



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

Wednesday, August 12, 2020, 6:00 PM – 8:00 PM
 Santa Clara Family Health Plan, Teleconference
 6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Approved

Members Present

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

Members Absent

Jeffery Arnold, MD

Specialty

Geriatric Medicine
 Adult & Child Psychiatry
 Pediatrics
 Pediatrics
 Internist

Emergency Medicine

Staff Present

Laura Watkins, Vice President, Marketing & Enrollment
 Johanna Liu, PharmD, Director, Quality & Process Improvement
 Raman Singh, Director, Case Management
 Tanya Nguyen, Director, Customer Service
 Shawna Cagle, Manager, Case Management
 Theresa Zhang, Manager, Communications
 Jamie Enke, Manager, Process Improvement
 Carmen Switzer, Manager, Provider Network Access
 Lucile Baxter, Manager, Quality & Health Education
 Cecilia Lee, HEDIS Project Manager
 Jayne Giangreco, Manager, Administrative Services

1. Roll Call

Ria Paul, MD, Chair, called the meeting to order at 6:03 pm. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

Johanna Liu, PharmD, Director, Quality and Process Improvement, welcomed Lucile Baxter, Manager, Quality & Health Education to the team and Laurie Nakahira welcomed Raman Singh, Director, Case Management.

3. Meeting Minutes

Minutes of the June 10, 2020 Quality Improvement Committee (QIC) meeting were reviewed.

It was moved, seconded and the minutes of the June 10, 2020 meeting were **unanimously approved.**

Motion: Dr. Dawood

Second: Dr. Alkoraishi

Ayes: Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Arnold, Dr. Foreman, Dr. Lin

4. CEO Update

Christine Tomcala, Chief Executive Officer, reported current plan membership is approximately 260,000



members and has increased by 10,000 since June. The increase is not from new members coming onto Medi-Cal as a result of COVID, but rather State suspension of redeterminations, so members that otherwise would have lost coverage are remaining on the Plan. Typically, around 4,000 members a month lose coverage due to redetermination. However, once the public health emergency ends, these members will ultimately be termed.

Ms. Tomcala reported this is the beginning of our new fiscal year, which started July 1. She shared the plan objectives for the year, noting the two top critical objectives are Pursue benchmark quality performance and Enhance compliance program and delegation oversight.

Ms. Tomcala indicated that the quality performance objective has four success measures. The first is increasing screenings to provide at least 11,000 developmental screenings, 5,000 trauma screenings, and 9,500 children ages zero to three tested for lead. The second measure is to achieve an increase in our HEDIS average performance score for both Medi-Cal and Cal MediConnect. The third metric focuses on reducing Plan All-Cause Readmissions (PCR) for Medi-Cal. Lastly, the fourth measure is achievement of 75% of the points required for Medi-Cal NCQA Interim Accreditation.

5. Provider Relief Funds Information

Laurie Nakahira, D.O., Chief Medical Officer, presented the Department of Health and Human Services Provider Relief Fund, a \$15 billion aid package made available to eligible Medi-Cal providers. The funding is to supply relief to Medi-Cal and Children's Health Insurance Program (CHIP) providers experiencing lost revenues or increased expenses due to COVID-19. To qualify, the provider must not have received payments from the \$50 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.

6. Review of Cal MediConnect (CMC) Population Health Management Impact Report

Shawna Cagle, Manager, Case Management (CM), reviewed the CMC Population Health Management (PHM) Impact Report for 2019, noting the team has a systematic process to evaluate whether it has achieved its goals and to gain insight into the operational area needing improvement. The Case Management team conducts a comprehensive analysis of the impact of its PHM program Strategy that includes the following focus: Quantitative results for relevant clinical, cost/utilization and member experience measures, comparison of results with a benchmark goal, Qualitative Analysis of the results, and driving changes and updates to the upcoming PHM strategy for the next calendar year. Ms. Cagle presented recommendations for updating the 2020 PHM Strategy, Managing Multiple Chronic Illnesses, Members with Emerging Risk, Keeping Members Healthy, Patient Safety or Outcomes across settings, and Member Experience with Case Management Programs.

It was moved, seconded and the minutes of the June 10, 2020 meeting were **unanimously approved.**

Motion: Ms. Tomcala

Second: Dr. Dawood

Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul

Absent: Dr. Arnold

7. Cal MediConnect (CMC) Availability of Practitioners Evaluation

Carmen Switzer, Provider Network Access Manager, presented the Cal MediConnect (CMC) Availability of Practitioners Evaluation, noting this is required for NCQA accreditation. Ms. Switzer noted the Plan administers Cal MediConnect (CMC), a dual eligible plan for members who qualify for both Medicare and Medi-Cal. Enrollees receive the following CMC benefits, medical care, prescription medications, mental/behavioral health care, long term services and supports (LTSS), and connection to social services. Other important benefits include, vision care, transportation and hearing tests and aids. An annual assessment on Provider to Member Ratios and Maximum Time and Distance to ensure that at least 90% of its CMC enrollees have access to providers within CMS's published time and distance criteria.

It was moved, seconded, and the CMC Availability of Practitioners Evaluation was **unanimously**

approved.

