

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

Wednesday, November 10, 2021, 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: 823 7515 5286
 Passcode: PACNov10
 URL: Join Zoom Meeting: <https://us06web.zoom.us/j/82375155286>

AGENDA

1. Roll Call / Establish Quorum Introduction of New Council Members: <ul style="list-style-type: none"> Ghislaine Guez, MD Jack Pollack, MD 	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 August 10, 2021 Provider Advisory Council Meeting. Possible Action: Approve meeting minutes of the August 10, 2021 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	5 min
5. Pharmacy <ol style="list-style-type: none"> Review and discuss the current drug reports Pharmacy updates 	Dr. Huynh	12:35	10 min
6. Utilization Management <ol style="list-style-type: none"> UM Updates Discuss the new Major Organ Transplant (MOT) carve-in benefit 	Dr. Huynh	12:45	15 min

7. Quality Cal MediConnect CAHPS Survey Results 2021	Dr. Liu	1:00	20 min
8. Provider Network Operations a. Discuss the Quality Provider Bonus b. Discuss SCFHP's objective regarding provider satisfaction	Ms. Gambatese	1:20	10 min
9. Old Business			
10. New Business a. Discuss the 2022 Meeting Calendar b. Discuss Enhanced Care Management (ECM)/Community Support (CS)	Ms. Gambatese Ms. Bautista / Ms. Bell	1:30 1:40	5 min 10 min
11. Discussion/Recommendations	All	1:45	5 min
12. Adjournment	Dr. Padua, Chair	1:50	

Next Meeting: Wednesday, February 9, 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.

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Tuesday, August 10, 2021, 12:15 PM – 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
Sherri Sager, Board Member
Clara Adams, LCSW
Pedro Alvarez, MD
Dolly Goel, MD
Michael Griffis, MD
Bridget Harrison, MD
Jimmy Lin, MD
David Mineta, CEO, Momentum for Health
Peter L. Nguyen, DO

Members Absent

Meg Tabaka, MD

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
Lucille Baxter, Manager, Quality & Health Education
Brandon Engelbert, Manager, Provider Network
Operations
Stephanie Vielma, Provider Performance Program
Manager
Rita Zambrano, Executive Assistant

Others Present

Angela Chen, Manager, Utilization Management
Natalie McKelvey, Manager, Behavioral Health
Neha Patel, Quality Improvement Registered Nurse

1. Roll Call / Establish Quorum

Thad Padua, MD, Chair, call the meeting to order at 12:27 pm. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Meeting Minutes

The minutes of the May 12, 2021 Provider Advisory Council (PAC) meeting were reviewed.

It was moved, seconded, and the May 12, 2021 Provider Advisory Council minutes were unanimously approved.

Motion: Mr. Mineta

Second: Dr. Lin

Ayes: Ms. Adams, Dr. Alvarez, Dr. Goel, Dr. Griffis, Dr. Harrison, Dr. Lin, Mr. Mineta, Dr. Nguyen,
Dr. Padua, Ms. Sager

Absent: Dr. Tabaka

4. Chief Executive Officer Update

Christine Tomcala, Chief Executive Officer, presented the August 2021 Enrollment Summary, noting a total enrollment of 285,472 with 10,245 members in Cal Medi-Connect and 275,227 Medi-Cal members. Ms. Tomcala

reported that SCFHP has been selected to participate in the Disparities Leadership Program run by Massachusetts General Hospital, noting that Ngoc Bui-Tong, Vice President, Strategies and Analytics, and Johanna Liu, Director, Quality and Process Improvement, will represent SCFHP, focusing on a project to address comprehensive diabetes care in the Hispanic population. She noted that participating in this program allows us to learn and bring ideas back to our community.

5. Pharmacy

- a. Dang Huynh, PharmD, Director, Pharmacy & Utilization Management highlighted the Top 10 Drugs by Therapeutic Prior Authorizations (PAs) for reporting period April 1, 2021 – June 30, 2021. Dr. Huynh noted that the PA volume for the Medi-Cal line of business increased by roughly 200 from last quarter. PAs for the Cal MediConnect line of business increased slightly by about 100. The drugs requested for PA were similar to the previous quarter.

Dr. Huynh presented the 2021 Q2 Top 10 Drugs by Total Cost and noted an increase in total cost from the previous quarter for Medi-Cal. He acknowledged the increase was due to a mix of various drugs in terms of utilization. In the Cal MediConnect line of business, there was an approximate \$400,000 increase in total cost due to diabetes medications and noted there was also an increase in claims.

Dr. Huynh discussed biosimilars and interchangeability rules for biosimilars.

- b. Dr. Huynh discussed the 90-day supply prescription benefit. He also noted that the plan will be working with pharmacy partners on the Medi-Cal Rx carve-out to assist with member transition for mail order and specialty drugs. SCFHP will also be working with SortPak to provide individual dosing packets at no additional cost to help members with complex medication regimens. The plan is drafting communications to providers and members to explain 90-day supply prescriptions, availability of prepackaged medication doses, and the mail order process.

6. Utilization Management (UM)

Dang Huynh, PharmD, Director, Pharmacy & Utilization Management discussed the plans identification of Hispanic and Spanish-speaking members with a high A1C and is working with a DME vendor to send a Spanish-speaking glucose meter to monitor their blood glucose and potentially help lower their A1C. Dr. Huynh stated that he would bring more information at the next meeting.

7. Quality

- a. Johanna Liu, PharmD, Director, Quality and Process Improvement, presented the HEDIS MY 2020 results, noting the Plan's challenges due to the effects of the pandemic. There was limited staff, no on-site visits at provider offices, limited remote electronic medical record (EMR) access, and provider offices were slow to respond to medical record requests or we received no response. She spoke to the achievements noting the last-minute push to bring Post-partum care and Weight Assessment BMI percentile measures to percentile goal. A 95% retrieval rate was achieved with the medical record retrieval vendor. The HEDIS team reviewed over 7,000 charts to ensure vendor accuracy of abstraction. All medical record review milestones were ahead of the scheduled timeline.

Dr. Liu showed a comprehensive overview of all the Medi-Cal measures in which we were held to the minimum performance level (MPL). We did not meet MPL for controlling high blood pressure, cervical cancer screening, chlamydia screening, and diabetes screening for people with schizophrenia who are using antipsychotic medications. She stated that the belief is that the pandemic had a significant impact on the measures below the 50% percentile.

Dr. Liu reviewed the Medi-Cal Auto-Assignment measures where you can see a decrease in performance across the measures compared to CY2019.

Dr. Liu reviewed our Medi-Cal performance trend using the new point system created to assess our performance. Measures at or above the 90th percentile receives 4 points; the 75th percentile receives 3; the 50th percentile receives 2; the 25th gets 1, and below the 25th, they receive 0. We ended CY2020 with an average point value 2.24.

Dr. Liu reviewed the Medicare Star Rating measures. Select Medicare measure performance contributes to the Star Rating system. She explained that it is the system CMS uses to measure how well Medicare plans perform. Ratings range from one to five stars, with five being the highest score. She highlighted the few measures that have low Star ratings.

Dr. Liu presented the CMC Quality Withhold Measures including, Controlling Blood Pressure (CBP) Plan All-Cause Readmission (PCR) and Follow up After Hospitalization for Mental Illness – 30 day follow up (FUH-30) in which the same downward trend was shown.

Dr. Liu reported the current interventions provided for members. We send newsletter articles, incentive mailing, gaps in care inbound reminders, on-hold messaging, and outreach calls by bilingual staff. She noted interventions for Providers, fax memos, provider e-news, provider performance program, gaps in care lists, and report cards in the provider portal.

She noted additional interventions for groups with more significant gaps, targeting provider education to all networks that perform below the MPL, and collaboration on interventions. Additionally, we are targeting Ethnicity language spoken, and age members with phone outreach by bilingual staff, conduct an interview and best practices literature search to determine other root causes, and HEDIS medical record review and identify root causes for member noncompliance.

- b. Lucille Baxter, Quality and Health Education Manager, presented the Member Incentives for 2021 and provided link, <https://www.scfhp.com/for-members/wellness-rewards/>, to well-child/adolescent visits, well-woman screenings, diabetes care, and both prenatal and postpartum pregnancy visits. Ms. Baxter presented the SCFHI landing page noting the gift card redemptions options for members.

Ms. Baxter reviewed the diabetes self-management education (DSME), noting the group code (G0109) and individual code (G0109), which provides up to 10 hours of diabetes-related training within the 12 months following the submission of the first claim. Lastly, Ms. Baxter presented the medical nutrition therapy (MNT), noting the CPT codes and descriptions for 97802, 97803, and 97804. Both services require a referral by a physician provider or a qualified non-physician provider. MNT has to be rendered by a Registered Nurse.

8. Provider Network Operations Updates

Stephanie Vielma, Provider Performance Program Manager, presented the 2021 Provider Performance Program (PPP) update noting we continue to provide education & training, enhanced provider engagement in practice improvement, and retrieval of supplemental data file submissions. She stated how to improve the PPP rates and provided several resources:

Quality Improvement Program: <https://www.scfhp.com/for-providers/quality-improvement-program/>

Provider Performance Program Guide: <https://res.cloudinary.com/dpmkpsih/image/upload/santa-clara-site-299/media/6cffb3e6867b462f86c069bc37264a4f/ppp-program-guidepdf.pdf>

And to watch the Provider Performance Program training <https://vimeo.com/568652557>

Questions email: ProviderPerformance@scfhp.com

9. Old Business

There was no old business.

