

Regular Meeting of the

Santa Clara County Health Authority Cal MediConnect Consumer Advisory Board

Thursday, December 3, 2020 11:30 AM – 1:00 PM

Santa Clara Family Health Plan - Teleconference

6201 San Ignacio Ave., San Jose, CA 95119

MINUTES - Approved

Members Present

Laurie Nakahira, DO, Chief Medical Officer, Chair
Luis Gova Gonzalez
Narendra Pathak

Members Absent

Charles Hanks
Tiffany Huyenh-Cho, Ombudsman, Staff Attorney,
Bay Area Legal Aid
Verna Sarte
Dennis Schneider
Kumarapuram “Mani” Subramanian

Staff Present

Laura Watkins, Vice President, Marketing and
Enrollment
Chelsea Byom, Director, Marketing and
Communications
Tanya Nguyen, Director, Customer Service
Dang Huynh, PharmD, Director, Pharmacy and
Utilization Management
Lucille Baxter, Manager, Quality and Health
Education
Thien Ly, Manager, Medicare Outreach
Mike Gonzalez, Manager, Community Resource
Center
Jamie Enke, Manager, Process Improvement
Theresa Zhang, Manager, Communications
Lan Tran, Quality Improvement RN
Lynette Topacio, Marketing Project Manager
Byron Lu, Process Improvement Project Manager
Gaya Amirthavasara, Process Improvement Project
Manager
Zara Hernandez, Health Educator
Amy O'Brien, Administrative Assistant

Others Present

Kiran Kaur, Breathe California
Kristine Zhang, PharmD, Pharmacy Resident

1. Roll Call

Dr. Laurie Nakahira, Chief Medical Officer and Chair, called the meeting to order at 11:33 a.m., and roll call was taken. There was no quorum.

2. Public Comment

There were no public comments.

3. Meeting Minutes

The minutes of the September 3, 2020 Cal MediConnect Consumer Advisory Board (CAB) Committee meeting were reviewed. In the absence of a quorum, approval of the minutes was deferred to the March 4, 2021 CAB meeting.

4. Health Plan Update

Dr. Nakahira began with a reminder to the Committee to get their flu shots. Dr. Nakahira gave an overview of the Plan's Flu Campaign for 2020, and highlighted the fact that SCFHP has partnered with Anthem for community outreach programs to administer free flu shots within the community. She also outlined the various ways members can get a flu shot, such as drive-through clinics, walk-in clinics, or from their pharmacy or primary care physician. Mr. Pathak asked about the various places, other than a primary care physician, that administer flu shots. Dr. Nakahira and Dr. Huynh confirmed that CVS, as well as any of the retail pharmacies, administer flu shots. Mr. Pathak also asked for information about locations for COVID-19 testing in Santa Clara County. Dr. Nakahira advised that information regarding COVID-19 testing sites is available via the SCFHP website.

Dr. Nakahira continued with a membership update. The Plan's current membership total for the Cal MediConnect line of business is 9,679 members, which is an increase of approximately 1,200 to 1,400 members over the last 12 months. This is largely attributable to the pause on Medi-Cal disenrollment due to COVID-19.

Dr. Nakahira then discussed COVID-19, and the ramifications of Santa Clara County going back to the Purple tier status. SCFHP staff members continue to work from home at a rate of almost 98%, with a small group of staff members in the office on a regular basis. The state of California Department of Public Health and the Santa Clara County Public Health Department are getting ready to roll out COVID vaccinations. Dr. Nakahira discussed the planned allocation of the phased vaccination process and which groups of people will receive the first round of vaccinations. The vaccinations will be broken up into 4 phases, with high risk healthcare workers in the first phase of vaccinations. Mr. Gonzalez asked if residents of senior communities will fall into the 2nd phase of vaccinations. Dr. Nakahira advised that seniors in congregated, or overcrowded, residential communities that are not SNFs have yet to be defined by the California Department of Public Health as to which phase of vaccinations will apply to them. The California Department of Public Health is still working out the details, especially given the fact that the vaccines must be stored at the proper temperature to ensure efficacy. Mr. Pathak asked if the senior population in general will be prioritized over other groups. Dr. Nakahira replied that this depends on individual variables, such as co-morbidities and demographics. Many providers will need to purchase the proper storage equipment to keep the vaccines at the proper temperature. Public Health is in discussion on these issues as we speak. Mr. Pathak asked for the number of new members that are senior citizens. Ms. Watkins replied that almost all of the new members in Cal MediConnect are seniors, with a very small percentage that are not seniors. Mr. Ly agreed that almost 95% of the new members consists of seniors.

Dr. Nakahira advised the Committee there are Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) audits coming up in March 2021.

