

Regular Meeting of the
Santa Clara County Health Authority
Quality Improvement Committee

Tuesday, October 11, 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

Ria Paul, MD, Chair
Ali Alkoraishi, MD
Jimmy Lin, MD
Laurie Nakahira, D.O.,
Chief Medical Officer
(CMO)
Christine Tomcala,
Chief Executive Officer
(CEO)

Members Absent

Nayyara Dawood, MD
Jennifer Foreman, MD

Specialty

Geriatrics
Adult & Child Psychiatry
Internist

Pediatrics
Pediatrics

Staff Present

Chris Turner, Chief Operating Officer (COO)
Chelsea Byom, Vice President, Marketing,
Communications & Outreach
Mai Chang, Director, Quality & Process Improvement
Angela Chen, Director, Case Management &
Behavioral Health
Janet Gambatase, MPA, Director, Provider Network
Operations
Tanya Nguyen, Director, Customer Service
Mauro Oliveira, Director, Operations
Daniel Quan, Director, Compliance
Carole Ruvalcaba, Director, Marketing &
Communications
Lucille Baxter, Manager, Quality & Health Education
Charla Bryant, Manager, Clinical Quality & Safety
Karen Fadley, Manager, Provider Data,
Credentialing and Reporting
Claudia Graciano, Provider Access Program
Manager
Olivia Pham, Process Improvement Project Manager
Robert Scrase, Manager, Process Improvement
Nancy Aguirre, Administrative Assistant
Robyn Esparza, Administrative Assistant

1. Roll Call

Ria Paul, MD, Chair, called the meeting to order at 6:01pm. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Meeting Minutes

Draft meeting minutes of the 08/09/2022 Quality Improvement Committee (QIC) meeting were reviewed.

It was moved, seconded and the draft minutes of the 08/09/2022 QIC meeting were unanimously approved.

Motion: Ms. Tomcala
Second: Dr. Nakahira
Ayes: Dr. Alkoraishi, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood, Dr. Foreman, Dr. Lin

4. Chief Executive Officer (CEO) Update

Christine Tomcala, Chief Executive Officer (CEO) acknowledged the passing of our beloved friend and colleague, Dr. Jeff Robertson. Dr. Jeff served at the Health Plan for over 10 years at the capacity of Chief Medical Officer (CMO), and more recently, as a Medical Director. Dr. Jeff will be deeply missed.

Ms. Tomcala noted the Plan's membership is currently at 318,000 members, and it is the season for Medicare Advantage selections. Additionally, the Plan is in process of converting our Cal Medi-Connect (CMC) members and transitioning them to the Dual Eligible Special Needs Plan (D-SNP) program, effective January 1st.

Ms. Tomcala shared, once the public health emergency is over, Assembly Bill 2449, regarding public meeting teleconferencing, will allow for additional attendance flexibility, all while maintaining the existing public meeting parameters. Prior to COVID-19, members could attend the QIC meetings in person, or, if needed, electronically. In order to do so, the address where one plans to attend would need to be identified on the published agenda one (1) week prior to the meeting; and as such, the public would then have the opportunity to join you at the listed address. Assembly Bill 2449 requires a quorum needs to participate in person. New flexibilities include the ability to join remotely without the need to identify your address on the agenda shall one be experiencing an emergency. However, both audio and visual connections must be in use when joined remotely.

Ms. Tomcala announced this year is the 25th anniversary of the Health Plan. A celebration will be held at the Blanca Alvarado Community Resource Center (CRC), on Saturday, October 22. Additionally, in honor of our 25th anniversary, the Plan is instituting a scholarship program in hopes to provide support to our members who are interested in obtaining a career in healthcare. More details to come.

5. Compliance Report

Daniel Quan, Director, Compliance, presented the Compliance Report on behalf of Tyler Haskell, Director, Government Relations. Beginning on October 17th, the Plan will undergo a routine Department of Managed Health Care (DMHC) survey. This survey will cover the overall performance of the Plan against State health plan licensing regulations. Additionally, every three (3) years, DMHC conducts a Financial Audit. This year the Plan was due for review. On October 3rd, the Plan received a report from the Financial Audit with zero (0) findings.

In March, the Plan underwent its annual Department of Health Care Services (DHCS) audit, and has not yet received a written preliminary report.

Mr. Quan shared the Plan recently received a Notice of Noncompliance from Centers for Medicare & Medicaid Services (CMS) related to a required protected class drug that was missing from the Plan's July 2022 formulary submission. The Plan's pharmacy benefit manager, MedImpact, removed Trizivir from the formulary. MedImpact added Trizivir back to the formulary in the next submission window.

Mr. Quan announced the Plan recently completed its annual Medicare data validation audit, with final results indicating 100% validation.

