Regular Meeting of the

Santa Clara County Health Authority
Provider Advisory Council

Wednesday, May 11, 2022, 12:15 PM – 1:45 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave., San Jose, CA 95119

Via Teleconference
(408) 638-0968
Meeting ID: 832 1613 6508
Passcode: PACMay11
URL: Join Zoom Meeting: https://us06web.zoom.us/j/83216136508

AGENDA

1. Roll Call / Establish Quorum	Dr. Padua, Chair	12:15	5 min
2. Public Comment Members of the public may speak to any item not on the agenda; two minutes per speaker. The committee reserves the right to limit the duration of public comment to 30 minutes	Dr. Padua, Chair	12:20	5 min
3. Meeting Minutes Review minutes of the February 9, 2022 Provider Advisory Council Meeting. **Possible Action:** Approve meeting minutes of the February 9, 2022 Provider Advisory Council meeting	Dr. Padua, Chair	12:25	5 min
4. Chief Executive Officer Update Discuss SCFHP membership and current topics	Ms. Tomcala	12:30	10 min
5. Pharmacy **a.** Review and discuss the current drug reports **b.** Pharmacy Updates	Dr. Huynh	12:40	10 min
6. Utilization Management **a.** UM Updates	Dr. Huynh	12:50	5 min
7. Quality **a.** DHCS Comprehensive Quality Strategy 2022	Dr. Nakahira	12:55	10 min

8. Provider Network Operations **a.** Update on Provider Satisfaction Survey	Ms. Gambatese	1:05	10 min
9. Case Management / Behavioral Health **a.** Student Behavioral Health Incentive Program	Dr. Nakahira	1:15	5 min
10. Old Business			
11. New Business **a.** Discuss DSNP **b.** Update on FY22 Disparity and Equity Initiatives: • Update on Vaccine Incentive Program to close the vaccination gaps between SCFHP and county rates	Ms. Turner / Ms. Gambatese Ms. Baxter	1:20 1:30	10 min 10 min
12. Discussion/Recommendations	All	1:40	5 min
13. Adjournment	Dr. Padua, Chair	1:45	

Next Meeting: Wednesday, August 10, 2022

Notice to the Public—Meeting Procedures

- Persons wishing to address the Provider Advisory Council on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.
- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Robyn Esparza 48 hours prior to the meeting at (408) 874-1780.
- To obtain a copy of any supporting document that is available, contact Robyn Esparza at (408) 874-1780. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at www.scfhp.com.

Regular Meeting of the

Santa Clara County Health Authority
Provider Advisory Council (PAC)

Wednesday, February 9, 2022, 12:15 – 1:45 PM
Santa Clara Family Health Plan – Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - DRAFT

Members Present
Thad Padua, MD, Chair
Clara Adams, LCSW
Dolly Goel, MD
Bridget Harrison, MD
Michael Griffis, MD
Jimmy Lin, MD
David Mineta
Peter L. Nguyen, DO
Sherri Sager
Meg Tabaka, MD
Hien Truong, MD
Ghislaine Guez, MD

Members Absent
Jack Pollack

Staff Present
Christine Tomcala, Chief Executive Officer
Laurie Nakahira, DO, Chief Medical Officer
Janet Gambatese, Director, Provider Network Operations
Dang Huynh, PharmD, Director, Pharmacy & Utilization Management
Johanna Liu, PharmD, Director, Quality & Process Improvement
Brandon Engelbert, Manager, Provider Network Operations
Karen Fadley, Manager, Provider Data, Credentialing and Reporting
Claudia Graciano, Provider Network Program Manager
Stephanie Vielma, Manager, Provider Performance Program
Robyn Esparza, Administrative Assistant

1. **Roll Call/Establish Quorum**
   Thad Padua, MD, Chair, called the meeting to order at 12:20 pm. Roll call was taken and a quorum was established. Dr. Padua welcomed Dr. Ghislaine Guez as a new member of the Provider Advisory Council.

2. **Public Comment**
   There was no public comment.

3. **Meeting Minutes**
   The minutes of the November 10, 2021, Provider Advisory Council (PAC) meeting were reviewed.

   It was moved, seconded, and the November 10, 2021, Provider Advisory Council (PAC) minutes were **unanimously approved.**
   Motion: Mr. Mineta
   Second: Mr. Lin
   Ayes: Ms. Adams, Dr. Harrison, Dr. Nguyen, Dr. Tabaka, Dr. Padua, Ms. Sager**,** Dr. Goel, Dr. Griffis

4. Chief Executive Officer Update

Christine Tomcala, CEO, presented the February 2022 Enrollment Summary, noting a total enrollment of 295,422, with 10,251 members in Cal MediConnect (CMC) and 285,171 members in Medi-Cal (MC).

Ms. Tomcala shared a presentation on how SCFHP is addressing COVID-19 vaccine and health disparities. She reminded the Council that last year we undertook a significant effort to update our strategic plan, as well as our mission and values, and created a vision statement for the organization. The Board-approved mission is "To improve the well-being of our numbers by addressing their health and social needs in a culturally competent manner, and partnering with providers and organizations in our shared commitment to the health of our community," and the longer-term vision is "Health for all—a fair and just community where everyone has access to opportunities to be healthy." Ms. Tomcala further discussed her presentation.

5. Quality

a. DHCS MCAS (Medi-Cal Managed Care Accountability Set) Measures 2022

Johanna Liu presented on the DHCS MCAS and reviewed findings in detail.

b. DHCS Comprehensive Quality Strategy 2022

Due to time constraints, this item was not presented and is deferred to the next meeting.

6. Pharmacy Updates

a. Review and Discuss the Current Drug Reports

Dang Huynh, Director, Pharmacy and Utilization Management, presented the drug utilization reports for the top 10 drugs by cost and prior authorization volume for October 1, 2021 – December 31, 2021 (4th Quarter 2021).

For Medi-Cal (MC), Dr. Huynh noted cost for the reported timeframe was approximately $39.5 million. There was an increase of roughly $1 million from last quarter due to the increase of brand drug costs. For Cal MediConnect (CMC), cost and utilization were similar to the previously reported quarter. The total cost for the quarter was $14.6 million.

For Medi-Cal Prior Authorization (PA) volume, there was not much change in terms of volume or contribution to the top 10. For CMC Prior Authorization (PA), there was a decrease in PA volume from about 620 down to 537 PAs.

Dr. Huynh noted that moving forward only the CMC Drug Report will be coming to the committee and may share data from the state for MC if available.

b. Medi-Cal RX

Dr. Huynh provided an update on the Medi-Cal RX transition. He mentioned that there have been a lot of issues since the health plan transitioned its pharmacy benefit to the Medi-Cal RX with Magellan (fee-for-service) on January 1, 2022, even with previous plan interventions such as proactive prior authorization, provider education, and member pharmacy transitions to Medi-Cal Rx participating mail-order pharmacies.

