

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

Tuesday, June 14, 2022, 6:00 PM – 8:00 PM  
Santa Clara Family Health Plan  
6201 San Ignacio Ave, San Jose, CA 95119

## **MINUTES - APPROVED**

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### **Members Present**

Ria Paul, MD, Chair  
Ali Alkoraishi MD  
Jennifer Foreman, MD  
Jimmy Lin, MD  
Laurie Nakahira, D.O., Chief  
Medical Officer  
Christine Tomcala, Chief  
Executive Officer

Geriatrics  
Adult & Child Psychiatry  
Pediatrics  
Pediatrics  
Internist

### **Staff Present**

Chris Turner, Chief Operations Officer  
Tyler Haskell, Interim Compliance Officer  
Jessica Bautista, Manager, Community Base  
Case Management  
Lucille Baxter, Manager, Quality & Health  
Education  
Charla Bryant, Manager, Clinical Quality &  
Safety  
Shawna Cagle, Manager, Case Management  
Janet Gambatese, Director, Provider Network  
Operations  
Karen Fadley, Manager, Provider Data,  
Credentialing and Reporting  
Mauro Oliveira, Manager, Grievance and  
Appeals  
Robert Scrase, Manager, Process Improvement  
Claudia Graciano, Manager, Provider Access  
Program Manager  
Amber Tran, Project Manager, Process  
Improvement  
Robyn Esparza, Administrative Assistant

### **Members Absent**

Nayyara Dawood, MD

### **1. Roll Call – Dr. Paul**

Ria Paul, MD, Chair, called the meeting to order at 6:04 pm. Roll call was taken and a quorum was established.

### **2. Public Comment**

There were no public comments

### **3. Meeting Minutes**

Meeting minutes of the 04/12/2022 Quality Improvement Committee (QIC) meeting were reviewed.

**It was moved, seconded, and** the minutes of the 04/12/2022 QIC meeting were **unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Alkoraishi

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

**Absent:** Dr. Dawood

#### 4. Chief Executive Officer (CEO) Update

Christine Tomcala, Chief Executive Officer, acknowledged Ms. Lucille Baxter, Manager, Quality & Health Education, and all the cross-functional teams working on HEDIS. The Plan's Medi-Cal (MC) HEDIS goal was exceeded through the diligent efforts of all.

#### 5. Cal MediConnect (CMC) Cultural & Linguistics (C&L) Provider Assessment

Claudia Graciano, Manager, Provider Access Program Manager, provided a review of the Assessment of Member Cultural and Linguistic Needs and Preferences.

**It was moved, seconded, and the CMC C&L Provider Assessment was unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Alkoraishi

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

**Absent:** Dr. Dawood

#### 6. CMC Population Health Assessment (PHA) 2022

Lucille Baxter, Manager, Quality & Health Education, provided a review of CMC PHA 2022.

**It was moved, seconded, and the CMC PHA 2022 was unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Foreman

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

**Absent:** Dr. Dawood

#### 7. CMC Population Health Management (PHM) Impact Analysis Report 2021

Shawna Cagle, Manager, Case Management, provided a review of CMC PHM Impact Analysis Report 2021. The Case Management (CM) team conducts a comprehensive annual analysis of the impact of its PHM program strategy and the focus area goals, including: Keeping members healthy, managing members with emerging risk, managing multiple chronic illnesses, Patient Safety or outcomes across setting, and Member experience with PHM program.

**It was moved, seconded, and the CMC PHM Impact Analysis Report 2021 was unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Foreman

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

**Absent:** Dr. Dawood

#### 8. CMC and Medi-Cal (MC) PHM Strategy 2022

Ms. Cagle provided a review of CMC and MC PHM Strategy 2022. The PHM Strategy is a document that is reviewed every year and updated, as necessary. The PHM Strategy is based on the PHM Impact Analysis Report, as well as the PHA and serves as a guide to the CM program.

