



Regular Meeting of the

Santa Clara County Health Authority Quality Improvement Committee

Tuesday, April 12, 2022, 6:00 PM – 8:00 PM

Santa Clara Family Health Plan, Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes – Approved

Members Present

Ali Alkoraishi, MD
Nayyara Dawood, MD
Jennifer Foreman, MD
Jimmy Lin, MD
Laurie Nakahira, D.O.,
Chief Medical Officer
Christine Tomcala,
Chief Executive Officer

Specialty

Adult & Child Psychiatry
Pediatrics
Pediatrics
Internist

Members Absent

Ria Paul, MD, Chair

Geriatrics

Staff Present

Chris Turner, Chief Operating Officer
Tyler Haskell, Interim Compliance Officer
Lori Andersen, Director, Long Term Services
and Support
Angela Chen, Director, Case Management &
Behavioral Health
Duyen Nguyen, PharmD, Clinical Pharmacist
Stephanie Sit, Quality Improvement Nurse
Lucille Baxter, Manager, Quality & Health
Education
Charla Bryant, Manager, Clinical Quality &
Safety
Karen Fadley, Manager, Provider Data,
Credentialing and Reporting
Ashley Kerner, Manager, Administrative
Services
Mauro Oliveira, Manager, Grievance and
Appeals
Robert Scrase, Manager, Process
Improvement
Amber Tran, Project Manager, Process
Improvement
Emily Hennessy, Consultant, Long Term
Services & Supports
Nancy Aguirre, Administrative Assistant
Robyn Esparza, Administrative Assistant

1. Roll Call

Laurie Nakahira, D.O., Chief Medical Officer (CMO), Acting Chair, called the meeting to order at 6:05pm. Roll call was taken and quorum was established.

Dr. Nakahira announced the reassignment of Johanna Liu, PharmD, Director, Quality and Process Improvement. Dr. Liu's last day with The Plan is 05/13/2022. Dr. Nakahira thanked Dr. Liu for her 8 years of service to the Health Plan, and for her significant contributions to the growth and quality of the organization.

2. Public Comment

There were no public comments.

3. Meeting Minutes

Meeting minutes of the 02/08/2022 Quality Improvement Committee (QIC) meeting were reviewed.

It was moved, seconded and the minutes of the 02/08/2022 QIC meeting were unanimously approved.

Motion: Dr. Alkoraishi

Second: Dr. Foreman

Ayes: Dr. Dawood, Dr. Lin, Dr. Nakahira, Ms. Tomcalala

Absent: Dr. Paul

4. Chief Executive Officer (CEO) Update

Christine Tomcalala, Chief Executive Officer (CEO), was pleased to announce SCFHP passed the National Committee for Quality Assurance (NCQA) Medicare Accreditation Renewal Survey for the Cal MediConnect (CMC) line of business.

Ms. Tomcalala noted The Plan is looking to become NCQA accredited for the Medi-Cal (MC) line of business.

5. Medi-Cal (MC) & Cal MediConnect (CMC) Quality Improvement (QI) Work Plan 2022

Lucille Baxter, Manager, Health and Education, presented the MC & CMC QI Work Plan 2022. Every year, the Quality, Grievance and Appeals (G&A), and Health Services departments, come together to create the QI Work Plan. The QI Work Plan includes quality metrics and goals to be accomplished for the coming year.

Divided into two (2) lines of businesses, MC and CMC, the activities, including the Quality of Clinical Care, Member Services, and Quality of Service, are outlined in the Work Plan 2022. Ms. Baxter noted G&As have been incorporated into this Work Plan.

It was moved, seconded and the MC & CMC QI Work Plan 2022 was unanimously approved.