Pharmacies are have reported that they are receiving non-meaningful denial messages. There is also a hierarchy of requirements for a drug to pay that was unclear. A prior authorization on file does not guarantee payment if the drug manufacturer is not a participating labeler. This restriction was not grandfathered. The biggest rejection issue so far is related to eligibility issues. A lot of these issues have been resolved. The plan meets weekly with DHCS, Magellan, and our local association. Last week, DHCS provided that the wait time on average for someone to call in is roughly about four (4) hours. DHCS agreed it was unacceptable and they plan to try to hire more individuals to help with the call center. DHCS also informed the plans that the prior authorization turnaround time is seven days. Grievances are redirected to Medi-Cal Rx per DHCS directive.

The plan has access to Clinical Liaisons at Medi-Cal Rx to help assist in resolving issues. Dr. Huynh advised the council that they may contact pharmacy@scfhp.com for urgent issues especially hospital discharge delays or potential member harm due to inability of getting medications.

c. COVID-19 Vaccination Initatives

Dr. Huynh updated the council that the health plan connected and executed contracts with three independent pharmacies and will be reaching out to roughly 507 members. There are also a couple of other pharmacies pending contracting to do member outreach and education on COVID-19 vaccinations.

d. COVID-19 Self-Testing Kits

Dr. Huynh noted the COVID-19 Self Testing Kits are covered by Medi-Cal RX. Medicare released the guidance that they'll start covering it in early spring.

7. Utilization Management Updates

a. Community Based Adult Services (CBAS)

Dr. Huynh advised the council that the CBAS face-to-face requirement process has changed to match the DHCS policy. Face-to-face is only required if the request does not meet the requirements for approval. Review of CBAS has moved into the UM Department.

b. Prior Authorization Grid

Dr. Huynh noted the Prior Authorization (PA) Grid has been updated. Nasal endoscopy no longer requires prior authorization.

8. Provider Network Operations

a. Updates on Major Organ Transplants (MOT) Contracting

Janet Gambatese, Director, Provider Network Operations (PNO), provided an update on major organ transplant (MOT) contracting. Beginning January 1, 2022, DHCS requires health plans to cover major organ transplants for adults. Therefore, SCFHP updated its contract with Stanford to include all transplants. DHCS doesn't recognize Stanford as an approved Center of Excellence for kidney and pancreas transplants, so SCFHP is working to get a contract with University of California, San Francisco Medical Center. Until we can get a contract with them, they will entertain Letter of Agreements (LOAs).

b. Discuss Provider Satisfaction Survey

Ms. Gambatese said that one of the plan's objectives this year is that we want to delve into understanding provider satisfaction beyond the annual survey that we do for regulatory purposes. At the last meeting, we asked the council for ideas on how would the plan get better participation from our provider network to answer questions about provider satisfaction? She indicated it was a robust discussion, noting council brought up some ideas like having an online survey such as Survey Monkey, understanding the best time of year to do conduct the surveys, like not doing them around the end of the year when providers are busy, possibly breaking a survey into multiple surveys versus one big long survey, and maybe doing some focus groups or one-on-ones for smaller practitioners.

Ms. Gambatese noted that PNO met with a vendor who has experience doing focus groups, interviews. She queried the council asking how can PNO focus in and narrow down to get a good cross representation of participation from all providers, as our network is made up of direct providers, Independent Practice Associations, and clinics. She futhrer inquired if the council has any ideas and encouranged thinking of current practices and stratigies to engage the group.

Dr. Padua noted his office has six pediatrics. It would be nice to get a visit and maybe do a lunch hourmeeting, target smaller offices for reaching out to different offices with high membership.

c. Update on the 2022 Provider Performance Program

Stephanie Vielma, Manager, Provider Performance Program, gave an update on the Provider Performance Program in 2022. She reviewed the retired and new measures of the program. She explained the timeline for PPP documentation and reporting for final rates of PPP 2021 and rates for quarter 1 2022. The gaps in care lists for 2022 will be available at the end of each month, and supplemental data is due by the sixth of each month and the data will be included in the next month's PPP report card. Finally, she noted that she included the Frequently Asked Questions (FAQs) weblink in her presentation.

Ms. Vielma also provided a presentation on Practice Transformation 2021 Year-End Summary, where she reviewed achievements of the provider groups that engaged in practice transformation, and discussed the practice transformation CY2022 goals.

d. Discuss SCFHP and Timely Access

Karen Fadley, Manager, Provider Data, Credentialing and Reporting, provided a presentation on SCFHP Provider Availability. She noted the Provider Appointment Availability Survey Methodology is developed by the Department of Managed Health Care and is a regulation in accordance with Government Code Section 11342.600. Ms. Fadley reviewed data related to urgent appointments, non-urgent appointments, and also the barriers and opportunities to timely access to care.

9. Old Business

There was no old business discussed.

10. New Business

Discuss DSNP

Due to time constraints, this item was not discussed and it will be deferred to the next meeting.

11. Discussion / Recommendations

There were no further discussions and/or recommendations.

12. Adjournment

The meeting adjourned at 1:55 p.m. The next meeting is scheduled for Wednesday, May 11, 2022.

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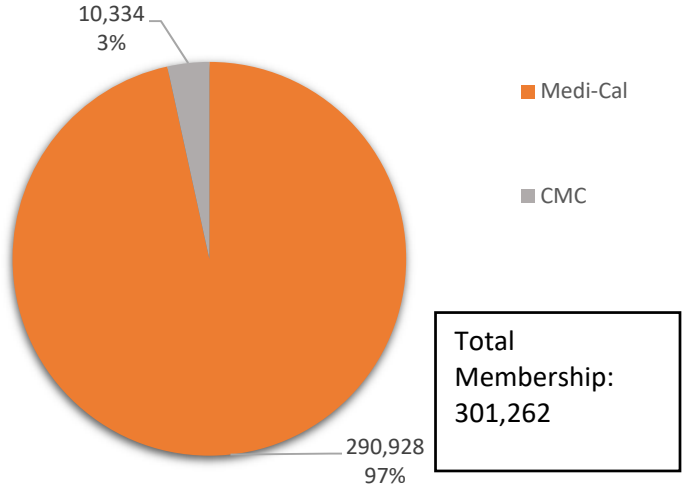
Thad Padua, Chair Date

