

Regular Meeting of the

## Santa Clara County Health Authority Provider Advisory Council

Wednesday, November 10, 2020, 12:15 PM – 1:45 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave., San Jose, CA 95119

### VIA Teleconference

(669) 900-6833

Meeting ID: Meeting ID: 956 0741 0181

Passcode: PACNov10

<https://zoom.us/j/95607410181?pwd=VVN5OVoxVldJcVNOZlgzaXQ2MwWk4Zz09>

## AGENDA

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- |                                                                                                                                                                                                                    |                         |              |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------|---------------|
| <p><b>1. Roll Call / Establish Quorum</b></p>                                                                                                                                                                      | <p>Dr. Padua, Chair</p> | <p>12:15</p> | <p>5 min</p>  |
| <p><b>2. Public Comment</b><br/>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</p> | <p>Dr. Padua, Chair</p> | <p>12:20</p> | <p>5 min</p>  |
| <p><b>3. Meeting Minutes</b><br/>Review minutes of the August 11, 2020 Provider Advisory Committee<br/><b>Possible Action:</b> Approve the August 11, 2020 Provider Advisory Council meeting minutes</p>           | <p>Dr. Padua, Chair</p> | <p>12:25</p> | <p>5 min</p>  |
| <p><b>4. Chief Executive Officer Update</b><br/>Discussion on SCFHP membership and current topics</p> <ul style="list-style-type: none"> <li>• Membership Reports</li> </ul>                                       | <p>Ms. Tomcala</p>      | <p>12:30</p> | <p>10 min</p> |
| <p><b>5. Pharmacy</b></p> <ul style="list-style-type: none"> <li>• Discussion on Drug Reports</li> <li>• Medi-Cal RX Update</li> <li>• Adherence Report Update</li> </ul>                                          | <p>Dr. Huynh</p>        | <p>12:40</p> | <p>15 min</p> |
| <p><b>6. Quality</b></p> <ul style="list-style-type: none"> <li>• Health Disparities by Race / Ethnicity</li> <li>• CAHPS Presentation</li> </ul>                                                                  | <p>Dr. Liu</p>          | <p>12:55</p> | <p>15 min</p> |

<p><b>7. Utilization Management</b></p> <ul style="list-style-type: none"> <li>• Provider Portal Pre-Auth Pilot</li> <li>• Blood Pressure Monitor Access</li> </ul>	<p>Ms. Chen</p>	<p>1:10</p>	<p>5 min</p>
<p><b>8. Provider Network Operations (PNO) Updates</b></p> <ul style="list-style-type: none"> <li>• Tele-Health Billing and Reimbursement</li> <li>• Accessing Provider Report Cards</li> </ul>	<p>Ms. Gambatese</p>	<p>1:15</p>	<p>5 min</p>
<p><b>9. Old Business</b></p> <ul style="list-style-type: none"> <li>• CME Update</li> </ul>	<p>Dr. Nakahira</p>	<p>1:25</p>	<p>5 min</p>
<p><b>10. New Business</b></p> <ul style="list-style-type: none"> <li>• Credentialing Issue</li> <li>• 2021 Meeting Calendar</li> </ul>	<p>Dr. Nakahira</p>	<p>1:30</p>	<p>5 min</p>
<p><b>11. Discussion / Recommendations</b></p>	<p>All</p>	<p>1:35</p>	<p>5 min</p>
<p><b>12. Adjournment</b></p>	<p>Dr. Padua, Chair</p>	<p>1:40</p>	

**Next Meeting: February 25, 2021**

**Notice to the Public—Meeting Procedures**

- Persons wishing to address the Utilization Management Committee 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](http://www.scfhp.com).

**Regular Meeting of the  
Santa Clara County Health Authority  
Provider Advisory Council (PAC)**

Tuesday, August 12, 2020, 12:15 – 1:45 PM  
Santa Clara Family Health Plan, Teleconference  
6201 San Ignacio Ave, San Jose, CA 95119

## **MINUTES – Draft**

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### **Committee Members Present**

Thad Padua, MD, Chair  
Clara Adams, LCSW  
Michael Griffis, MD  
Bridget Harrison, MD  
Jimmy Lin, MD  
David Mineta  
Peter L. Nguyen, DO  
Sherri Sager  
Meg Tabaka, MD, Resident

### **Committee Members Absent**

Dolly Goel, MD  
Hien Truong, MD

### **Additional Attendees**

Pedro Alvarez, MD, Resident, Stanford, Guest

### **Staff Present**

Christine Tomcala, Chief Executive Officer  
Laurie Nakahira, DO, Chief Medical Officer  
Dang Huynh, PharmD, Director, Pharmacy  
Janet Gambatese, Director, Provider Network  
Operations  
Johanna Liu, PharmD, Director, Quality &  
Process Improvement  
Angela Chen, Manager, Utilization Management  
Brandon Engelbert, Manager, Provider Network  
Operations  
Robyn Esparza, Administrative Assistant

### **Additional Staff**

Tami Otomo, PharmD, Pharmacy  
Emily Schlothman, PPP Manager, Provider Network  
Operations

### **1. Roll Call/Establish Quorum**

Thad Padua, MD, Chair, called the meeting to order at 12:15 pm. Roll call was taken and a quorum was established.

Dr. Padua advised the council that Agenda Item #6, relating to Quality, will be presented prior to Agenda Item #5, relating to Pharmacy, as Dr. Johanna Liu needs to leave early for another meeting. There were no objections.

Dr. Padua reviewed Dr. Pedro Alvarez' Curriculum Vitae (CV) as a new prospective member of the Provider Advisory Council (PAC). He noted that Dr. Alvarez is a third-year resident of the Stanford O'Connor Residency Program. He's done quite a bit community work for our members. Dr. Padua noted he would be a great asset.

Dr. Harrison noted that Dr. Tabaka, who graduated from her residency and is now working for Mayview/Ravenswood, will remain on as a member of this council.

Ms. Sherri Sager moved to approve Dr. Alvarez' nomination and, without any opposition, appointment was approved. Ms. Tomcala welcomed Dr. Alvarez to the council

## 2. Meeting Minutes

The previous minutes from May 13, 2020 were reviewed. Dr. Padua called for a motion to approve the minutes from the May 13, 2020 Provider Advisory Council (PAC) meeting. Dr. Peter Nguyen moved to approve the minutes. Dr. Jimmy Lin seconded the motion. The motion passed 9 out of 9.

## 3. Public Comment

Dr. Pollack in attendance from the community. There was no public comment.

## 4. CEO Update

Christine Tomcala, CEO, presented the July 2020 Enrollment Summary, noting total enrollment of 257,036, with 9,029 members in Cal MediConnect and 248,007 members in Medi-Cal. She indicated that although membership is increasing, it is due to the State suspending the redetermination process during the COVID-19 crisis, not enrollment of newly eligible members.

Sherri Sager inquired if there is any increase in utilization. Dr. Laurie Nakahira, CMO, noted the Plan is seeing an increase in authorizations for elective procedures and Tele-Health visits. Members are being encouraged to get their well-child visits, immunizations, chronic condition visits for medication refills, and especially immunizations.

Ms. Sager noted that LPCH has had inquiries from practices as to whether or not schools would still be requiring up-to-date immunizations, to which the answer is yes. However, it is still slow in getting kids to well-child checks to provide the immunizations. Dr. Nakahira noted the health plan has talked with some of the clinics on what their plan is to provide the immunizations. The health plan is working with the Public Health Department with regard to flu shots, and just started discussions with the county as well. The hope is to support each other in reinforcing the messaging that everyone needs to get their flu shots and immunizations. Ms. Tomcala shared that she and Dr. Nakahira are interested in Ms. Sager's offer to meet and share ideas on outreach initiatives.

Ms. Tomcala presented the FY 2020-21 Plan Objectives, noting that quality and compliance continue to be critical objectives for the organization. The other five goals include improving Information Technology (IT) infrastructure, fostering membership growth and retention, collaborating with community partners to strengthen the safety net, achieving budgeted financial performance, and increasing employee satisfaction.

## 5. Pharmacy

### Discussion on Drug Reports

On behalf of Dr. Dang Huynh, Director, Pharmacy, Dr. Tami Otomo presented the drug utilization reports for the '2020 Q2 Top 10 Drugs by Total Cost' and 'Top 10 Drug Classes by Prior Authorization Volume' for reporting period of April 1, 2020 - June 30, 2020.

For Medi-Cal, the total cost for the top 10 drugs was approximately \$7,962,475. She noted the trends are very similar to that of the first quarter. Dr. Otomo noted an increase in drug spend of about 300K for the top 10 drugs compared to first quarter, which may be partially attributed to the increase in membership. Due to the COVID-19 pandemic, Dr. Otomo noted that SCFHP saw an initial increase of point-of-sale emergency overrides at the pharmacy level for refill-too-soon or drugs that require PA, but these overrides have decreased month-over-month.

For CMC, the top 10 drugs by total spend were exactly the same as first quarter, with some shifting of their rankings. Spend for the top 10 drugs increased by approximately 110K compared to first quarter, which also may be due to the increase in membership and utilization.

Prior authorization volume decreased month-over-month during Q2 for both Medi-Cal and CMC, likely due to the ability for pharmacies to do emergency overrides at point-of-sale. Pharmacy has been monitoring emergency override reports to assess appropriateness.

### Medi-Cal Rx Carve Out

The Medi-Cal Rx carve out is planned to go in effect on January 1, 2021. We are waiting for DHCS and DMHC's final guidance and APL. SCFHP is planning to provide communication to members and providers,

in addition to communication from the state. SCFHP will be providing internal training to staff about the changes.

### **Adherence Reports**

This was a follow-up to a previous ask for SCFHP to deliver reports to providers to help identify medication non-adherence. Pharmacy will work with I.T. and Finance. As we begin to work on this project, we will come back to this committee to ask for any guidance and/or feedback.

## **6. Quality**

### **HEDIS Calendar Year (CY)19 Results**

Dr. Johanna Liu, PharmD, Director of Quality & Process Improvement, presented a presentation on HEDIS results from calendar year 2019. She noted last year's season included challenges like implementation of three new vendors (HEDIS engine, medical record review software and medical record review services). In addition, there was difficulty retrieving medical records due to COVID. With regard to achievements, she noted the successful implementation with three new vendors (Citius Tech, CareSeed, and Guardian Angel), the incorporation of 13 new supplemental data sources, and 100% Valley Health EMR abstraction.

Dr. Liu reviewed the findings in detail. She reviewed the data for MCAL – Cervical Cancer Screening (CCS), MCAL – Childhood Immunization Status – Combo 10 (CIS-10), MCAL – HbA1c Testing (CDC-HT), MCAL – Controlling Blood Pressure (CBP) MCAL – Timeliness of Prenatal Care (PPC-Pre), MCAL – Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34), and MCAL – Asthma Medication Ratio (AMR), MCAL – Adolescent Well-Care Visits (AWC). She noted we are looking for ways to motivate members to close gaps in care. We tried to find different ways to look at subgroups including by age, zip code, ethnicity, preferred language and provider network. Dr. Bridgett Harrison inquired if the 50th percentile was adjusted for COVID? Dr. Liu indicated that it is expected it will be adjusted for CY2020 HEDIS. Dr. Liu touched based on the next steps, including developing tactics to improve our rates doing phone outreach, and trying to connect members with the PCP offices.

Dr. Padua noted it was great to see improvement in prenatal and inquired if it was done through special projects. Dr. Liu noted we did incentivize for each trimester (car seat, gift card, sleep pod for baby). The plan has also been promoting through member and provider newsletters on the importance of prenatal care.

### **Screening Workgroup**

Dr. Liu provided an updated on the Screenings Workgroup. This workgroup was formed at the plan and interdisciplinary group to investigate barriers around developmental screening, blood lead screening and trauma screening. We welcome any feedback from the committee on how we can do better in those areas.

Dr. Nakahira added that for some of the trauma screenings, we do an incentive for providers to get their ACE certification. Mr. Engelbert noted that providers receive a \$200 check for training certification submitted to us by end of August and \$100 check by December 31st and that it is Proposition 56, so it is going to be \$29 per screening.

## **7. Utilization Management**

Angela Chen, Manager, Utilization Management, provided the council with an update on Prior Authorization Data for Quarter 2. Ms. Chen noted the volume for incoming requests continues to increase with a noticeable jump in both June and July. We are seeing an upward trend in requests for outpatient services and elective procedures. This is probably in response to the reopening of many provider offices and clinics that were closed during the shelter in place. Now that they've reopened, members are starting to get more of the services that they would have gotten a few months ago. We have noticed that a large volume of the clinical notes we received have been completed by Tele-Health, which is great and tells us that the members are definitely taking advantage of our providers offering Tele-Health. It is important to note that we noticed about a 1 ½ - 2 times the number of Home Health requests for the month of May, June and July compared to the same months of the previous year. This is a combination of both initial service requests and extensions for additional visits. Our medical directors have been approving many of these types of requests with the effort to keep our members at home during this time to minimize the number of having to leave their homes.

Ms. Chen invited the council to please let her know if there are any specific data points or types of requests that anybody is interested in knowing and she can definitely bring it to the next meeting.

Ms. Chen provided a quick update on submitting electronic requests via the provider portal, which she spoke briefly about at the last meeting. She was very excited to share that we are in the final stages of testing with our I.T. team to make the provider portal as user friendly as possible. We are aiming to put this into production in September and will be working with our Provider Network Operations team on communicating this to our providers when it does get put into production. Currently, we are preparing to do extensive training with the coordinators, who are in the film queue for the Utilization Management team in preparation for calls from providers on how to submit electronic prior authorizations because that'll probably be a lot more efficient and time saving for our providers.

## **8. Provider Network Operation Updates**

### **Provider Performance Program (PPP) Updates**

Ms. Janet Gambatese, Director, Provider Network Operations (PNO) Department provided update on Provider Performance Program (PPP). She noted that the department has created a PPP within the PNO Department, whereby we have two Provider Performance Program Managers building a comprehensive plan to help our providers be successful with meeting quality and HEDIS measures. Providers will be better able to understand what's behind the measures, understand gaps and how to close them, and improve provider workflows. The areas currently being worked on within the program on include producing provider education materials and distributing to providers via different methods, such as faxes and emails to delegates and providers, provider postings on the Santa Clara Family Health Plan website monthly, and biweekly or at ad hoc meetings with providers. The department also has Practice Transformation Consultants to help work with practices to design and implement new processes and procedures to support quality goals, EMR optimization, and other transformation work. The department is also participating in the screening workgroup that Dr. Liu mentioned earlier in the meeting. In addition, we also have Emily Schlothan, one of our Provider Performance Program Manager, who is going to walk through our quality report card, which has a few changes from last year

### **Report Cards / Gaps in Care (GIC) / Individual Health Assessments (IHAs)**

Ms. Emily Schlothan, Provider Performance Program Manager, PNO Department, presented Provider Performance Report Card for Calendar Year 2020. She noted the report card is three pages and very similar to what we've had in the past, although we have made a few changes. She noted that a very brief summary of each measure that's included in our PPP program is outlined. It has an updated the header to better show the dates that are covered in each report card. Down in the lower right hand corner, there are two legends to help understand the color coding that we offer on the second page of the report card. She noted that it helps associate the colors with the tiers and the tiers with the overall performance in each program which helps reference the Minimum Performance Level (MPL).

On the second page, we have the actual report card up on the top right hand corner in the header. We included a medical Medi-Cal count for each practice. This shows the total Medi-Cal patient count, including dual eligible patient for whoever is shown in the header. The next three columns are tiers and that's going back to that first page legend. This is where the color coding of the current rate and the possible total points earned kind of coalesce the first tier and is where we would love to see everyone. This would be fantastic performance. Tier three represents the 50th percentile. The 50th percentile is the MPL and that is what we need everybody to be performing at. Down at the bottom right hand, there's a PPP score for Santa Clara Family Health Plan. We don't calculate that, but we do calculate that for each individual clinic and that is going to be the total points divided by possible points to give an average score of performance, which is going to be similar to the GPA for this report card.

The third page is our newest page. The current year rate is shown. In addition, the provider's current numerator and denominator are shown. This format of this page intended to remove mystery and to make life easier - nobody has to pull out a calculator do the math to determine the number of members needed to achieve the next tier.

On the bottom portion, we're trying to give providers scoring trends. So over time, this will be fleshed out more. What we show providers is actually an orange benchmark depicting how they performed last year. The aqua line is going to populate each month with the new information to hopefully show an upward trend.

## 9. Old Business

Dr. Nakahira, CMO, provided an update on the planning of this year's Continuing Medical Education (CME). She advised that we have engaged with Anthony Cozzolino, M.D, who is the Chief Psychiatrist at Santa Clara Valley Health and hospital system for the Department of Behavioral Health. The topic will be a diagnosis and management of mild to moderate mental disorders in their primary care setting, with the emphasis on depressive and then variety disorders. This will be a two-hour CME course and you will receive two CME credits. The plan is to hold this CME at the end of September or beginning of October. We're just confirming a date with Dr. Cozzolino. You will be receiving information about the event from the PNO Department. Unfortunately, due to COVID, we will not able to have dinner as is usually the case. Dr. Nakahira thought this may be the new way to hold these education sessions. Perhaps, in the future when we are able to get together, we may be able to do both in person and virtually. The council was advised to forward any suggestions for other educational topics and she can look into providing other speakers for the topic(s).