10. New Business

Dr. Nakahira presented Array, the newly contracted Medi-Cal telehealth provider, for mild to moderate behavioral health treatment as of August 1, 2021, noting Array's three types of services: Psychiatric Assessments, Medication Management, and Talk Therapy. Array serves the mild to moderate behavioral health treatment, serves ages five years and older who are currently in crisis and suicidal, and no prior authorization requests are required. Array also provides initial medication management, follow-up medication management, initial therapy, and follow-up therapy. Ms. Baxter pointed out that clinicians include adult psychiatrists, child and adolescent psychiatrists, psychiatric nurse practitioners, licensed therapists, counselors, and social workers. She provided the care navigator operating hours and contact information, the online appointment link, www.arraybc.com/patients, and the SCFHP case management phone number (877) 590-8999.

11. Discussion/Recommendations

There were no further discussions and /or recommendations.

12. Adjournment

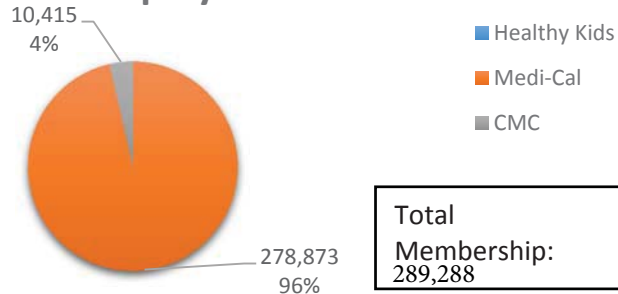
The meeting was adjourned at 1:54 pm.

Dr. Thad Padua, Chair

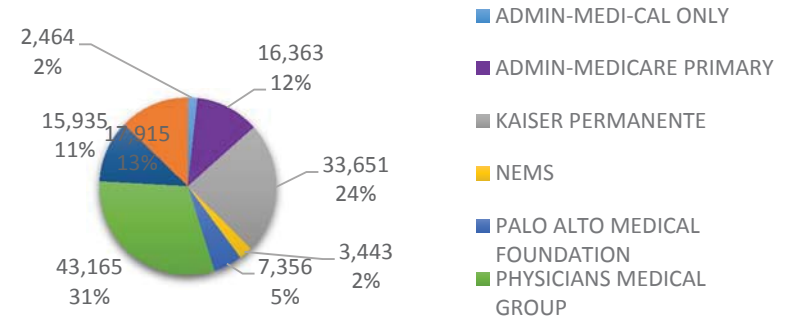
Date

ENROLLMENT SUMMARY
Nov. 2021

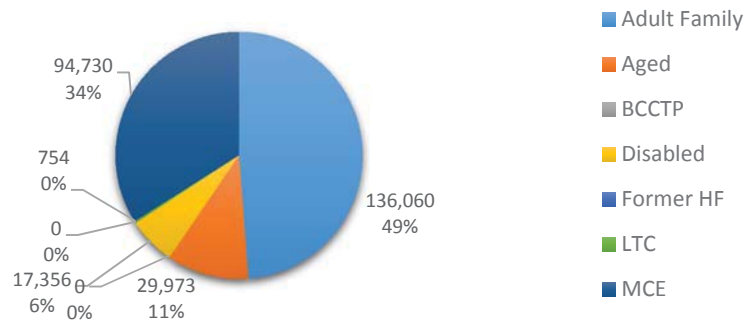
Membership by Line of Business



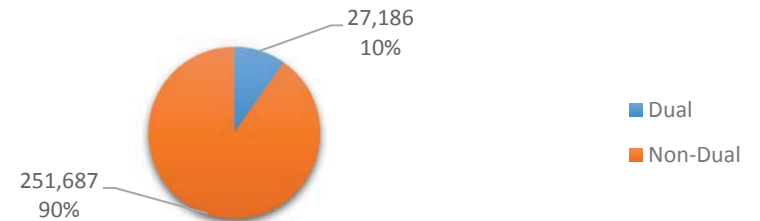
Medi-Cal Membership by Network



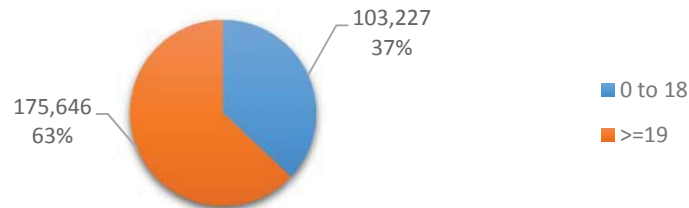
Medi-Cal Membership by Aid Category



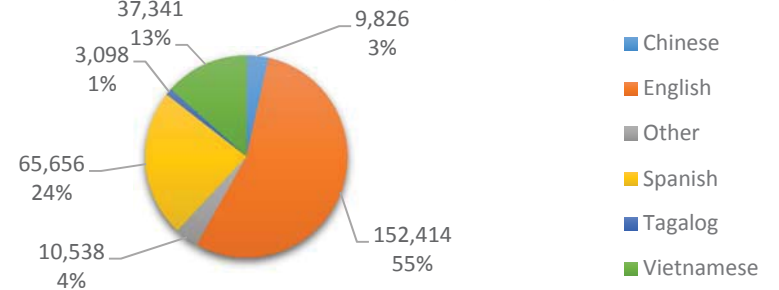
Medi-Cal Membership by Dual Status



Medi-Cal Membership by Age Group



Medi-Cal Membership by Language



Medi-Cal Membership by Age Group and Network
Nov. 2021

Age Group	SCFHP Direct	VHP	Kaiser	PAMF	PMG	Premier Care	Admin-Medicare		NEMS	Total	%
							Primary	Admin-Medi-Cal Only			
0 to 6	1,673	13,678	4,463	529	5,594	948	297		249	27,431	9.8%
18 to 34	5,318	39,336	8,413	1,507	9,845	3,884	794	233	820	70,150	25.2%
35 to 44	1,767	13,327	3,029	542	2,964	1,400	253	300	294	23,876	8.6%
45 to 54	1,503	11,550	2,652	581	3,646	2,333	221	440	352	23,278	8.3%
55 to 64	1,502	14,766	2,804	729	4,003	2,714	355	900	494	28,267	10.1%
6 to 17	5,479	32,175	9,453	1,740	15,761	4,034	389		689	69,720	25.0%
65 to 74	318	7,709	1,202	354	872	469	92	6,350	297	17,663	6.3%
75 to 84	285	4,358	1,000	795	384	127	47	5,252	214	12,462	4.5%
>= 85	70	1,682	635	579	96	26	16	2,888	34	6,026	2.2%
Grand Total	17,915	138,581	33,651	7,356	43,165	15,935	2,464	16,363	3,443	278,873	100.0%
Percentage	6.4%	49.7%	12.1%	2.6%	15.5%	5.7%	0.9%	5.9%	1.2%	100.0%	

Santa Clara Family Health Plan

2021 Q3 Top 10 Drugs by Total Cost

Fill date: 7/1/2021 – 9/30/2021

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	HUMIRA PEN 40 MG/0.8 ML	\$2,107,231	\$0.00	\$2,107,231	5.4%	0.0%	326	0.1%	0.0%	\$230.85	\$6,463.90
2	TRULICITY 1.5 MG/0.5 ML PEN	\$1,328,943	\$0.00	\$1,328,947	3.4%	0.0%	1,257	0.3%	0.0%	\$31.30	\$1,057.24
3	FREESTYLE LITE TEST STRIP	\$1,043,290	\$0.00	\$1,043,292	2.7%	0.0%	7,104	1.5%	0.0%	\$2.91	\$146.86
4	JARDIANCE 25 MG TABLET	\$935,015	\$0.00	\$935,016	2.4%	0.0%	928	0.2%	0.0%	\$18.61	\$1,007.56
5	BASAGLAR 100 UNIT/ML KWIKPEN	\$885,313	\$0.00	\$885,313	2.3%	0.0%	3,293	0.7%	0.0%	\$8.04	\$268.85
6	TRULICITY 0.75 MG/0.5 ML PEN	\$852,364	\$0.00	\$852,366	2.2%	0.0%	878	0.2%	0.0%	\$31.89	\$970.80
7	TAGRISSO 80 MG TABLET	\$798,898	\$0.00	\$798,898	2.1%	0.0%	46	0.0%	0.0%	\$578.91	\$17,367.34
8	STELARA 90 MG/ML SYRINGE	\$769,619	\$0.00	\$769,619	2.0%	0.0%	33	0.0%	0.0%	\$456.48	\$23,321.78
9	JARDIANCE 10 MG TABLET	\$733,935	\$0.00	\$733,937	1.9%	0.0%	859	0.2%	0.0%	\$18.75	\$854.41
10	HUMIRA(CF) PEN 40 MG/0.4 ML	\$650,476	\$0.00	\$650,476	1.7%	0.0%	96	0.0%	0.0%	\$241.99	\$6,775.79
Totals for Top 10		\$10,105,083	\$0.00	\$10,105,094	26.1%	0.0%	14,820	3.0%	0.0%	\$15.72	\$681.86
Totals for SAC		\$38,750,090	\$0.00	\$38,750,194	100.0%	22.2%	489,251	100.0%	88.9%	\$2.11	\$79.20