Santa Clara Family Health Plan

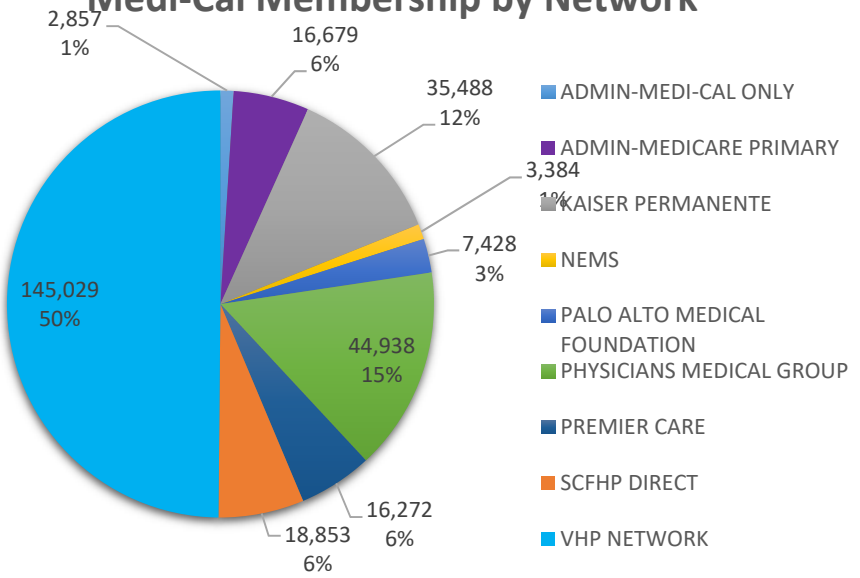
ENROLLMENT SUMMARY
May 2022

Membership by Line of Business

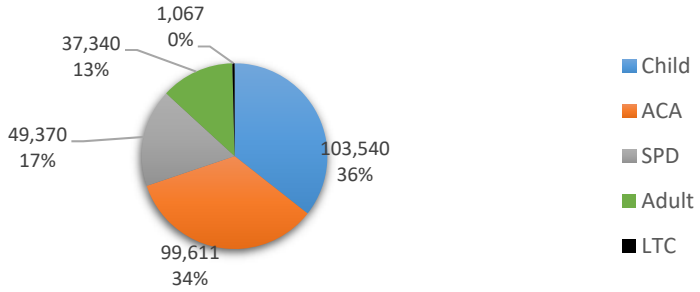


Total Membership: 301,262

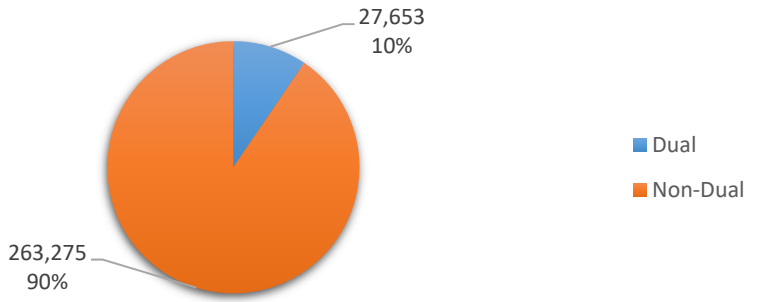
Medi-Cal Membership by Network



Medi-Cal Membership by Aid Category



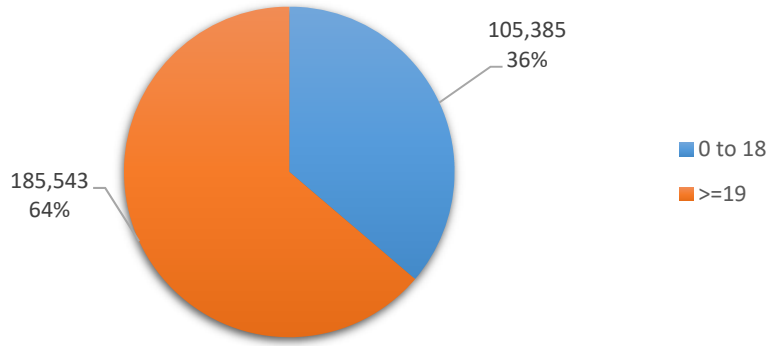
Medi-Cal Membership by Dual Status

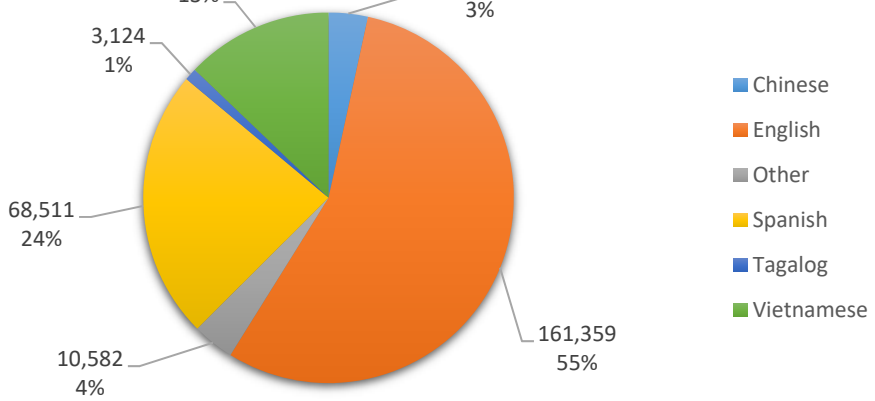


PAC Medi-Cal Membership by Age Group & Network – 2022 May

Santa Clara Family Health Plan

ENROLLMENT SUMMARY
May 2022





Santa Clara Family Health Plan

Medi-Cal Membership by Age Group and Network
May 2022

Age Group	SCFHP Direct	VHP	Kaiser	PAMF	PMG	Premier Care	NEMS	Admin-Medi-Cal Only	Admin-Medicare Primary	Total	%
0 to 6	1,692	13,860	4,633	513	5,834	915	244	370		28,061	9.6%
18 to 34	5,837	42,584	9,183	1,571	10,633	4,210	803	963	234	76,018	26.1%
35 to 44	1,888	14,305	3,222	545	3,121	1,403	294	290	290	25,358	8.7%
45 to 54	1,581	12,042	2,814	598	3,689	2,371	332	238	458	24,123	8.3%
55 to 64	1,561	15,205	3,018	764	4,123	2,744	479	425	885	29,204	10.0%
6 to 17	5,577	32,856	9,632	1,734	16,070	3,988	706	393		70,956	24.4%
65 to 74	345	7,950	1,315	362	922	484	279	112	6,479	18,248	6.3%
75 to 84	305	4,494	1,003	740	434	129	212	49	5,314	12,680	4.4%
>= 85	67	1,733	668	601	112	28	35	17	3,019	6,280	2.2%
Grand Total	**18,853**	**145,029**	**35,488**	**7,428**	**44,938**	**16,272**	**3,384**	**2,857**	**16,679**	**290,928**	100.0%
Percentage	6.5%	49.9%	12.2%	2.6%	15.4%	5.6%	1.2%	1.0%	5.7%	100.0%	