Motion: Ms. Tomcala

Second: Dr. Lin

Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Nakahira, Dr. Paul

Absent: Dr. Arnold

8. Annual E-Mail Quality and Analysis

Tanya Nguyen, Director, Customer Service, reviewed the annual E-Mail Quality and Analysis report noting the Plan providing accurate and timely personalized information of member health plan services is central to the promotion of member engagement and self-management. SCFHP has a responsibility to provide accurate, quality information on health plan services to members through the website, over the telephone, and through e-mail.

In an effort to make this information readily available, SCFHP ensures that members can contact the organization through e-mail for any reason and receive responses within one-business day.

Personal information on health plan services may change periodically throughout the year; therefore, SCFHP has an obligation to be sure the information submitted via e-mail to members is accurate, current and timely. This is accomplished by measuring and evaluating the quality and accuracy of the information. SCFHP audits e-mail quarterly to identify any opportunities to improve interactions with the members.

SCFHP audits the information on e-mail turnaround time and quality of the email response on a quarterly basis to be able to identify opportunities to improve based on data collected and analyzed. This data is then rolled up into an annual rate for comparison year over year. Data included in this analysis was captured from July 1, 2019 through May 30, 2020.

9. HEDIS Reporting

Cecilia Le, HEDIS Project Manager, gave an overview of the final results for the measurement year 2019. Ms. Le discussed the challenges, as well as the achievements of auto-assignment measures for Medi-Cal and CMC quality withhold measures and, lastly, what initiatives are a result of the measure performance.

Ms. Le noted it was a challenge transitioning over because of workflow and data mapping changes using new HEDIS engine vendor. Also, we did not use the same vendor for our medical record-software tool, so we had to ensure our Admin and Medical records vendors synced up. We had difficulty getting access to medical records because of COVID causing provider offices closing or having limited hours because of COVID. Eventually, we were able to contact the doctor's offices and worked out a process to retrieve the records.

Ms. Le reported the successful implementation with three vendors: Citius Tech, CareSeed, & Guardian Angel, and incorporated 13 new supplemental data sources. She reported that 100% of Valley Medical Center's chases was abstracted. Ms. Le stated the next steps to improve measures under MPL: Asthma Medication Ratio, Comprehensive Diabetes Care, Cervical Cancer Screening, and Adolescent Well-Care visit. We continue to reach out to members by telephone with reminders and will implement on-hold messaging.

10. Quality Dashboard

Ms. Liu reported on the Quality Improvement Dashboard noting a decline in the Initial Health Assessment (IHA) due to COVID-19. The IHA is a comprehensive assessment completed during a new Medi-Cal member's initial visit with their Primary Care Physician (PCP) within 120 days of joining the plan. Ms. Liu reported that the Quality Improvement department conducts quarterly IHA audits and provider education to continually improve on preventive care.

Ms. Liu reported the potential quality of care issues noting quality ensures member safety by investigating all potential quality issues (PQI) cases. She said the Plan has been 99.2% successful in closing PQIs within 60 days. Ms. Liu reviewed the components of the wellness rewards program, noting there were 22,000 mailers and 13,000 gift cards sent year-to-date. The Plan has dedicated outreach staff conducting calls to promote health education and to help schedule screenings and visits while offering Wellness Rewards. 6,825 members



have called since January 2020, and this included a pause in service from Mid-March to May due to COVID-19. Ms. Liu reported on Health Homes Program (HHP) is designed to coordinate care for Medi-Cal beneficiaries with chronic conditions and or substance use disorders, noting 501 members have verbally consented into Health Homes as of July 31, 2020. HHP and Community Based Care Management Entities (CB-CMEs) launched on July 1, 2019, for chronic conditions and January 1, 2020, for serious mental illness.

11. Utilization Management Committee

Minutes of the April 15, 2020 Utilization Management Committee (UMC) meeting were reviewed by Dr. Lin.

It was moved, seconded and the minutes of the June 10, 2020 meeting were **unanimously approved.**

- Motion:** Dr. Foreman
- Second:** Dr. Dawood
- Ayes:** Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
- Absent:** Dr. Arnold

12. Pharmacy and Therapeutics Committee

Minutes of the April 30, 2020 Pharmacy and Therapeutics Committee (P&T) meeting were reviewed by Dr. Lin.

It was moved, seconded and the April 30, 2020 P&T Committee meeting minutes were **unanimously approved.**

- Motion:** Dr. Dawood
- Second:** Dr. Alkoraishi
- Ayes:** Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
- Absent:** Dr. Arnold

13. Credentialing Committee Report

Dr. Nakahira reviewed the Credentialing Committee Report for June 3, 2020.

It was moved, seconded, and the Credentialing Committee Meeting Report was **unanimously approved.**

- Motion:** Dr. Lin
- Second:** Ms. Tomcala
- Ayes:** Dr. Alkoraishi, Dr. Foreman, Dr. Dawood, Dr. Nakahira, Dr. Paul
- Absent:** Dr. Arnold

14. Adjournment

The next QIC meeting will be held on October 21, 2020. The meeting was adjourned at 7:30 pm.

DocuSigned by:

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1/6/2021

Ria Paul, MD, Chair

Date