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

Wednesday, November 9, 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: 853 6038 8647
Passcode: PAC_Nov9
URL: Join Zoom Meeting:
https://us06web.zoom.us/j/85360388647?pwd=Q1N0SmxJc1NDZWFORWJ2cGpDdTNHUT09

AGENDA

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1. **Roll Call / Establish Quorum**	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, 2022, Provider Advisory Council (PAC) Meeting. 　**Possible Action:** Approve meeting minutes of the August 10, 2022, 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. **Provider Network Operations** 🗗			
a. Update on Provider Satisfaction Survey	Ms. Gambatese	12:35	5 min
b. Electronic Visit Verification	Ms. Gambatese	12:40	5 min
c. Update on DSNP Network Adequacy	Ms. Fadley	12:45	5 min
6. **Population Health Management**			
a. PHM Overview 🗗	Ms. Chen	12:50	5 min
7. **Quality**			
a. HEDIS Post-Partum Follow-up 🗗	Ms. Chang	12:55	5 min

8. Utilization Management Updates
   a. CBAS Emergency Remote Services
   b. Intermediate Care Facilities
   c. Non-Emergency Medical Transportation PCS Form Update
	Dr. Huynh	1:05	10 min

9. Pharmacy
   a. Medi-Cal Rx Updates
     • Mitigating Pharmacy Costs
     • Non-therapeutic Continuous Glucose Monitors
   b. D-SNP OTC Supplemental Benefit
	Dr. Huynh	1:25	10 min

10. Old Business **a.** Nurse Advice Line and MD Live Utilization ⧉	Ms. Chen / Dr. Nakahira	1:15	10 min
11. New Business **a.** 2023 Meeting Dates ⧉	Ms. Gambatese	1:35	5 min
12. Discussion/Recommendations	All	1:40	5 min
13. Adjournment	Dr. Padua, Chair	1:45	

Next Meeting: Wednesday February 8, 2023

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.

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

Wednesday, August 10, 2022, 12:15 – 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
Clara Adams, LCSW
Dolly Goel, MD
Michael Griffis, MD
Jimmy Lin, MD
Peter L. Nguyen, DO
Sherri Sager
Meg Tabaka, MD

Members Absent
Pedro Alvarez, MD
Ghislaine Guez, MD
Bridget Harrison, MD
Jack Pollack, MD
Hien Truong, MD

Staff Present
Christine Tomcala, Chief Executive Officer
Laurie Nakahira, DO, Chief Medical Officer
Ngoc Bui-Tong, VP, Strategies and Analytics
Dang Huynh, PharmD, Director, Pharmacy &
   Utilization Management
Angela Chen, Director, Case Management &
   Behavioral Health
Janet Gambatese, Director, Provider Network
   Operations
Brandon Engelbert, Manager, Provider Network
   Operations
Karen Fadley, Manager, Provider Data, Credentialing
   and Reporting
Amy O'Brien, Administrative Assistant
Robyn Esparza, Administrative Assistant

1. **Roll Call/Establish Quorum**
   Thad Padua, MD, Chair, called the meeting to order at 12:17 pm. Roll call was taken and a quorum was established.

2. **Public Comment**
   There was no public comment.

3. **Meeting Minutes**
   The minutes of the May 11, Provider Advisory Council (PAC) meeting were reviewed.

   > **It was moved, seconded, and** the May 11, 2022, Provider Advisory Council (PAC) minutes were **unanimously approved.**
   > **Motion**:   Dr. Jimmy Lin
   > **Second**:   Dr. Peter Nguyen
   > **Ayes**:   Ms. Adams, Dr. Goel, Dr. Griffis, Dr. Lin, Dr. Nguyen, Dr. Padua, Ms. Sager, Dr. Tabaka

4. **Chief Executive Officer Update**

   Christine Tomcala, CEO, presented the August 2022 Enrollment Summary and noted a total enrollment of 315,281, with 10,414 members in Cal MediConnect (CMC) and 304,867 members in Medi-Cal.

   Ms. Tomcala noted the Plan is currently focused on routine audits, as well as new initiatives and expectations from the State regarding Medi-Cal reform.

