM less than one year (succession planning); continued focus on compensation approach and transparency.
- Activities following the survey results have been:
 - The Leadership Team focus on succession planning, culture building, systems for work visibility, and career pathing
 - Share results with HPSM staff and development of “Idea Box” for anonymous suggestions.
 - Compensation assessment workplan using annual targeted reviews with more comprehensive review every 5 years
 - IDEA Group efforts in DIE-B continue
 - 2024 survey to be launched in December
- Ms. Watson spoke about the Learning & Development Efforts touching on:
 - Three core leadership behaviors to build and support psychological safety in teams
 - Implementation of practical capability-building tools: how can we continue to improve; give and receive feedback; developing team norms; workshops for each department on Core Strengths and Cultural Values; exploring team-specific results for Psychological Safety to initiate conversations and seek opportunities for each team.

6. Report from Chief Executive Officer

Mr. Curran briefly touched on his written report noting the upcoming program on transitional rent where health plans would pay for up to six months of rent in certain situations. This will unfold in the next few months. He expects this to be discussed with more upcoming conversations about CalAIM and broader community investment areas such as housing, schools and the health plan funding some transitional rent. He stated there will not be a commission meeting in October and the next meeting will take place in November.

7. Identification of Designated Representative

Kristinas Paszek, Deputy Attorney, stated the need to identify the designated representative for purposes of the closed session. As indicated on the agenda, the representative is Commission Chair, George Pon.

8. Closed Session

The commission moved to closed session at 1:28 pm to discuss:

- 8.1** Public Employee Performance Evaluation (Gov't Code section 54957)
Title: Chief Executive Officer, Health Plan of San Mateo
- 8.2** Conference with Labor Negotiators (Gov't Code section 54957.6)
Agency designated representative: George Pon, San Mateo Health Commission
Unrepresented employee: Chief Executive Officer, Health Plan of San Mateo

9. Reconvene Open Session (and report on closed session)

The commission was reconvened at 1:42 pm.

Ms. Paszek reported there was nothing to report on the closed session.

10. Action on Compensation and Performance Goals for Chief Executive Officer*

Ms. Paszek recited the motion to take action on the compensation and performance goals for the Chief Executive Officer for the next two-year review period.

The Performance Goals stated are:

- a. Health Outcomes
- b. Access and Member Experience
- c. Health Equity
- d. Strengthening Culture and Teams
- e. Using Data to Solve Problems
- f. Investing in the Future

The motion is to approve these as the goals for the next review period, and a 1.7% increase in salary from the current base salary of \$440,000. Ms. Paszek asked for public comment. There was no public comment made regarding this discussion item. Commissioner Tai motioned to approve these actions. Second: Mueller. **M/S/P.**

11. Other Business

There was no other business discussed at this time.

Submitted by:

C. Burgess

C. Burgess, Clerk of the Commission

MCO Tax and Proposition 35

San Mateo Health Commission

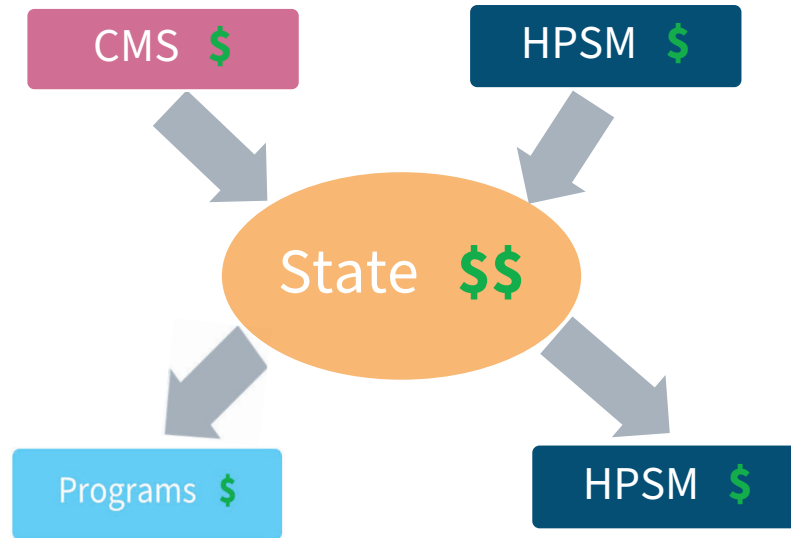
9/11/2024



What is the MCO Tax?

