



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

Wednesday, February 10, 2021, 12:15 – 1:45 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - Approved

Committee Members Present

Thad Padua, MD, Chair
Clara Adams, LCSW
Dolly Goel, MD
Bridget Harrison, MD
Jimmy Lin, MD
Peter L. Nguyen, DO
Sherri Sager
Meg Tabaka, MD

Committee Members Absent

Michael Griffis, MD
David Mineta
Pedro Alvarez, MD

Staff Present

Christine Tomcala, Chief Executive Officer
Laurie Nakahira, DO, Chief Medical Officer
Dang Huynh, PharmD, Director, Pharmacy & Utilization Management
Janet Gambatese, Director, Provider Network Operations
Johanna Liu, PharmD, Director, Quality & Process Improvement
Brandon Engelbert, Manager, Provider Network Operations
Stephanie Vielma, Provider Performance Program Manager
Jayne Giangreco, Manager, Administrative Services
Robyn Esparza, Administrative Assistant

Additional Staff

Tyler Haskell, Director, Government Relations
Tami Otomo, Clinical Pharmacist, Pharmacy
Angela Chen, Manager, Utilization Management

1. Roll Call/Establish Quorum

Thad Padua, MD, Chair, called the meeting to order at 12:21 pm. Roll call was taken and a quorum was established.

2. Meeting Minutes

The minutes of the November 10, 2020 Provider Advisory Council (PAC) meeting were reviewed.

It was moved, seconded, and the February 10, 2020 Provider Advisory Council (PAC) were unanimously approved.

Motion: Dr. Padua

Second: Dr. Lin

Ayes: Ms. Adams, LCSW, Dr. Goel, Dr. Harrison, Dr. Nguyen, Dr. Tabaka, Ms. Sager, Dr. Padua

3. Public Comment

There was no public comment.

4. Chief Executive Officer Update

Christine Tomcala, CEO, presented the January 2021 Enrollment Summary, noting total enrollment of 272,900, with 9,807 members in Cal MediConnect and 263,093 members in Medi-Cal. She further updated on February data with approximately 275,000 members of which 265,000 are Medi-Cal members and 10,000 Cal MediConnect members.

Ms. Tomcala noted the health plan is focusing on COVID vaccination and also what the health plan can do to make sure that all of our members are receiving all the quality care and preventative care they need.

Dr. Padua inquired as to an update of the upcoming pharmacy carve-out. Ms. Tomcala noted all systems are a go for April 1st. Dr. Dang Huynh noted we are still prepping for transition, ensuring that we're going to have the least amount of disruption as possible, ensuring that members are going to have no issues getting the medication.

Mr. Haskel noted that there is late breaking news today about a possible delay on the pharmacy carve out.

5. Quality

Health Disparities by Race/Ethnicity Updates:

Dr. Johanna Liu, Director, Quality and Process Improvement, presented an update on the Health Disparities by Race/Ethnicity analysis that was presented at the last meeting on November 10, 2020. Dr. Liu noted that further analysis was completed on our calendar year 2019 HEDIS results for statistical significance of disparities by race, ethnicity and by language spoken in our population to make sure that these are being addressed. Dr. Liu reviewed the general observations, noting the following: Caucasian group performed statistically significantly lower than the rest of the population in 6 measures, followed by African American group in 4 measures; English speaking group performed statistically significantly lower than the rest of the population in 9 measures; Preventive Care and Chronic Disease Measure Observations: Vietnamese, African American and Caucasian groups performed statistically significantly lower than the rest of the population in 3 out of 6 children's measures; Hispanic, African American and Caucasian groups performed statistically significantly lower in the diabetes measures than the rest of the population; Hispanic group performed statistically significantly lower in the anti-depressant medication measure.

Dr. Liu noted the work underway involves the following: Meet with cultural champions in our community to identify additional barriers and opportunities; Targeted Member Phone Outreach to over 2,500 members per month in groups that did not perform above MPL to offer health education classes and materials and increase awareness of member incentives; Planning Diabetes Care Project targeting Hispanic members with poor diabetes control and offering them a glucose testing machine that speaks Spanish to be filled at a pharmacy that provides counseling and automatic refill reminders targeted to launch by 2Q21; Collaborating with SCC Public Health on Black Infant Health Program and sending data monthly on eligible African American women for program referral and outreach and assessing gaps to achieve NCQA Distinction of Multicultural Healthcare.