## 10. New Business

### Provider Relief Funds

Dr. Nakahira advised the council that the U.S. Department of Health and Human Services (HHS) created a provider relief fund which is available for eligible Medi-Cal providers. The funding is specifically intended to supply relief to Medi-Cal and Children's Health Insurance Program (CHIP) providers experiencing lost revenues or increased expenses due to COVID-19. Eligibility is based on the fact that provider has not received payment from the initial \$500 billion Provider Relief Fund General Distribution and have directly billed Medi-Cal/CHIP programs or managed care plans for healthcare-related services between January 1, 2018 and May 31, 2020.

A link is provided on the included memorandum, which was distributed on July 28, 2020. The link will provide you with an application and the steps. It isn't too cumbersome, but you do have to have some supporting documents. If you are denied for any reason, there are appeal processes available.

### 2021 Meeting Calendar

Dr. Nakahira presented the PAC Meeting Calendar for 2021. Like this year, two of PAC meeting dates overlaps with another committee, so we are moving one meeting date and the other committee will move one meeting date. The meeting dates are as follows: Wednesday, February 10<sup>th</sup>, Wednesday, May 12<sup>th</sup>, Tuesday, August 10<sup>th</sup>, and Wednesday, November 10<sup>th</sup>.

## 11. Discussion / Recommendations

Dr. Padua noted he would like to see health inequities as a topic for a future meeting. Dr. Nakahira noted there have been meetings with community leaders. The Plan has started working with them to try and gather info to what is available in health inequities to make sure this information gets out to members. We have met with one of our board members and will be following up with two other members who are involved with Black Lives Matter movement, as well as Hispanic community. Ms. Tomcala noted that we are looking at doing deeper dive. We have a provider incentive program (PIP) specifically for diabetes. It was also noted that Stanford has invited us to partner with them for COVID testing and looking at how we can better engage the Latino community. We are continuing to look at different things to participate in with the community. We want to make sure that we are sensitive to this and ensure that all of our members are getting the appropriate care.

Dr. Padua looking forward to some data being presented on well visit in the ethnic groups.

## 12. Adjournment

The meeting adjourned at 1:35 p.m. The next meeting is scheduled for Tuesday, November 10, 2020.

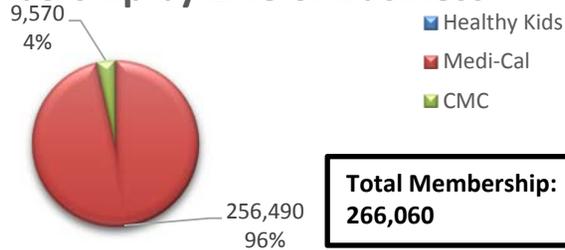
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Dr. Thad Padua, Chair

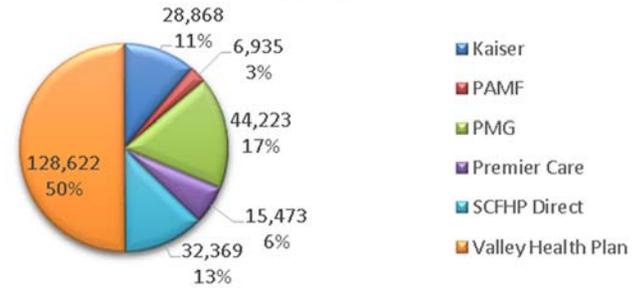
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Date

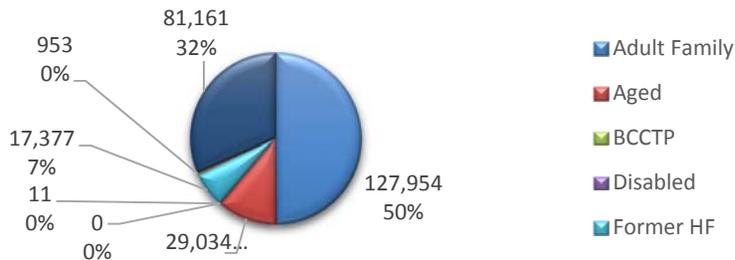
### Membership by Line of Business



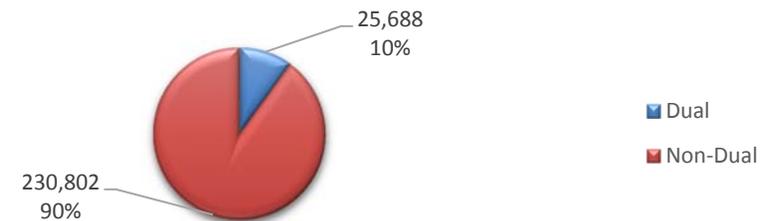
### Medi-Cal Membership by Network



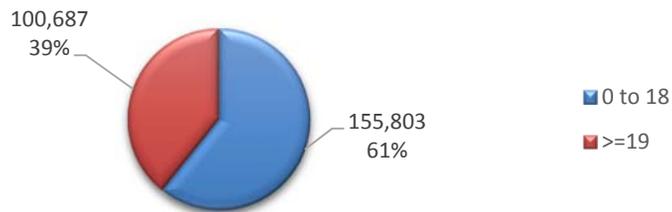
### Medi-Cal Membership by Aid Category



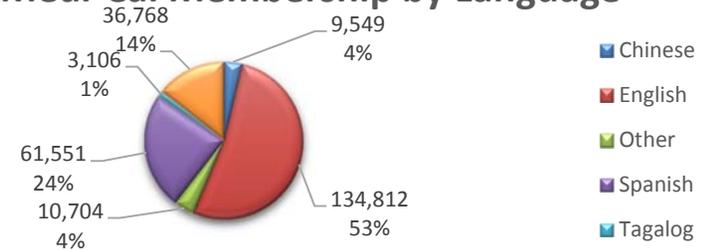
### Medi-Cal Membership by Dual Status



### Medi-Cal Membership by Age Group



### Medi-Cal Membership by Language





Medi-Cal Membership by Age Group and Network  
October 2020

Age Group	SCFHP Direct	VHP	Kaiser	PAMF	PMG	Premier Care	Total	%
0 to 6	1,764	13,939	4,104	533	5,938	1,026	27,304	10.6%
6 to 17	4,718	33,582	6,675	1,313	9,164	3,393	58,845	22.9%
18 to 34	1,871	11,602	2,523	491	3,058	1,316	20,861	8.1%
35 to 44	1,846	10,929	2,199	526	3,775	2,361	21,636	8.4%
45 to 54	2,350	14,210	2,310	678	4,243	2,644	26,435	10.3%
55 to 64	5,420	31,428	8,575	1,627	16,297	4,174	67,521	26.3%
65 to 74	6,261	7,106	925	368	1,084	407	16,151	6.3%
75 to 84	5,281	4,260	961	859	565	124	12,050	4.7%
>= 85	2,858	1,566	596	540	99	28	5,687	2.2%
<b>Grand Total</b>	<b>32,369</b>	<b>128,622</b>	<b>28,868</b>	<b>6,935</b>	<b>44,223</b>	<b>15,473</b>	<b>256,490</b>	<b>100.0%</b>
Percentage	12.6%	50.1%	11.3%	2.7%	17.2%	6.0%	100.0%	

## Santa Clara Family Health Plan 2020 Q3 Top 10 Drugs by Total Cost

Fill date: 7/1/2020 – 9/30/2020

### SAC01 – Medi-Cal

	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	<a href="#">HUMIRA PEN 40 MG/0.8 ML</a>	\$1,696,640	\$0.00	\$1,696,640	4.9%	0.0%	287	0.1%	0.0%	\$209.67	\$5,911.64
2	<a href="#">TRULICITY 1.5 MG/0.5 ML PEN</a>	\$1,543,215	\$0.00	\$1,543,215	4.4%	0.0%	1,581	0.3%	0.0%	\$29.48	\$976.10
3	<a href="#">FREESTYLE LITE TEST STRIP</a>	\$1,057,471	\$0.00	\$1,057,471	3.0%	0.0%	7,739	1.6%	0.0%	\$3.02	\$136.64
4	<a href="#">BASAGLAR 100 UNIT/ML KWIKPEN</a>	\$941,184	\$0.00	\$941,184	2.7%	0.0%	3,516	0.7%	0.0%	\$7.99	\$267.69
5	<a href="#">TRULICITY 0.75 MG/0.5 ML PEN</a>	\$730,906	\$0.00	\$730,906	2.1%	0.0%	799	0.2%	0.0%	\$30.01	\$914.78
6	<a href="#">TAGRISSEO 80 MG TABLET</a>	\$634,901	\$0.00	\$634,901	1.8%	0.0%	42	0.0%	0.0%	\$503.89	\$15,116.68
7	<a href="#">JARDIANCE 25 MG TABLET</a>	\$606,628	\$0.00	\$606,628	1.7%	0.0%	679	0.1%	0.0%	\$17.74	\$893.41
8	<a href="#">XARELTO 20 MG TABLET</a>	\$547,158	\$0.00	\$547,158	1.6%	0.0%	805	0.2%	0.0%	\$16.25	\$679.70
9	<a href="#">JARDIANCE 10 MG TABLET</a>	\$529,821	\$0.00	\$529,821	1.5%	0.0%	677	0.1%	0.0%	\$17.96	\$782.60
10	<a href="#">SOFOSBUVIR-VELPATASVIR 400-100</a>	\$515,475	\$0.00	\$515,475	1.5%	100.0%	88	0.0%	100.0%	\$276.84	\$5,857.67
<b>Totals for Top 10</b>		<b>\$8,803,399</b>	<b>\$0.00</b>	<b>\$8,803,399</b>	<b>25.3%</b>	<b>5.9%</b>	<b>16,213</b>	<b>3.4%</b>	<b>0.5%</b>	<b>\$13.47</b>	<b>\$542.98</b>
<b>Totals for SAC</b>		<b>\$34,754,516</b>	<b>\$0.00</b>	<b>\$34,754,547</b>	<b>100.0%</b>	<b>26.4%</b>	<b>477,404</b>	<b>100.0%</b>	<b>88.4%</b>	<b>\$1.98</b>	<b>\$72.80</b>

### SAC06 – Cal MediConnect

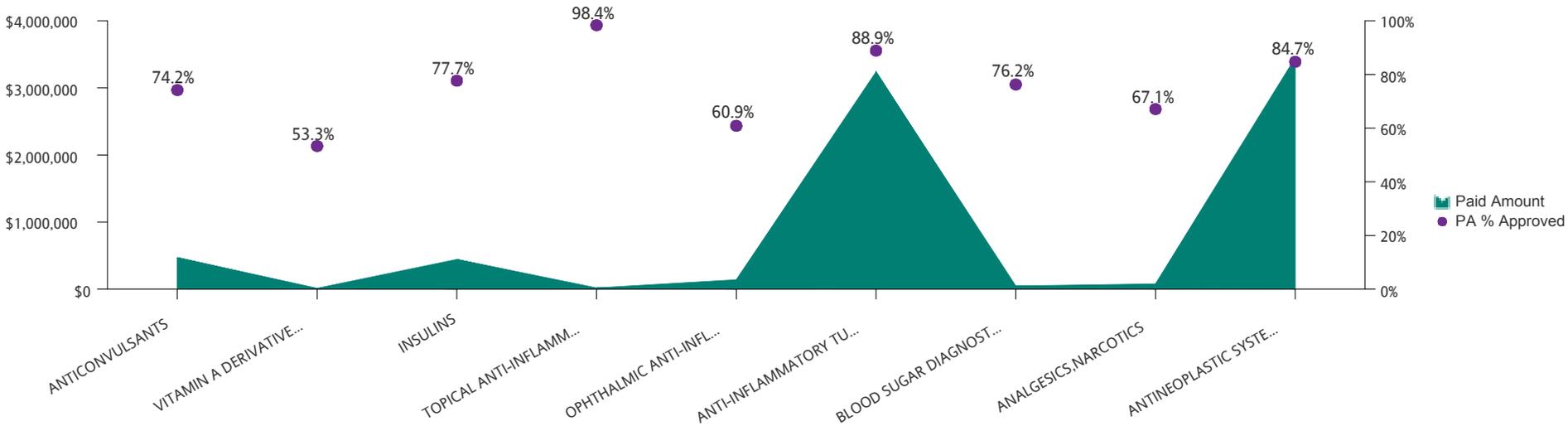
	Drug Category	Total Cost	Patient Paid	Plan Paid	% of Total Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claims	Generic % of Total Claims	Plan Paid / Day	Plan Paid / Claim
1	<a href="#">JANUVIA 100 MG TABLET</a>	\$346,502	\$1,117	\$345,385	2.8%	0.0%	385	0.4%	0.0%	\$14.62	\$897.10
2	<a href="#">BIKTARVY 50-200-25 MG TABLET</a>	\$311,636	\$19	\$311,617	2.5%	0.0%	96	0.1%	0.0%	\$104.50	\$3,246.01
3	<a href="#">TRULICITY 1.5 MG/0.5 ML PEN</a>	\$305,245	\$505	\$304,740	2.5%	0.0%	282	0.3%	0.0%	\$27.00	\$1,080.64
4	<a href="#">FREESTYLE LITE TEST STRIP</a>	\$300,984	\$0.00	\$300,984	2.4%	0.0%	1,881	2.1%	0.0%	\$2.67	\$160.01
5	<a href="#">INVEGA SUSTENNA 234 MG/1.5 ML</a>	\$231,265	\$16	\$231,249	1.9%	0.0%	82	0.1%	0.0%	\$101.65	\$2,820.11
6	<a href="#">XELJANZ 5 MG TABLET</a>	\$215,247	\$0.00	\$215,247	1.7%	0.0%	48	0.1%	0.0%	\$152.12	\$4,484.32
7	<a href="#">RESTASIS 0.05% EYE EMULSION</a>	\$212,873	\$975	\$211,897	1.7%	0.0%	325	0.4%	0.0%	\$18.06	\$651.99
8	<a href="#">XTANDI 40 MG CAPSULE</a>	\$194,339	\$0.00	\$194,339	1.6%	0.0%	18	0.0%	0.0%	\$359.89	\$10,796.60
9	<a href="#">HUMIRA PEN 40 MG/0.8 ML</a>	\$194,228	\$8	\$194,221	1.6%	0.0%	32	0.0%	0.0%	\$216.76	\$6,069.40
10	<a href="#">LANTUS SOLOSTAR 100 UNIT/ML</a>	\$170,217	\$1,136	\$169,081	1.4%	0.0%	409	0.4%	0.0%	\$7.49	\$413.40
<b>Totals for Top 10</b>		<b>\$2,482,536</b>	<b>\$3,776</b>	<b>\$2,478,760</b>	<b>19.9%</b>	<b>0.0%</b>	<b>3,558</b>	<b>3.9%</b>	<b>0.0%</b>	<b>\$13.04</b>	<b>\$696.67</b>
<b>Totals for SAC</b>		<b>\$12,453,134</b>	<b>\$21,808</b>	<b>\$12,431,379</b>	<b>100.0%</b>	<b>12.0%</b>	<b>91,409</b>	<b>100.0%</b>	<b>82.9%</b>	<b>\$2.68</b>	<b>\$136.00</b>

# Therapeutic PAs

SAC01 - Medi-Cal

Report Period: 07/01/2020 to 09/30/2020  
Comparison Period: 07/01/2019 to 09/30/2019