Mr. Quan added, the Plan underwent the Compliance Effectiveness Audit required by CMS. This audit reviews the effectiveness of our Compliance Program and must be completed annually. The Plan received a final report in late September, indicating one (1) finding related to the lack of documentation demonstrating the Plan had provided required annual compliance training to a consultant doing work relations to our Medicare line of business (LOB). The report also includes four (4) observations relating to improving the consistency and clarity of internal documents and reducing audit completion times.

6. QIC Member Appointment and Term Limits

Laurie Nakahira, D.O., CMO reviewed the QIC member appointment and term limit requirements based on the QIC Charter. Upon review of the QIC Charter, all QIC stakeholders, including the Chairperson, can serve up to three (3), two (2) year terms. Currently, most QIC members are due for reappointment. Those interested in serving an additional term must connect with Dr. Nakahira and Ms. Tomcala offline.

7. Annual Assessment of Physician Directory Accuracy Report 2022

Claudia Graciano, Provider Access Program Manager, presented the Annual Assessment of Physician Directory Accuracy Report 2022. To validate the information on file, data is collected from provider delegates and providers via provider rosters, provider profiles, as well as provider and facility attestations.

There are five (5) measures that were monitored for aspects of physician directory accuracy. They include, 1). Accuracy of office locations, 2). Accuracy of phones numbers, 3). Accuracy of hospital affiliations, 4). Accuracy of accepting new patients, and 5). Awareness of physician office staff of physician's participation in the organization's network.

Ms. Graciano explained the methodology involved in conducting the accuracy report, as well as the results of the analysis. Barriers and opportunities for improvement were identified and shared.

It was moved, seconded and the Annual Assessment of Physician Directory Accuracy Report 2022 was unanimously approved.

Motion: Ms. Tomcala
Second: Dr. Nakahira
Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood, Dr. Foreman

Jimmy Lin, MD, joined the meeting at 6:33pm.

8. Accuracy and Quality of Pharmacy Benefit Information to Members via Telephone

Tanya Nguyen, Director, Customer Service, reviewed the Accuracy and Quality of Pharmacy Benefit Information to Members via Telephone. SCFHP has a responsibility to ensure that members can contact the organization via phone and receive accurate, quality information on drugs, coverage, and costs.

Ms. Nguyen reviewed the methodology used, which is comprised of six (6) factors, including, 1). Financial responsibility, 2). Exceptions process, 3). Mail order, 4 & 5). Pharmacy location, and 6). Generic substitution. Ms. Nguyen reviewed both the accuracy and quality assessments for all factors. Additionally, an overview of both the quantitative and qualitative analyses were presented.

Ms. Nguyen concluded by reviewing the opportunities for improvement and the interventions implemented.

It was moved, seconded and the Accuracy and Quality of Pharmacy Benefit Information to Members via Telephone was unanimously approved.

Motion: Dr. Alkoraishi
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood, Dr. Foreman

9. Annual CMC Continuity and Coordination Between Medical Care and Behavioral Health (BH) Analysis

Jamie Enke, Program Manager, Behavioral Health, presented the Annual CMC Continuity and Coordination Between Medical Care and BH Analysis. Annually, the Plan collects data of opportunities for collaboration between medical care and behavioral healthcare in the following six (6) areas: 1). Exchange of information, 2). Appropriate diagnosis, treatment, and referral of behavioral disorders commonly seen in primary care, 3). Appropriate use of psychotropic medications, 4). Management of treatment access and follow-up for members with coexisting medical and behavioral disorders, 5). Primary or secondary preventive behavioral healthcare

program implementation, and 6). Special needs of members with severe and persistent mental illness.

Ms. Enke reviewed the established goal(s) and the performance for each of the six (6) measures, as well as a quantitative and qualitative analysis. Barriers, opportunities for improvement, as well as the interventions implemented were also reviewed.

It was moved, seconded and the Annual CMC Continuity and Coordination Between Medical Care and BH Analysis was **unanimously approved**.

Motion: Ms. Tomcala

Second: Dr. Lin

Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood, Dr. Foreman

10. Assessment of CMC Member Understanding of Policies and Procedures

Chelsea Byom, Vice President, Marketing, Communications & Outreach, presented the Assessment of CMC Member Understanding of Policies and Procedures. This report assesses how well members understand the Plan's policies and procedures, specifically from marketing materials.

Ms. Byom explained the methodology used, as well as the top three (3) call types, including, 1). Materials request, 2). Benefit inquiry/other, and 3). General Provider/Network information inquiry.

Ms. Byom reviewed the actionable opportunities for improvement, which include, improving awareness of SCFHP's forms and instructions through education, promoting self-service options, and updating webpages to include an Appointment of Representative (AOR) form with instructions more prominently.