CAHPS Strategies:

Dr. Johanna Liu, Director, Quality and Process Improvement, gave a presentation on the CAHPS 2020 Results and 2021 Strategy. Due to COVID, CMS did not accept CAHPS data in 2020. Nonetheless, we wanted to study it for continuous improvement. Dr. Liu provided an overview, noting CAHPS is a required member satisfaction survey by the Centers for Medicare and Medicaid Services (CMS) and is administered to CMC members. The results impact NCQA accreditation and health plan ratings, and that COVID 19 has had a significant impact on CAHPS survey methodology and reporting for 2020. She reported the top three performing measures are related to Rating the Drug Plan, Rating the Health Plan and Rating of Specialists. The bottom three performing measures were related to Customer Service, Getting Needed Care, and How Well Doctors Communicate. Dr. Liu noted there has been a statically significant increase over prior year(s) in most areas.

With regard to the Estimated 2021 CMS Medicare Star Ratings, Dr. Liu noted there was an overlap with low performing measures from NCQA health plan ratings. With regarding to the demographic segments, it was noted that White survey respondents rate statistically significantly higher satisfaction in key measures than survey respondents in the other race category (95% Asian). Dr. Liu noted the CMC CAHPS 20201 Strategy Focus Areas include the following: Opportunities to improve (lowest scores + highest impact on Medicare Stars & NCQA by (1). Getting Needed Care & Care Quickly; (2) Care Coordination and (3) Customer Service and that other considerations include member experience disparities between White and Asian health plan members. The 2021 strategy will include focusing on getting appointments and care quickly, service recovery and customer service.

DHCS MCAS Measures for 2021:

Dr. Johanna Liu provided a presentation on the DHCS MCAS Measures for 2021, reviewing some of the changes from last year's measures. She noted that DHCS was anticipating Rx carve-out.

SCFHP Screening Workgroup Update

Ms. Gaya Amirthavasar provided the council with a Screening Workgroup Update. She reviewed the FY 2020-21 Company Screening Objective. She informed the council that screenings are an important preventative action that can help to detect problems early on and find patients treatment to reduce or eliminate negative impacts. She reviewed the objective, which is to meet or exceed the company screening goals for FY 2020: 11,000 Developmental Screenings (child members under 6) completed; 9,500 Lead Screenings (child members under 3); and 5,000 Trauma Screenings (members under 65) completed. She noted about 5,300 Developmental Screenings, 3,200 Trauma Screenings and 2,900 Lead Screenings have been completed to date.

Ms. Amirthavasar noted the Screening Work Group includes representation from the following departments: Provider Network Operations; Health Education; Quality; Behavioral Health; and Health Economics. She reviewed the interventions for Providers, including: Screening Tips sheet with guidelines and billing information; Provider E-Newsletter Articles; Developmental screening workflow sheet; Incentives for completing ACEs training; Tele-health visit info sheet; Trauma resources and training (Q1 2021); and GIC Report (Q1 2021). Member Interventions include: Facebook posts; Member Newsletter Articles; QNXT reminders for development and lead screening; Preventative Care resources on SCFHP website; and Limited incentives through PIP (Q2 2021). Ms. Amirthavasar went on to review to the challenges and mitigation strategies. She noted we are meeting the Developmental Screening metric, but there is opportunity to improve. Difficult to address Lead Screening due to pandemic. There are overall challenges impacted by COVID.

6. Pharmacy

Standing Reports:

On behalf of Dr. Dang Huynh, Director, Pharmacy and Utilization Management, Tami Otomo presented the drug utilization reports for the '2020 Q4 Top 10 Drugs by Total Cost' and 'Top 10 Drug Classes by Prior Authorization Volume' for reporting period of October 1, 2020 – December 31, 2020

Pharmacy Updates:

Ms. Otomo noted the following pharmacy updates: (1) The Global Initiative for Asthma (GINA) now recommends as-needed low dose ICS-formoterol over short-acting beta-agonists (SABA) monotherapy for mild asthma. Symbicort is on SCFHP's formularies; (2) Pfizer and Moderna FDA Emergency Use Authorization (EUA) approved COVID-19 vaccines are covered through Medi-Cal and Medicare Fee-For-Service; (3) Centene acquires Magellan for \$2.2 Billion. This does not affect DHCS's Medi-Cal Rx carve out scheduled for 4/1/2021; (4) Semglee is a new insulin glargine that has been added to SCFHP's Medi-Cal formulary. Basaglar remains formulary as well. Lantus is not on formulary. Ms. Otomo noted Magellan was selected as the Medi-Cal Rx contractor. Once the Medi-Cal Rx carve out occurs, SCFHP will not be handling pharmacy prior authorizations or pharmacy-related grievances and appeals; these will be handled by the state.