Top Drug Classes by PA Volume



Top Drugs by PA Volume

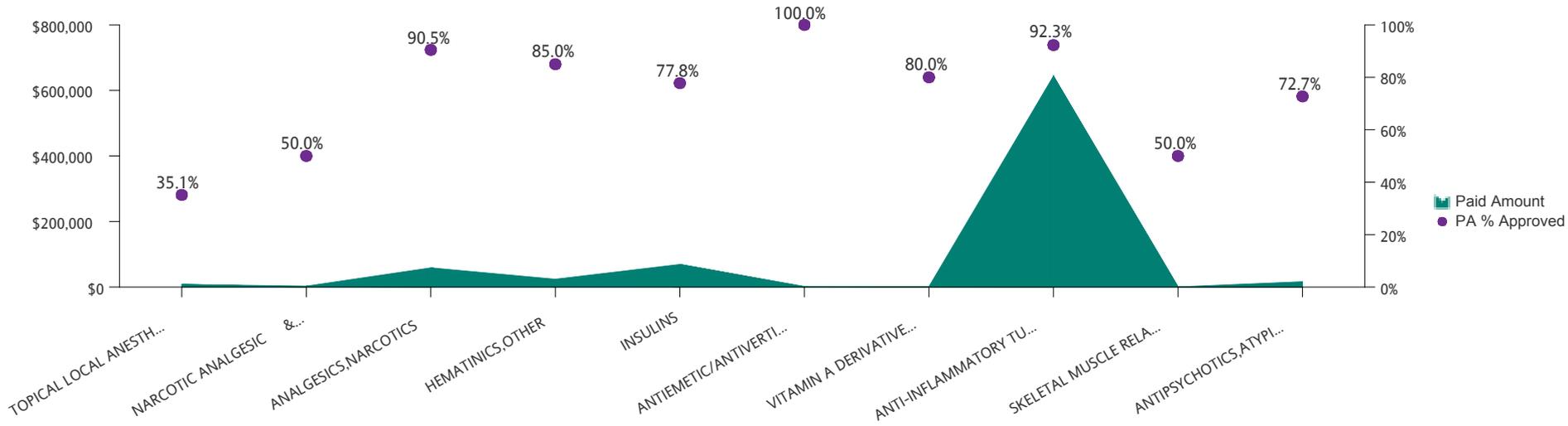
Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per Rx
1	3	TRETINOIN	96	57.3%	88	\$16,555.78	\$188.13
2	1	DICLOFENAC SODIUM	86	69.8%	234	\$10,036.74	\$42.89
3	13	RESTASIS	73	64.4%	171	\$111,306.08	\$650.91
4	11	ELIQUIS	62	83.9%	187	\$115,044.57	\$615.21
5	4	TACROLIMUS	51	64.7%	52	\$12,037.26	\$231.49
6	33	MYRBETRIQ	45	75.6%	89	\$69,095.16	\$776.35
7	6	TRULICITY	43	79.1%	140	\$141,215.79	\$1,008.68
8	7	HUMIRA PEN	43	90.7%	277	\$1,631,795.94	\$5,890.96
9	756	ASSURE PLATINUM TEST STRIP	40	87.5%	112	\$9,032.56	\$80.65
10	8	LIDOCAINE	39	35.9%	36	\$3,502.26	\$97.28
<b>Totals for Top 10</b>			<b>578</b>	<b>69.7%</b>	<b>1,386</b>	<b>\$2,119,622.14</b>	<b>\$1,529.31</b>
<b>Totals for All</b>			<b>3,600</b>	<b>64.4%</b>	<b>9,770</b>	<b>\$17,011,527.86</b>	<b>\$1,741.20</b>

# Therapeutic PAs

## SAC06 - Cal MediConnect

Report Period: 07/01/2020 to 09/30/2020  
 Comparison Period: 07/01/2019 to 09/30/2019

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	1	LIDOCAINE	28	39.3%	48	\$6,314.24	\$131.55
2	19	HYDROCODONE-ACETAMINOPHEN	16	62.5%	27	\$863.82	\$31.99
3	3	TRETINOIN	15	80.0%	6	\$788.39	\$131.40
4	14	ONDANSETRON HCL	12	100.0%	12	\$1,076.01	\$89.67
5	36	SILDENAFIL CITRATE	10	50.0%	11	\$204.60	\$18.60
6	97	COLCHICINE	10	50.0%	20	\$3,610.60	\$180.53
7	47	SYNTHROID	7	100.0%	15	\$1,214.72	\$80.98
8	6	PROCRIT	7	85.7%	15	\$8,514.86	\$567.66
9	24	GLIPIZIDE	7	100.0%	17	\$147.72	\$8.69
10	260	DRONABINOL	7	85.7%	4	\$1,208.18	\$302.04
<b>Totals for Top 10</b>			<b>119</b>	<b>68.1%</b>	<b>175</b>	<b>\$23,943.14</b>	<b>\$136.82</b>
<b>Totals for All</b>			<b>556</b>	<b>67.1%</b>	<b>1,878</b>	<b>\$3,270,218.06</b>	<b>\$1,741.33</b>



**Santa Clara Family  
Health Plan™**

## CY19 HEDIS MPL Measures Disparity Analysis

Johanna Liu, Director, Quality & Process Improvement

# Introduction

## Is there a ethnic or language disparity?

- These HEDIS measures were analyzed by the following:
  - Ethnicity
  - Language Spoken

# Observations from the Data

	Antidepressants		Asthma	Breast Cancer		Cervical Cancer		Chlamydia	Diabetes		Diabetes	Prenatal	Post Partum	Adolescent Well Immunizations					Child BMI	Total
	AMM-Ac	AMM-C		BCS	CCS	CHL	CDC Po		CDC HT	PPC Pr				PPC Po	AWC	IMA	CIS	W15		
African American	1		1						1	1				1	1	1	1	1		9
Asian Indian						1													1	2
Asian Pacific				1			1									1		1		4
Caucasian				1	1	1	1	1	1	1	1	1	1	1	1					11
Chinese							1													1
Filipino	1	1				1					1		1							5
Hispanic	1	1							1	1										4
Other/Unknown																				0
Vietnamese			1													1			1	3
Chinese				1																1
English					1				1	1			1				1	1		6
Other/Unknown							1				1				1				1	4
Spanish	1	1							1											3
Tagalog			1			1	1						1			1				5
Vietnamese															1	1			1	3

# Observations from the Data

- Caucasian group was the lowest performing at 11 measures, followed by African American group in 9 measures
- Chinese group was the lowest performing in only 1 measure
- African American group was one of the lowest performing groups in 5 out of 6 children's measures
- English speaking was one of the lowest performing groups in 6 measures, followed by Tagalog in 5 measures
- Chinese speaking group was lowest performing in only 1 measure

# Work Underway...

- Meet with cultural champions in our community to identify additional barriers and opportunities
- Targeted Member Phone Outreach to groups that did not perform above MPL to offer health education classes and materials and increase awareness of member incentives
- Launching Diabetes Care Project targeting Hispanic members with poor diabetes control and offering them a glucose testing machine that speak Spanish to be filled at a pharmacy that providers counseling and automatic refill reminders
- Collaborating with Black Infant Health Program and sending data on eligible African American women for program referral and outreach
- Discussion of feasibility to achieve NCQA Distinction of Multicultural Healthcare

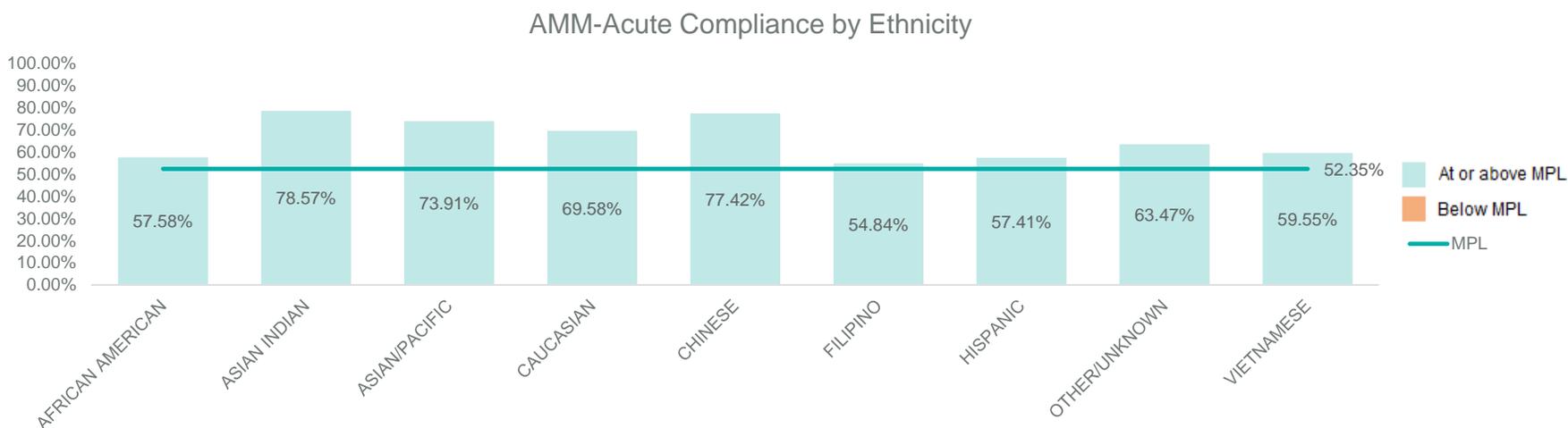


**Santa Clara Family  
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Questions?

# Antidepressant Medication Management – Acute Phase (AMM-Acute)

Filipino, African American and Hispanic groups have the lowest performance

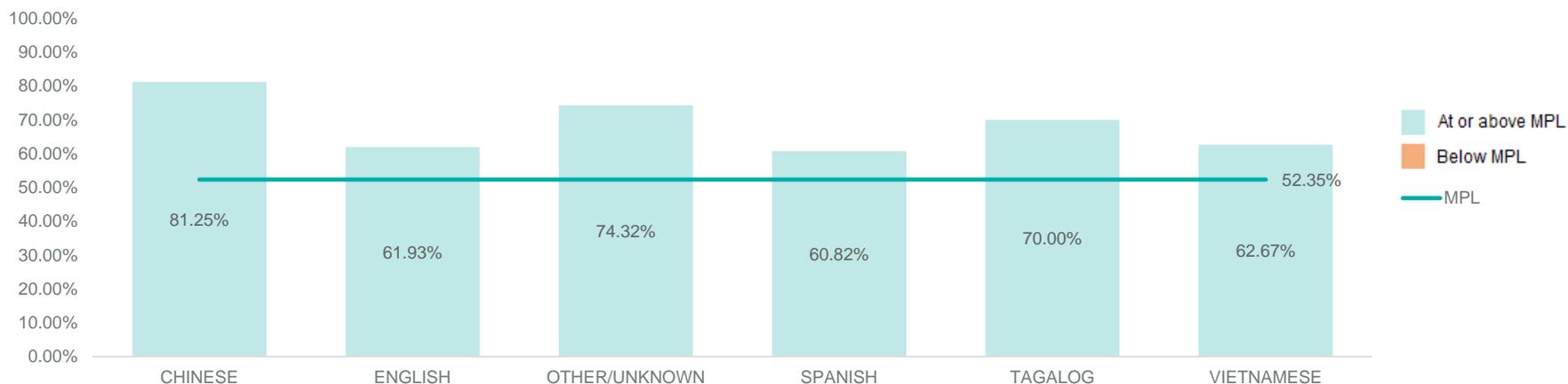


Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	57	33	17	247	24	17	368	278	53
Denominator	99	42	23	355	31	31	641	438	89

# Antidepressant Medication Management – Acute Phase (AMM-Acute)

Spanish speaking group had the lowest performance

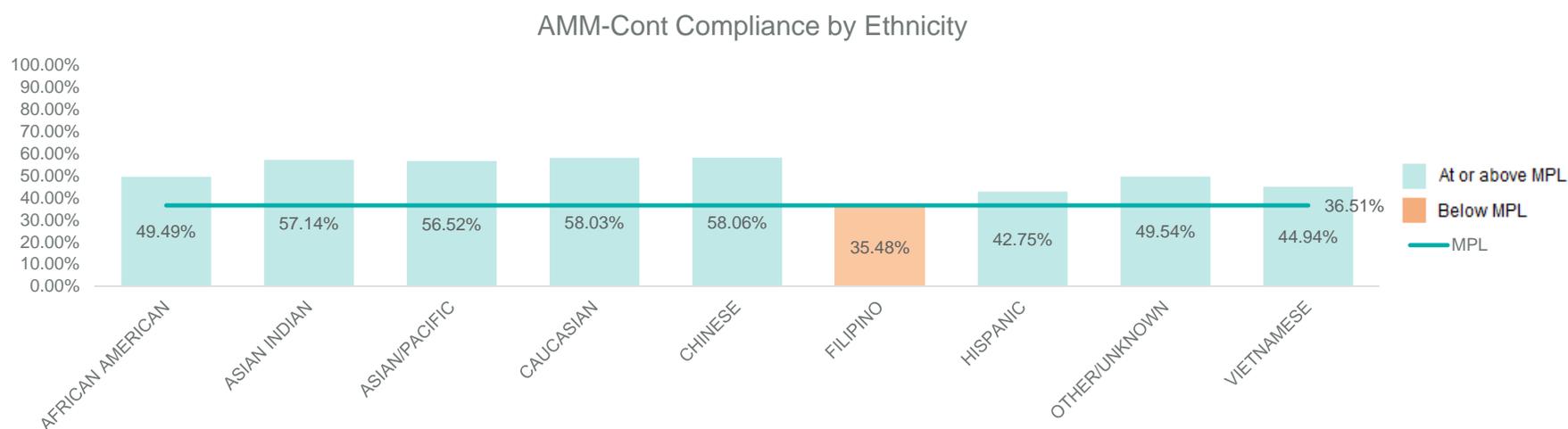
AMM-Acute Compliance by Preferred Language



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	13	823	55	149	7	47
Denominator	16	1,329	74	245	10	75

# Antidepressant Medication Management – Effective Continuation Phase (AMM-Cont)

Filipino, Vietnamese and Hispanic groups have the lowest performance

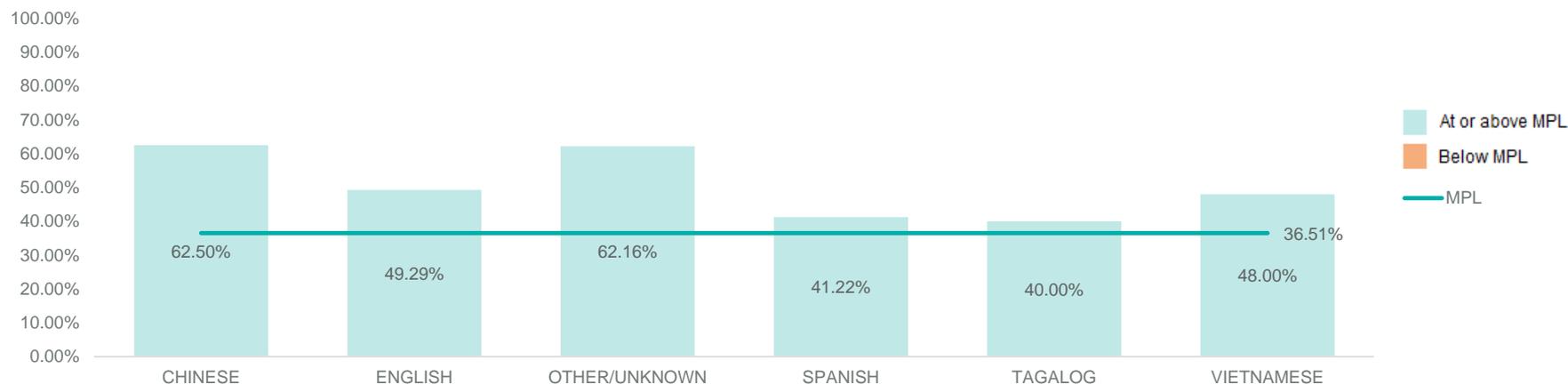


Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	49	24	13	206	18	11	274	217	40
Denominator	99	42	23	355	31	31	641	438	89

# Antidepressant Medication Management – Effective Continuation Phase (AMM-Cont)

Spanish and Tagalog speaking groups have the lowest performance

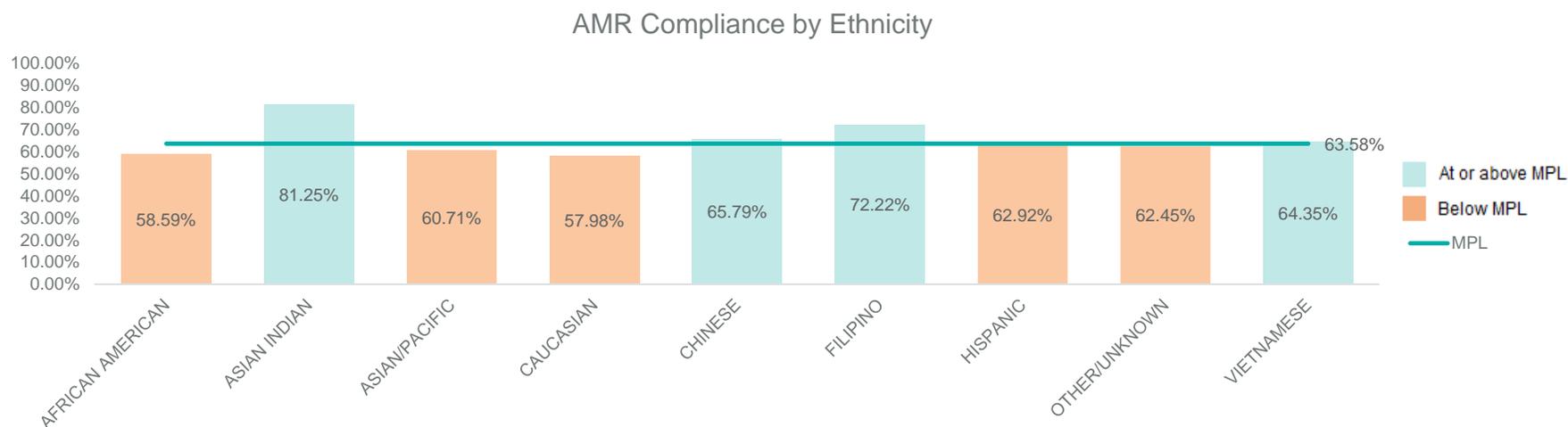
AMM-Cont Compliance by Preferred Language



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	10	655	46	101	4	36
Denominator	16	1,329	74	245	10	75