SAC06 – Cal MediConnect

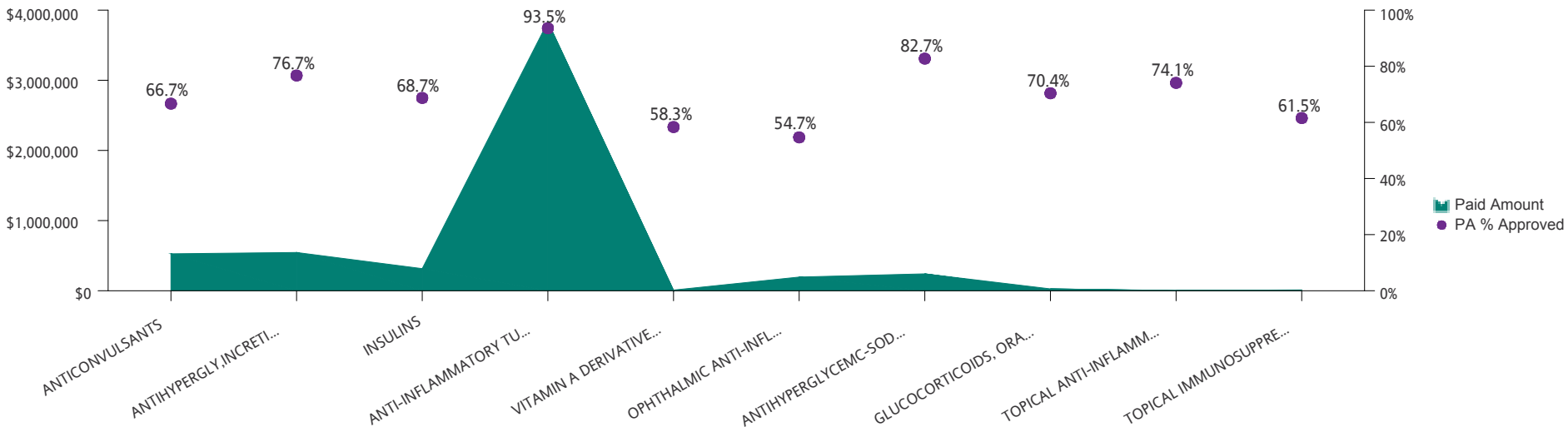
	Drug Category	Total Cost	Patient Paid	Plan Paid	% of Total Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claims	Generic % of Total Claims	Plan Paid / Day	Plan Paid / Claim
1	JANUVIA 100 MG TABLET	\$449,257	\$1,435	\$447,821	3.1%	0.0%	457	0.5%	0.0%	\$15.43	\$979.92
2	BIKTARVY 50-200-25 MG TABLET	\$394,446	\$8	\$394,438	2.7%	0.0%	120	0.1%	0.0%	\$110.18	\$3,286.98
3	TRULICITY 1.5 MG/0.5 ML PEN	\$350,951	\$582	\$350,369	2.4%	0.0%	301	0.3%	0.0%	\$28.53	\$1,164.02
4	INVEGA SUSTENNA 234 MG/1.5 ML	\$332,892	\$24	\$332,868	2.3%	0.0%	109	0.1%	0.0%	\$109.57	\$3,053.83
5	FREESTYLE LITE TEST STRIP	\$330,693	\$0.00	\$330,693	2.3%	0.0%	2,157	2.2%	0.0%	\$2.55	\$153.31
6	HUMIRA PEN 40 MG/0.8 ML	\$289,721	\$23	\$289,698	2.0%	0.0%	42	0.0%	0.0%	\$246.34	\$6,897.56
7	JARDIANCE 25 MG TABLET	\$272,174	\$630	\$271,544	1.9%	0.0%	263	0.3%	0.0%	\$17.10	\$1,032.49
8	JARDIANCE 10 MG TABLET	\$235,373	\$716	\$234,657	1.6%	0.0%	244	0.2%	0.0%	\$17.17	\$961.71
9	RESTASIS 0.05% EYE EMULSION	\$228,384	\$1,060	\$227,324	1.6%	0.0%	309	0.3%	0.0%	\$19.04	\$735.68
10	ELIQUIS 5 MG TABLET	\$214,966	\$778	\$214,188	1.5%	0.0%	333	0.3%	0.0%	\$15.43	\$643.21
Totals for Top 10		\$3,098,855	\$5,255	\$3,093,600	21.5%	0.0%	4,335	4.4%	0.0%	\$13.21	\$713.63
Totals for SAC		\$14,435,401	\$23,508	\$14,411,883	100.0%	10.5%	99,252	100.0%	83.1%	\$2.79	\$145.20

Therapeutic PAs

SAC01 - Medi-Cal

Report Period: 07/01/2021 to 09/30/2021
Comparison Period: 07/01/2020 to 09/30/2020

Top Drug Classes by PA Volume



Top Drugs by PA Volume

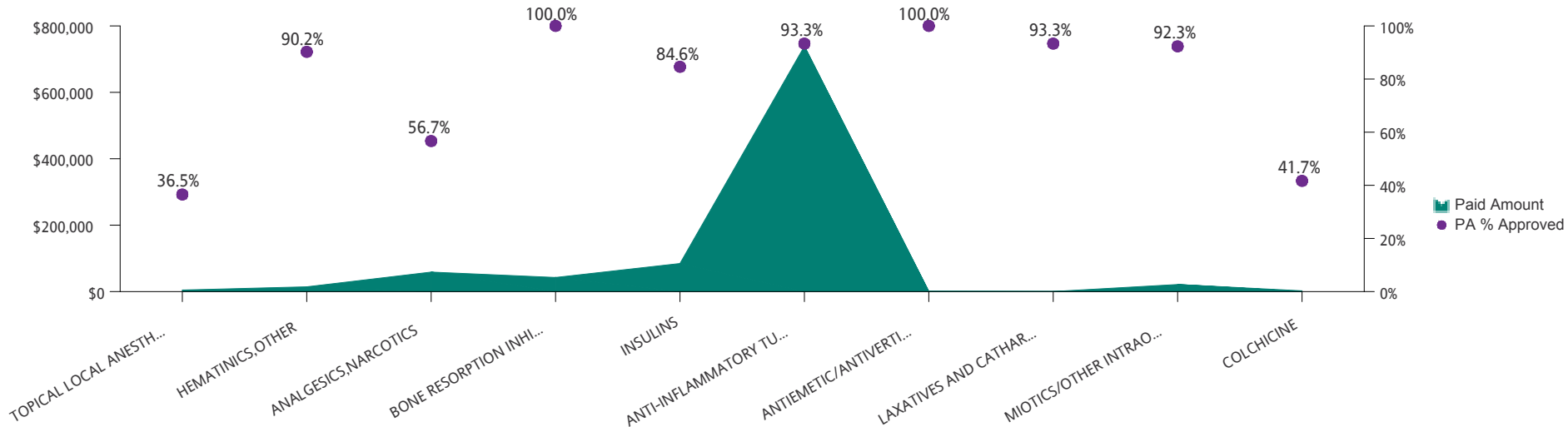
Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per Rx
1	1	TRETINOIN	97	57.7%	83	\$10,996.89	\$132.49
2	7	TRULICITY	88	87.5%	408	\$415,087.87	\$1,017.37
3	2	DICLOFENAC SODIUM	81	72.8%	152	\$2,928.32	\$19.27
4	5	TACROLIMUS	70	67.1%	75	\$9,649.55	\$128.66
5	17	JARDIANCE	61	88.5%	189	\$184,171.33	\$974.45
6	3	RESTASIS	58	55.2%	222	\$141,376.13	\$636.83
7	7	HUMIRA PEN	56	96.4%	298	\$1,886,713.30	\$6,331.25
8	14	FLOVENT HFA	44	75.0%	72	\$16,744.04	\$232.56
9	30	ENTRESTO	39	71.8%	182	\$129,521.60	\$711.66
10	17	ALOGLIPTIN	36	83.3%	85	\$37,072.23	\$436.14
Totals for Top 10			630	74.6%	1,766	\$2,834,261.26	\$1,604.90
Totals for All			3,672	63.2%	9,972	\$19,245,062.64	\$1,929.91

Therapeutic PAs

SAC06 - Cal MediConnect

Report Period: 07/01/2021 to 09/30/2021
Comparison Period: 07/01/2020 to 09/30/2020

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	48	35.4%	39	\$4,560.82	\$116.94
2	11	RETACRIT	36	97.2%	25	\$12,832.12	\$513.28
3	268	PROLIA	29	100.0%	34	\$42,504.86	\$1,250.14
4	5	COLCHICINE	12	41.7%	10	\$1,848.08	\$184.81
5	18	OXYCODONE HCL	9	33.3%	7	\$246.36	\$35.19
6	7	GLIPIZIDE	9	100.0%	29	\$230.95	\$7.96
7	23	ZIOPTAN	8	100.0%	23	\$5,892.20	\$256.18
8	3	TRETINOIN	8	75.0%	4	\$333.94	\$83.48
9	2	HYDROCODONE-ACETAMINOPHEN	8	62.5%	19	\$591.81	\$31.15
10	268	PROMETHAZINE HCL	7	100.0%	1	\$209.19	\$209.19
Totals for Top 10			174	71.3%	191	\$69,250.33	\$362.57
Totals for All			617	69.7%	1,917	\$3,947,590.98	\$2,059.25