Santa Clara Family Health Plan
2022 Q1 Top 10 Drugs by Total Cost

Fill date: 01/01/2022 – 03/31/2022

SAC06 – Cal MediConnect

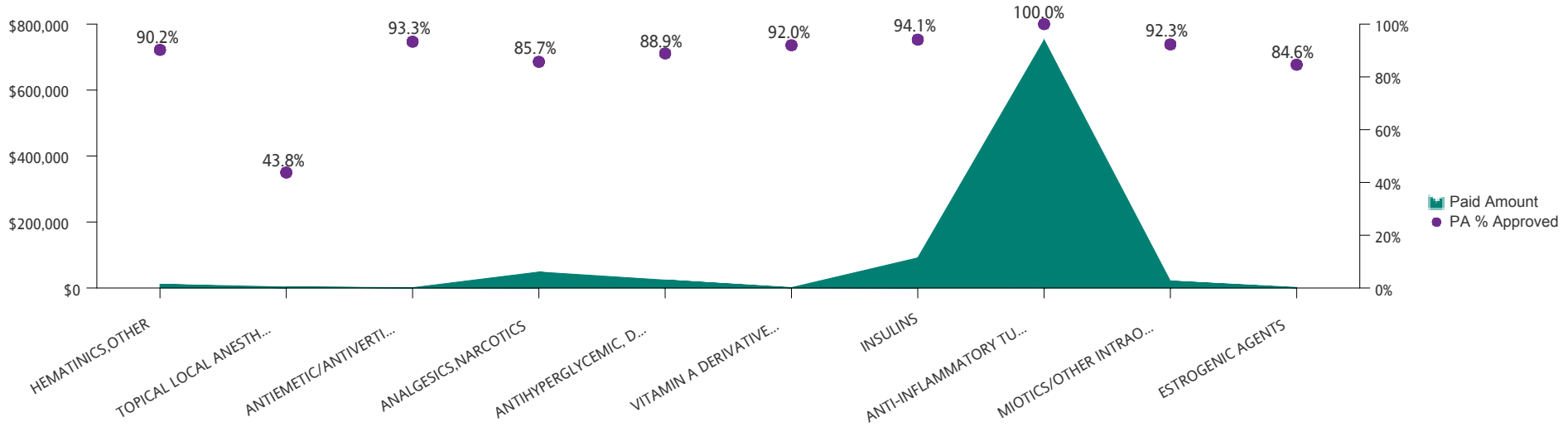
	Drug Category	Total Cost	Patient Paid	Plan Paid	% of Total Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claims	Generic % of Total Claims	Plan Paid / Day	Plan Paid / Claim
1	JANUVIA 100 MG TABLET	$390,435	$1,357	$389,078	2.6%	0.0%	384	0.4%	0.0%	$16.15	$1,013.22
2	BIKTARVY 50-200-25 MG TABLET	$361,781	$334	$361,448	2.4%	0.0%	104	0.1%	0.0%	$116.30	$3,475.46
3	HUMIRA PEN 40 MG/0.8 ML	$356,656	$124	$356,532	2.4%	0.0%	48	0.0%	0.0%	$269.49	$7,427.75
4	JARDIANCE 25 MG TABLET	$353,956	$1,136	$352,819	2.4%	0.0%	307	0.3%	0.0%	$17.65	$1,149.25
5	TRULICITY 1.5 MG/0.5 ML PEN	$317,737	$976	$316,761	2.1%	0.0%	259	0.3%	0.0%	$29.90	$1,223.02
6	INVEGA SUSTENNA 234 MG/1.5 ML	$314,256	$336	$313,920	2.1%	0.0%	99	0.1%	0.0%	$113.70	$3,170.91
7	JARDIANCE 10 MG TABLET	$313,900	$1,123	$312,777	2.1%	0.0%	317	0.3%	0.0%	$17.94	$986.68
8	FREESTYLE LITE TEST STRIP	$298,478	$0.00	$298,478	2.0%	0.0%	1,896	2.0%	0.0%	$2.54	$157.43
9	ELIQUIS 5 MG TABLET	$265,220	$1,079	$264,147	1.8%	0.0%	369	0.4%	0.0%	$16.60	$715.85
10	XELJANZ 5 MG TABLET	$207,066	$101	$206,964	1.4%	0.0%	41	0.0%	0.0%	$168.26	$5,047.91
Totals for Top 10		**$3,179,485**	**$6,567**	**$3,172,924**	**21.5%**	**0.0%**	**3,824**	**4.0%**	**0.0%**	**$14.83**	**$829.74**
Totals for SAC		**$14,802,865**	**$32,082**	**$14,770,774**	**100.0%**	**10.1%**	**96,124**	**100.0%**	**84.0%**	**$2.90**	**$153.66**

Therapeutic PAs

SAC06 - Cal MediConnect

Report Period: 01/01/2022 to 03/31/2022
Comparison Period: 01/01/2021 to 03/31/2021

Top Drug Classes by PA Volume



Top Drugs by PA Volume

Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per Rx
1	2	RETACRIT	37	94.6%	19	$8,445.44	$444.50
2	1	LIDOCAINE	30	46.7%	22	$3,026.88	$137.59
3	99	JANUVIA	25	88.0%	14	$13,611.50	$972.25
4	3	TRETINOIN	18	88.9%	6	$552.98	$92.16
5	14	ONDANSETRON HCL	14	92.9%	13	$308.58	$23.74
6	30	ONDANSETRON ODT	12	91.7%	8	$65.58	$8.20
7	5	BUPRENORPHINE	12	91.7%	40	$13,504.82	$337.62
8	14	XIFAXAN	10	70.0%	42	$113,435.30	$2,700.84
9	9	HYDROCODONE-ACETAMINOPHEN	8	50.0%	24	$676.36	$28.18
10	251	ZARXIO	6	16.7%	1	$1,064.64	$1,064.64
Totals for Top 10			**172**	**77.9%**	**189**	**$154,692.08**	**$818.48**
Totals for All			**611**	**73.8%**	**1,788**	**$3,768,240.24**	**$2,107.52**

Santa Clara Family Health Plan™

DHCS Comprehensive Quality Strategy 2022 - Overview

Johanna Liu, Director, Quality & Process Improvement

DHCS ten-year vision for Medi-Cal

- The people served by Medi-Cal should have **longer, healthier, and happier lives**. In this whole-system, person-centered, and population health approach to care, **health care services are only one element of supporting better health** in the population. **Partnerships** with Medi-Cal beneficiaries, communities, community-based organizations (CBO), schools, public health agencies, counties, and health care systems will be **essential to preventing illness, supporting health care needs, addressing health disparities, and reducing the impact of poor health**.