# Asthma Medication Ratio (AMR)

Caucasian, African American and Asian/Pacific groups have the lowest performance

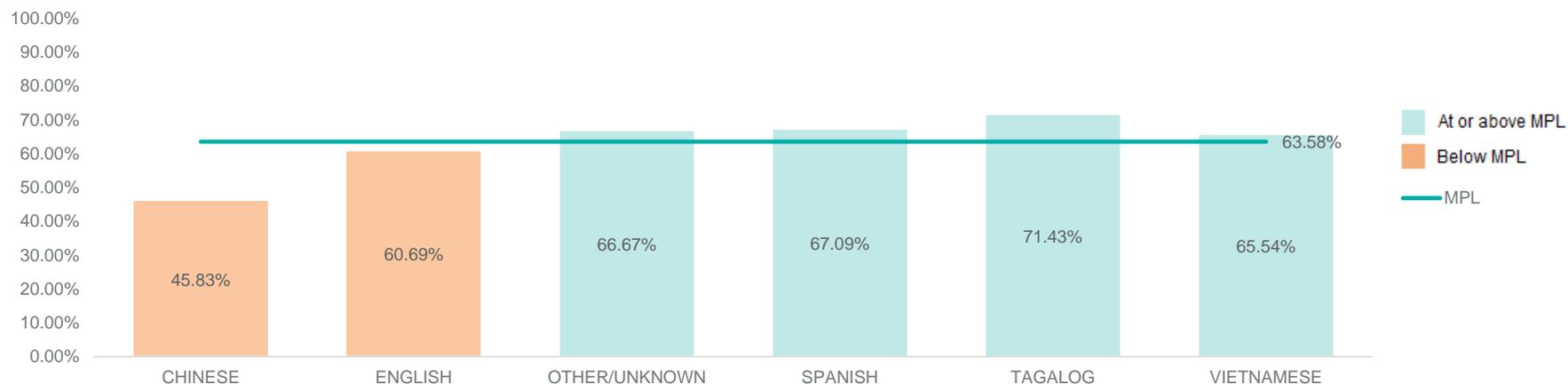


Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	75	39	17	189	25	39	599	153	231
Denominator	128	48	28	326	38	54	952	245	359

# Asthma Medication Ratio (AMR)

Chinese speaking group had the lowest performance

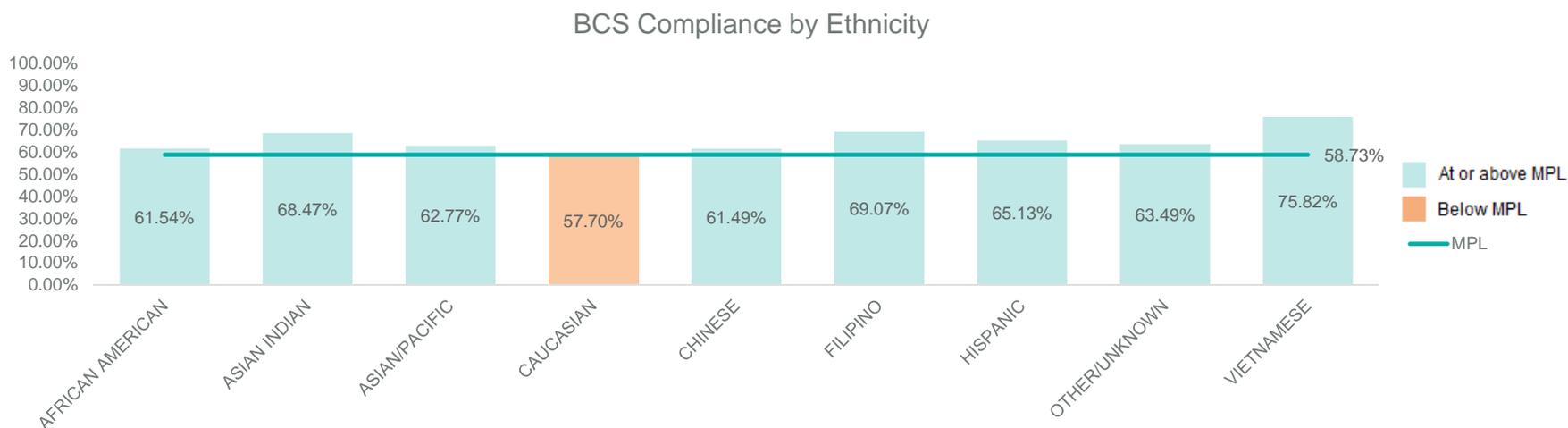
AMR Compliance by Preferred Language



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	11	806	28	318	10	194
Denominator	24	1,328	42	474	14	296

# Breast Cancer Screening (BCS)

Caucasian group had the lowest performance

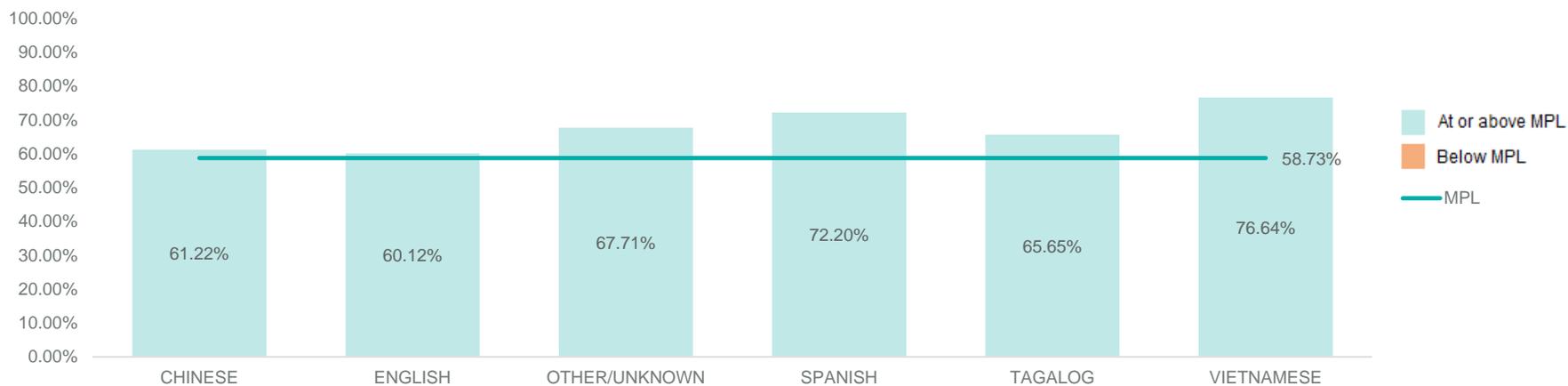


Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	232	480	204	1,000	720	326	1,466	1,353	2,587
Denominator	377	701	325	1,733	1,171	472	2,251	2,131	3,412

# Breast Cancer Screening (BCS)

English speaking group had the lowest performance

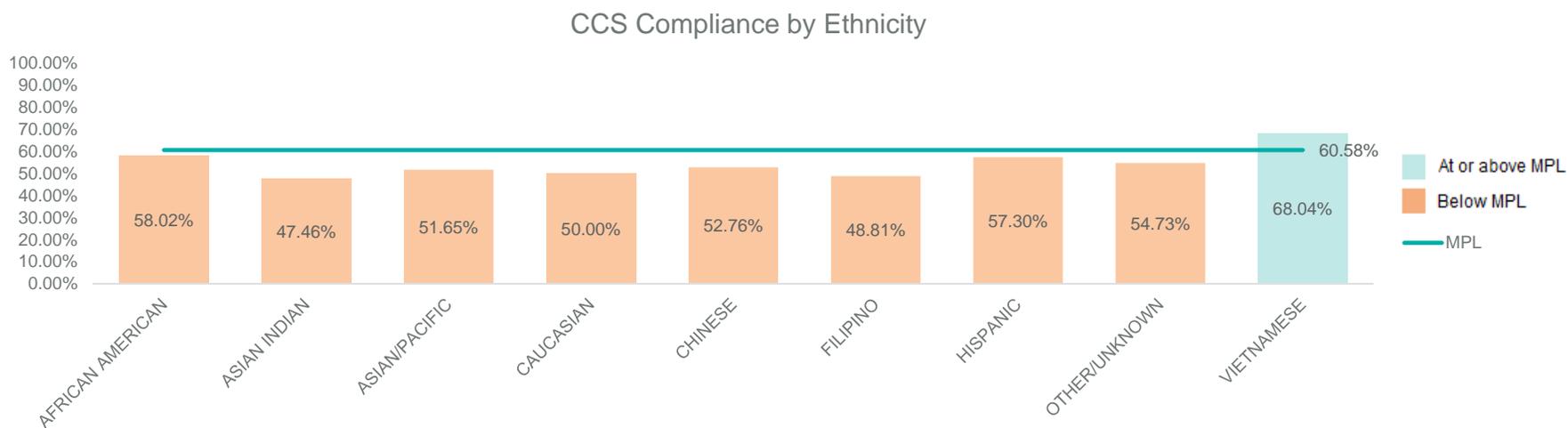
BCS Compliance by Preferred Language



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	554	3,474	652	1,018	151	2,519
Denominator	905	5,778	963	1,410	230	3,287

# Cervical Cancer Screening (CCS)

Asian Indian, Filipino and Caucasian groups have the lowest performance

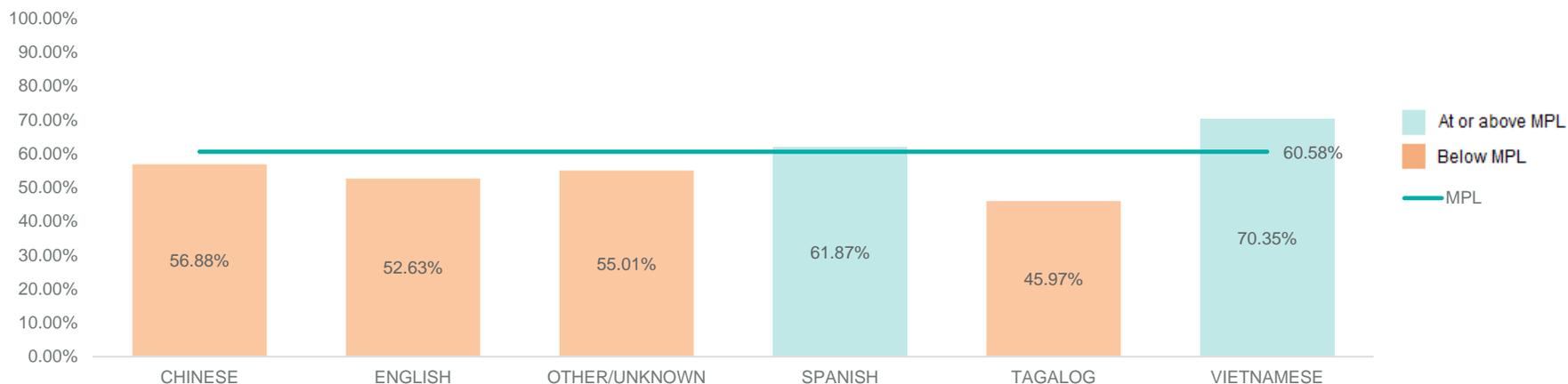


Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	857	551	375	2,831	1,091	676	6,454	3,807	6,049
Denominator	1,477	1,161	726	5,662	2,068	1,385	11,264	6,956	8,890

# Cervical Cancer Screening (CCS)

Tagalog speaking group had the lowest performance

CCS Compliance by Preferred Language

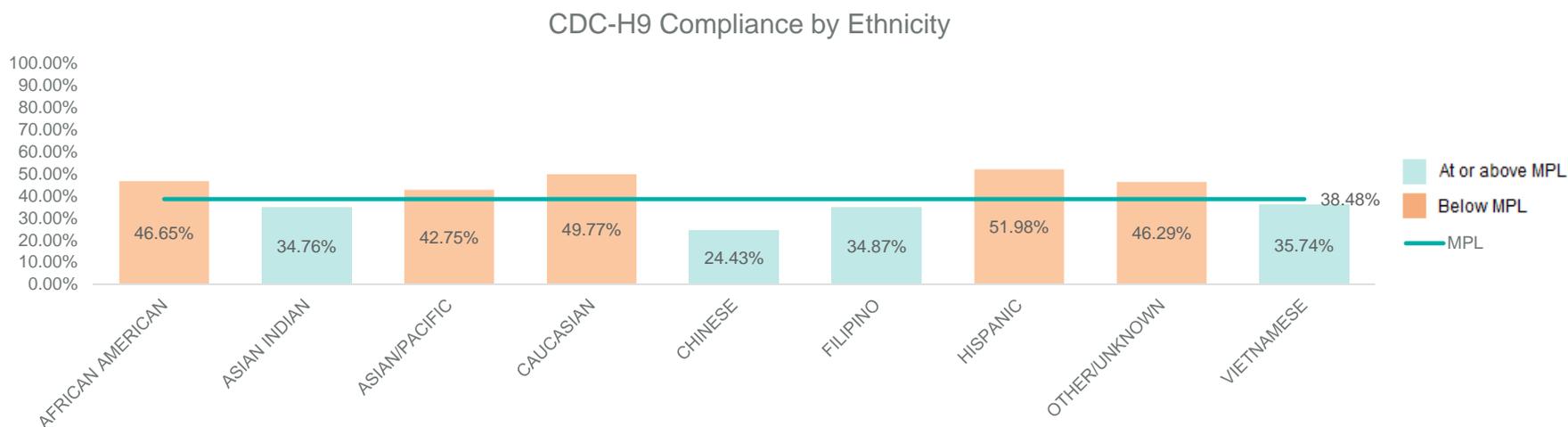


Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	777	12,636	900	2,753	177	5,448
Denominator	1,366	24,008	1,636	4,450	385	7,744

# Comprehensive Diabetes Care: HbA1c Poor Control >9%\*

\* Lower rates indicate better performance

African American, Caucasian, and Hispanic groups have the lowest performance



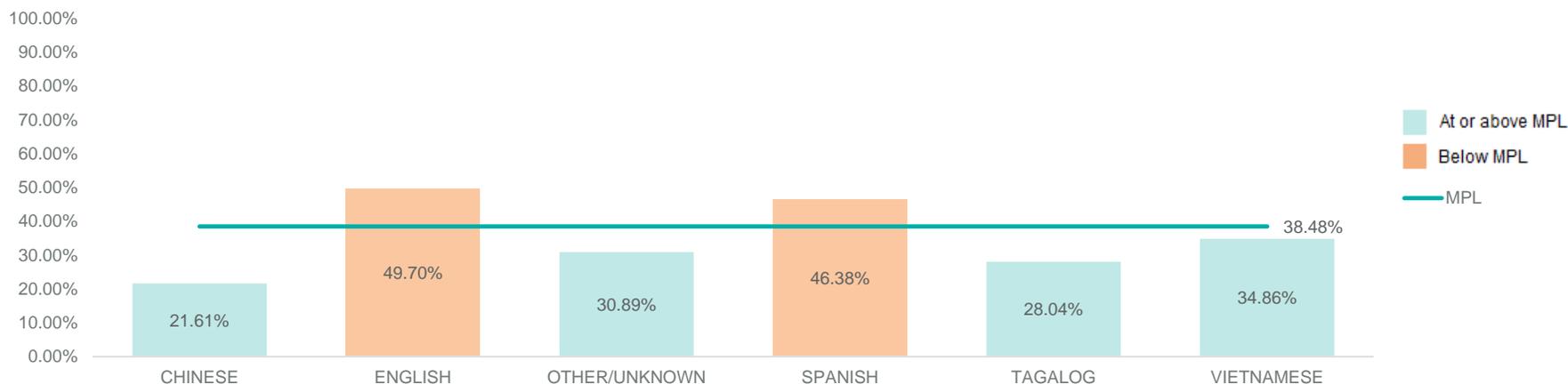
Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	181	228	109	534	96	159	1,381	755	559
Denominator	388	656	255	1,073	393	456	2,657	1,631	1,564

# Comprehensive Diabetes Care: HbA1c Poor Control >9%\*

\* Lower rates indicate better performance

English and Spanish speaking groups have the lowest performance

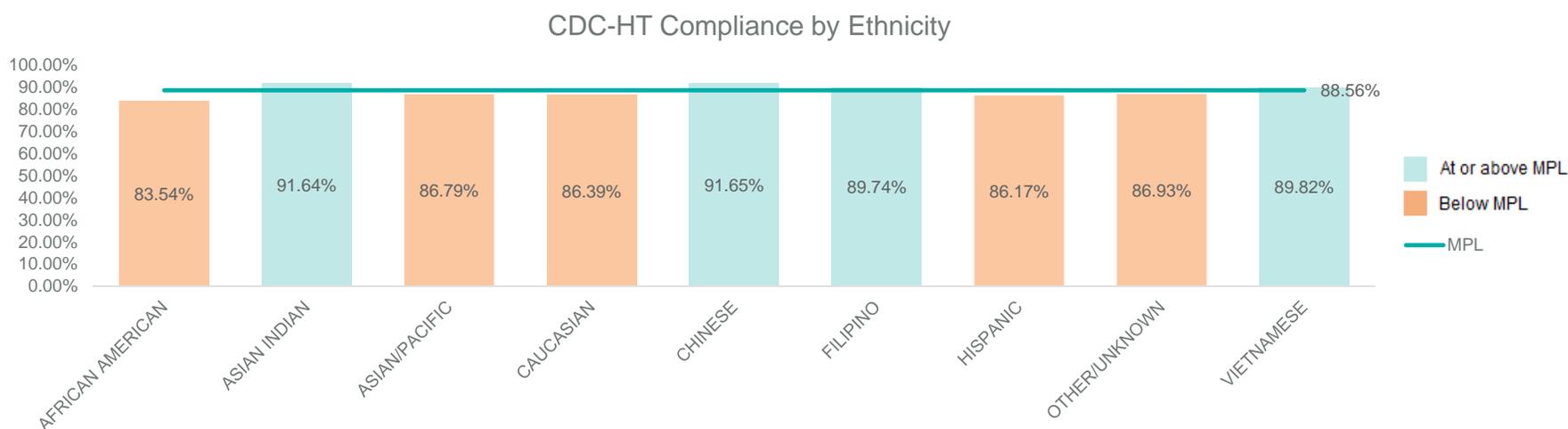
CDC-H9 Compliance by Preferred Language



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	67	2,543	181	640	60	511
Denominator	310	5,117	586	1,380	214	1,466