**Santa Clara Family
Health Plan™**

Cal MediConnect Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2021 Results

Johanna Liu, Director, Quality and Process Improvement

Byron Lu, Process Improvement Project Manager

Cal MediConnect (CMC) CAHPS 2021

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 stars ratings
- COVID-19 has had a significant impact on CAHPS survey methodology and reporting for 2021



CMC CAHPS 2021

2021 Updates

- Achieved a 33.5% response rate (Highest response rate since CAHPS started in 2016)
 - +4.3 percentage points from 2020 (29.2%)
 - +4.7 percentage points from 2019 (28.8%)
 - 27.4% surveys completed by mail
 - 5.9% surveys completed by phone interview
- CAHPS language was integrated into the Customer Service post call survey and social media platform implemented on March 15, 2021



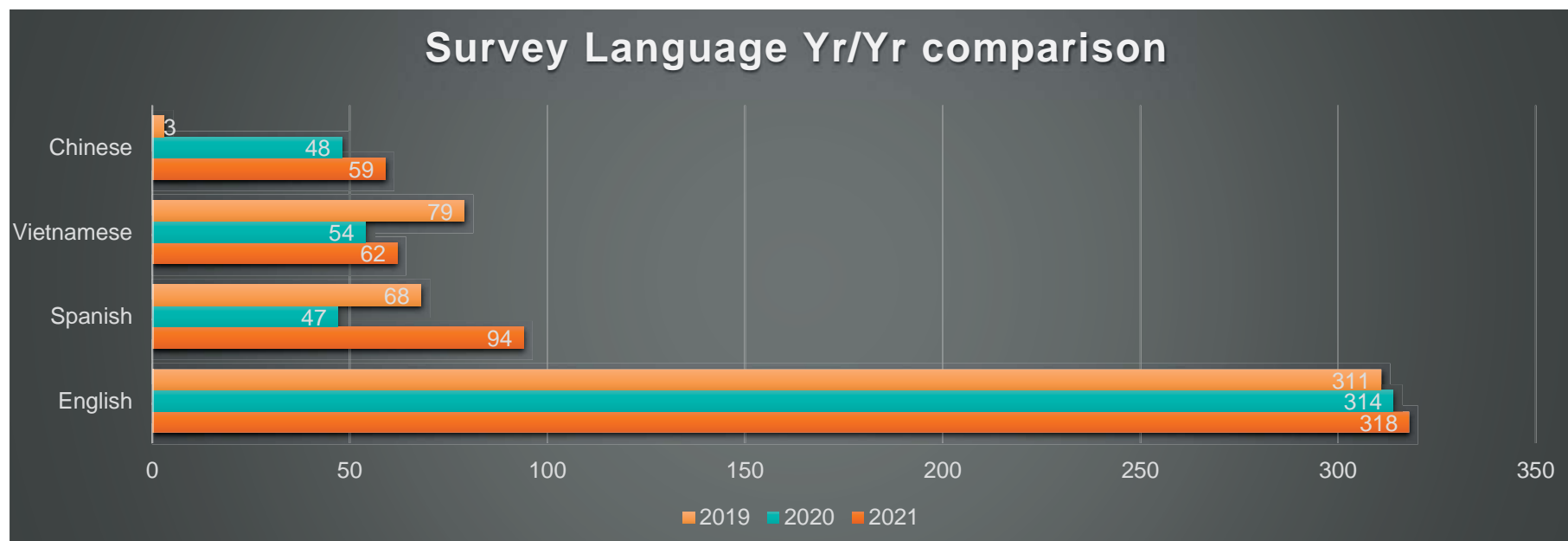
We want to be the best plan possible. You may get a survey in the mail or a phone call from SPH Analytics or Health Services Advisory Group asking you to complete a survey about our plan. Your input is important to help us improve. We're always here to help!



CMC CAHPS 2021

CAHPS Response Rate:

- 2019: 28.8%
- 2020: 29.1%
- 2021: 33.5%



CMC CAHPS 2021

SCFHP's Overall Performance based on SPH benchmark

Top Three Performing Measures

Your contract's percentile rankings for these measures were the highest compared to the 2021 SPH MMP Book of Business.

MEASURE	2021 Valid n	SCALED MEAN SCORE		CHANGE	2019 CMS MMP NATIONAL DATA	GAP	2021 SPH MMP BoB SCALED MEAN SCORE	GAP	SPH MMP BoB PERCENTILE RANKING
		2020	2021						
Getting Needed Prescription Drugs	492	87.6	87.5	-0.1	89.3	-1.8	89.5	-2.0	13 th
Rating of Specialist	228	89.8	86.3	-3.5	88.7	-2.4	88.8	-2.5	12 th
Rating of Health Care	508	83.7	80.9	-2.8	85.3 ▼	-4.4	84.6 ▼	-3.7	6 th

Bottom Three Performing Measures

Your contract's percentile rankings for these measures were the lowest compared to the 2021 SPH MMP Book of Business.

MEASURE	2021 Valid n	SCALED MEAN SCORE		CHANGE	2019 CMS MMP NATIONAL DATA	GAP	2021 SPH MMP BoB SCALED MEAN SCORE	GAP	SPH MMP BoB PERCENTILE RANKING
		2020	2021						
Rating of Drug Plan	510	89.5	86.8	-2.7	87.0	-0.2	90.4 ▼	-3.6	<5 th
Rating of Personal Doctor	326	89.3	87.7	-1.6	90.4	-2.7	90.7	-3.0	<5 th
Coordination of Care	351	80.6	79.5	-1.1	84.8 ▼	-5.3	83.6	-4.1	<5 th

*SPH BoB (Book of Business) includes all MA contracts that conducted surveys with SPH analytics (39 contracts)

CMC CAHPS 2021

Overall Performance: Providers

SCFHP Mean Score					Yr/Yr Change		National MMP Mean Score	CA MMP Mean Score	CA MMP Mean Score	SPH MMP BoB
Category	Description	2019	2020* SPH	2021	19/'21	20/'21	2021	2019	2021	2021
Getting Needed Care	COMPOSITE	3.32	3.18	3.29	↓ (0.03)	↑ 0.11	3.43	3.45	3.37	3.34
Getting Appointments and Care Quickly	COMPOSITE	3.18	3.03	3.24	↑ 0.06	↑ 0.21	3.30	3.33	3.23	3.25
Doctors Who Communicate Well	COMPOSITE	N/A	3.61	N/A	N/A	N/A	3.72	3.73	3.68	3.67
Customer Service	COMPOSITE	3.59	3.56	3.60	↑ 0.01	↑ 0.12	3.68	3.71	3.66	3.66
Care Coordination	COMPOSITE	3.50	3.46	3.56	↑ 0.06	↑ 0.10	3.57	3.57	3.52	3.43

*SPH mean score

N/A indicates that the survey measure doesn't meet reporting criteria for sample size or reliability

Blue: CMS reported scores

Green: Current year performance

White: SPH Analytics reported score

CMC CAHPS 2021

Overall Performance: SCFHP



SCFHP Mean Score					Yr/Yr Change		National MMP Mean Score	CA MMP Mean Score	CA MMP Mean Score	SPH MMP BoB
Category	Description	2019	2020* SPI	2021	19/'21	20/'21	2021	2019	2021	2021
Overall Rating of Health Plan	0-10 scale. 10 (best), 0 (worst)	8.50	8.81	8.60	↑ 0.10	↓ (0.21)	8.80	8.70	8.70	8.87
Overall Rating of Health Care Quality	0-10 scale. 10 (best), 0 (worst)	8.50	8.37	8.40	↓ (0.10)	↑ 0.03	8.70	8.50	8.60	8.47
Overall Rating of Personal Doctor	0-10 scale. 10 (best), 0 (worst)	8.90	8.93	N/A	N/A	N/A	9.10	9.00	9.10	9.07
Overall Rating of Specialist	0-10 scale. 10 (best), 0 (worst)	N/A	8.98	N/A	N/A	N/A	9.00	8.90	9.10	8.88
Getting Needed Prescription Drugs	COMPOSITE	3.61	3.63	3.70	↑ 0.09	↑ 0.07	3.71	3.68	3.69	3.69
Overall Rating of Drug Plan	0-10 scale. 10 (best), 0 (worst)	8.40	8.95	8.40	→ -	↓ (0.55)	8.80	8.70	8.70	9.04

*SPH mean score

N/A indicates that the survey measure doesn't meet reporting criteria for sample size or reliability