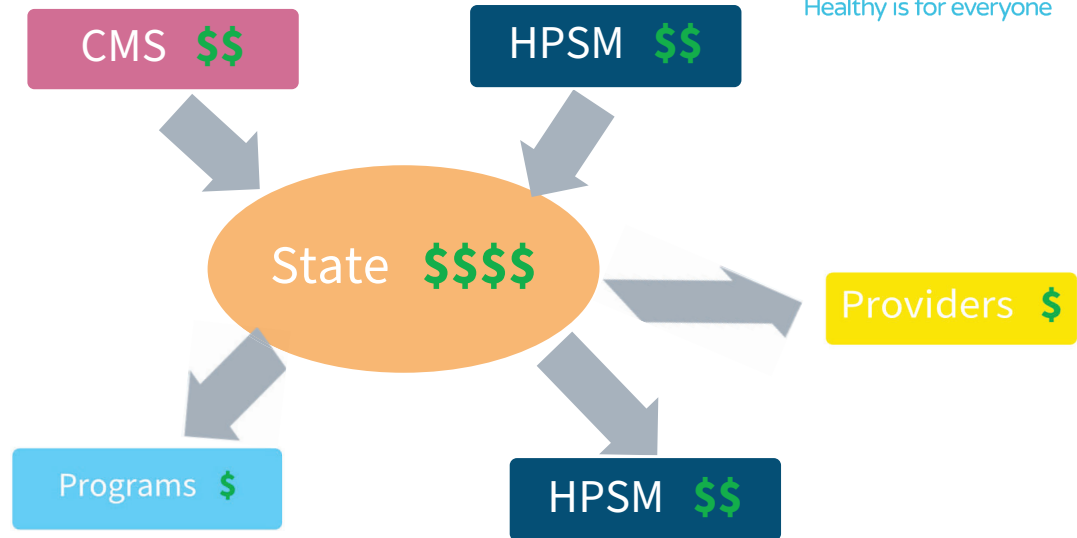


- The state collects funds from all California Medi-Cal and commercial health plans through a mechanism called the **Managed Care Organization (MCO) Tax**.
- The state seeks **federal funds from CMS** to match the funds collected from health plans.
- The state uses the combined dollars to “reimburse” Medi-Cal plans like HPSM and **fund enhancements to Medi-Cal and other health programs**.
- HPSM has **very little financial risk** with the MCO Tax.
- A **similar tax mechanism** is used with various providers and is widely used in other states.



What happened in 2023-24?

- The state **increased the MCO Tax** and received approval from CMS.
- The state used some of the new funding to **enhance provider payments under the Medi-Cal program**.
- The provider increases implemented by HPSM and other plans in 2024 are called the **Targeted Rate Increase (TRI)**.
- The state intended to **expand the scope of provider payments** in 2025 and 2026.
- The final state budget **sharply reduced the planned expansion** but kept the existing TRI.



What is Proposition 35?

- It makes **the MCO Tax permanent**, assuming it continues to be approved by CMS past 2026.
- It identifies **specific enhanced provider payments** for the Medi-Cal program.
- How it might impact the following:
 - **State budget**
 - **Providers serving Medi-Cal members**
 - **HPSM and other health plans**

MEMORANDUM

AGENDA ITEM: 5.1

DATE: November 13, 2024

DATE: November 6, 2024

TO: San Mateo Health Commission

FROM: Patrick Curran, Chief Executive Officer
Colleen Murphey, Chief Operating Officer
Luarnie Bermudo, Director of Provider Services

RE: Approval of one-time capacity funds in the amount of \$587,000 funding HPSM contracted providers Ted's Pharmacy, Adapt, ACES and Sonrisas.

Recommendation:

Authorize the Chief Executive Offer to provide one-time capacity funding to the following HPSM participating providers: (1) Ted's Pharmacy; (2) Adapt: A Behavioral Collective Inc.; (3) ACES; and (4) Sonrisas Dental in the amount of \$587,000.