# Comprehensive Diabetes Care - Hemoglobin A1c Testing (CDC-HT)

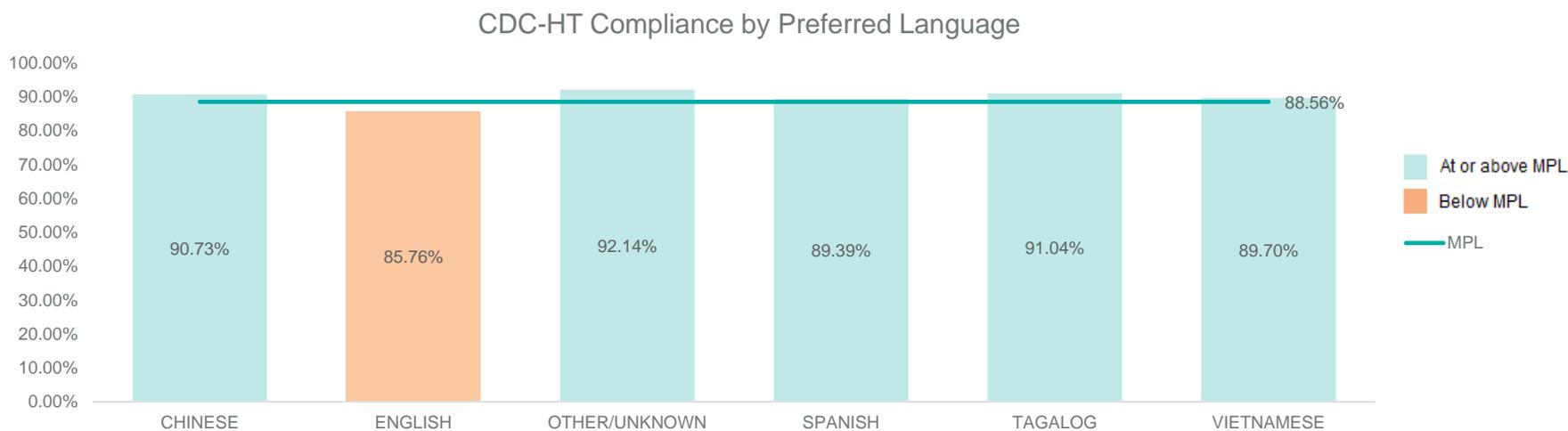
African American, Hispanic, and Caucasian groups have the lowest performance



Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	340	614	230	984	362	420	2,374	1,211	1,420
Denominator	407	670	265	1,139	395	468	2,755	1,394	1,581

# Comprehensive Diabetes Care - Hemoglobin A1c Testing (CDC-HT)

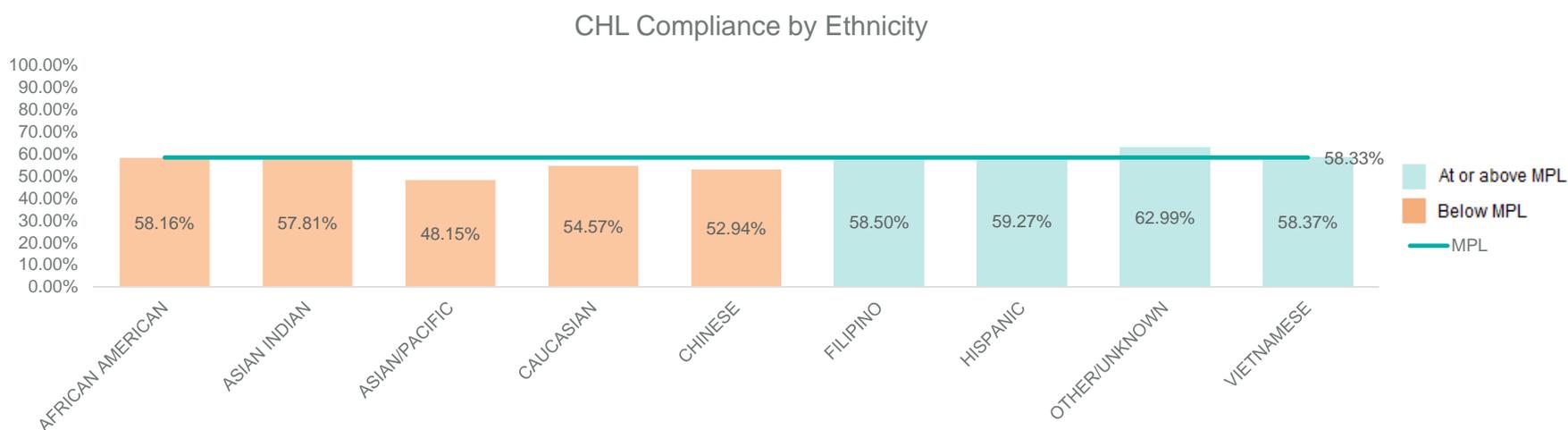
English speaking group had the lowest performance



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	284	4,353	563	1,238	193	1,324
Denominator	313	5,077	611	1,385	212	1,476

# Chlamydia Screening in Women (CHL)

Asian/Pacific, Caucasian, and Chinese groups have the lowest performance

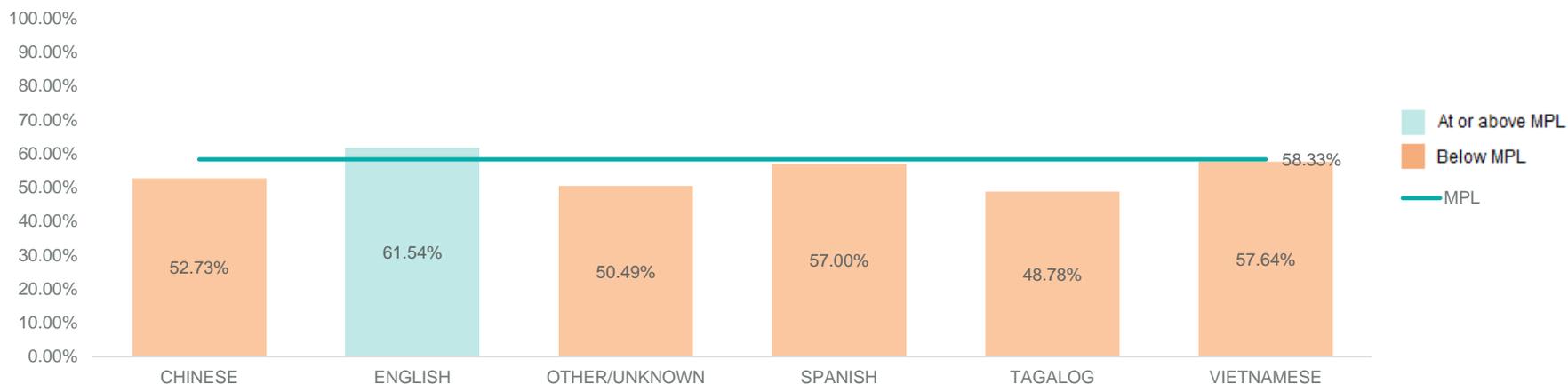


Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	114	37	13	227	45	86	1,960	560	352
Denominator	196	64	27	416	85	147	3,307	889	603

# Chlamydia Screening in Women (CHL)

Other/Unknown and Tagalog speaking groups have the lowest performance

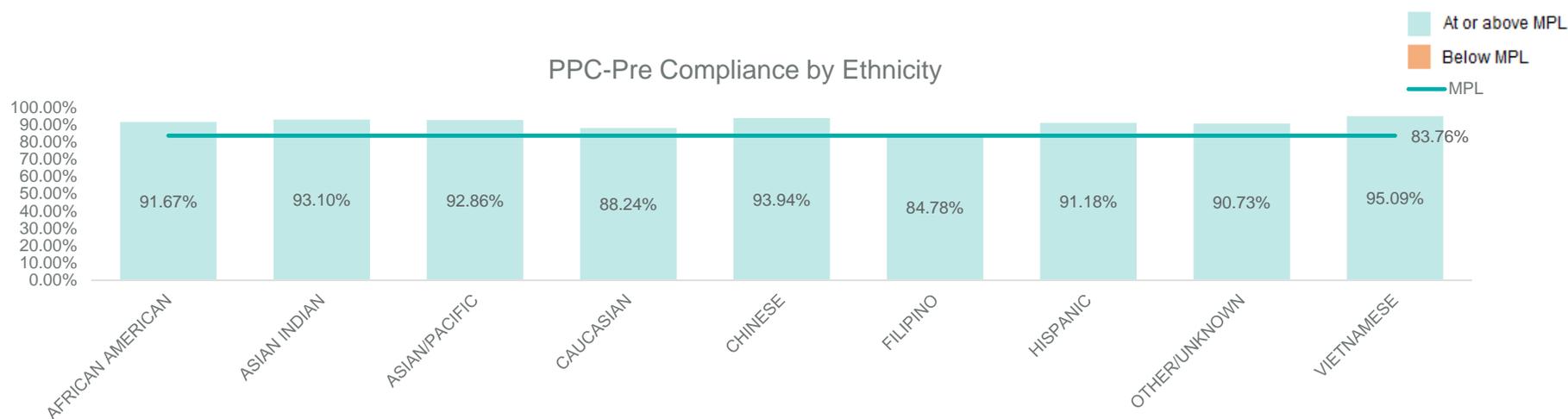
CHL Compliance by Preferred Language



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	29	1,827	52	1,168	20	298
Denominator	55	2,969	103	2,049	41	517

# Prenatal and Postpartum Care – Timeliness of Prenatal Care (PPC-Pre)

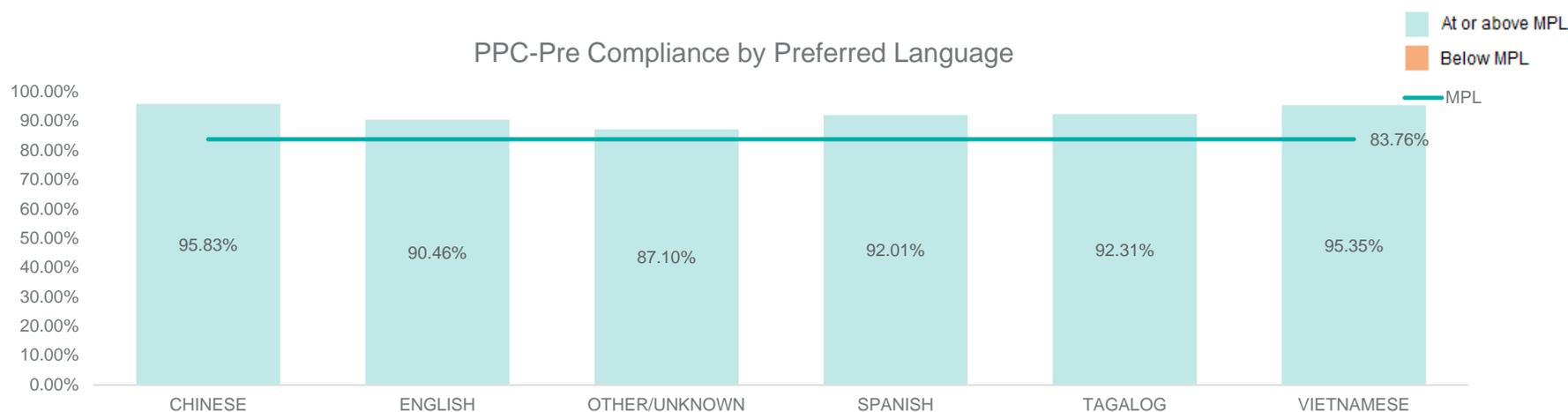
Filipino and Caucasian groups have the lowest performance



Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	77	27	13	150	31	39	827	362	155
Denominator	84	29	14	170	33	46	907	399	163

# Prenatal and Postpartum Care – Timeliness of Prenatal Care (PPC-Pre)

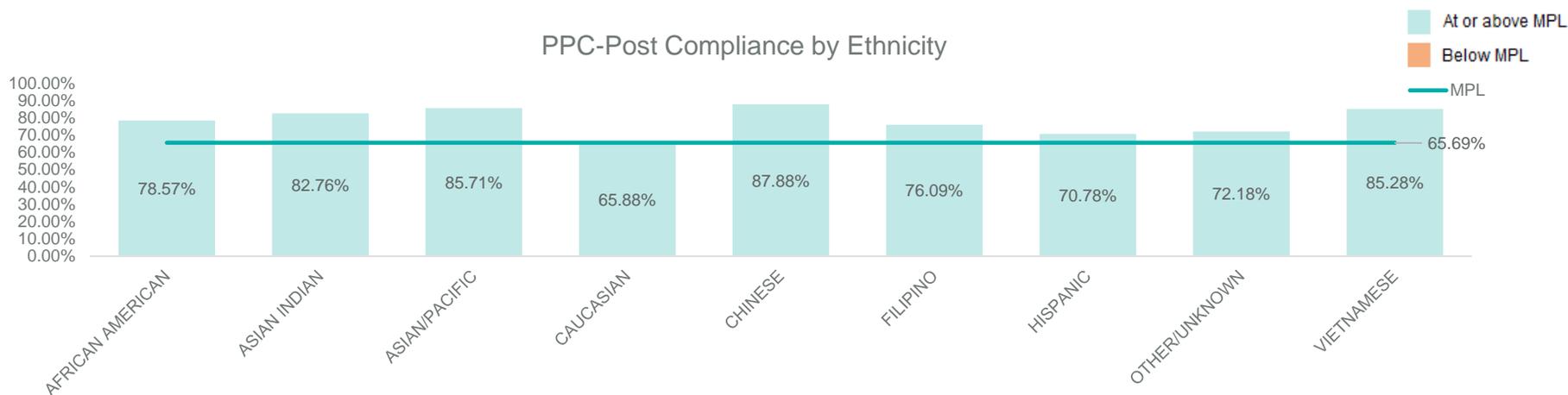
Other/Unknown group had the lowest performance



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	23	1,185	27	311	12	123
Denominator	24	1,310	31	338	13	129

# Prenatal and Postpartum Care – Postpartum Care (PPC-Post)

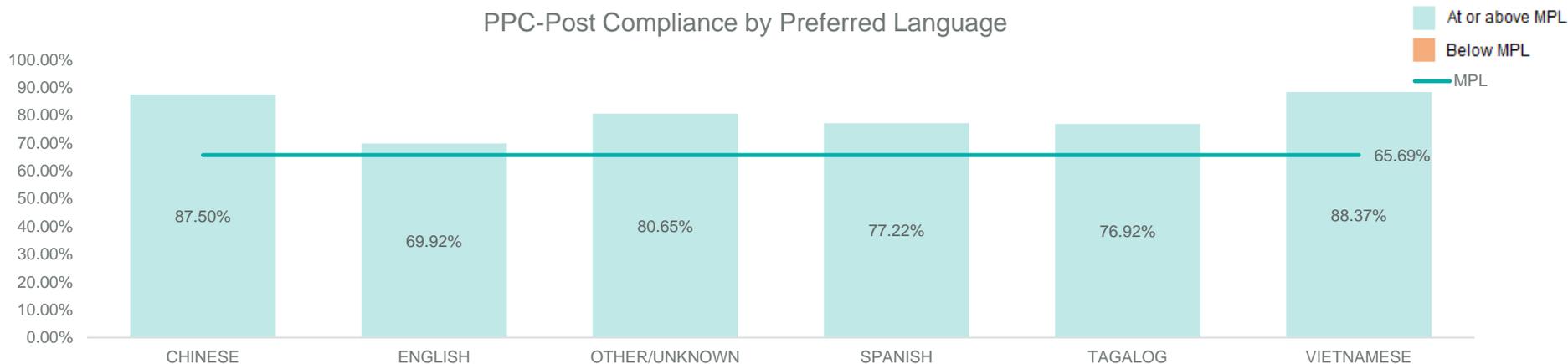
Caucasian group had the lowest performance



Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKNOWN	VIETNAMESE
Numerator	66	24	12	112	29	35	642	288	139
Denominator	84	29	14	170	33	46	907	399	163