Motion: Dr. Lin

Second: Dr. Alkoraishi

Ayes: Dr. Dawood, Dr. Foreman, Dr. Nakahira, Ms. Tomcalala

Absent: Dr. Paul

6. MC & CMC QI Program Evaluation 2021

Ms. Baxter presented an overview of the QI Program Evaluation 2021. Included in the QI Program Evaluation 2021, is the 2021 QI Work Plan for MC and CMC lines of business. This Work Plan focuses on the Quality of Clinical Care, Member Services, and Quality of Service.

Ms. Baxter reviewed the Table of Contents, highlighting the contents of Clinical Improvement, Safety of Clinical Care, Quality of Service, and Member Experience.

It was moved, seconded and the MC & CMC QI Program Evaluation 2021 was unanimously approved.

Motion: Dr. Lin

Second: Dr. Dawood

Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Nakahira, Ms. Tomcalala

Absent: Dr. Paul

7. Pharmacy Benefit Information Analysis

Duyen Nguyen, PharmD, Clinical Pharmacist, presented the Pharmacy Benefit Information Analysis. SCFHP has a responsibility to provide accurate, quality information on pharmacy benefits to CMC members through the website. Annually, The Plan audits the information on the website by randomly selecting one (1) drug in each of the four (4) formulary tiers, one (1) excluded drug, and one (1) newly added drug. The goal for both accuracy and quality is 100%.

Dr. Duyen reported both accuracy and quality measures met goal at 100%. There were no deficiencies identified. Additionally, there were no significant changes to the CMC pharmacy member portal since the

previous report in August 2020.

It was moved, seconded and the Pharmacy Benefit Information Analysis was unanimously approved.

Motion: Dr. Lin

Second: Dr. Foreman

Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Nakahira, Ms. Tomcala

Absent: Dr. Paul

8. Quality Dashboard

Ms. Baxter presented the Quality Dashboard and an overview of the Wellness Rewards Program – a calendar year program offered to members who complete preventative screenings and close gaps in care. Year to date, (YTD), a total of 7,990 gift cards have been mailed to members.

Ms. Baxter reviewed the results for the Outreach Call Campaign, an internal program where staff conduct calls to members to promote health education. A total of 7,422 calls were made from January 2022 – March 2022. Also reviewed were the completion rates for the Initial Health Assessment (IHA). Reports indicate a decrease in completion rates from January 2022 – March 2022.

Ms. Baxter reviewed the Potential Quality of Care Issues (PQIs), noting 98.4% of PQIs, due from January – March 2022, closed on time (within 90 days). Also, Facility Site Reviews (FSR) have resumed. Between January 2022 and March 2022, there were 22 FSRs completed.

In an effort to improve the HEDIS MC and CMC rates, alerts have been loaded into QNXT, so that internal staff can remind members about screenings and/or visits they are due for. Ms. Baxter noted a total of 3,341 QNXT Gaps in Care (GIC) alerts were terminated between January – March 2022.

9. Compliance Report

Tyler Haskell, Interim Compliance Officer, presented the Compliance Report. Mr. Haskell noted SCFHP recently received two (2) notices of non-compliance from CMS in February 2022 for late submissions of attestations and policies & procedures related to the use of a formulary for the Medicare Part D program. There are no penalties or corrective actions required by CMS, and steps have been taken to ensure future timely submissions.

The 2022 Department of Health Care Services (DHCS) Annual Audit took place between March 7 and March 18 2022, covering a review period of March 2021 through February 2022. Unlike previous DHCS audits, which covered only the MC line of business, this audit covered both MC and CMC. During the exit conference, DHCS verbally indicated potential findings in several areas, with other areas still under review.

Mr. Haskell noted in January 2022, SCFHP received notice of the Department of Managed Health Care (DMHC) Financial Audit that will be conducted by June 2022. This audit occurs every three (3) years and examines the financial health and sustainability of The Plan. The Finance department is responding to document requests from DMHC.

10. Annual Review of QI Policies

Dr. Nakahira reviewed policies QI.03, QI.04, QI.06, QI.08, QI.09, QI.11, QI.15, QI.16, QI.19, QI.23, QI.28, and QI.30, and noted the changes made, if applicable.