DHCS Comprehensive Quality Strategy (CQS) 2022

- Overview of all DHCS health care, including managed care, FFS, and other programs
- Includes overarching quality and health equity goals
- Reinforces DHCS' commitment to health equity in all program activities
- Review and evaluation of effectiveness of 2018 Managed Care Quality Strategy

1.2 Medi-Cal Program Changes

- DHCS currently restructuring the MCMC contract and will release a RFP for commercial MCMCs statewide on February 9, 2022
  - Procurement and updated standard contract demonstrates shift in expectations for MCMCs and will be a primary vehicle by which DHCS will ensure quality, transparency, and accountability in the managed care program
  - Implementation date for new contracts is January 1, 2024
- Cal MediConnect enrollees will transition to Medicare D-SNPs and affiliated MCMC plans as of January 1, 2023 in a D-SNP Exclusively Aligned Enrollment approach

2.1 Clinical Focus Areas

Figure 17: DHCS Clinical Focus Areas

- Preventive care for children in Medi-Cal were below national benchmarks
- Maternal mortality for Black mothers remains three times as high as white mothers. Black mothers also have the highest C-section rates in the state.
- Behavioral health networks struggle to meet demand

Santa Clara Family Health Plan

BOLD GOALS:
50x2025

STATE LEVEL

Close racial/ethnic disparities in well-child visits and immunizations by 50%

Close maternity care disparity for Black and Native American persons by 50%

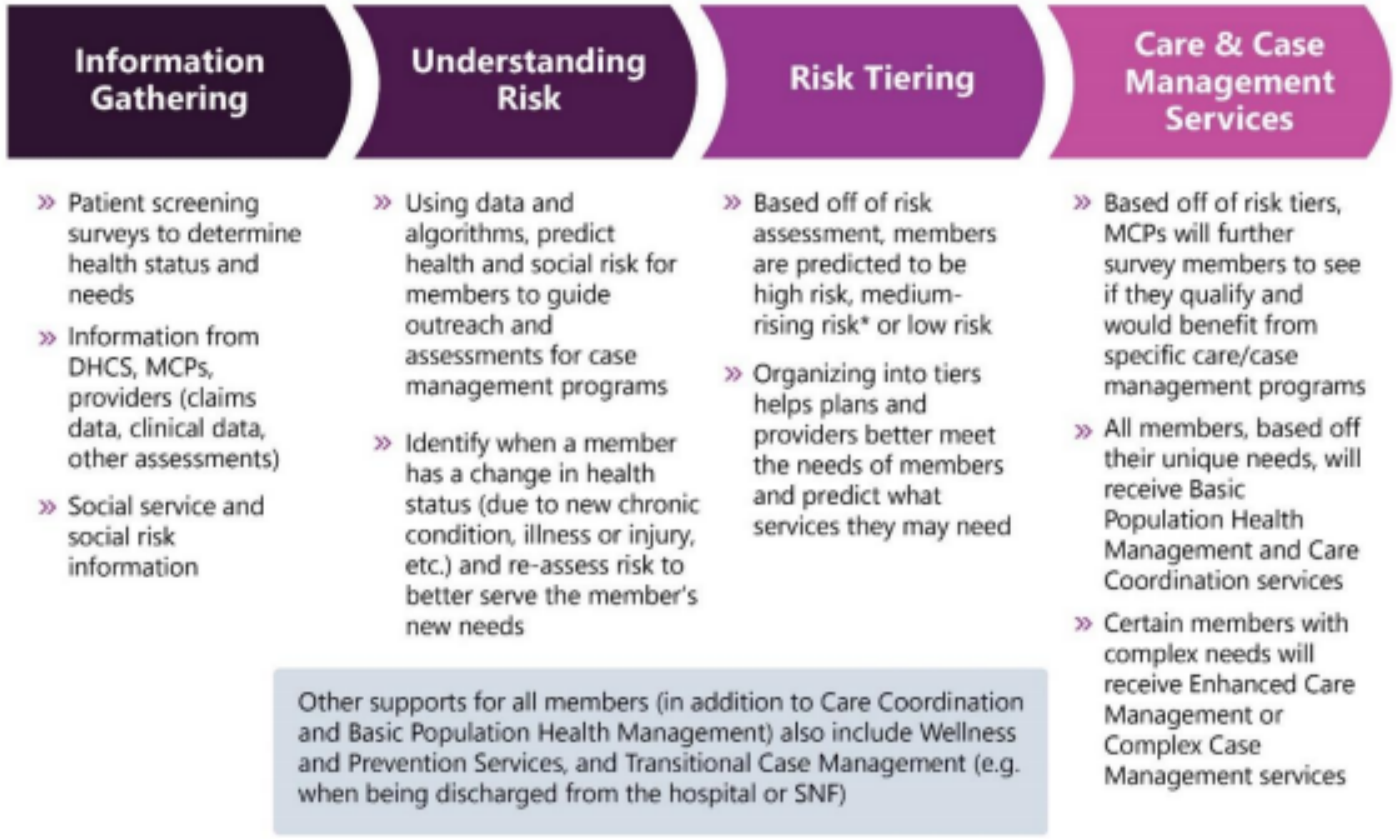
Improve maternal and adolescent depression screening by 50%

Improve follow up after emergency department visit for mental health or substance use disorder by 50%

Ensure all health plans exceed the 50th percentile for all children's preventive care measures

2.2 Population Health Management (PHM) Framework

Figure 20: Population Health Management Program Framework



*Rising risk is when a significant health event occurs that drastically changes the health status of the patient, developing chronic diseases, etc(e.g. accidents, developing diseases, etc.)

PHM Service in 2023-2024

Investments in PHM Infrastructure

- DHCS will launch a statewide PHM service in January 2023, to integrate data, provide PHM analytics support, and allow end-users access to information they need to effectively care for members.
  - Integrate multiple sources of data from DHCS, other state departments, health plans, providers, and clinical data feeds to provide a comprehensive medical and social assessment of Medi-Cal populations
  - Support PHM analytics (including risk assessment, risk stratification, linkage to health education and population-specific quality and operational outcomes)
  - Provide beneficiaries a service to access their data, and, based on screening, to be connected to health education and community-based services.
  - Provide networks and health plans with seamless, integrated information about their assigned lives, including for dual-eligible beneficiaries as a part of the transition to D-SNP models of care.