# Prenatal and Postpartum Care – Postpartum Care (PPC-Post)

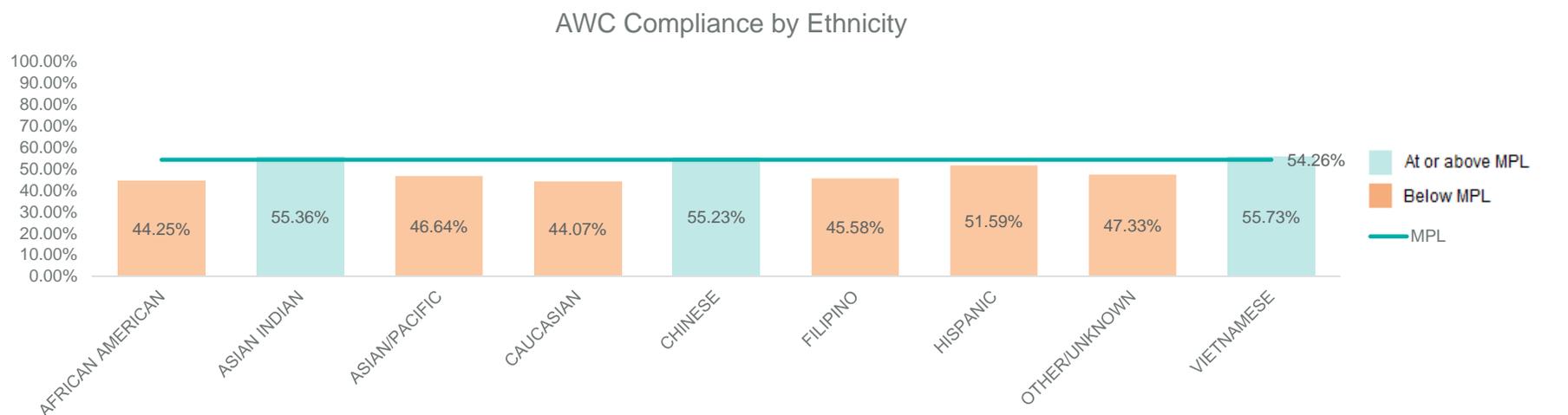
English speaking group had the lowest performance



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	21	916	25	261	10	114
Denominator	24	1,310	31	338	13	129

# Adolescent Well-Care Visits (AWC)

African American, Caucasian and Filipino groups have the lowest performance

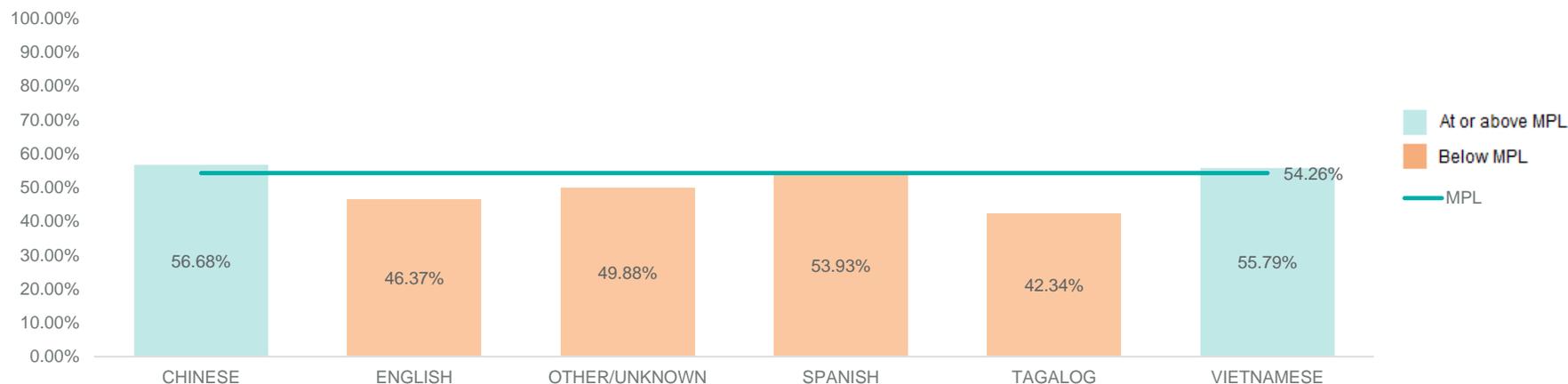


Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	558	382	132	1,179	634	510	13,132	1,506	3,266
Denominator	1,261	690	283	2,675	1,148	1,119	25,457	3,183	5,860

# Adolescent Well-Care Visits (AWC)

Tagalog speaking group had the lowest performance

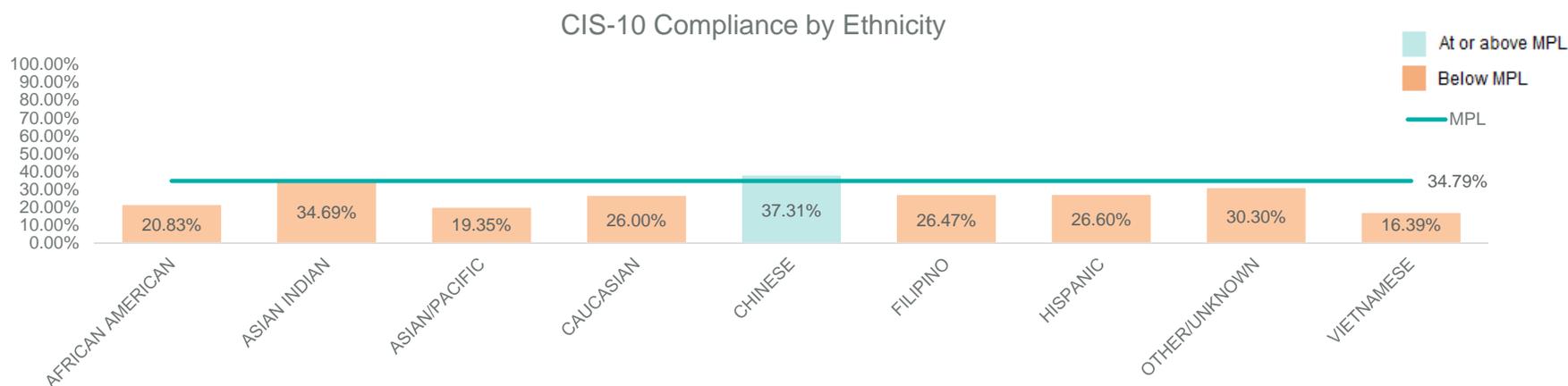
AWC Compliance by Preferred Language



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	403	7,413	419	10,058	174	2,832
Denominator	711	15,988	840	18,650	411	5,076

# Childhood Immunization Status – Combo 10 (CIS-10)

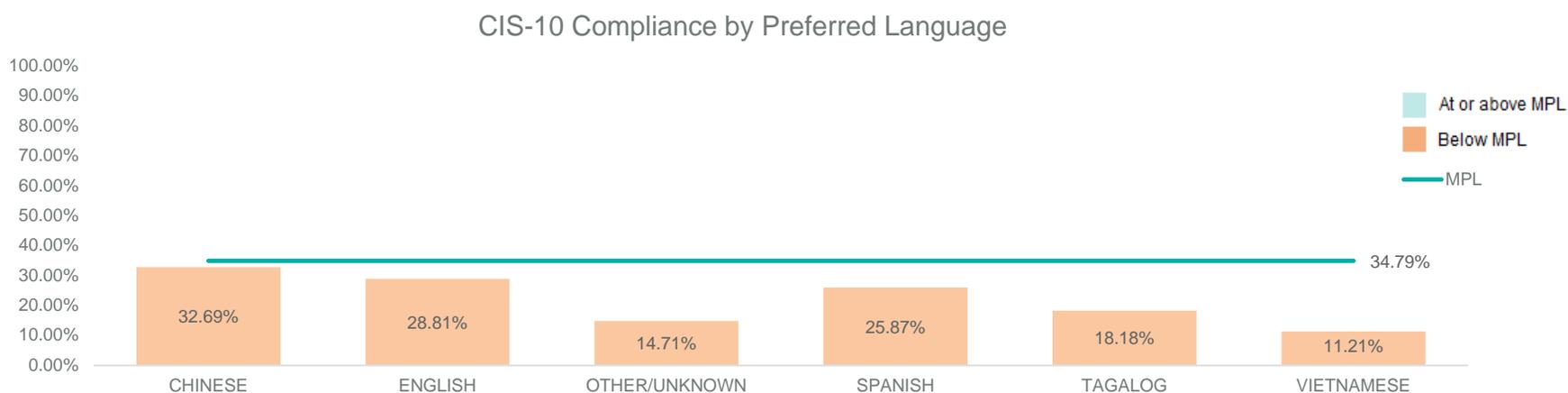
African American, Asian/Pacific, and Vietnamese groups have the lowest performance



Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	20	17	6	52	25	18	644	203	50
Denominator	96	49	31	200	67	68	2,421	670	305

# Childhood Immunization Status – Combo 10 (CIS-10)

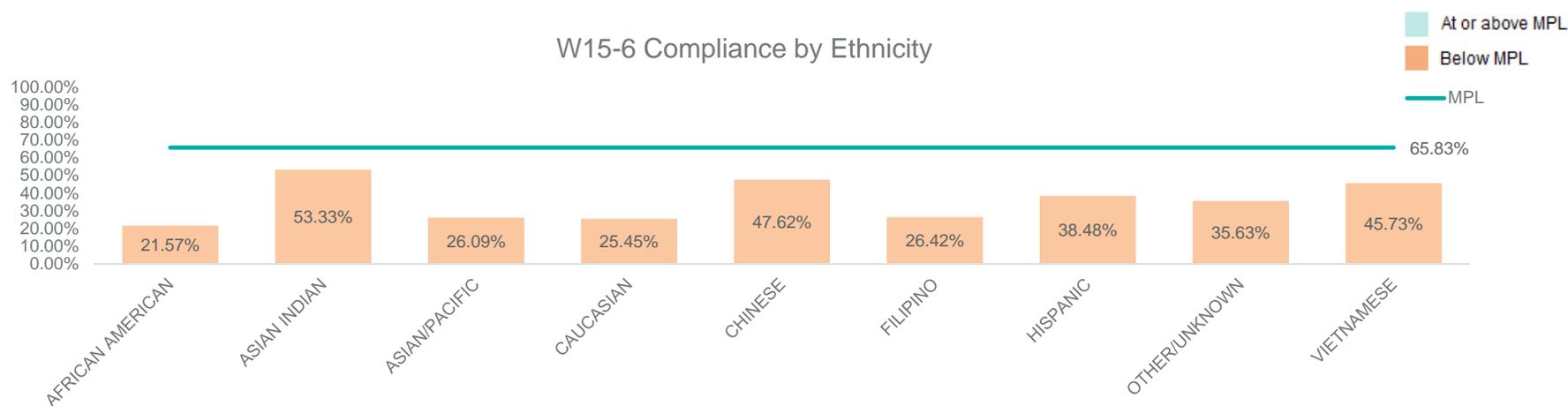
Other/Unknown and Vietnamese groups have the lowest performance



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	17	615	10	364	4	25
Denominator	52	2,135	68	1,407	22	223

# Well-Child Visits in the First 15 Months of Life - 6 or more visits (W15-6)

African American and Caucasian groups have the lowest performance



Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	11	16	6	28	20	14	531	186	107
Denominator	51	30	23	110	42	53	1,380	522	234

# Well-Child Visits in the First 15 Months of Life - 6 or more visits (W15-6)

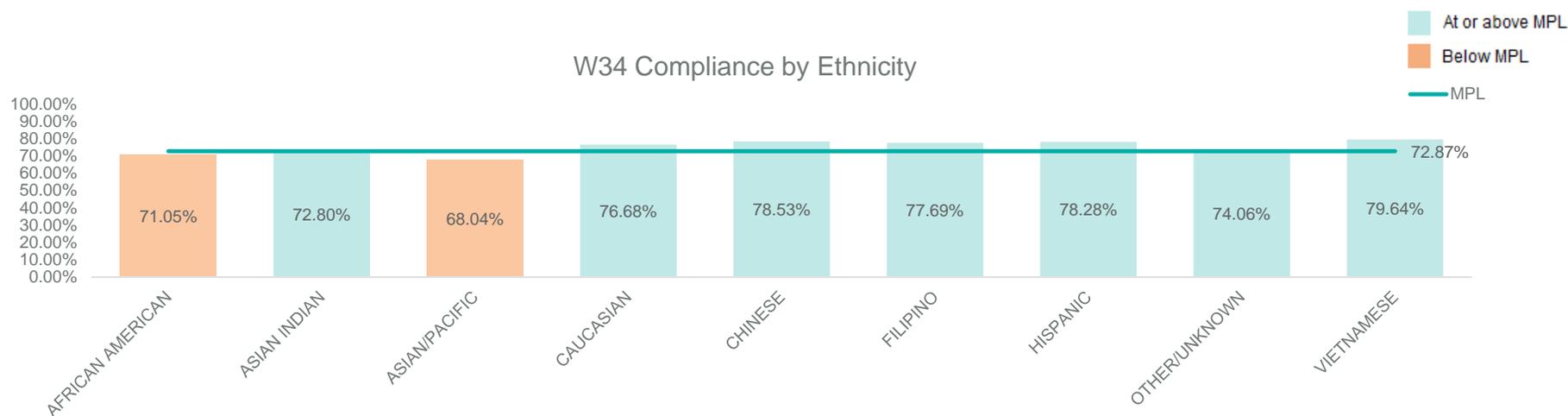
Tagalog and English speaking groups have the lowest performance



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	18	470	16	324	4	87
Denominator	34	1,429	48	728	14	192

# Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)

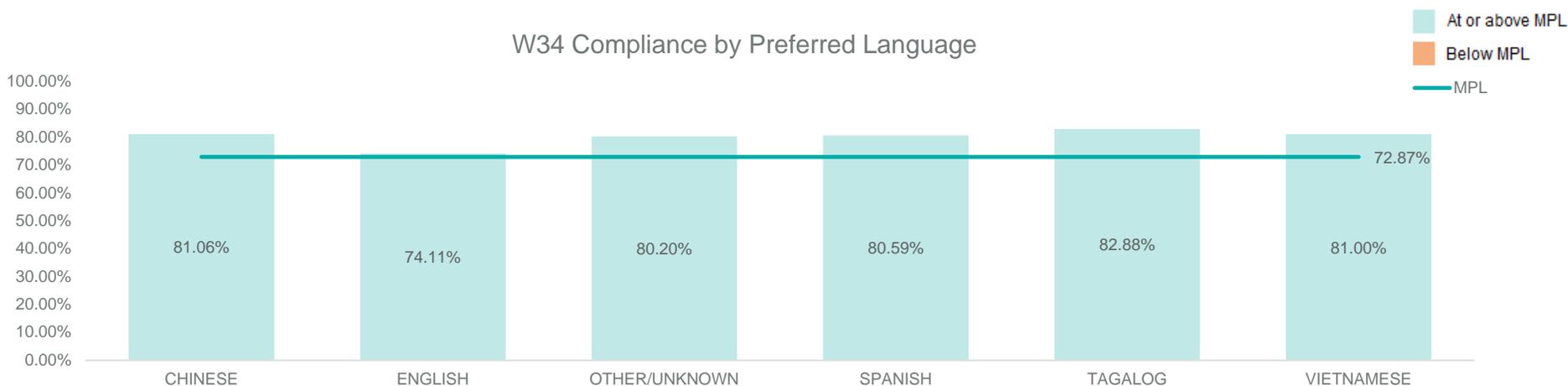
African American and Asian/Pacific groups had the lowest performance



Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	324	174	66	720	278	310	8,016	1,522	1,205
Denominator	456	239	97	939	354	399	10,240	2,055	1,513

# Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life (W34)

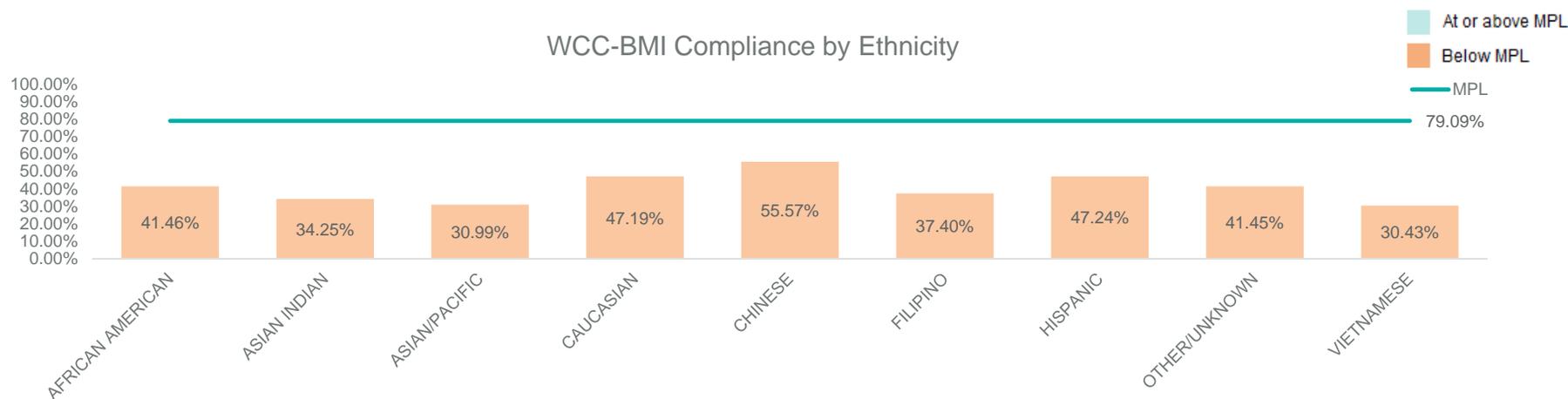
English speaking group had the lowest performance