Background:

At the May 8, 2024, HPSM Commission meeting, the San Mateo Health Commission (SMHC) approved a strategy to invest in the HPSM provider network through the Provider Investment Fund. This fund may include provider rate increases, which we are developing and will give an update in January 2025, as well as one-time provider capacity funding requests that meet our investment criteria, bringing these for SMHC approval on a rolling basis. The goal of these investments is to increase access to high-quality member centered care through the HSPM Provider Network.

Discussion:

HPSM staff has identified four potential organizations to receive capacity funding. Each provides critical services to our members and is proposing innovative programs and services that benefit our members and the community. The requests are:

- **Ted's Pharmacy:** This organization has provided a service for free prescription deliveries for CareAdvantage members who are engaged with Behavioral Health and Recovery Services (BHRS). This program has been in place and the HPSM funding is critical to ensuring that the pharmacy can continue to sustain this program. BHRS also continues to fund this program, so HPSM is leveraging other resources in the community.
- **Adapt: A behavioral Collective Inc. and ACES 2020, Inc:** HPSM has recently brought the administration of the Behavioral Health Treatment (BHT) benefit in-house. BHT, which includes critical therapy and treatment of children with conditions along the autism

spectrum, is an area of challenging access and workforce challenges. This capacity funding allows these two organizations to increase total access for HPSM members by 10% (each organization committing to doubling existing capacity).

- **Sonrisas**: This local nonprofit organization is a critical part of the HPSM Dental network. They have provided services to members on the coast for many years and are now proposing to expand that access to the southern part of the coast, which is historically underserved and has no dentists. They propose to increase dental access by purchasing and deploying mobile dental units, technology and equipment.

Fiscal Impact:

The total fiscal impact is **\$587,000** of one-time capacity funds to be leveraged from our SMHC approved **Provider Investment Fund**. The distribution of those funds will be accordingly:

- **Ted's Pharmacy**: **\$47,000** to support for up to 65 CA members impacting over 90% of injectable antipsychotic medications and over 20% of all behavioral health prescriptions in HPSM's network.
- **Adapt: A Behavioral Collective Inc. and ACES**: **\$140,000 (\$70,000 each)** for additional staff that they are estimating will result in a 10% increase in new BHT access for members impacted by autism.
- **Sonrisas**: **\$400,000** reaching up to 200 members on the south coast via mobile dentistry units, improving technology infrastructure, and improving access to dental services for members with mobility challenges.

DRAFT

**RESOLUTION OF THE
SAN MATEO HEALTH COMMISSION**

IN THE MATTER OF PROVIDER CAPACITY INVESTMENTS

RESOLUTION 2024 -

RECITAL: WHEREAS,

- A. The San Mateo Health Commission at its May 8, 2024, meeting approved criteria for provider investments; and
- B. Investing in its provider network is critical for HPSM to maintain a stable provider network and attain the goals it established in its 2024-39 Strategic Plan; and
- C. These proposed investments meet the criteria of provider investments and increase access to care for HPSM members.

NOW, THEREFORE, IT IS HEREBY RESOLVED AS FOLLOWS:

- 1. The San Mateo Health Commission authorizes the Chief Executive Officer to enter into agreements with four organizations to provide one-time capacity funding: Sonrisas Dental, Ted's Pharmacy, ACES, and Adapt. These agreements include funding for up to \$587,000 from the Provider Investment Fund.

PASSED, APPROVED, AND ADOPTED by the San Mateo Health Commission this 13th day of November, 2024, by the following votes:

AYES:

NOES:

ABSTAINED:

ABSENT:

George Pon, Chairperson

ATTEST:

APPROVED AS TO FORM:

BY: _____

C. Burgess, Clerk

Kristina Paszek

DEPUTY COUNTY ATTORNEY

San Mateo Health Commission

5.1 Provider Capacity Investments

2024-2028 Strategic Plan

HPSM 2024-2028 Strategic Plan:

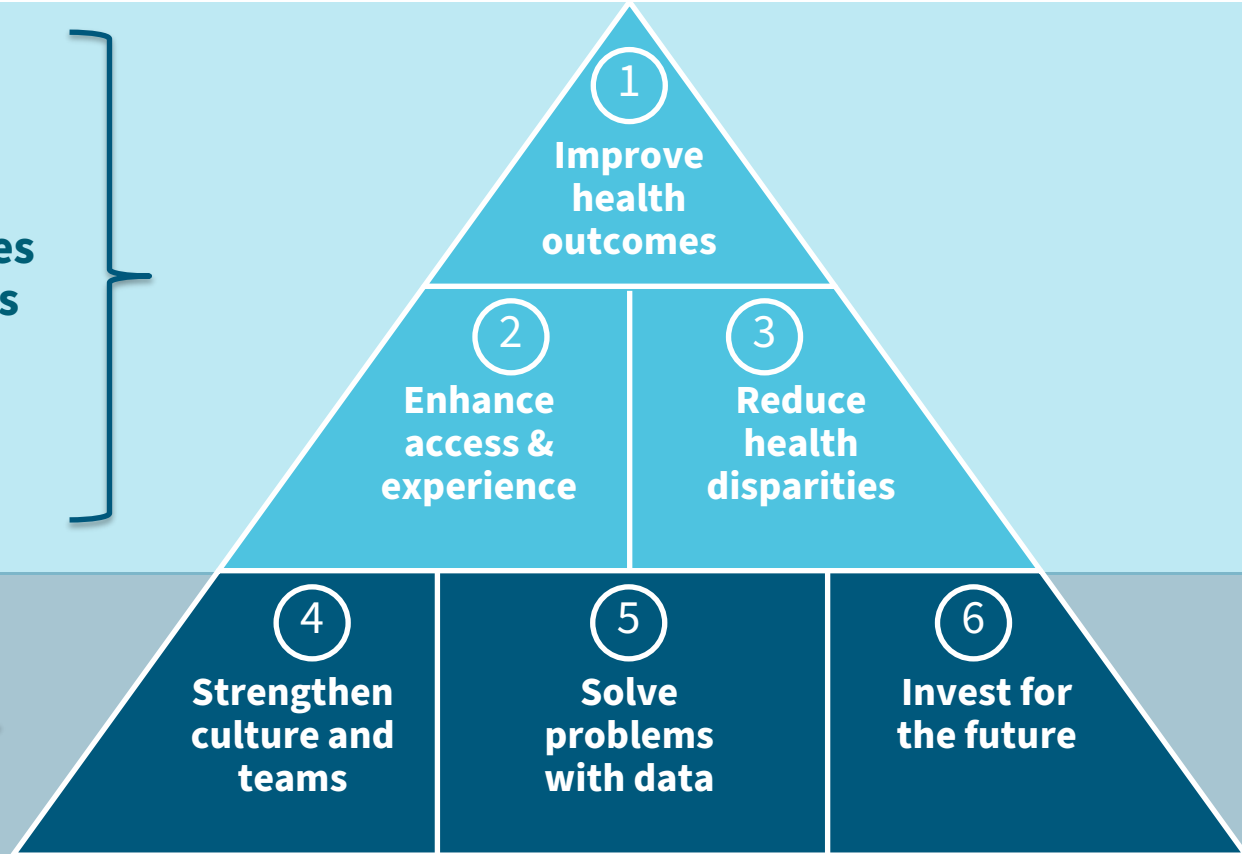
Area of Focus 1:

Better Health Care Experiences and Outcomes for all Members



Area of Focus 2:

Thriving Organizational Capacity and Resilience



A Focus on Goal 2 and Goal 6

We will increase access to high-quality member-centered care.



Increase the percent of members who have a primary care visit annually, by 10%.

2

Enhance access and experience

We will ensure HPSM's long-term sustainability to advance our mission



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

6

Invest for the future

Recap

- At our 5/8/2024 Commission meeting, SMHC approved a strategy to direct our investments, within the reserve funds that SMHC committed to the **Provider Investment Fund**.
- This included a directive to continue the work on provider rate increases, which we are providing an update on in **January 2025**.
- Additionally, SMHC provided direction for **HPSM “bundle” potential one-time provider investments** that meet our criteria, and bring these for SMHC approval on a rolling basis.