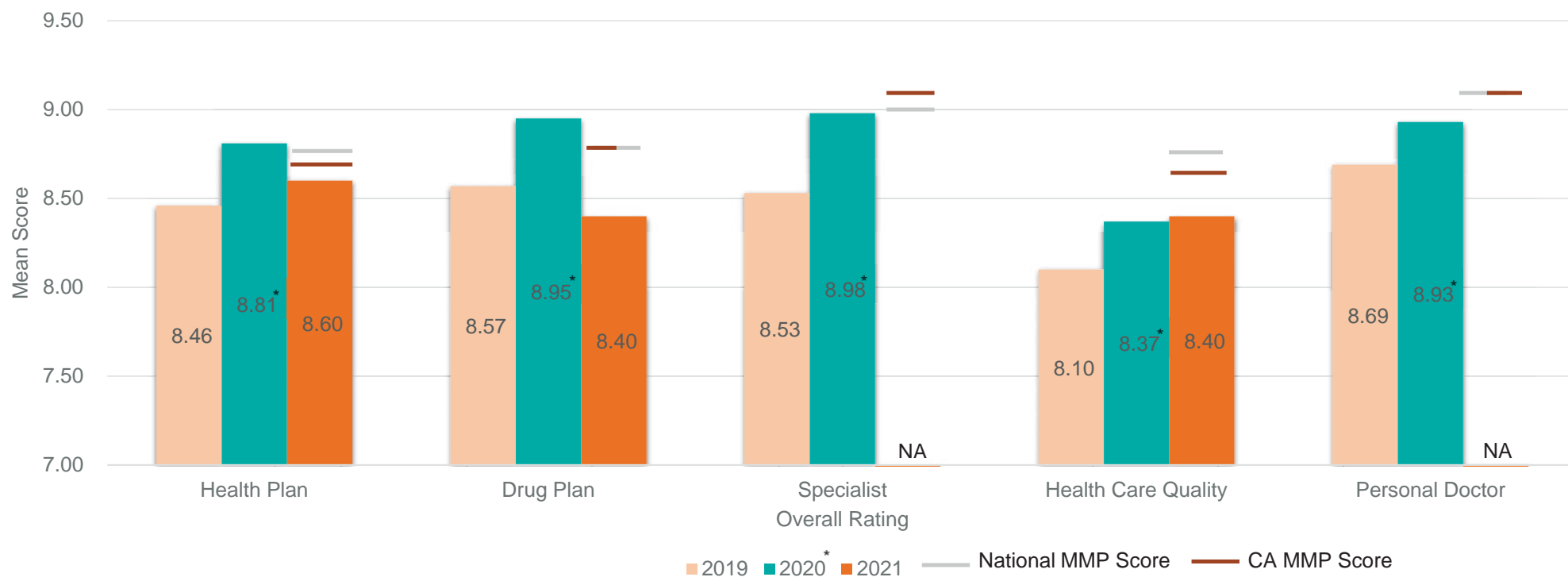
Blue: CMS reported scores

Green: Current year performance

White: SPH Analytics reported score

CMC CAHPS 2021

Overall CAHPS Ratings 2019 to 2021



*SPH mean score

Overall Rating of Specialist and personal doctor are N/A

NA = survey measure doesn't meet reporting criteria for sample size or reliability

CMC CAHPS 2021

Findings by Demographic

Race:

- White/Caucasian CMC members reported significantly higher satisfaction levels for getting needed care and getting care quickly over other reporting race
- Asian CMC members reported significantly highest annual flu vaccine rates

Age:

- CMC members ages 65-74(79%) and 75+ (80%) were significantly more likely to report that they received a flu vaccine over younger members (ages <65, 52%)

Mental/Physical Health:

- Members reporting that they had “Excellent” or “Very Good” mental health had more significantly higher satisfaction levels on rating of health plan, rating of healthcare quality, customer service, care coordination than members reporting “Fair/Poor” physical or mental health

CMC CAHPS 2021

Estimated NCQA Health Insurance Plan Ratings

	2021 Score	Score Definition	Percentile Threshold	2022 SPH Estimated Star Rating
CONSUMER SATISFACTION				1.5
GETTING CARE				1.0
Getting Needed Care	75.9%	Usually + Always	<10th	1.0
Getting Care Quickly	77.4%	Usually + Always	<10th	1.0
SATISFACTION WITH PLAN PHYSICIANS				1.5
Rating of Personal Doctor	68.1%	9 + 10	<10th	1.0
Rating of Specialist	66.7%	9 + 10	10th	2.0
Rating of Health Care	51.2%	9 + 10	<10th	1.0
Coordination of Care	85.4%	Usually + Always	<10th	1.0
SATISFACTION WITH PLAN SERVICES				
Rating of Health Plan	60.6%	9 + 10	33rd	3.0
PREVENTION				
Flu Vaccinations	79.8%	% Yes	67th	4.0
Pneumococcal Vaccination	68.1%	% Yes	10th	2.0
TREATMENT				
Advising Smokers to Quit	64.7%	Sometimes + Usually + Always	<10th	1.0