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	214	5,967	239	5,114	92	989
Denominator	264	8,052	298	6,346	111	1,221

# Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Assessment (WCC-BMI)

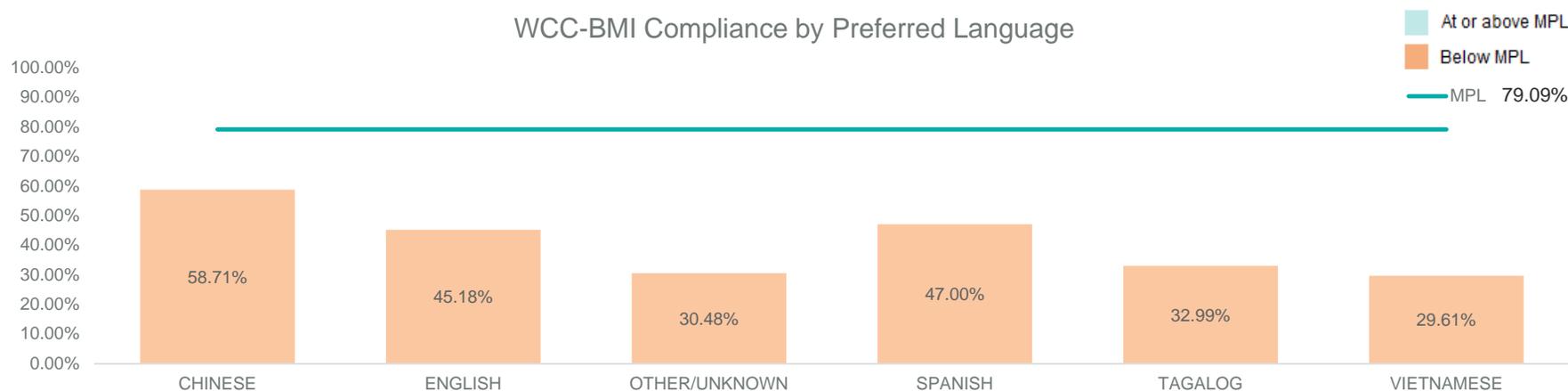
Asian/Pacific and Vietnamese groups have the lowest performance



Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	609	274	97	1,419	663	454	16,592	1,838	1,892
Denominator	1,469	800	313	3,007	1,193	1,214	35,126	4,434	6,217

# Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents - BMI Assessment (WCC-BMI)

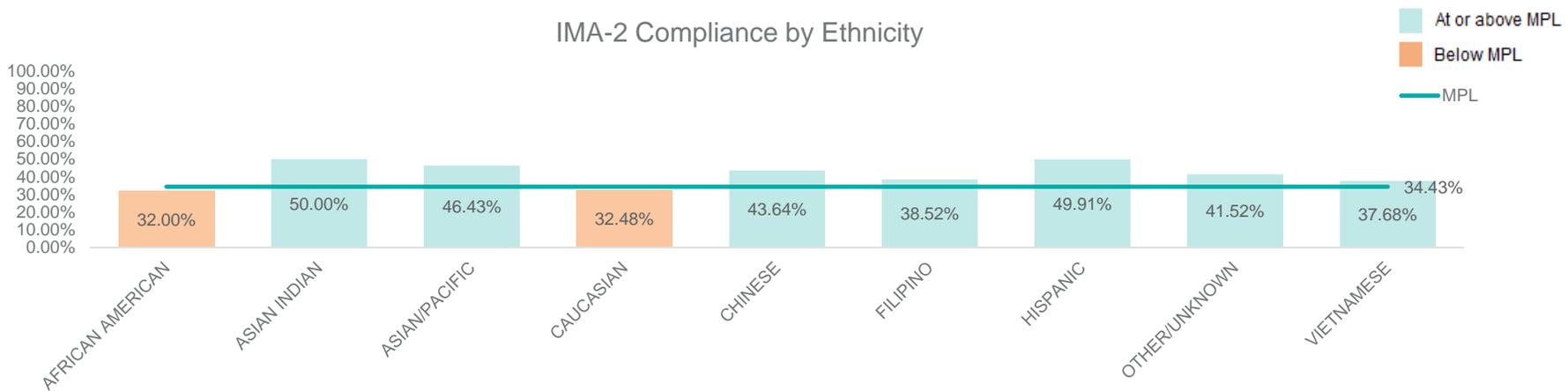
Vietnamese and Other/Unknown groups have the lowest performance



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	499	9,594	303	11,731	128	1,583
Denominator	850	21,237	994	24,957	388	5,347

# Immunizations for Adolescents – Combo 2 (IMA-2)

African American and Caucasian groups have the lowest performance

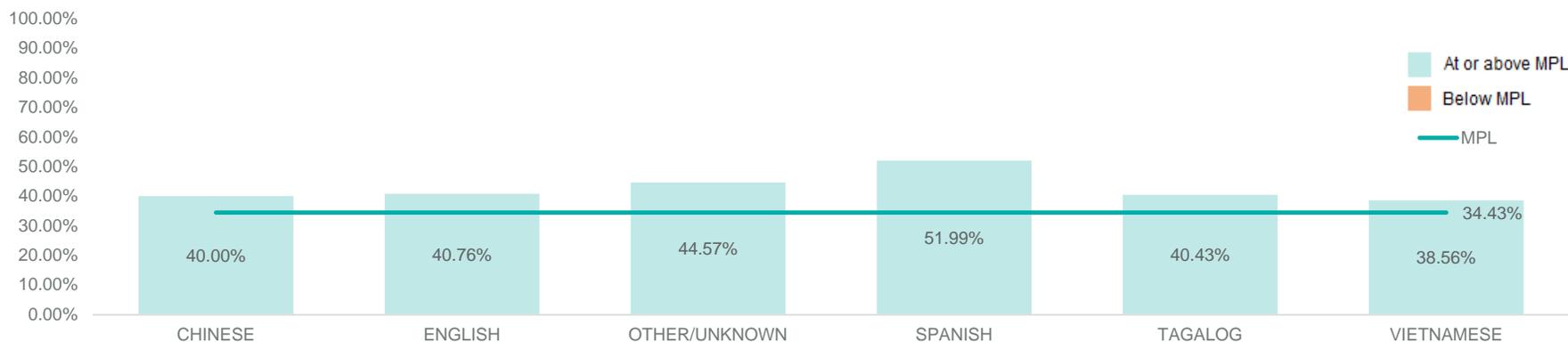


Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	56	39	13	89	48	47	1,673	137	208
Denominator	175	78	28	274	110	122	3,352	330	552

# Immunizations for Adolescents – Combo 2 (IMA-2)

Vietnamese speaking group had the lowest performance

IMA-2 Compliance by Preferred Language



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	28	779	41	1,256	19	187
Denominator	70	1,911	92	2,416	47	485



**Santa Clara Family  
Health Plan™**

## Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2020 Results

Johanna Liu, Director, Quality and Process Improvement

Byron Lu, Process Improvement Project Manager

Jamie Enke, Manager, Process Improvement

# CAHPS 2020

## Overview

- CAHPS is a consumer satisfaction survey that the health plan is required to administer annually by the Centers for Medicare and Medicaid Services (CMS)
- SCFHP contracts with SPH Analytics to conduct the survey
- Results impact NCQA accreditation and health plan ratings
- COVID-19 has had a significant impact on CAHPS survey methodology and reporting for 2020



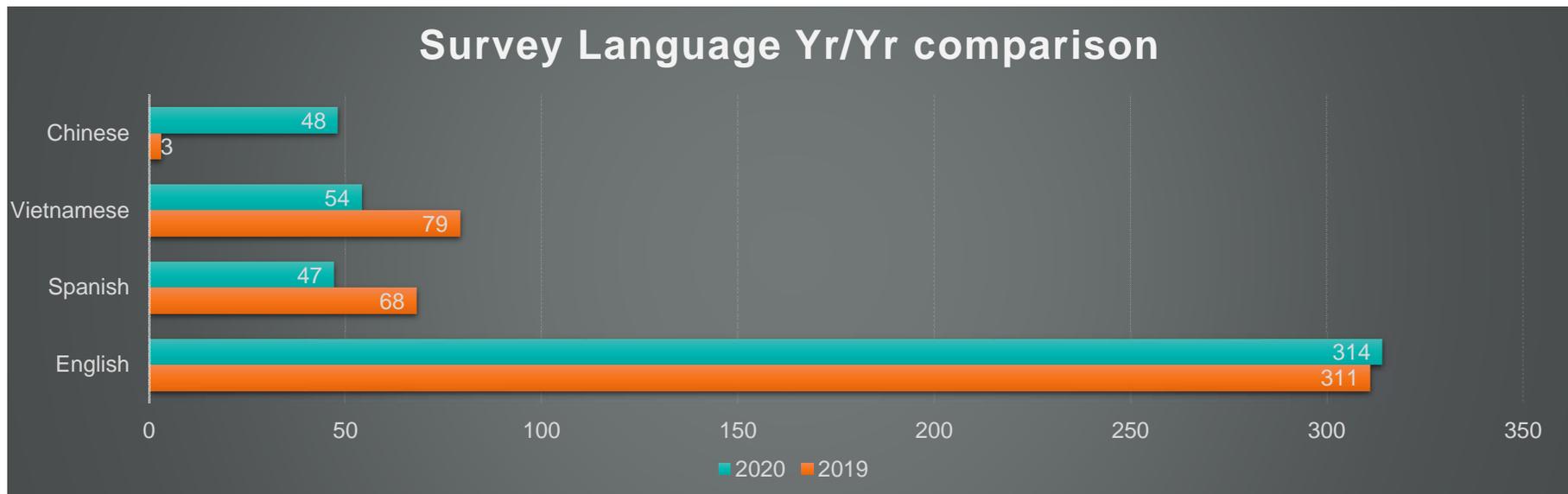
## 2020 CAHPS Timeline



# CAHPS 2020

2019 CAHPS Response Rate: 28.8%

2020 CAHPS Response Rate: 29.1%



# CAHPS 2020

## 2020 Updates

- Maintained sample size of 1,600 (800 standard + 800 over sample)
- Maintained addition of Vietnamese and Chinese surveys
- Achieved a 29.1% response rate
  - +3.0 percentage points from 2018 response rate
  - +0.3 percentage points from 2019 response rate
- Only 2 surveys completed by phone (inbound member calls)
- CAHPS language was integrated into the Customer Service post call survey
- New SPH Experience Explorer tool was introduced for data analytics

# CAHPS 2020

## SCFHP's Overall Performance

- Per SPH analysis, there were no statistically significant changes compared to 2019

### Top Three Performing Measures

Your contract's percentile rankings for these measures were the highest compared to the 2020 SPH Book of Business.

MEASURE	2020 Valid n	SCALED MEAN SCORE		CHANGE	2019 CMS NATIONAL DATA	GAP	2020 SPH Avg. SCALED MEAN SCORE	GAP	SPH BoB PERCENTILE RANKING
		2019	2020						
Rating of Drug Plan	439	85.7	89.5	3.8	86.1 ▲	3.4	87.0	2.5	81 <sup>st</sup>
Rating of Health Plan	438	84.6	88.1	3.5	87.3	0.8	88.0	0.1	54 <sup>th</sup>
Rating of Specialist	244	85.3	89.8	4.5	90.0	-0.2	90.3	-0.5	44 <sup>th</sup>

### Bottom Three Performing Measures

Your contract's percentile rankings for these measures were the lowest compared to the 2020 SPH Book of Business.

MEASURE	2020 Valid n	SCALED MEAN SCORE		CHANGE	2019 CMS NATIONAL DATA	GAP	2020 SPH Avg. SCALED MEAN SCORE	GAP	SPH BoB PERCENTILE RANKING
		2019	2020						
Customer Service	435	82.3	85.2	2.9	90.3 ▼	-5.1	91.3 ▼	-8.1	<5 <sup>th</sup>
Getting Needed Care	452	72.0	72.7	0.7	83.7 ▼	-11.0	83.6 ▼	-10.9	<5 <sup>th</sup>
How Well Doctors Communicate	352	85.6	87.0	1.4	91.7 ▼	-4.7	92.3 ▼	-5.3	<5 <sup>th</sup>

\*SPH BoB includes all MA contracts that conducted surveys with SPH analytics (412 contracts, 176,020 respondents)

# CAHPS 2020

## Overall Performance: Providers

Category	SCFHP Mean Score			Yr/Yr Change		National CMS MMP Mean Score	SPH MMP BoB		SPH MMP BoB v. SCFHP Mean Score Diff
	2018	2019	2020	18/'20	19/'20	2019	2020	2020	
Getting Needed Care	3.15	3.16	3.18	↑ 0.03	↑ 0.02	3.45	3.38	↓ (0.20)	
Getting Appointments and Care Quickly	3.05	3.05	3.03	↓ (0.02)	↓ (0.02)	3.33	3.25	↓ (0.22)	
Doctors Who Communicate Well	3.55	3.57	3.61	↑ 0.06	↑ 0.04	3.73	3.69	↓ (0.08)	
Care Coordination	3.42	3.44	3.46	↑ 0.04	↑ 0.02	3.57	3.56	↓ (0.10)	

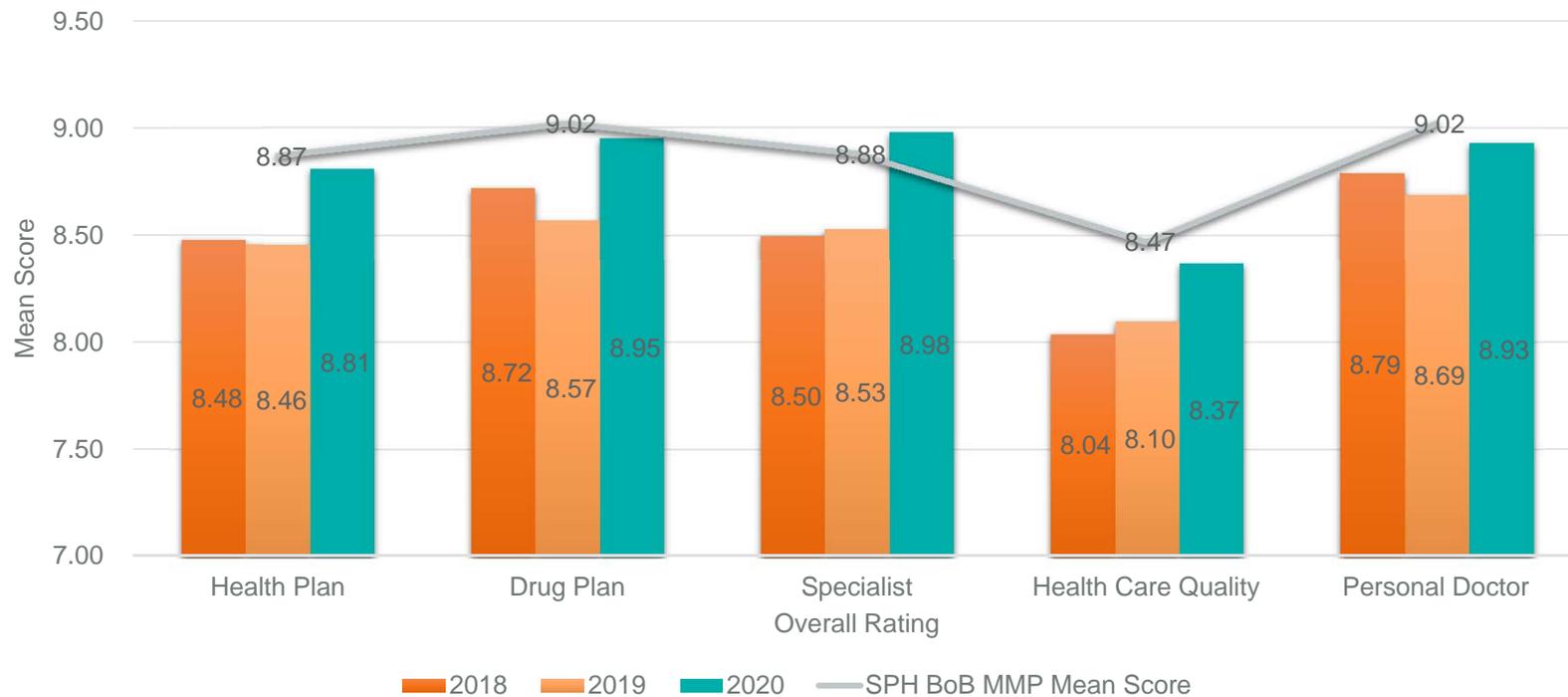
# CAHPS 2020

## Overall Performance: SCFHP

Category	SCFHP Mean Score			Yr/Yr Change		National CMS MMP Mean Score	SPH MMP BoB	SPH MMP BoB v. SCFHP Mean Score Diff
	2018	2019	2020	18/'20	19/'20	2019	2020	2020
Customer Service	3.48	3.47	3.56	↑ 0.08	↑ 0.09	3.71	3.68	↓ (0.12)
Getting Needed Prescription Drugs	3.60	3.55	3.63	↑ 0.03	↑ 0.08	3.68	3.68	↓ (0.05)