Proposed One-Time Investments

- **Ted's Pharmacy:** Free Rx deliveries for CA Members engaged with BHRS.



\$47,000

Support for up to 65 CA members, >90% of injectable antipsychotic Rx's, and >20% of all BH drugs Rx's

- **Adapt: A Behavioral Collective Inc.: Enhance and ACES** Behavioral Health Treatment (BHT) investment in workforce and cultural concordance.



\$140,000 (\$70,000 each)

Est. 10% increase in BHT access for members

- **Sonrisas:** Increase dental access in the south coast via mobile dentistry units, technology & equipment.



\$400,000

Reach up to 200 members on the south coast or with mobility challenges

Request

- Request block approval of total one-time capacity funds in the amount of **\$587,000** funding HPSM contracted providers: Ted's Pharmacy, Adapt, ACES and Sonrisas.
- Funds will be used to increase access to:
 - Pharmacy services for D-SNP members
 - BHT services for young members impacted by autism
 - Dental services for members on the coast, and improve accessibility to dental diagnostic services

AGENDA ITEM: 5.2

DATE: November 13, 2024

**Meeting materials are not included
for Item 5.2 – Population Needs Assessment and Health
Outcomes Updates**

MEMORANDUM

AGENDA ITEM: 6.0

DATE: November 13, 2024

DATE: November 6, 2024
TO: San Mateo Health Commission
FROM: Patrick Curran
RE: CEO Report – November 2024

This is a busy and exciting time for HPSM as we continue adding CalAIM program components, planning new providers investments, implementing the Baby Bonus program, evaluating the state and federal policy landscape, and preparing our 2025 budget. The updates below are a preview of items we will be discussing at upcoming Health Commission meetings, culminating in a planned Health Commission retreat in April.

Policy Update

As I write this update the national election results are still in process, but we know that former President Trump was elected and that the Senate will have a Republican majority. At the state level, it appears that Proposition 35 was approved by voters. Both the national and state election will have an impact on health care and our work. Another factor that affects HPSM is the state budget. Since we will know more about the impact of the election over the next few weeks and the initial state budget forecast in January, we plan to provide a state and federal policy update at the February Health Commission meeting.

Provider Investment

The Health Commission will review potential capacity investments at this November meeting. Staff is working on both provider rate changes and further capacity investments and will devote much of the January Health Commission meeting to an update on the provider network and these investments.

HPSM Budget

HPSM staff are hard at work preparing our 2025 budget. We will review the budget at the December 2nd Finance/Compliance meeting and then spend much of the December Health Commission meeting on the 2025 budget.

HealthWorx

We have engaged Health Management Associates (HMA) during the last six months to evaluate our HealthWorx program and recommend options. This program, which has been in place for over 20 years, serves approximately 1,200 In-Home Supportive Services (IHSS) workers and part-time City of San Mateo employees. The program has experienced higher costs and significant additional burdens in program administration due to the Department of Managed Health Care (DMHC) requirements. We plan to bring a recommendation regarding the future of HealthWorx to the February or March Health Commission meeting.

Goal 6: Invest for the Future

In addition to the provider investments discussed above, we are evaluating new ways that we can strengthen our long-term sustainability and advance our mission. Areas such as community investment, further integration, new product development, and innovative programs to benefit our providers and members are all part of the discussion. This will culminate in a preview of potential opportunities at the March Health Commission meeting and a half- or full-day retreat in April.

AGENDA ITEM: 8.0

DATE: November 13, 2024

Meeting materials are not included

for Item 8.0 – Closed Session

CONFERENCE WITH LEGAL COUNSEL—EXISTING LITIGATION (Government Code Section 54956.9(d)(1))
West Sacramento Nursing and Rehabilitation Center v. Health Plan of San Mateo (Case No. 24-CIV-05925,
Superior Court for the County of San Mateo)

CONFERENCE WITH LEGAL COUNSEL—ANTICIPATED LITIGATION (Government Code Section
54956.9(d)(2)) (1 case)