5. **Pharmacy Updates**
   a. **Review and Discuss the Current Drug Reports**

      Dr. Huynh, Director, Pharmacy & Utilization Management, presented the 2022 Q2 Top 10 Drugs by Total Cost and Prior Authorization (PA) Volume for 04/01/22 – 06/30/22. Regarding the Top 10 Drugs by Total Cost report, Dr. Huynh noted that there is a similar mix of drugs from the previous quarter's top ten. The only noteworthy thing is the increase of approximately 200,000 from the previous quarter. For the CMC PAs by Volume report, Dr. Huynh noted there was not much of a change in top drugs other than an increase of Januvia and Abilify. The PA volume increased roughly by 100 PAs from the previous quarter.

   b. **Pharmacy Updates**
      Medi-Cal Rx

      Dr. Huynh noted as of July 1, 2022, blood pressure monitors are now a Medi-Cal Rx benefit. Members can now get blood pressure monitors and cuffs through the pharmacy. As of July 22, 2022, Medi-Cal Rx reinstated their Drug Utilization Review (DUR) Rejection Code 88. This DUR code stops claims such as early refill, late refill, and drug interaction. The DUR code can be overridden by a Pharmacist with a point-of-sale code stating that the prescriber or beneficiary has been counseled.

      DSNP Pharmacy

      Dr. Huynh noted as the Plan transitions from CMC to a Dual Special Needs (DSNP) Plan in 2023, the pharmacy benefit will be slightly different. The Plan will still manage the Medicare Part D benefit thru its PBM. The MC drugs, which are currently Tier 3 and Tier 4 drugs, will no longer be managed by the Plan. MC drugs will be under Medi-Cal Rx. Brand and generic Part D drugs will be under one tier at the cost of a zero-dollar co-pay thru a VBID (Value-Based Insurance Design) Program. We expect the same drugs to be covered from this and we will be working on transition plans for any members that may potentially impacted with the change.

6. **Utilization Management (UM) Updates**
   a. **CBAS Emergency Remote Services (ERS)**

      Dr. Huynh noted that as mentioned at the last meeting, the Temporary Access for Remote Services (TAS) will be ending on September 30th. It is expected that there will be some potential dis-enrollment from CBAS centers with members that are unable to go back to the centers for concerns of COVID-19. The plan has voiced some of our concerns to the Department of Aging and DHCS, however, Emergency Remote Services (ERS) is expected to be implemented on October 1st. ERS will allow remote services of CBAS when there is a national or personal emergency.

   b. **Biomarker Testing for Cancer (SB. 535)**

      Dr. Huynh noted there is a senate bill and an APL that requires MCPs in California to cover biomarker testing without prior authorization for FDA-associated treatment for Stage 3 and Stage 4 metastatic or advanced cancer. The plan removed PA requirements for any biomarker testing that is associated with FDA treatment. These would test for mutations in various types of cancer such as breast or lung cancer. The claims systems have been updated to meet this requirement.

   c. **Medi-Cal Intermediate Care Facilities Carve-In**

      Dr. Huynh noted long-term care is being carved into all the managed care plans, however, the Plan has already provided long-term care services as a benefit. Intermediate care facilities is part of that transition also carved into managed care plans. Starting January 1, 2023, the plan will be financially responsible for intermediate care facilities. SCFHP is working on contracting, identifying those members, and working on a transition and communication plan.

   d. **Low Acuity and Non-Emergent (LANE) Clinical Efficiency Handout**

      Ms. Ngoc Bui-Tong, VP, Strategies and Analytics, provided a presentation on Low Acuity and Non-Emergent (LANE) Clinical Efficiency. She reminded council she last presented in 2021 on this clinical efficiency that the State is looking into and is here to give an update on the matter to refresh the council on

what the program is about. She explained that the State, through its rate development process, looks at how the Plan's utilization is being reported to them and that they apply a certain efficiency, which basically means that we should be doing better UM patient education around Low Acuity and Non-Emergent (LANE) Clinical Efficiency. The presentation outlined the following: (1) The Definition of LANE Efficiency; (2) Which ED Visits Are Considered LANE; (3) SCFHP Top 15 Grouped LANE Diagnosis Codes, CY19 (used for CY22 rates); (4) Statewide Top 15 Grouped LANE Diagnosis Codes, CY19 (used for CY22 rates); (5) LANE Visits per Thousand by Network, Category of Aid (COA), and Race/Ethnicities; and (6) Strategies to Reduce LANE Visits.

Dr. Dolly Goel, Chief Clinical Officer for Managed Care, Santa Clara Valley Medical Center, inquired as to the success of MDLive and what the Plan was doing by way of education. Dr. Laurie Nakahira, CMO, noted some of the strategies related to tele-health education have included information in the health plan newsletter, as well as the website, and bringing it to the JOCs so that the providers can take back and educate their members. She also noted there are reports available that she can bring back to council that outlines the nurse advise line and how the flow goes from the nurse advise line and elevates to MDLive if needed, as well as providing the member utilization numbers. She noted that the Plan may not have yet compared to see if there is higher use of MD Live and the nurse advise line against our ED rates. She noted it might be hard to do due to COVID over the last two years and people avoiding the ED the first year of COVID. Per the data, there was a significant drop in ED usage.