- a. QI.03 Distribution of QI Information – *No changes except for the reference NCQA 2022*
- b. QI.04 Peer Review Process – *No Changes*
- c. QI.06 QI Study Design/Performance Improvement Program Reporting – *No changes except for the reference NCQA 2022*
- d. QI.08 Cultural and Linguistically Competent Services – *Included the Consumer Advisory Board (CAB) meeting and updated reference NCQA 2022*
- e. QI.09 Health Education Program and Delivery System - *No changes except for the reference NCQA 2022*
- f. QI.11 Member Non-Monetary Incentives – *No changes*
- g. QI.15 Transitions of Care – *No changes*

- h. QI.16 Managed Long Term Services and Support Care Coordination – *No changes*
- i. QI.19 Care Coordination Staff Education and Training – *No changes*
- j. QI.23 Alcohol and Drug Screening Assessment, Brief Intervention, and Referral to Treatment (SABIRT) – *Replaces SBIRT APL 18-014; New APL SBIRT has USPSTF; Updated the definition of risky drinking of ETOH & substance use with screenings & BH counseling intervention to reduce ETOH & substance use in adolescents & adults; MCP is requiring ETOH or SUD Rx MCP must arrange for referral to the county department for outpatient Rx SUD; Requirements are consistent with USPSTF grade A/B, AAP/Bright futures, MCAL provider manual; List of screening tools; Brief assessment; Brief intervention & referral for Rx*
- k. QI.28 Health Homes Program – *Retiring HHP ending 2022*
- l. QI.30 Health Risk Assessment – *No changes*

Emily Hennessy, Consultant, Long Term Services & Supports, reviewed the two (2) new policies QI.31 and QI.32, and noted these policies will need to be renumbered, as there is currently a QI.31 and QI.32 in use.

- m. QI.31 Community Supports (CM) – *New policy 2022*
- n. QI.32 Enhanced Care Management (EMC) – *New policy 2022*

It was moved, seconded and policies QI.03, QI.04, QI.06, QI.08, QI.09, QI.11, QI.15, QI.16, QI.19, QI.23, QI.28, QI.30, QI.31 and QI.32 were **unanimously approved**.

Motion: Dr. Lin

Second: Dr. Foreman

Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Nakahira, Ms. Tomcala

Absent: Dr. Paul

11. Consumer Advisory Board (CAB)

Dr. Nakahira reviewed the draft minutes of the 03/03/2022 CAB meeting.

It was moved, seconded and the 03/03/2022 draft CAB meeting minutes were **unanimously approved**.

Motion: Dr. Lin

Second: Dr. Alkoraishi

Ayes: Dr. Dawood, Dr. Foreman, Dr. Nakahira, Ms. Tomcala

Absent: Dr. Paul

12. Pharmacy & Therapeutics Committee (P&T)

The draft minutes of the 03/17/2022 P&T Committee meeting were reviewed by Dr. Lin, Chair, Pharmacy and Therapeutics Committee.

It was moved, seconded and the 03/17/2022 draft meeting minutes were **unanimously approved**.

Motion: Dr. Lin

Second: Dr. Alkoraishi

Ayes: Dr. Dawood, Dr. Foreman, Dr. Nakahira, Ms. Tomcala

Absent: Dr. Paul

13. Credentialing Committee Report

Dr. Nakahira reviewed the 02/23/2022 Credentialing Committee Report.

It was moved, seconded and the 02/23/2022 Credentialing Committee Report was **unanimously approved**.

Motion: Dr. Lin

Second: Dr. Dawood

Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Nakahira, Ms. Tomcala

Absent: Dr. Paul

14. Adjournment

The next regular QIC meeting will be held on June 14, 2022. The meeting was adjourned at 7:07PM.

Ria Paul, MD, Chair

Date