7. Utilization Management:

Ms. Angela Chen provided the council with operational updates related to Utilization Management. She noted the following updates: (1) Reducing hospital administrative burdens by doing weekly rounds with contracted hospitals' care management team and proactive operational Prior Authorizations on a weekly basis; (2) Treatment and services for COVID-19 by approving treatment and services related to COVID-19 positive members; and (3) Difficult Placement of Members in Skilled Nursing Facilities (SNF) involves collaboration with internal Long Term Services & Support team and external/community case managers for placement to home, SNF, and congregate living facilities.

8. Provider Network Operation (PNO) Updates

Ms. Stephanie Vielma, Provider Performance Program Management, Provider Network Operations, reviewed presentation on. Ms. Vielma happy to announce the plan is offering PPP in 2021. She reviewed the summary of changes for PPP 2021, reviewing the following retired measures: Adult BMI Assessment (ABA); Adolescent Well-Care Visits (AWC); Well-Child Visits in the First 15 Months of Life (W15); Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34), Asthma Medication Ratio (AMR). In addition, she noted following new measures for PPP 2021: Well-Child Visits in the First 30 Months of Life (W30); Child and Adolescent Well-Care Visits (WCV); Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC). Ms. Vielma also noted that [in an effort to reward clinical quality, SCFHP will be incorporating a provider quality score weighting as part of its primary care provider \(PCP\) auto-assignment algorithm](#), changes were implemented for new SCFHP patients effective January 1, 2021. Ms. Vielma reviewed the screening purposes for blood lead, childhood development and trauma, noting the purpose is to share the Department of Health Care Services (DHCS) requirements for Blood Lead, Childhood Development and Trauma screenings associated with monitoring and reporting to the health plan ensuring documentation for screenings is appropriately captured in the members' medical record and billing and coding is submitted accordingly. She noted that coming soon [the screenings will be listed on the Gaps in Care report](#). [Ms. Vielma wrapped up the presentation announcing the Kick off PPP 2021 training webinar will be held March 23rd, 24th, 25th, 2021 and provider services will be sending out a memo about registering to trainings.](#)

9. Old Business

CME Update:

Dr. Laurie Nakahira, Chief Medical Officer, advised the council on the previously discussed Continuing Medical Education (CME) planning. She briefly noted that we were having some challenges with the planning due to COVID. She stressed the importance for respecting that and noted that she has reached out to Behavioral Health to do a CME related to COVID impact.

10. New Business

Chief Medical Office Update:

Dr. Laurie Nakahira, CMO, provided an update related to COVID-19. She reviewed Corona virus Disease (COVID-19), including the symptoms of respiratory illness and that asymptomatic (no symptoms but a carrier). She noted it is transmitted by respiratory droplets. She also reviewed prevention of disease by practicing: social distancing (6' apart), wearing masks, hand washing, and getting vaccinated. She noted the testing for the disease, include viral testing and antibody testing which evaluates for past infection of the disease. Dr. Nakahira advised there are two vaccines available in the county, which currently include Pfizer and Moderna. The Pfizer vaccine involves 2 doses IM, at least 21 days apart and may be given to those 16 years and older. It is 95% effective against COVID-19. The Moderna vaccine also involves 2 doses, at least 28 days apart. It can be administered to those 18 years and older and is 94% effective against COVID-19. Dr. Nakahira also reviewed FAQs related to the vaccines. In addition, she also reviewed information related to COVID-19 vaccination phases, vaccination sites, and distribution of the vaccines.



Governmental Affairs

California State Budget Implications:

Mr. Tyler Haskell, Director, Government Relations, briefed the council on the state budget. He noted the proposed budget uses a one-time surplus to replenish reserves and restore cuts, makes no new cuts, and forecasts structural deficits in the out-years.