Motion: Ms. Tomcala

Second: Dr. Lin

Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood, Dr. Foreman

11. Annual Review of QI Policies

Charla Bryant, Manager, Clinical Quality & Safety, reviewed policy QI.02, and noted the minor changes made.

a. QI.02 Clinical & Preventative Practice Guidelines.

It was moved, seconded and policies QI.02 was **unanimously approved**.

Motion: Dr. Nakahira

Second: Dr. Lin

Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood, Dr. Foreman

12. Annual Review of Credentialing Policies

Karen Fadley, Manager, Provider Data, Credentialing and Reporting, presented the Credentialing Policies. All listed policies were reviewed and approved as presented at the 08/03 Credentialing Committee Meeting.

- a. CR.01 Credentialing and Recredentialing
- b. CR.02 Credentialing and Oversight of Mid-Level Practitioners
- c. CR.03 Objective Criteria for Defining HIV/AIDS Expertise
- d. CR.04 Notification to Authorities and Practitioner Appeal Rights
- e. CR.05 Delegation of Credentialing and Recredentialing
- f. CR.06 Ongoing Monitoring and Interventions
- g. CR.07 Assessment of Organizational Providers
- h. CR.08 Credentialing Committee
- i. CR.10 Credentialing System Controls

It was moved, seconded and policies CR.01, CR.02, CR.03, CR.04, CR.05, CR.06, CR.07, CR.08, and CR.10 were **unanimously approved.**

Motion: Dr. Lin

Second: Dr. Paul

Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood, Dr. Foreman

13. Grievance & Appeals (G&A) Report Q2 2022

Mauro Oliveira, Director, Operations, presented the G&A Report for Q2 2022 and included a written record of appeals and grievances for Q2, 2022. Mr. Oliveira reviewed the total G&As per 1,000 members, for both Medi-Cal (MC) and CMC, as well as the total appeals received.

Mr. Oliveira presented the G&A Report for Q2 2022. The top 3 MC grievance categories and the top 3 MC grievance subcategories were reviewed, as well as the MC Appeals by case type and disposition. In addition, the Top 3 Cal MediConnect (CMC) grievance categories and the top 3 CMC grievance subcategories were reviewed, as well as the CMC Appeals by case type and disposition.

14. Quality Dashboard

Ms. Bryant presented the Quality Dashboard beginning with the Initial Health Assessment (IHA) results. Reports indicate a slight increase in completion rates when comparing August 2021 to September 2022.

Ms. Bryant noted between August – September 2022, six (6) Facility Site Reviews (FSRs) were completed. Certified Master Trainers (CMT) and QI Nurses continue to conduct FSRs to ensure sites operate in compliance with all applicable local, State, and federal laws and regulations.

Ms. Bryant reviewed the Potential Quality of Care Issues (PQIs), noting 20.5% of PQIs due from August – September 2022 closed on time (within 90 days). Also reviewed were the results for the Outreach Call Campaign, an internal program where staff conduct calls to members to promote health education. A total of 14,161 calls were made from August – September 2022.

In an effort to improve the Healthcare Effectiveness Data and Information Set (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. A total of 3,255 Gaps in Care (GIC) alerts were closed between August – September 2022.

15. Consumer Advisory Board (CAB)

The draft minutes of the 09/01/2022 CAB meeting were reviewed by Dr. Nakahira.

It was moved, seconded and the 09/01/2022 draft CAB meeting minutes were **unanimously approved.**

Motion: Dr. Lin

Second: Dr. Alkoraishi

Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood, Dr. Foreman

16. Pharmacy & Therapeutics Committee (P&T)

The minutes of the 09/15/2022 P&T Committee meeting were reviewed by Jimmy Lin, MD, Chair, P&T Committee.

It was moved, seconded and the 09/15/2022 draft Open P&T Committee meeting minutes were **unanimously approved.**

Motion: Dr. Nakahira

Second: Dr. Lin

Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood, Dr. Foreman

17. Credentialing Committee

The draft open minutes of the 08/03/2022 Credentialing Committee meeting were reviewed by Dr. Nakahira.

It was moved, seconded and the 08/03/2022 draft Credentialing Committee meeting minutes were unanimously approved.

Motion: Dr. Lin

Second: Dr. Nakahira

Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood, Dr. Foreman

18. Credentialing Committee Report

Dr. Nakahira reviewed the 08/03/2022 Credentialing Committee Report.

It was moved, seconded and the 08/03/2022 Credentialing Committee Report was unanimously approved.

Motion: Dr. Lin

Second: Dr. Nakahira

Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Dawood, Dr. Foreman

19. Adjournment

The next regular QIC meeting will be held on December 13, 2022. The meeting was adjourned at 7:24pm.

Ria Paul, MD, Chair

Date