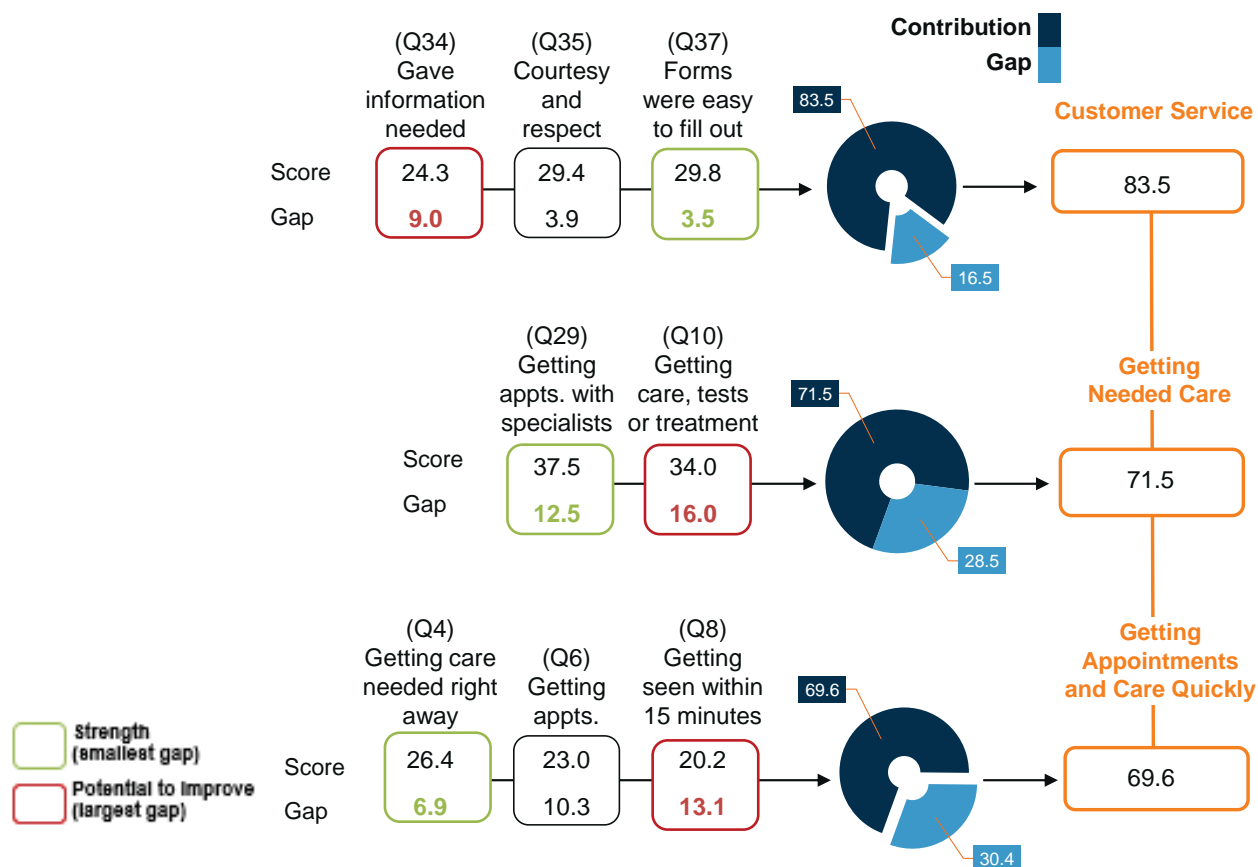
CMC CAHPS 2021

Estimated 2021 CMS Medicare Star Ratings

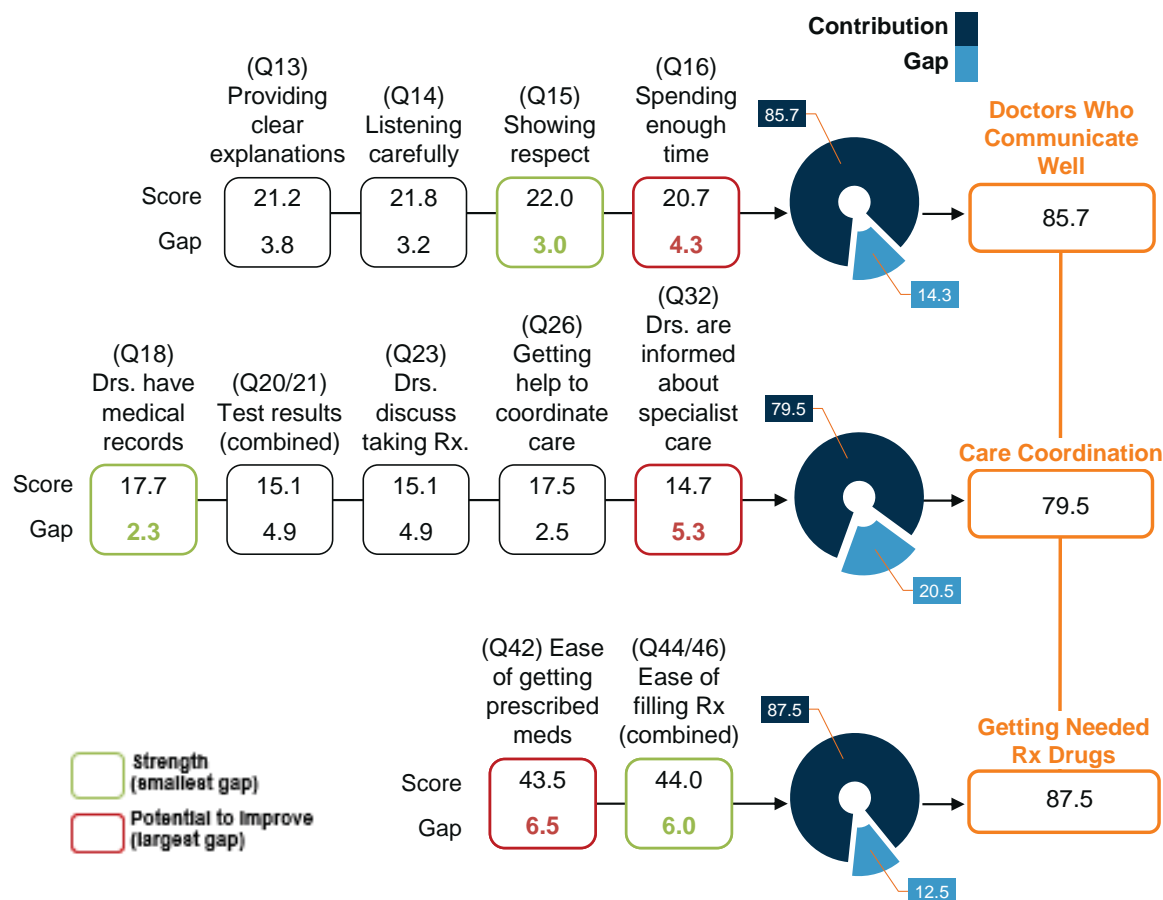
	2021 MAPD SPH BoB Star Cut Points					Unadjusted Score	Estimated Case-Mix Adjusted Score	SPH Estimated 2022 Base Star Rating	SPH Estimated 2022 Final Star Rating
MEASURE NAME	1 Star	2 Stars	3 Stars	4 Stars	5 Stars				
C26 Rating of Health Plan	<85	85	87	88	90	86	86	★★	★★
C25 Rating of Health Care Quality	<86	86	87	88	89	81	85	★	★
C22 Getting Needed Care	<81	81	82	84	85	71	78	★	★
C23 Getting Appointments and Care Quickly	<76	76	78	80	82	70	77	★★	★★
C24 Customer Service	<89	89	90	92	93	83	87	★	★
C27 Care Coordination	<85	85	86	87	88	79	85	★★	VLR*
D07 Rating of Drug Plan	<84	84	86	87	89	87	86	★★★	★★
D08 Getting Needed Prescription Drugs	<90	90	91	92	93	87	91	★★★★	★★★★
C03 Annual Flu Vaccine^	<65	65	69	76	81	76	76	★★★★★	★★★★★

*VLR = Very Low Reliability

Flowchart – Understanding Relative Performance



Flowchart – Understanding Relative Performance



CMC CAHPS 2021

Successful CAHPS Improvement Projects

Customer Service	2019	2020	2021	Note
Q37 Health plan forms easy to fill	3.56	3.64	3.68	Steady improvement since 2020 implementation

2020 AOR Streamline project: Increased process efficiency, reduced backlog and allowed members to resubmit incomplete forms quicker

2021 AOR Supplemental guidance project: Developed for members to have easy visual guidance to complete the AOR form in one attempt

Overall response rate	2019	2020	2021	Note
Increased member awareness of CAHPS survey-Social media campaign	28.8%	29.1%	33.5%	Highest response rate since first CAHPS survey in 2016

Annual comparison score are from SPH Mean Scores

CMC CAHPS 2021

Successful CAHPS Improvement Projects

Getting appoints & care quickly	2019	2020	2021	Note
	3.05	3.03	3.09	Some improvement since implementation

2021 Provider best practice project:

Provider Network Operations (PNO) shared materials and updated provider manual with information on timely access and availability

Customer Service	2019	2020	2021	Note
	3.47	3.56	3.50	Project is currently ongoing

2021 Service recovery project:

Customer Service (CS) team and Provider Network Operations (PNO) meets monthly to review billing issues

Annual comparison score are from SPH Mean Scores

CAHPS 2021

Opportunities for Improvement

Customer Service

- “In the last 6 months, how often did your health plan's customer service give you the information or help you needed?”

Getting Needed Care

- “In the last 6 months, how often was it easy to get the care, tests, or treatment you needed”

Getting Appointments and Care Quickly

- “In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?”

Rating of Healthcare Quality

Getting needed Rx drugs

- In the last 6 months, how often was it easy to use your prescription drug plan to get the medicines your doctor prescribed?
- In the last 6 months, how often was it easy to use your prescription drug plan to fill a prescription at your local pharmacy?

Doctors who communicate well

- In the last 6 months, how often did your personal doctor spend enough time with you?

CAHPS 2021

Next Steps

- Present findings at committees and internal meetings:
 - Provider Advisory Council (PAC)
 - Quality Improvement Committee (QIC)
 - Consumer Advisor Board Meeting (CAB)
 - Timely Access and Availability (TAA) Workgroup
 - Grievance and appeals workgroup
 - Quality and Stars Workgroup
- Continue to develop CAHPS 2022 strategy and work-plan in Nov and Dec 2021
 - Conduct qualitative analyses and identify interventions to address opportunities for improvement
- Collaborate with Marketing to continue 2022 CAHPS campaign promotion and evaluate other opportunities (i.e. utilizing our community resource center (CRC) and social media platforms for outreach)
- Explore option to request CMS to provide CAHPS survey in Tagalog language

CAHPS 2022 Strategy

Next Steps

- Area of focus to collaborate with different departments
- Customer service
 - Customer service retraining/education
- Pharmacy - Drug plan/Rx
 - Evaluate and explore ways to improve member access for Rx information
- Providers
 - Share, report and discuss relative CAHPS health care performance and feedback at with our network providers



Santa Clara Family
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Thank you!



**Santa Clara Family
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Provider Bonus – Provider Network Operations

Janet Gambatese, Director of Provider Network Operations

Provider Bonus CY2021 Announcement

- One-time quality improvement provider bonus
 - Medi-Cal
 - Cal MediConnect
- Eligible providers
 - SCFHP Primary Care Physicians (PCPs)
- Target members assigned to PCP panel
- Service timeframe
 - Care gaps closed between October 1 and December 31, 2021



**Santa Clara Family
Health Plan™**

Questions

RE: Quality Improvement Provider Bonus CY2021 Announcement

Dear SCFHP Provider,

As our community continues to face the challenges of the pandemic, Santa Clara Family Health Plan (SCFHP) would like to support your efforts to provide high quality of care to our Medi-Cal members during calendar year 2021. We invite you to participate in our one-time quality improvement provider bonus.

Eligible providers: SCFHP Primary Care Physicians (PCPs)

Target members: SCFHP Medi-Cal members assigned to your PCP panel

Program description:

- Earn a quality bonus for each of the following care gaps closed between October 1 and December 31, 2021.
- Submit a claim with the appropriate coding for the measures below.
- If the work was performed by ancillary providers, a claim must be submitted by the ancillary provider with the appropriate codes.
- Payments will be calculated beginning February 1, 2022 to allow for claim submission and paid to the organizational Tax Identification Number associated with the provider. The manner by which a provider receives applicable payments is determined by how they are contracted with SCFHP—direct contracts receive payment directly from SCFHP and delegated relationships from their applicable delegates. Calculation will continue for all services rendered during the period. Payments will be made monthly for all qualifying services submitted by March 31, 2022.
- Some of the measures may also qualify for Provider Performance Program and Proposition 56 payments and are noted. Eligibility rules for each program apply. Measures where members would also qualify for an incentive are also noted. Therefore, both providers and members are given a bonus for closing a given gap.