2.3 Goals, Guiding Principles, and Objectives for the Quality Strategy

2.3 Goals, Guiding Principles, and Objectives for the Quality Strategy

New Benefits and Initiatives That Support Prevention and Primary Care

- + doulas as a Medi-Cal benefit
- + community health workers as a Medi-Cal benefit
- + dyadic services (integrated behavioral health services for the whole family, not just the patient in primary care) as a Medi-Cal benefit
- + dental benefits for early oral health (Caries Risk Assessment Bundle and Silver Diamine Fluoride for young children and certain high-risk and institutionalized populations)
- Expansion of Medi-Cal postpartum coverage from 60 days to 365 days to address post-partum healthcare needs and improve outcomes for mothers and children
- Expanding access to the Medi-Cal program for seniors and persons with disabilities by increasing the asset limit in July 2022 and eliminating the asset limit in January 2024

2.5 Health Equity Roadmap

- Changes to Medi-Cal application to better collect demographic info such as race, ethnicity, sexual orientation and gender identity
- Creating DHCS-wide standards for measuring race and ethnicity, in alignment with federal standards
- Requirement for MCMC plans, via the procurement process, to identify a Chief Health Equity Officer, offer DEI training and establish a Quality Improvement and Health Equity committee

2.6 Value-Based Payment (VBP) Roadmap

- Starting in 2023, incorporate MCMC performance on the key measures (including high priority clinical quality measures, health equity measures, and member experience) to adjust payment rates and member assignment
- Starting in 2023, incorporate health disparity rates on the health equity measures in addition to quality performance scores in its auto-assignment algorithm that determines to which plan members are assigned
- Launch FQHC alternative payment methodology (APM) pilot in 2023 to support primary care transformation efforts
  - Opportunity for innovation using team-based care that is not always reimbursable through PPS as well as other alternative models of care delivery, such as electronic communication, pharmacist and nurse-led virtual, and in-person care and home visits

3.2 Quality Assessment and Performance Improvement (QAPI)

- DHCS will leverage required, standardized performance metrics and MPLs to ensure that all delivery systems are providing a necessary level of care to all Medi-Cal members, independent of where the member lives or their individual demographics.
  - A variety of penalties, including CAPs, sanctions, and liquidated damages may be levied if targets are not met, as described in more detail in the state standards section.
- DHCS cannot accept the 50th percentile, or ”average”, as our goal. This foundation must be coupled with opportunities for incentives that can support local innovation and transformation efforts and achieve our **vision of achieving greater than the 90th percentile on key measures**, or “excellent care” across programs

Santa Clara Family Health Plan™

Questions?

Jliu@scfhp.com

Santa Clara Family Health Plan™

Student Behavioral Health Incentive Program (SBHIP) Overview

Student Behavioral Health Incentive Program (SBHIP)

Program Overview

- Launched in January 2022 to support new investments in behavioral health services, infrastructure, information technology and data exchange, and workforce capacity for school-based and school-affiliated behavioral health providers
- $389 million budget from DHCS for 3 year program to be paid to Medi-Cal managed care plans (MCPs) to build infrastructure, partnership, and capacity for school behavioral health services statewide
- Not intended to pay for behavioral health treatment services because these services are already eligible for reimbursement through Medi-Cal delivery systems

Student Behavioral Health Incentive Program (SBHIP)

Background

- The consequences of not addressing child and adolescent mental health conditions often extend to adulthood.
- Child and adolescent mental health hospitalizations and suicide rates have increased over the last decade
- COVID-19, stay-at-home orders, and school closures have impacted children and adolescents in an unprecedented manner, causing additional stress and anxiety

Student Behavioral Health Incentive Program (SBHIP)

Background

- Schools are a critical point of access for preventive and early-intervention behavioral health services, as children are in school for many hours a day, for approximately half the days of the year.
- Early identification and treatment through school-affiliated behavioral health services can reduce emergency room visits, crisis situations, inpatient stays, and placement in high-cost special education settings and/or out of home placement.

Student Behavioral Health Incentive Program (SBHIP)

Objectives

- SBHIP goals and metrics are associated with targeted interventions that increase access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools.

Student Behavioral Health Incentive Program (SBHIP)

Objectives

- Break down silos and improve coordination of child and adolescent student behavioral health services through increased communication with schools, school affiliated programs, managed care providers, counties, and mental health providers.
- Increase the number of TK-12 students enrolled in Medi-Cal receiving behavioral health services through schools, school-affiliated providers, county behavioral health departments, and county offices of education.
- Increase non-specialty services on or near school campuses.
- Address health equity gap, inequalities, and disparities in access to behavioral health services.

Student Behavioral Health Incentive Program (SBHIP)

Targeted Intervention Project Options

- Behavioral Health Wellness (BHW) Programs
- Telehealth Infrastructure to Enable Services and/or Access to Technological Equipment
- Behavior Health Screenings and Referrals
- Suicide Prevention Strategies
- Substance Use Disorder
- Building Stronger Partnerships to Increase Access to Medi-Cal Services
- Culturally Appropriate and Targeted Populations

Student Behavioral Health Incentive Program (SBHIP)

Targeted Intervention Project Options

- Behavioral Health Public Dashboards and Reporting
- Technical Assistance Support for Contracts
- Expand Behavioral Health Workforce
- Care Teams
- IT Enhancements for Behavioral Health Services
- Pregnant Students and Teens Parents
- Parenting and Family Services

Student Behavioral Health Incentive Program (SBHIP)

Needs Assessment

- A needs assessment of existing behavioral health services will be done to highlight gaps between existing conditions and desired goals
- Findings will include qualitative and/quantitative data, stakeholder input, and a map of existing behavioral health providers and resources to be used to describe any existing gaps, disparities, and inequities in care to provide the foundation for selecting specific targeted interventions for each selected LEA.

Student Behavioral Health Incentive Program (SBHIP)

Partnerships

- Santa Clara County Office of Education
- County of Santa Clara Behavioral Health Services
- Anthem Blue Cross

Student Behavioral Health Incentive Program (SBHIP)

SCFHP Updates

- Continued stakeholder meetings every other week
- Development and planning of Needs Assessment
- Four (4) total targeted interventions of focus
  - Behavioral Health Wellness Programs confirmed
  - Intervention 2-3 will be contingent on findings from Needs Assessment

Student Behavioral Health Incentive Program (SBHIP)

More Information

- DHCS Student Behavioral Health Incentive Program: https://www.dhcs.ca.gov/studentbehavioralheathincentiveprogram

Santa Clara Family Health Plan™

SCFHP D-SNP Update

May 11, 2022

CalAIM Requirements

- CalAIM requires plans to convert their CalMediConnect plans to a Dual Special Needs Plan (D-SNP)
- Effective date of the D-SNP is January 1, 2023
- Converts the plan from a 3-way agreement between DHCS, CMS and SCFHP to a standard Medicare Advantage contract with CMS

Differences between CMC and D-SNP

- Requires SCFHP to submit an actuarially sound bid to CMS
  - More prescriptive about allocating savings to enhance member benefits
- Model of Care requirements
- Enrollment processes require new enrollment system
- Broker involvement in sales process
- New provider agreements