# CAHPS 2020

## Overall CAHPS Ratings 2018 to 2020



# CAHPS 2020

## Provider Group Analysis

	2020 Total Plan	Group A	Group B	Group C	Group D	Group E
<b>Response Rate</b>	463	11%	44%	8%	8%	28%
<b>Domain: Member Experience with Health Plan</b>						
Getting Needed Care	72.7	78.8	74	76.2	63.4	69.3
Getting Care Quickly	67.7	75	69.4	60.4	56	66.6
Customer Service	85.2	85.3	86.2	87.8	83.1	83.7
Care Coordination	80.6	82.6	80.6	76.5	77.2	82.1
Rating of Health Plan	88.1	89.2	88.8	91.4	90.9	84.7
Rating of Health Care	83.7	88.4	84.3	85.8	85.9	79.8
<b>Domain: Member Experience with Health Plan-Drug Plan</b>						
Getting Needed Prescription Drugs	87.6	83	88.4	88.2	91.4	87.1
Rating of Drug Plan	89.5	89.2	91.1	89.4	90	87
<b>Domain: Staying Healthy - Screenings, Tests, and Vaccines</b>						
Annual Flu Vaccine	83.1	79.2	84.1	89.5	86.1	80.3
<b>Other Measures</b>						
Doctors Who Communicate Well	87	89.2	88.8	77.2	87.2	86.2
Rating of Personal Doctor	89.3	92.6	89.9	81.6	87.7	89.9
Rating of Specialist	89.8	88.6	90.6	92.4	87.6	88.8
<b>Average Score</b>	<b>83.7</b>	<b>85.1</b>	<b>84.7</b>	<b>83.0</b>	<b>82.2</b>	<b>82.1</b>

Note: Green represents best performance among all provider groups  
 Note: Yellow represents lowest performance among all provider groups

# CAHPS 2020

## Findings by Demographic

- **Race:**
  - White/Caucasian CMC members reported significantly higher satisfaction levels for getting needed care and getting care quickly over “Other”<sup>\*</sup> races (excluding Black/African-American)
- **Age:**
  - CMC members ages 65-74 were significantly more likely to report that they received a flu vaccine over younger members
  - CMC members ages 65+ were significantly more likely to report they received the pneumonia vaccine than younger members
- **Mental/Physical Health:**
  - Members reporting that they had “Excellent” or “Very Good” mental and/or physical health had more significantly higher satisfaction levels regarding obtaining test results and care coordination than members reporting “Fair/Poor” physical or mental health

*<sup>\*</sup>SPH Analytics currently only offers race breakdown by White/Caucasian, Black/African-American, and Other. However, “Other” is majority Asian.*

# CAHPS 2020

## Estimated NCQA Health Plan Ratings

	2020 Score	Score Definition	Percentile Threshold	2021 SPH Estimated Star Rating
<b>CONSUMER SATISFACTION</b>				<b>2.0</b>
<b>GETTING CARE</b>				<b>1.0</b>
Getting Needed Care	78.6%	Usually + Always	<10th	1.0
Getting Care Quickly	77.4%	Usually + Always	<10th	1.0
<b>SATISFACTION WITH PLAN PHYSICIANS</b>				<b>2.5</b>
Rating of Personal Doctor	73.7%	9 + 10	10th	2.0
Rating of Specialist	71.3%	9 + 10	33rd	3.0
Rating of Health Care	56.3%	9 + 10	10th	2.0
Coordination of Care	88.2%	Usually + Always	10th	2.0
<b>SATISFACTION WITH PLAN SERVICES</b>				
Rating of Health Plan	67.1%	9 + 10	67th	4.0
<b>PREVENTION</b>				
Flu Vaccinations	84.9%	% Yes	90th	5.0
Pneumococcal Vaccination	76.8%	% Yes	33rd	3.0
<b>TREATMENT</b>				
Advising Smokers to Quit	90.9%	Sometimes + Usually + Always	67th	4.0

# CAHPS 2020

## Estimated 2021 CMS Medicare Star Ratings

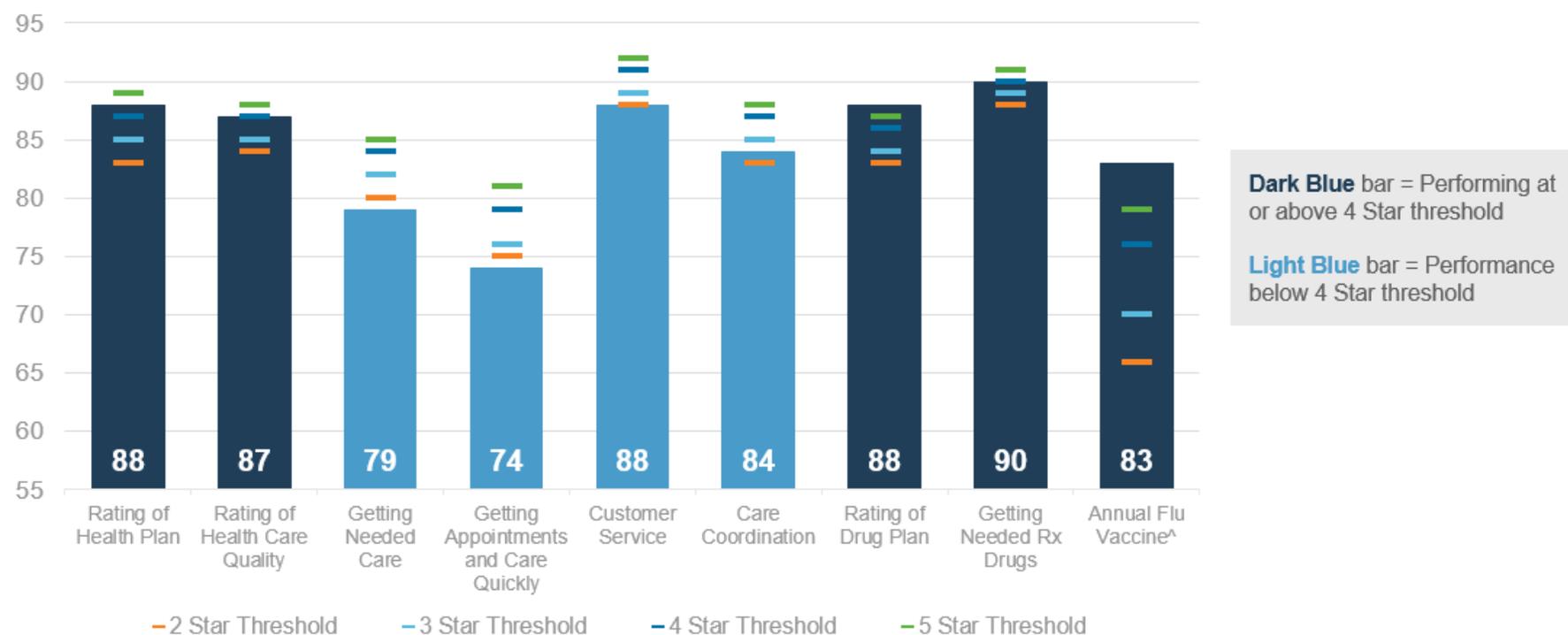
MEASURE NAME	ESTIMATED CASE-MIX ADJUSTED SCORE*	ESTIMATED 2021 FINAL STAR RATING
C26 Rating of Health Plan	88	★★★★★
C25 Rating of Health Care Quality	87	★★★★★
C22 Getting Needed Care	79	★
C23 Getting Appointments and Care Quickly	74	★★
C24 Customer Service	88	★★
C27 Care Coordination	84	★★
D07 Rating of Drug Plan	88	★★★★★
D08 Getting Needed Prescription Drugs	90	★★★★★
C03 Annual Flu Vaccine <sup>^</sup>	83	★★★★★★

\*Scaled Mean Score    <sup>^</sup>Annual Flu Vaccine is not case-mix adjusted

*In response to the COVID-19 pandemic, CMS is not using MA & PDP CAHPS results in the 2021 Star Ratings. These estimates are for informational purposes only.*

# CAHPS 2020

## Comparison to CMS Medicare Star Cut Points (from Fall 2019)



<sup>^</sup>Annual Flu Vaccine is not case-mix adjusted

# CAHPS 2020

## Focus Areas for Improvement

Lowest scores + highest impact on Medicare Stars & NCQA):

- **Getting Needed Care** (0.20 below SPH MMP BoB)
  - Getting appointment with a specialist
  - Getting care, tests, treatment necessary
- **Getting Care Quickly** (0.22 below SPH MMP BoB)
  - Obtaining needed care right away
  - Obtaining care when needed, not when needed right away
  - Seen within 15 min of appointment time
- **Customer Service** (0.10 below SPH MMP BoB)
  - Getting information/help from your health plan's customer service
  - Treated with courtesy and respect
  - Health plan forms easy to fill out
- **Care Coordination** (0.10 below SPH MMP BoB)
  - Personal doctor's office followed up to give you test results
  - Got test results as soon as needed

*\*SPH MMP Book of Business (BoB) includes all MMP contracts that conducted surveys with SPH analytics*

# CAHPS 2020

## Next Steps

- Present findings at committees and internal meetings:
  - SCFHP Executive Team
  - Quality Strategy Workgroup
  - Consumer Advisor Board Meeting (CAB)
  - Provider Advisory Council (PAC)
  - Timely Access and Availability (TAA) Workgroup
- Develop CAHPS 2021 strategy and work plan in early November 2020
  - Conduct qualitative analyses and identify interventions to address opportunities for improvement
- Collaborate with Marketing to continue 2021 CAHPS campaign promotion and evaluate other opportunities such as utilizing social media platforms for outreach
- Explore providing CAHPS survey in Tagalog language



# Santa Clara Family Health Plan™

Questions? Contact Jamie Enke ([jenke@scfhp.com](mailto:jenke@scfhp.com)) or Byron Lu ([blu@scfhp.com](mailto:blu@scfhp.com))



**Santa Clara Family  
Health Plan™**

Provider Network Operations Updates

November 10, 2020

Janet R. Gambatese, Director Provider Network Operations

# Introduction

## Provider Training

- Telehealth guidance – summary
- Telehealth billing and reimbursement
- Telehealth resources
- Provider portal - how to access your report card/Gaps in Care (GIC) list

# Telehealth Guidance

## Initial (telehealth) visit

- Do what you can via telehealth
- Document what requires follow-up
- Can cover:
  - Health history
  - Development surveillance
  - Anticipatory guidance
  - Preventative counseling
  - Identification of care gaps (document)
  - Place order for labs, vaccines, and other screenings needed

## Second (in-person) visit

- Cover elements not able to cover in the telehealth visit
- Can cover:
  - Vaccines
  - Closing gaps in care
  - Physical exam components
  - Testing (e.g., urine)
  - Other age-appropriate screenings (e.g., hearing vision, hemoglobin, lead capillary, or lab order)

# Telehealth Billing & Reimbursement

You may bill SCFHP for any covered benefits or services using the appropriate CPT or HCPCS codes, using Place of Service code “02”, which indicates that services were provided or received through a telecommunications system and using one of the following modifiers:

- For services or benefits provided via synchronous, interactive audio, and telecommunications systems, bill with modifier 95.
- For services or benefits provided via asynchronous store and forward telecommunications systems, bill with modifier GQ.

This applies to all providers including Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Indian Health Services – Memorandum of Agreement (IHS-MOA) 638 Clinics.

## Telehealth Billing & Reimbursement – continued

Other virtual/telephonic communication:

Medi-Cal providers may be reimbursed using the HCPCS codes G2010 and G2012 for brief virtual communications.

- HCPCS code G2010: Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 hours, not originating from a related evaluation and management (E/M) service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment.

- o Medi-Cal Fee-For-Service Rate: \$10.87

- HCPCS code G2012: Brief communication technology-based service, e.g., virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related E/M service provided within the previous 7 days nor leading to an E/M service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion. G2012 can be billed when the virtual communication occurred via a telephone call.

- o Medi-Cal Fee For Service Rate: \$12.48

## Telehealth Billing & Reimbursement – continued

- In addition, CPT code 99451 (inter-professional telephone/Internet/electronic health record assessment and management service provided by a consultative physician) is reimbursable for e-consults.

# Resources

[Santa Clara Family Health Plan Website: scfhp.com](https://www.scfhp.com)

## I. Provider Resources:

- [Provider memos](#)
  - [Provider memo: telehealth reimbursement \(3/27/2020\)](#)
- [Tip sheets](#)
  - [Preventive medicine services via telehealth tip sheet](#)
  - [HEDIS measure changes 2020-2021](#)

## II. Quality Improvement Program

- [HEDIS 2020 coding booklet](#)
- [Provider Performance Program \(PPP\) 2020 technical specifications](#)

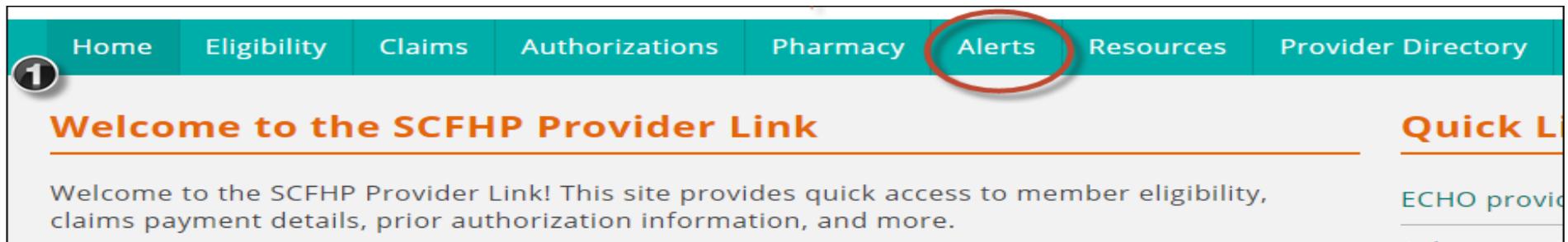
OR

[Email our Provider Performance Program Managers: ProviderPerformance@scfhp.com](mailto:ProviderPerformance@scfhp.com)

Thank you for providing care to SCFHP members!

# Provider Portal

## Accessing Provider Performance Program Report Cards/Gaps in Care



1

Home Eligibility Claims Authorizations Pharmacy Alerts Resources Provider Directory

**Welcome to the SCFHP Provider Link**

Welcome to the SCFHP Provider Link! This site provides quick access to member eligibility, claims payment details, prior authorization information, and more.

Quick Links

ECHO provider



2

Home Eligibility Claims Authorizations Pharmacy Alerts Resources Provider Directory

**Your Action Items**

[Click here for your Action Items](#)

**Gaps in Care Report**

**Your Report Card**

Check your progress on SCFHP-identified initiatives

[Click here for your Report Cards](#)

**Provider Performance Program**

**Your Member Roster**

See a list of members assigned to your TIN and their eligibility information

[Click here for your Member Roster](#)



**Santa Clara Family  
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Questions?

## JANUARY

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## APRIL

S	M	T	W	T	F	S
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18	19	20	21	22	23	24
25	26	27	28	29	30	

## JULY

S	M	T	W	T	F	S
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4	5	6	7	8	9	10
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18	19	20	21	22	23	24
25	26	27	28	29	30	31

## OCTOBER

S	M	T	W	T	F	S
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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## FEBRUARY

S	M	T	W	T	F	S
	1	2	3	4	5	6
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14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

## MAY

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

## AUGUST

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## NOVEMBER

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

## MARCH

S	M	T	W	T	F	S
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7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

## JUNE

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

## SEPTEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

## DECEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Governing Board 12:00pm – 2:30pm	Quality Improvement Committee 6:00pm – 8:00pm
March 25	February 9
June 24	April 14
September 23	June 9
December 16	August 11
Executive/Finance Committee 11:30am – 1:30pm	October 13
	December 8
	Utilization Management Committee 6:00pm – 8:00pm
January 28	
February 25	
April 22	January 20
May 27	April 21
July 22	July 21
August 26	October 20
October 28	Credentialing Committee 12:15pm – 1:30pm
November 18	
Compliance Committee 1:30pm – 3:30pm	February 3
	April 7
February 25	June 2
May 27	August 4
August 26	October 6
November 18	December 1
Provider Advisory Council 12:15pm – 1:45 pm	Pharmacy & Therapeutics Committee 6:00pm-8:00pm
	March 18
February 10	June 17
May 12	September 16
August 10	December 16
November 10	
Consumer Advisory Committee (Medi-Cal) 6:00pm – 7:00pm	Consumer Advisory Board (CMC) 11:30am – 1:00pm
	March 4
March 9	June 3
June 8	September 2
September 14	September 2
December 14	December 2