Measures	Services to be completed by 12/31/2021	Strategies for gap closure	Provider Bonus	Member Incentive
Breast Cancer Screening	Mammogram (Claims submitted by radiology center)	<ul style="list-style-type: none"> • Generate a doctor's order for the service • Contact the member and help schedule the mammogram appointment • Contact the member to remind and/or ensure the visit is completed by end of the year (2021) 	\$25	\$15*
Cervical Cancer Screening	Pap smear & HrHPV test	<ul style="list-style-type: none"> • If not within PCP scope, generate a referral to OBGYN for the service • Contact the member and help schedule the appointment • Contact the member to remind and/or ensure the visit is completed 	\$25 +Supports PPP scores	\$15*
Chlamydia Screening	Urine test or swab for chlamydia	<ul style="list-style-type: none"> • Call member to come in for the test 	\$25 +Supports PPP scores	\$50
Blood Lead Screening	Blood lead test (0-2 years old)	<ul style="list-style-type: none"> • Generate a doctor's order for the service • Contact the member to go to the lab to give the blood sample • Contact the member to remind and/or ensure the lab visit is completed 	\$25 +Prop 56 \$25	\$30*

Measures	Services to be completed by 12/31/2021	Strategies for gap closure	Provider Bonus	Member Incentive
HbA1c testing for Diabetes	A1C test	<ul style="list-style-type: none"> • Generate a doctor's order for the service • Contact the member to go to the clinic or lab to give the blood sample • Contact the member to remind and/or ensure the lab visit is completed • If PCP is performing A1C test, <i>CPT: 83036, 83037</i> and A1C result <7 – <i>3044F</i> A1C result >9 – <i>3046F</i> A1C result $\geq 7 \leq 8$ – <i>3051F</i> A1C result $\geq 8 \leq 9$ – <i>3052F</i> 	\$25 +Supports PPP + Prop 56 (\$80 for controlled)	\$20
Missing one Well Child Visit for aged 0 – 30 months	Well visit	<ul style="list-style-type: none"> • Schedule telehealth and submit all appropriate codes for well visit 	\$25 +Supports PPP + Prop 56 (Physician \$27-\$83; VBP \$70)	\$30*
Adolescent/ Child Visit	Well visit	<ul style="list-style-type: none"> • Schedule telehealth and submit all appropriate codes on the claim: <ol style="list-style-type: none"> a. Evaluation and Management code b. BMI percentile <i>CPT: Z68.51, Z68.52, Z68.53, Z68.54</i> c. Counseling on Nutrition <i>CPT: Z71.3</i> d. Counseling on Physical Activity <i>CPT: Z71.82</i> 	\$50 +Supports PPP scores + Prop 56 (Physician \$27-\$83; VBP \$70)	

Instructions:

1. Review Member Care Gap List on SCFHP Provider Link at www.providerportal.scfhp.com or email ProviderServices@scfhp.com for assistance in obtaining your list.
2. Conduct outreach to members on Member Care Gap List.
3. Schedule appointment with your eligible patients (face to face or telehealth). If members need transportation services to close the above gaps, please contact SCFHP Customer Service at **1-800-260-2055**.
4. For ancillary tests such as HbA1c, blood lead, chlamydia screening, create an order form, call patients to inform them where to complete the test (in your office or lab), and ensure members complete the test by December 31, 2021.
5. Address care gaps during appointment.
TIP: Member can complete lab test(s) prior to appointment. Discuss results during appointment.
6. Submit appropriate claims and CPT codes by March 31, 2022.

We appreciate your support to close gaps in care and improve health care quality for SCFHP members. If you have any questions regarding this information, please contact us at ProviderServices@scfhp.com.

Sincerely,

Santa Clara Family Health Plan



Member Incentives
2021_Provider V1.2.p

Re: Quality Improvement Provider Bonus CY2021 Announcement

Dear SCFHP Provider;

As our community continues to face the challenges of the pandemic, Santa Clara Family Health Plan (SCFHP) would like to support your efforts to provide high quality of care to our Cal MediConnect members during calendar year 2021. We invite you to participate in our one-time quality improvement provider bonus.

Eligible providers: SCFHP Primary Care Physicians (PCPs)

Target members: Cal MediConnect members assigned to your PCP panel

Service timeframe: 10/1/2021 – 12/30/2021

Program description:

- Earn a quality bonus for each of the following care gaps closed between October 1 and December 31, 2021.
- Submit a claim with the appropriate coding for the measures below.
- If the work was performed by ancillary providers, a claim must be submitted by the ancillary provider with the appropriate codes.
- Payments will be calculated beginning February 1, 2022 to allow for claim submission and paid to the organizational Tax Identification Number associated with the provider. Payments will be made monthly for all qualifying services submitted by March 31, 2022.

Measures	Services to be completed by 12/31/2021	Strategies for gap closure	Provider Bonus
Adult access to health care	One ambulatory or preventive care visit <i>CPT: 99201 – 99215</i> (in-person/telehealth)	<ul style="list-style-type: none"> • Call member and schedule a face to face or telehealth visit • Conduct the visit and submit a claim 	\$50

Measures	Services to be completed by 12/31/2021	Strategies for gap closure	Provider Bonus
Care of Older Adults	<p>Documentation in medical record:</p> <p>a. Advanced directives discussion (Living will, End of life care planning) https://prepareforyourcare.org/advance-directive-state/ca CPT: 99497</p> <p>b. Pain assessment (Pain score & location of pain) CPT: 1125F, 1126F</p> <p>c. Functional status assessment https://www.alz.org/careplanning/downloads/katz-adl.pdf CPT: 1170F</p> <p>d. Medication review (Medication review & medication list) CPT: 90863, 99605, 99606</p>	<ul style="list-style-type: none"> Utilize Annual Wellness Visit Include the Care of Older Adults assessments in telehealth visit 	\$50
Colorectal Cancer Screening	<p>FOBT, Cologuard <i>Received lab claims</i> Colonoscopy previously completed in 2012 - 2021 CPT: 45378 - 45398</p>	<ul style="list-style-type: none"> Call member to remind them until the kit is completed and returned to lab 	\$50
Medication reconciliation Post Discharge	<p>Medication reconciliation within 30 days post hospital discharge CPT: 1111F</p>	<ul style="list-style-type: none"> Upon notification of the member's discharge from the inpatient facility, schedule a follow up visit that includes medication reconciliation. Code for the visit and medication reconciliation activity 	\$50

Measures	Services to be completed by 12/31/2021	Strategies for gap closure	Provider Bonus
HbA1c testing for Diabetes	A1C test <i>Received lab claims</i>	<ul style="list-style-type: none"> • Order the test for the member • Call the member to come into the office or a laboratory for blood draw 	\$25
Nephropathy screening for Diabetes	Urine test for albumin/protein <i>Received lab claims</i>	<ul style="list-style-type: none"> • Order the test for the member • Call the member to come into the office or a laboratory to give the urine sample 	\$25

Instructions:

1. Review Member Care Gap List on SCFHP Provider Link at <https://providerportal.scfhp.com> or email ProviderServices@scfhp.com for assistance in obtaining your list.
2. Conduct outreach to members on Member Care Gap List.
3. Schedule appointment with your eligible patients (face-to-face or telehealth). If members need transportation services to close the above gaps, please contact SCFHP Cal MediConnect Plan Customer Service at **1-877-723-4795**.
4. For ancillary tests such as colorectal cancer, HbA1c, and nephropathy, create an order form, call patients to inform them where to complete the test (in your office or lab), and ensure members complete the test by December 31, 2021.
5. Address care gaps during appointments.
TIP: Member can complete lab test(s) prior to appointment. Discuss results during appointment.
6. Submit appropriate claims and CPT codes by March 31, 2022.

We appreciate your support to close gaps in care and improve health care quality for SCFHP members. If you have any questions regarding this information, please contact us at ProviderServices@scfhp.com.

Sincerely,

Santa Clara Family Health Plan



**Santa Clara Family
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Provider Satisfaction – Provider Network Operations

Janet Gambatese, Director of Provider Network Operations

Plan Objective – Provider Satisfaction

Plan Objective Work Plan Fiscal Year 2021-2022

Objective: Foster Membership Growth and Retention

Executive Sponsor: Chris Turner

SUCCESS MEASURE	SUCCESS MEASURE LEADER	CROSS-FUNCTIONAL RESPONSIBILITY	TACTIC SUMMARY
Establish a meaningful baseline regarding the provider/delegate experience and satisfaction with SCFHP by line of business.	Janet Gambatese (PNO)	Marketing & Communications	<ol style="list-style-type: none"> 1. Conduct enhanced provider/delegate satisfaction survey by 5/1/2022. 2. Identify and complete other tactics (i.e. focus groups, interviews) to gain additional insights into provider and delegate satisfaction by 5/31/2022. 3. By 6/30/2022, establish action plans to increase provider satisfaction with a goal of remeasuring/improving from baseline in FY'23.



**Santa Clara Family
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Questions

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Governing Board 12:00pm – 2:30pm	Quality Improvement Committee 6:00pm – 8:00pm
March 24	February 8
June 23	April 12
September 22	June 14
December 22	August 9
Executive/Finance Committee 10:30am – 12:30pm	October 11
	December 13
	Utilization Management Committee 6:00pm – 8:00pm
January 27	
February 24	January 19
April 28	April 20
May 26	July 20
July 28	October 19
August 25	Credentialing Committee 12:15pm – 1:30pm
October 27	
November 17	February 2
Compliance Committee 1:30pm – 2:00pm	April 6
	June 1
February 24	August 3
May 26	October 5
August 25	December 7
November 17	Pharmacy & Therapeutics Committee 6:00pm – 8:00pm
Provider Advisory Council 12:15pm – 1:45pm	
February 9	March 17
May 11	June 16
August 10	September 15
November 9	December 15
Consumer Advisory Committee (Medi-Cal) 6:00pm – 7:00pm	Consumer Advisory Board (CAB) 11:30am – 1:00pm
March 8	March 3
June 7	June 2
September 13	September 1
December 13	December 1



**Santa Clara Family
Health Plan™**

CalAIM Enhanced Care Management (ECM) and Community Supports (CS) Overview

Presented to Provider Advisory Committee

November 10, 2021

California Advancing + Innovating Medi-Cal (CalAIM)