5. Discussion Items

a. COVID-19 Update

Dr. Nakahira advised the Committee that, at this time, she does not have current internal COVID numbers to share. These numbers may be shared with the Committee at the March 4, 2021 meeting.

b. New CMC Benefits for 2021

Thien Ly, Manager, Medicare Outreach, presented an overview of the upcoming changes to CMC benefits for 2021. Mr. Ly advised the Committee that not much will change for 2021. Most of the changes apply to acupuncture and chiropractic services. Mr. Gonzalez asked about the requirement to attend 8 consecutive acupuncture visits over a 12 month period, and if all 8 visits can occur in a single month. Mr. Ly replied that more than 2 acupuncture visits within a single month require prior authorization. Mr. Pathak asked how many

of our members utilize acupuncture services. Mr. Pathak also inquired about CPT procedure code 97140, modifier 59, which is an important decompression therapy. Dr. Nakahira advised she does not believe this is currently a benefit, but she will research it and have an answer at the March 4, 2021 CAB meeting. Mr. Ly gave an overview of the prescription copay changes and catastrophic coverage stage changes for 2021. There is a \$0.10 increase for the Tier 2 copay, from \$3.90 to \$4.00. Mr. Gonzalez asked for confirmation that over-the-counter drugs are covered at zero cost to the members. Mr. Ly confirmed that if a doctor wrote the prescription, and it is part of the SCFHP formulary, it is covered at zero cost share to our members.

c. Consumer Assessment of Healthcare Providers and Systems (CAHPS)

Jamie Enke, Manager, Process Improvement, gave an overview of the 2020 CAHPS satisfaction survey process and why it is important to the Plan. The Centers for Medicare and Medicaid Services (CMS) normally publish the annual results on their website. COVID-19 has had a big impact on the 2020 survey process, and the Plan was notified that CMS will not publish the 2020 results on their website. The Plan made the decision to continue with the survey for the benefit of their own internal knowledge.

There was an increase in members' responses from 2019. Ms. Enke shared the 2020 results with the Committee. The Plan's overall CAHPS ratings have improved from 2018. There was no significant decrease in any key measure and significant improvement in the area of Customer Service satisfaction. Ms. Enke highlighted the focus areas for improvement and proposed interventions, as well as the Plan's 2021 strategy. Mr. Pathak remarked on the proposed intervention to inform doctors of appointment wait-time best practices. Mr. Pathak expressed concern that appointment length is insufficient. Ms. Enke clarified that this particular intervention is targeted to physician waiting room times, rather than the actual length of appointments. Ms. Enke advised that this topic can also be incorporated into care coordination feedback to our provider network. Dr. Nakahira provided clarification on some of the unexpected issues that can arise for physicians during the course of their daily patient appointments. One unexpectedly critically ill patient can impact the remaining patient appointments on the schedule for that day. This is beyond the physician's control. SCFHP can educate their providers on how to improve their communication to patients in their waiting rooms so patients understand why wait times may be longer than anticipated.

Mr. Gonzalez inquired as to why he was not contacted to complete the survey, and whether or not it can be completed online. Ms. Enke explained that the survey is mailed to a random member sample. This year, 1,600 members received either the mailed 2020 survey or a telephone call. Mr. Gonzalez also expressed concerns with multiculturalism and how many in the Hispanic community experience misunderstandings with either doctors or nurses. Ms. Enke explained that CMS requires the survey to be conducted by a vendor, and she agreed that the racial breakdown is too basic and does not consider Hispanics as a race category, per se. Ms. Enke explained that the Plan is in discussion to conduct its own supplemental member experience survey, as the CAHPS survey is limited by the constraints applied by CMS. The Plan's goal is to improve disparities in our members' satisfaction across the different races and ethnicities. Mr. Gonzalez expressed interest in joining any discussion SCFHP conducts with its members. Ms. Enke agreed that the cultural issues the Hispanic community faces are very important. Mr. Pathak inquired as to how the Plan contracts the vendor to conduct this survey, and Ms. Enke explained this process. Mr. Pathak inquired as to whether or not the survey can be modified to include members' information, or if incentives can be given to members if they complete the survey. Ms. Enke explained the survey is highly regulated, and the Plan has no access to members' information. The Plan only sees aggregated data. There is no opportunity to provide member incentives to complete the survey, as this would skew the results.

d. Prior Authorization Process

Dang Huynh, Director, Pharmacy and Utilization Management, presented the committee with an overview of the purpose and intent of the Plan's Prior Authorization Process. Dr. Huynh explained the definition of prior authorizations, and the various terminologies that are used to describe this process. Dr. Huynh explained the step-by-step process prior authorization review process. Mr. Pathak asked for the definition of MCG Guidelines, and Dr. Huynh explained this definition. Mr. Pathak inquired as to how the prior authorization process works if a member is in the emergency room. Dr. Huynh explained that prior authorization applies only to specifically requested procedures that require an authorization, rather than care rendered in an emergency room or hospital setting. Members who are hospitalized with an emergency will receive any

necessary care. Mr. Pathak asked for clarification if this also applies to an emergency such as open heart surgery. Dr. Huynh reiterated that the specific hospital's policies, procedures, and processes apply without the need for a prior authorization from the Plan. A prior authorization may be needed in the post-stabilization care phase, such as an excessive hospital stay beyond what is usually recommended. The Plan's Utilization Management nurses perform concurrent review after inpatient admission to determine the most optimal discharge plan.