With regard to Medi-Cal, he noted the budget includes a total of \$122B, and assumes a 12% caseload growth, and restores a number of proposals that were originally included in the Governor's proposed budget for the current fiscal year, but were withdrawn due to the pandemic.

With regard to the process, he noted that legislative budget committee hearings will take place in February and March, legislative policy committee hearings will take place in March and April, the Governor will issue a revised budget proposal in May, final legislative committee hearings will occur in June, the Legislature will approve and send the budget to the Governor by June 15, and the Governor will sign the budget into law by July 1.

2021 Confidentiality Statements:

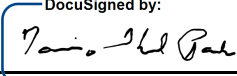
The council was advised they need to complete the annual 2021 Confidentiality Statement. Robyn Esparza, Administrative Assistant, will email said statement to each member for their completion and return.

11. Discussion / Recommendations

There were no further discussions and/or recommendations.

12. Adjournment

The meeting adjourned at 1:35 p.m. The next meeting is scheduled for Wednesday, May 12, 2021.

DocuSigned by:


Dr. Thad Padua, Chair

4/20/2022

Date



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Jimmy Lin, MD
David Mineta
Peter L. Nguyen, DO
Sherri Sager
Meg Tabaka, MD

Committee Members Absent

Michael Griffis, MD
Pedro Alvarez, MD

Additional Attendees

Jack Pollack, MD, Guest

Staff Present

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

Staff Absent

Laurie Nakahira, DO, Chief Medical Officer

Additional Staff

Jessica Bautista, Manager, Community Based Case Management
Nicole Bell, Manager, Home & Community Based Services Program Manager
Karen Fadley, Manager, Provider Data, Credentialing and Reporting
Stephanie Vielma, Manager, Provider Performance Program

1. Roll Call/Establish Quorum

Thad Padua, MD, Chair, called the meeting to order at 12:20 pm. Roll call was taken and a quorum was established.

Dr. Padua introduced Dr. Jack Pollack and welcomed him as a new member of the Provider Advisory Council (PAC).

Dr. Padua noted that new member Dr. Ghislaine Guez could not attend today's meeting. She will be in attendance at the next meeting on February 9, 2022, and will be officially welcomed to the council then..

2. Public Comment

There was no public comment.

3. Meeting Minutes

The minutes of the August 11, 2021, Provider Advisory Council (PAC) meeting were reviewed.

It was moved, seconded, and the August 11, 2021, Provider Advisory Council (PAC) minutes were unanimously approved.

Motion: Dr. Peter Nguyen

Second: Mr. David Mineta

Ayes: Dr. Lin, Ms. Adams, LCSW, Dr. Harrison, Dr. Lin, Dr. Nguyen, Dr. Tabaka, Mr. Mineta, Dr. Padua, Ms. Sager, Dr. Dolly Goel

4. Chief Executive Officer Update

Ms. Christine Tomcala, CEO, presented the November 2021 Enrollment Summary, noting a total enrollment of 289,288, with 10,415 members in Cal MediConnect (CMC) and 278,873 members in Medi-Cal(MC).

Ms. Tomcala noted COVID continues to be the focus of the Plan. She noted the Plan would like to narrow, if not close, the gap between the vaccine percentages of our Medi-Cal members compared to the county as a whole. In most counties around the state, it runs about a 20% difference. To help close the gap, the Plan has held some vaccine clinics at our new Blanco Alvarado Community Resource Center in collaboration with the county's vaccination efforts.

Ms. Tomcala noted the Plan is also in the process of sponsoring other community-based organization events to encourage the remaining population to get vaccinated. The Plan is offering a \$50 incentive for members ages 12 and up, who have not yet been vaccinated to get a vaccine.

Dr. Bridget Harrison asked if the \$50 is automatically sent to members. Ms. Tomcala confirmed incentives would automatically be sent to members. She noted the member does not have to take any action and that it is based on claims information received by the Plan.

Dr. Harrison inquired about the difference between the local vaccination rate and our membership vaccination rate. Ms. Tomcala noted the difference is roughly about 20%, and in general, the Plan is the second-highest health plan in the state for Medi-Cal membership vaccination rates. Even though the Plan is still lagging 20 percentage points, our county does so well that our population is more vaccinated than any other population, other than San Francisco, which might be a touch more than us. She noted we are doing very well from that perspective, but we still have that 20% gap as many of the counties do.