**It was moved, seconded, and the CMC and MC PHM Strategy 2022 was unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Alkoraishi

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

**Absent:** Dr. Dawood

#### 9. Compliance Report

Tyler Haskell, Director, Government Relations, presented the Compliance Report. He noted the following: With regard to the Medicare Data Validation Audit, Mr. Haskell noted, The Plan is currently undergoing the annual Medicare data validation audit. SCFHP engaged Advent Advisory Group to complete a validation of various reports to CMS for calendar year 2021 operational activities. The audit validates data submitted for the Part D program, specifically for Appeals, Grievances, Coverage Determinations, Medication Therapy Management, and Improving Drug Utilization Review Controls. Advent's team conducted a virtual interview in April to review our reporting

process and is currently reviewing our source documentation. Advent will be submitting final results to CMS by the end of July.

With regard to the Department of Managed Health Care (DMHC) Routine Audit, Mr. Haskell noted The Plan recently received notice of a routine DMHC survey to be held in October, covering the overall performance of the Plan. DMHC has requested certain documents be submitted in June. Compliance is leading the preparation and document response in advance of the audit.

With regard to the Department of Managed Health Care (DMHC) Triennial Financial Audit, Mr. Haskell noted the Plan will begin a financial audit conducted by DMHC on June 13. This audit occurs every three years and examines the financial health and sustainability of the health plan, including cash, investments, liabilities, billing processes, claims data, and provider disputes. Finance has taken the lead in responding to document requests from DMHC.

## 10. Activities and Resources Grid

Ms. Cagle provided a review of the Activities and Resources Grid. Ms. Cagle highlighted some of the populations and needs identified in the Population Health Assessment and how SCFHP is addressing those populations and their needs. Needs and/or populations identified included financial insecurity, languages barriers, admission for sepsis, members with multiple uncontrolled chronic conditions, and comprehensive diabetes care.

**It was moved, seconded, and the Activities and Resources Grid was unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Alkoraishi

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

**Absent:** Dr. Dawood

## 11. Annual Review of QI Policies

Ms. Baxter reviewed policy QI.08. Dr. Nakahira reviewed policy QI.20 and QI.22. Ms. Bautista reviewed policy QI.33.

- a. QI.08 Cultural and Linguistically Competent Services
- b. QI.20 Information Sharing with San Andreas Regional Center (SARC)
- c. QI.22 Early Start Program (Early Intervention Services)
- d. QI.33 Enhanced Care Management (ECM) Denial and Disenrollment Policy

**It was moved, seconded, and the QI policies QI.08, QI.20, QI.22, and QI.33 were unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Foreman

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

**Absent:** Dr. Dawood

## 12. Grievance & Appeals (G&A) Report Q1 2022

Mauro Oliveira, Manager, Grievance and Appeals, reviewed the G&A Report Q1 2022.

**It was moved, seconded, and the G&A Report Q1 2022 was unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Foreman

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

**Absent:** Dr. Dawood

## 13. Quality Dashboard

Ms. Baxter provided a review of the Quality Dashboard for April & May 2022, including outcomes of Outreach Call Campaign, Initial Health Assessment (IHA), Facility Site Review (FSR), Potential Quality of Care Issues (PQI) and QNXT Gaps in Care Alerts.

#### 14. Utilization Management Committee (UMC)

Dr. Jimmy Lin reviewed the 04/20/2022 UMC draft meeting minutes.

**It was moved, seconded, and** the 04/20/2022 UMC draft meeting minutes were **unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Alkoraishi

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

**Absent:** Dr. Dawood

#### 15. Consumer Advisory Board (CAB)

Dr. Laurie Nakahira, D.O., Chief Medical Officer (CMO), reviewed the 06/02/2022 CAB Committee draft meeting minutes.

**It was moved, seconded, and** the 06/02/2022 CAB draft meeting minutes were **unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Paul

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

**Absent:** Dr. Dawood

#### 16. Credentialing Committee Report

Dr. Nakahira reviewed the 04/06/2022 Credentialing Committee Report.

**It was moved, seconded, and** the 04/06/2022 Credentialing Committee Report was **unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Paul

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

**Absent:** Dr. Dawood

#### 17. Adjournment

The meeting adjourned at 7:30 p.m. The next QIC meeting will be held on August 9, 2022.

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Ria Paul, MD, Chair

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Date