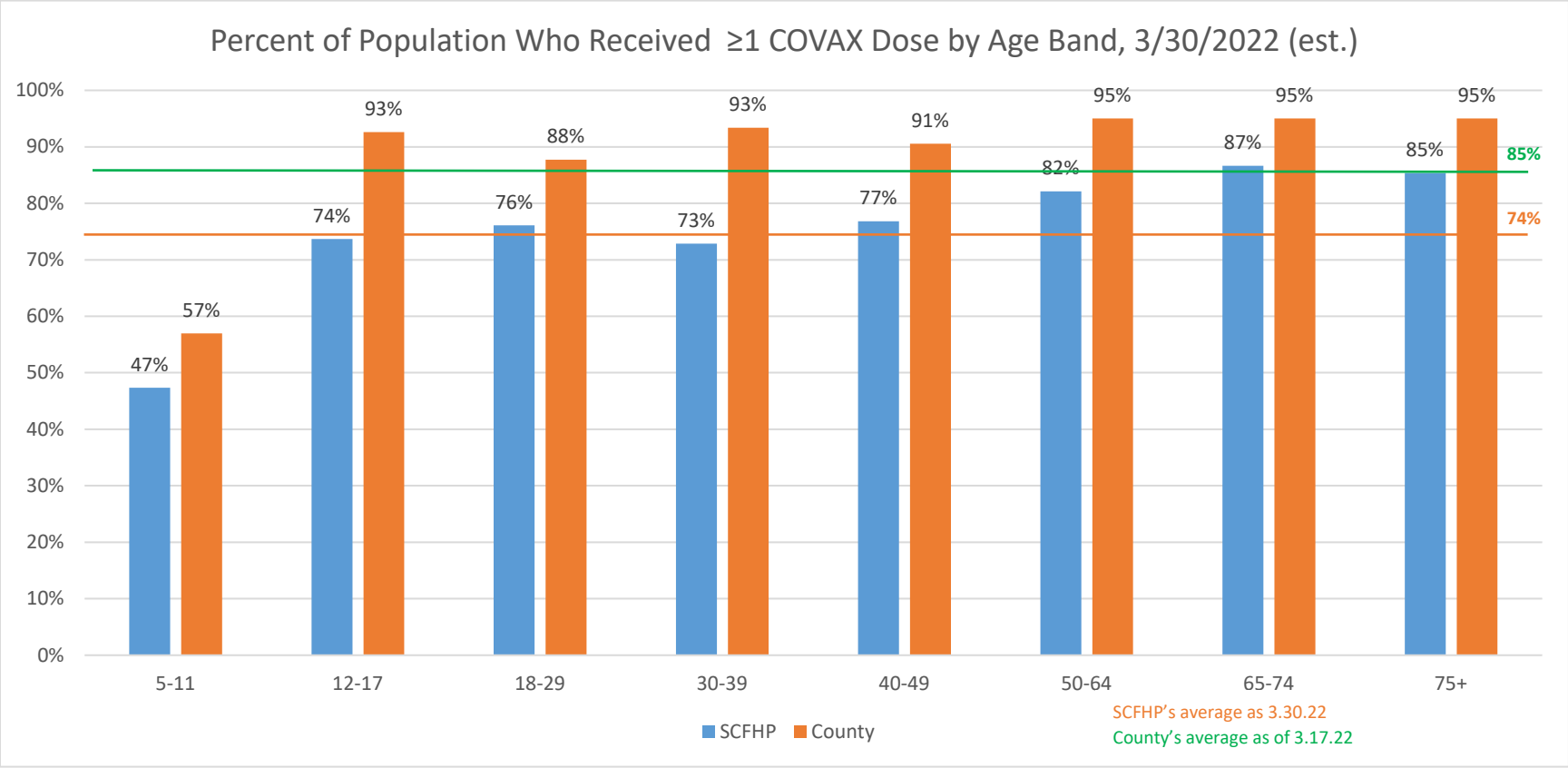
D-SNP Key Milestones/Deadlines

- February 16, 2022 - Application to CMS
- February 17, 2022 - Model of Care submission
- June 6, 2022 - Plan Bid and Bid Pricing Tool due to CMS
- July – Window open to submit 2023 marketing materials
- August – DHCS submits CMC phase-out plan to CMS
  CMS contract deadline
- September – ANOCs & EOCs sent to current enrollees
- October – CMC plans to conduct outbound calls to transitioning populations
- October 15 – December 7, 2022 – Annual Election Period (AEP)
- January 1, 2023 – Members become effective with D-SNP

Current Focus Areas

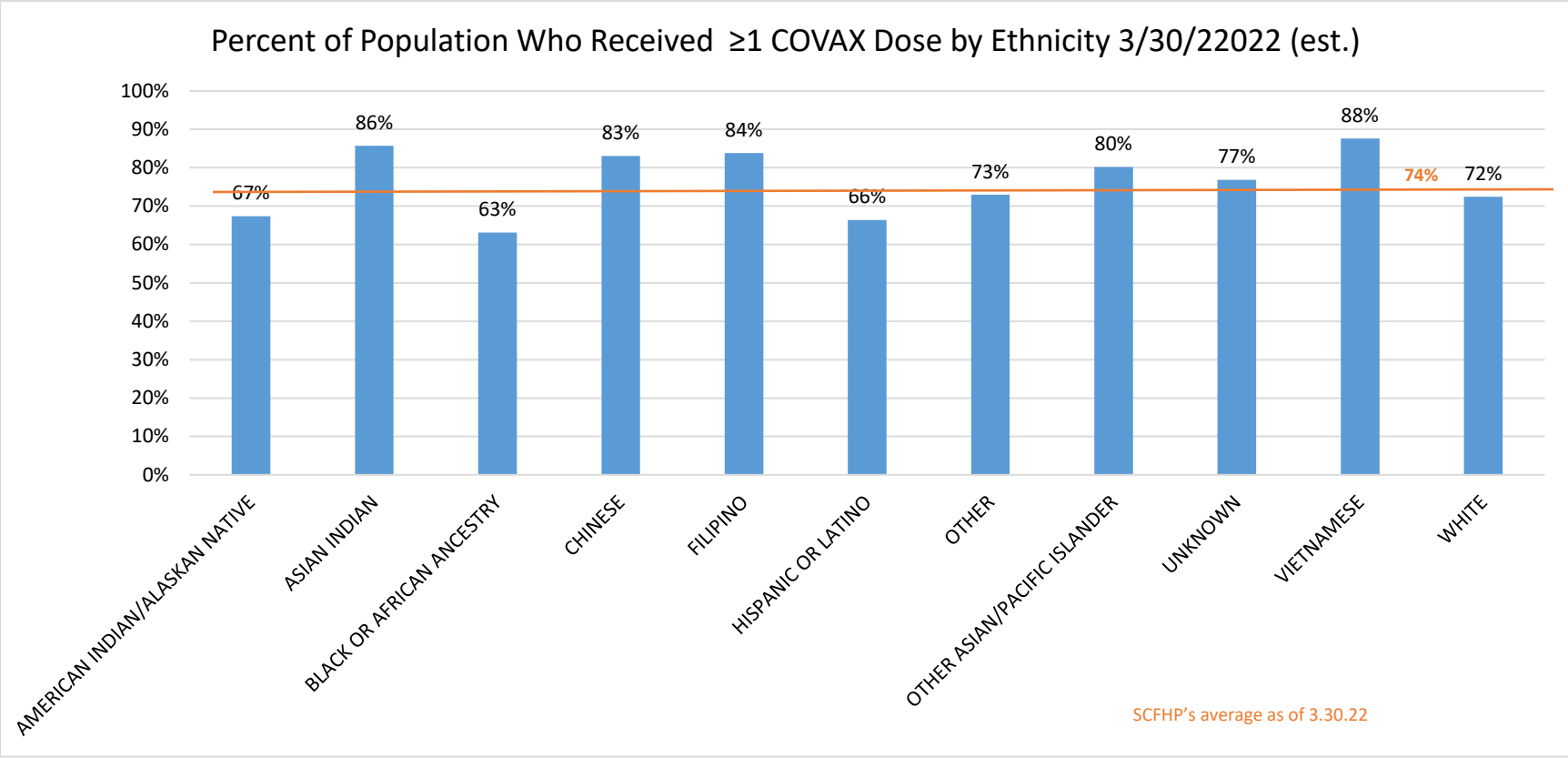
- Completing attestations to submit application to CMS
- Finishing provider contract templates to launch contracting activities
- Finalizing the Model of Care
- Finalizing vendor contracts for new systems and beginning implementation
- Actuarial work for Plan Bid
- Decisions around enhanced/supplemental benefits
- Staffing plans/budgets