5. Pharmacy

a. Review and Discuss the Current Drug Reports

Dr. Dang Huynh, Director, Pharmacy and Utilization Management, presented the drug utilization reports for the '2021 Q3 Top 10 Drugs by Total Cost' and 'Top 10 Drug Classes by Prior Authorization Volume' for the reporting period of July 1, 2021 – September 30, 2021.

For MC, Dr. Huynh noted cost were related to diabetes, cancer, and biologics for psoriasis and rheumatoid arthritis. Claims have increased to about 15,000 claims with an increase of about a million dollars quarter over quarter.

For CMC, same drug mix as the previous quarter, which includes diabetes and HIV. Eliquis, a drug used to treat atrial fibrillation to prevent clotting, came in tenth. Overall, there was an increase of roughly 3,000 claims and about half a million dollars versus last quarter.

Medi-Cal Prior Authorization (PA) volume were similar to the previous quarter. The volume decreased roughly to about 100 for our MC and 76 for our CMC. CMC Pas volume remains low. Therefore, any increases of a couple PAs may cause the drug to be on the list. Prolia, which is used to treat bone health, had a slight increase in requests. It was previously ranked at 268 and is now ranked 3rd.

b. Pharmacy Updates

Medi-Cal RX

Dr. Huynh provided an update on the Medi-Cal RX, state wide pharmacy benefit FFS carve for MC. The 60-day member notice has gone out. The plan is currently working on updating a provider communication. There will be internal training again as well. The Plan was previously prepared for all this before the multiple delays from the State. Plan is on track for the transition with training and communication. Dr. Huynh also noted that DHCS and Magellan has computer-based training on the Medi-Cal Rx portal. The Plan is still working with DHCS to finalize some recommendations for scope of medical vs pharmacy billing. The state is still working on closing the gap in terms of drugs and items typically covered by managed care plans, but not on the State's contracted drug list. The state has announced they will allow alcohol pads to be billable under Medi-Cal Rx.

Dr. Huynh provided an update that therapeutic continuous glucose monitors (CGMs) for Type 1 diabetes will be a Medi-Cal benefit and may be billed through the pharmacy effective 1/1/2022.

COVID Vaccinations

Dr. Huynh noted the plan is working with our local independent pharmacies to close the gap on COVID-19 vaccinations. We have reached out to all the independent pharmacies in the county. Those independent pharmacies are reaching out to our members to provide education and answer any questions on any hesitancy regarding the vaccination. These independent sites are covered sites and we are happy that they are willing to collaborate with us on this matter.

Regarding the COVID-19 vaccination costs as well as the administration fee, all the pharmacies are billing to Medicare FFS for right now. Starting 1/1/22, the financial responsibility will land on the Plan.

6. Utilization Management

a. UM Updates

Dr. Dang Huynh, Director, Pharmacy and Utilization Management, provided an update to the council regarding the Spanish-speaking blood glucose meter. He noted the Quality team identified that there were about 200 Hispanic-speaking or Hispanic members that may benefit from the meters. Letters have been sent to both members and providers about the meters. He noted that, as of today, we have about 25 members that are on the meter and we are trying to capture how their A1C is doing. The outreach has only been via letter communication. A Clinical Pharmacist has been hired to do clinical programs. One of the programs they will be doing is to manage diabetes. Initially, the pharmacist will be reaching out to DM members with an A1C greater than 9 in addition to reaching out to the doctors to collaborate and help the physicians manage prescription regimens, coordinate A1C orders and labs, for the member. They will also be speaking with the members to identify any barriers surrounding their diabetes (i.e., diet, medication adherence, transportation). They will also be contacting the remainder of 175 members that have not received the Spanish-speaking meters. In the future, they will be expanding to members with hypertension, hyperlipidemia, CHF, and osteoporosis.

b. Discuss the New Major Organ Transplant (MOT) Carve-in Benefit

Dr. Huynh updated the council that for the MC line of business major organ transplants will be the Plan's plan responsibility, effective January 1, 2022. The plan already does have criteria and processes in place as the plan already has prior authorization processes for the CMC line of business.