Dr. Huynh highlighted the fact that the Plan does not make exceptions to the prior authorization process unless there is clinical information to support medical necessity. He also highlighted the denial and appeal processes. Dr. Huynh concluded with a description of the Chief Medical Officer's Annual Statement to the Utilization Management team which encourages ethical practices with respect to the prior authorization process.

6. Standing Items

a. Community Resource Center (CRC)

Chelsea Byom, Director, Marketing and Communications, gave an update on the progress of the CRC. Construction is complete and SCFHP has now taken occupancy of the building, although the resource center continues to be closed to the public and to staff members, due to COVID-19. Ms. Byom introduced Mr. Mike Gonzalez as the Manager of the CRC. The Plan is in the active stage of planning the programming for the CRC. Ms. Byom highlighted the Plan's outreach efforts to determine the classes and activities that will be offered at the CRC. Ms. Byom summarized the next steps to determine the timeline for key milestones and a phased grand opening. Community Health Partnership is a subtenant of the CRC, and will share space with the CRC. Mr. Pathak inquired as to what constitutes an external stakeholder. Mike Gonzalez explained the constituents that might possibly make up our external stakeholders. Mr. Pathak welcomed Mike Gonzalez to the Committee, and encouraged him to reach out to him for any input he may need.

b. Member Communications

Theresa Zhang, Manager, Communications, gave an overview of the mailings completed since the last CAB meeting in September. The fall newsletter included a reminder to check in with your physician if you have not already done so this year. There is also an infographic to help members determine the difference between the symptoms of a cold, allergies, the flu, and COVID-19. The newsletter also includes an article on how smoking raises the risk of Type 2 Diabetes, as well as contributes to serious complications of Diabetes. Members are encouraged to access the Aunt Bertha platform to find community resources by zip code. There are also articles on depression, breast cancer risk, and a reminder to get your flu shot. The Plan continues to call our vulnerable, high risk members to check in on their welfare during COVID. Ms. Zhang reminded the Committee of the types of articles and committee meeting materials that can be found on the SCFHP website. Ms. Zhang continued with a list of the events the Plan sent outreach materials to since our September meeting. The Plan has not attended any events in person since April. The Plan has hosted 10 pop-up flu clinics in partnership with Anthem, and there is a pop-up flu clinic coming up on December 8, 2020. Members who are interested can click on the link to the SCFHP website for more information and to register for the clinic.

c. Health Education and Cultural Linguistics – Presentation by Breathe California

Dr. Nakahira introduced Kiran Kaur, Asthma Health Educator from Breathe California. Ms. Kaur gave a presentation to the Committee on the mission of Breathe California, and an overview of the services, classes, and workshops available to members. Due to COVID-19, many of these services, trainings, and home visits are offered virtually through Zoom. Due to a grant funded by the California Department of Health Care Services (DHCS), and managed by the Sierra Health Foundation, Breathe California has been able to expand their services and target underserved families, including virtual education and training sessions, indoor air quality assessments, and asthma remediation equipment. Referrals and resources to correct or eliminate environmental hazards are also offered to families. Breathe California follows up with these families via telephone to check on their progress. Breathe California also offers senior services, including fall risk assessments. Breathe California provides adults with CPAP machines, nebulizers, and spacers, as well as

peak flow meters for children with asthma. Ms. Kaur gave an overview of their tobacco cessation educational programs, and the Ash Kickers Group Cessation for adults. Group counseling sessions are all offered on a virtual basis due to COVID.

d. Cal MediConnect Ombudsman Program Updates

Tiffany Huyenh-Cho, Ombudsman, Staff Attorney with Bay Area Legal Aid, was not in attendance.

e. Future Agenda Items

Dr. Nakahira solicited ideas from the committee members for future agenda items. Mr. Gonzalez expressed concern with a procedure he had this year at Stanford. Dr. Nakahira suggested this issue be taken offline as this meeting is a matter of public record. Dr. Nakahira and Mr. Gonzalez agreed to set up a telephone conversation directly after this meeting to discuss his concerns. Dr. Nakahira will bring forward any relevant points that should be addressed as an agenda topic for the March 2021 meeting.

7. Member Feedback and Experience

Mr. Pathak expressed his satisfaction with the information discussed during these meetings. He finds it to be helpful and relevant. He is also pleased to learn that Mike Gonzalez will be the manager of the CRC. Mr. Pathak was pleased to note that SCFHP does not have the same regulation problems as some of our competitors. Mr. Gonzalez noted that Mani Subramanian has retired from the CAB meeting, and Dr. Nakahira expressed sadness about his decision to retire as a CAB member.

8. Adjournment

The meeting adjourned at 12:55 p.m. The next Cal MediConnect Consumer Advisory Board meeting is scheduled for Thursday, March 4, 2021 at 11:30 a.m.

Laurie Nakahira, DO, Chairperson
Cal MediConnect Consumer Advisory Board