Santa Clara Family Health Plan



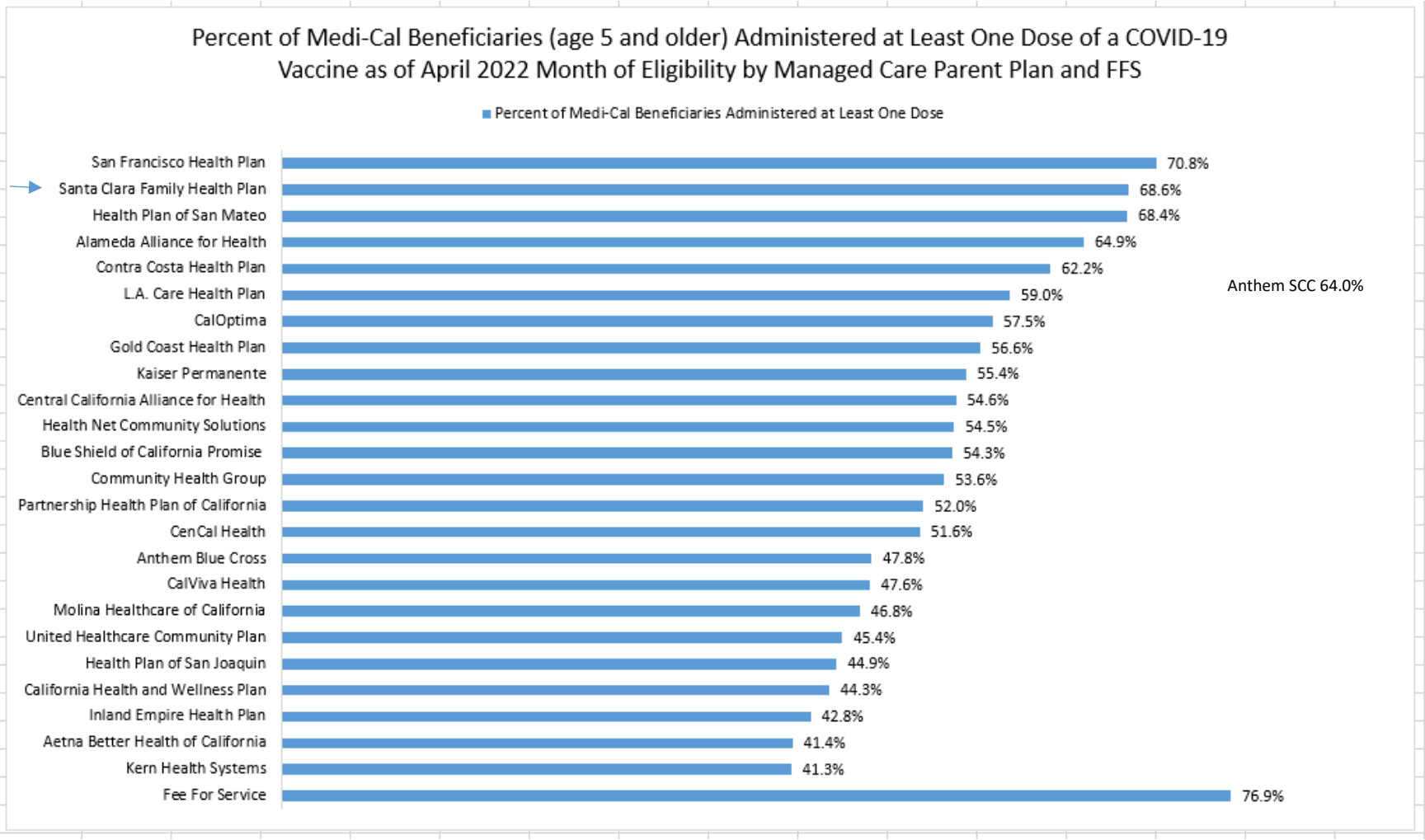
Age Band	5-11	12-17	18-29	30-39	40-49	50-64	65-74	75+	Total
Vaccinated	18,023	27,820	44,421	21,804	17,931	35,406	19,583	19,533	204,521
Unvaccinated	20,058	9,935	13,932	8,116	5,409	7,720	3,021	3,352	71,543
Boosted	71	9,563	22,645	11,937	10,612	24,015	14,677	15,053	108,573
Membership	38,081	37,755	58,353	29,920	23,340	43,126	22,604	22,885	276,064
% boosted	0%	25%	39%	40%	45%	56%	65%	66%	39%

Santa Clara Family Health Plan



	% of membership				% vaccinated			
Ethnicity/Age Band	5-11	12-17	18+	Overall % of SCFHP	5-11	12-17	18+	Overall
BLACK OR AFRICAN ANCESTRY	12%	13%	75%	3%	35%	61%	68%	63%
HISPANIC OR LATINO	23%	23%	54%	37%	44%	71%	74%	66%
Remaining Ethnicities	8%	8%	84%	59%	54%	80%	82%	80%

Santa Clara Family Health Plan



Anthem SCC 64.0%

As of 3.7.22 (website: 4.18.22 data not available)

SCC 85%