7. Quality

Cal MediConnect CAHPS Survey Results 2021

Dr. Johanna Liu presented on the "Cal MediConnect CAHPS Survey Results 2021" and reviewed the findings in detail. CAHPS is a consumer satisfaction survey that the health plan is required to administer annually by the Centers for Medicare and Medicaid Services (CMS). She noted that SCFHP contracts with SPH Analytics to conduct the survey. Results impact NCQA accreditation and health plan star ratings. COVID-19 has had a significant impact on the CAHPS survey methodology and reporting for 2021.

The health plan achieved a 33.5% response rate, which is the highest response rate since CAHPS started in 2016. CAHPS language was integrated into the Customer Service post-call survey and social media platform implemented on March 15, 2021. Dr. Liu reviewed the survey findings outlined in the presentation in detail on the following areas: 'SCFHP's Overall Performance based on SPH Benchmark and CMS National benchmark', 'Overall Performance of Providers', 'Overall Performance of SCFHP', 'Overall CAHPS Performance from 2019 to 2021', 'Findings by Demographic', 'Estimated NCQA Health insurance Plan Ratings', 'Estimated 2021 CMS Medicare Star Ratings', 'Flowchart - Understanding Relative Performance', 'Successful CAHPS Improvement Projects', and 'Opportunities for Improvement, and Next Steps for CAHPS 2022 Work Plan and Strategies'.

8. Provider Network Operations

a. Discuss the Quality Provider Bonus

Ms. Janet Gambatese, Director, Provider Network Operations (PNO), briefed the council on the Provider Bonus for CY2021. She noted that we recently communicated to our providers about the bonus. We're providing a last-minute quality care gap closure bonus from now until December 31, 2021. We report, these measures to CMS and NCQA to show our health plan quality performance, and hope this end of the year push will help our performance as well as support our providers with an incentive.

She noted this is a one-time bonus for MC and CMC lines of business. The eligible providers are SCFHP PCPs and the target members are those members assigned to each PCP panel. The service timeframe is related to care gaps closed between October 1 and December 31, 2021. The provider memos for MC and CMC are included in the meeting packet, and includes all of the details: the measures, the services to be completed, strategies for gap closures, the provider bonus, and the member incentive.

b. Discuss SCFHP's Objective Regarding Provider Satisfaction

Each year, SCFHP does a survey to providers to rate their satisfaction with Santa Clara County Health Plan (SCFHP). This year, in addition to this regular annual survey we do for regulatory purposes, we are going to conduct an enhanced provider/delegate satisfaction survey, as we have created a plan objective around provider satisfaction. We want to use other tactics such as focus groups, or interviews to gain additional insights into provider and delegate satisfaction, which we will use to establish action plans to increase provider satisfaction. We brought this to PAC to get the council's input as to how we can successfully get providers and delegates to participate in this endeavor, for example, should we do small focus groups, one-on-one meetings, interviews, or any other ideas?

Suggestions from the council included:

- An online survey, such as Survey Monkey, with questions and a field for additional comments.
- Focus groups or one-on-one for small group practitioners.
- Break down the survey into multiple surveys, rather than one long survey.
- Be aware of the timing of the survey, such as do not survey providers at the end of the year, when providers are busier.

9. Old Business

There was no old business discussed.

10. New Business

a. Discuss the 2022 Meeting Calendar

Ms. Gambatese, Director, Provider Network Operations, presented the PAC Meeting Calendar for 2022. The council will revert to holding all meetings on the second Wednesday of the month, quarterly. The meeting dates are as follows: Wednesday, February 9th, May 11th, August 10th, and November 9th.



b. Discuss Enhanced Care Management (ECM)/Community Support (CS)

The purpose of our presentation is to provide updated information on the CalAim implementation and give the Provider Advisory Council a high level overview of the new Enhanced Care Management benefit and complimentary Community Supports that will launch on January 1, 2022. The overview includes a brief explanation of the benefit and services being offered and how to refer members.

Ms. Jessica Bautista, Manager, Community Based Case Management, provided a detailed presentation on ECM.

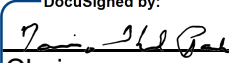
Ms. Nicole Bell, Manager, Home & Community Based Services Program Manager, provided a detailed presentation on Community Supports.

11. Discussion / Recommendations

There were no further discussions and/or recommendations.

12. Adjournment

The meeting adjourned at 1:55 p.m. The next meeting is scheduled for Wednesday, February 9, 2022.

DocuSigned by:


Thad Padua, Chair

4/20/2022

Date