Multi-year initiative of the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing a broad delivery system and program and payment reform

The primary goals of CalAIM are to:

- Identify and manage member risk and need through whole person care approaches and addressing Social Determinants of Health
- Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility
- Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform

Enhanced Care Management (ECM) and In Lieu of Services (ILOS) are foundational components of CalAIM and the first initiatives to be launched on 1/1/2022

Enhanced Care Management (ECM)

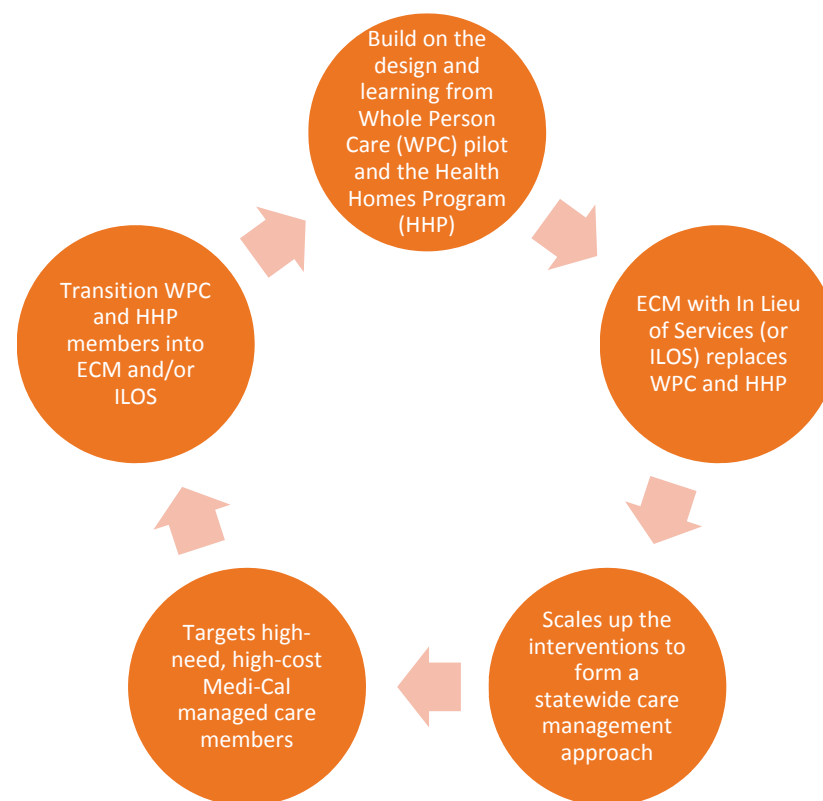
Definition

Enhanced Care Management or ECM is a collaborative and interdisciplinary approach to providing intensive and comprehensive care management services to targeted individuals.

Goals of ECM:

- Improve care coordination;
- Integrate services;
- Facilitate community resources;
- Improve health outcomes; and
- Decrease inappropriate utilization and duplication of services.

Purpose



Enhanced Care Management (ECM)

Six Core Services

Comprehensive Assessment and Care Management Plan

Enhanced Coordination of Care

Health Promotion

Comprehensive Transitional Care

Member and Family Supports

Coordination of and Referral to Community and Social Support Services

Enhanced Care Management (ECM)



Seven Populations of Focus

Homeless adults and families

- Homeless or chronically homeless as defined by HUD
- At least one complex physical, behavioral or developmental health need

High utilizer adults with frequent ED, hospital, or short-term skilled nursing facility stays

- 5+ ED visits in a 6-month period that could be avoided with appropriate outpatient care or improved treatment adherence OR
- 3+ unplanned hospital and/or short-term skilled nursing facility stays in a 6-month period that could be avoided with appropriate outpatient care or improved treatment adherence

Adults with SMI and/or SUD

- Adults who meet the eligibility criteria for participation in the County Specialty Mental Health (SMH) Plans AND/OR the Drug Medi-Cal Organization Delivery System (DMC-ODS) AND
- Actively experiencing at least one complex social factor influencing their health AND
- Either at risk for institutionalization; overdose and/or suicide; use crisis services, ER, IP, urgent care, or inpatient stays as the sole source of care; experience 2+ hospitalizations due to SMI or SUD in the past 12 months; OR are pregnant or post-partum

Enhanced Care Management (ECM)

Seven Populations of Focus

Individuals transitioning from incarceration

- Individuals who are transitioning from incarceration OR transitioned from incarceration within the past 12 months AND
- Have at least one condition (chronic mental illness, SUD, chronic disease, intellectual or developmental disability, traumatic brain injury, HIV, or pregnancy)

Individuals at risk of institutionalization and eligible for long-term care services

- Individuals who, in the absence of services and supports, would otherwise require care for 90+ consecutive days in an inpatient nursing facility and are able to live safely in the community with wraparound supports

Nursing facility residents who want to transition to the community

- Nursing facility residents who are strong candidates for successful transition back to the community and have a desire to do so

Children and youth

- Homeless children (up to age 21); high utilizers; children/youth with SED or at Clinical High Risk for psychosis or experiencing a first episode of psychosis; enrolled in CCS; involved with, or a history of involvement in, child welfare; transitioning from incarceration

ECM Populations of Focus

Go-live Dates

Go-live Date	Population of Focus
1/1/2022	<ul style="list-style-type: none">• Current HHP/WPC Enrollees: Transition all into ECM regardless of population of focus*• Newly Eligible: Go live with Homeless adults/youth, High utilizer adults, SMI/SUD adults
1/1/2023	<ul style="list-style-type: none">• Newly Eligible: Go live with justice-involved adults/children/youth, at risk LTC eligible, and SNF transitioning to the community
7/1/2023	<ul style="list-style-type: none">• Newly Eligible: Go live with all other populations serving children and youth

*Note: All WPC enrollees may not qualify for the transition to ECM

ECM Providers

As of January 1, 2022

- Asian Americans in Community Involvement (AACI)
- Bay Area Community Health (BACH)
- Community Solutions
- Gardner Family Health Network
- Indian Health Center
- Institute on Aging (IOA)
- Kaiser Permanente
- Mayview/Ravenswood
- North East Medical Services (NEMS)
- Peninsula Healthcare Connections - New Directions (PHC-ND)
- Planned Parenthood
- Roots Clinic
- Santa Clara Family Health Plan (SCFHP)
- Santa Clara Valley Medical Center (VMC Clinics)
- School Health Clinics
- Silicon Valley Independent Living Center (SVILC)
- Sourcewise
- The Health Trust
- Uplift Family Services

Community Supports (CS)

Definition

Medically-appropriate and cost-effective alternatives to services that can be covered under Medi-Cal that are typically delivered by different providers and/or in different settings than traditional Medi-Cal services.

Purpose

Build upon success of the WPC pilots by focusing on combined medical and social determinants of health to avoid high levels of care

- Hospital or nursing facility admissions
- Discharge delays
- ED use

Establish a foundation for implementing community-based services into the managed care LTSS model

Complementary to ECM

Community Supports (CS)

Details

- Not a benefit
- Will include the social support elements of the WPC and HHP pilots
- If a CS is not offered initially countywide, plans must develop a plan for how and when it will be expanded throughout the county
- Plans can offer additional services at their discretion
- Services must be medically-appropriate, cost-effective alternatives to Medi-Cal benefits

Community Supports Election

Community Support	Launch Date
Housing Transition Navigation Services	1/1/2022
Housing Deposits	1/1/2022
Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities	1/1/2022
Community Transition Services/Nursing Facility Transition to a Home	1/1/2022
Medically Supportive Food/Meals/Medically Tailored Meals	1/1/2022
Housing Tenancy and Sustaining Services	7/1/2022
Recuperative Care (Medical Respite)	7/1/2022
Sobering Center	7/1/2022
Personal Care and Homemaker Services	7/1/2022
Respite Services	1/1/2023
Environmental Accessibility Adaptations (Home Modifications)	1/1/2023
Asthma Remediation	1/1/2023
Short-term Post-Hospitalization Housing	7/1/2023
Day Habilitation Programs	7/1/2023

Community Supports Providers

As of January 1, 2022

- Abode Services
- Community Solutions
- Institute on Aging (IOA)
- Kaiser Permanente
- Mom's Meals
- North East Medical Services (NEMS)
- Office of Supportive Housing (OSH)
- Peninsula Healthcare Connections - New Directions (PHC-ND)
- Roots Clinic
- Santa Clara Family Health Plan (SCFHP)
- School Health Clinics
- Silicon Valley Independent Living Center (SVILC)
- The Health Trust
- Uplift Family Services

Provider Referrals

ECM and Community Supports

- Communication
 - Provider fax blast
 - Provider guide
 - Provider FAQs
 - Provider website page
- Trainings
 - Overview of ECM and CS
 - Basic eligibility criteria
 - Referral process and referral form
- Technical Assistance

Next Steps

ECM and Community Supports

- Provider communication commences with presentations at JOCs in early November
- Provider fax blast, provider guide and FAQs distributed in mid to late November
- Member notices on transition to ECM and CS mailing on December 1
- Direct communication to providers on how to refer members to determine eligibility for ECM and Community Supports and enroll into the benefit/program in December
- Trainings offered to all network providers on ECM and Community Supports and the referral process in December and into 2022



**Santa Clara Family
Health Plan™**

Questions?