Action Item: Dr. Goel requested data regarding the success of MD Live and how MD Live reduces the number of ED visits, with discussion on further strategies to prevent overuse of ED.

e. **SCFHP Contracted Urgent Care Facilities**
Ms. Bui-Tong noted in the LANE presentation strategies to reduce LANE visits and that the Plan has been working hard to increase our urgent care contracts since the State does not consider these visits in an urgent care setting as avoidable.

7. **Quality**
HEDIS & Health Disparity Follow-up
Dr. Laurie Nakahira, COO, provided an in-depth overview of the CY21 HEDIS Measure Analysis. She gave an FY '21-'22 Plan Objective Success Measure; Medi-Cal Managed Care Accountability Set (MCAS) Performance Trend; Medi-Cal HEDIS Measure Percentiles by Network & Ethnicity; Department of Health Care Services (DHCS) BOLD Goals 50x2025; CMC HEDIS/Stars Rate Overview.

Regarding the Medi-Cal MCAS Measures for CY 2021, council members inquired why there were deficiencies for Well-Child Visits. Dr. Nakahira explained the main reason was getting all six visits in before age 15 months and that was very difficult during COVID times. She noted the data is being looked at and work plans are being developed to try to get the children in earlier and that it really has to do with access and spacing out the immunizations.

Action Item: Dr. Goel requests further information on whether or not the Plan accepts TeleHealth visits as counting towards the postpartum visits metric. Dr. Nakahira will provide it at the next PAC meeting.

8. **Provider Network Operations**
a. **Present Network Adequacy for DSNP**
Item heard out of order following agenda item #4, CEO Update. Ms. Karen Fadley, Manager, Provider Data, Credentialing and Reporting, Provider Network Operations (PNO), provided a detailed presentation on DSNP – CMS Network Adequacy. Ms. Fadley explained that CMS holds the plan accountable to a network of providers that meet member address to provider address – miles and minutes, along with a provider ratio for the county. The membership file is used to evaluate SCFHP DSNP by CMS is a census file. We have to meet the 90% metric. Ms. Fadley noted that Podiatry, Outpatient or ASC Facility Surgical Services, and Facility Occupational Therapy are outliers not meeting access of the CMS sample membership with 89%, 86.5%, and 86.7% adequacy, respectively. Ongoing contracting efforts are still in play with our DSNP providers. Contracting efforts continue with PAMF and solo or group practitioners in North County; Contracting efforts also continue for Facility Surgical Services or ASC with PAMF and independent Ambulatory Surgery Centers in North and South County. Facility Occupational Therapy contract efforts continue with Good Samaritan and Regional.

b. **Provider Satisfaction Survey Update**

Ms. Janet Gambatese, Director, Provider Network Operations (PNO**)** informed the council that one of SCFHP's Plan Objectives for FY 2021-2022 was Provider Satisfaction and wanting to conduct an enhanced provider satisfaction survey with our providers and delegates to get a deeper dive into where we are doing good and where there is an opportunity for improvement. This involved working with a vendor to conduct an online survey and then conducting focus groups and individual interviews. Data is still being gathered and still have a few focus groups to conduct this month.

A presentation on Initial Findings of the Provider Satisfaction Survey was reviewed. There were a total of 61 respondents, who responded to the 23-item survey launched at the end of April 2022. Provider demographics included 60% working in primary care practices and 40% working in specialty practices. The majority of respondents were very familiar with SCFHP, with 42% reporting that their organization has worked with The Plan for 16 years or more. The longevity with The Plan is helpful in providing comparative data.

Most promising of the survey is the finding regarding overall satisfaction rates. Fifty-eight percent (58%) respondents report that The Plan is either "*somewhat above average*" or "*well above average*" when compared to other contracted health plans. Respondents identified the following Plan services as most effective: (1) Provider Relations; (2) Access to Non-Emergency Healthcare Services; and (3) Utilization Management. The respondents identified The Plan strengths as: (1) Patient access to care, including the ability to see patients without turning anyone way, access to lab services, CME courses, and gaps in care lists; (2) Communication with providers, including summaries of new APL and guidelines; and (3) Care & commitment shown to community, responsiveness of SCFHP staff to their practice, and the care and commitment shown to the community at large.

Review of the survey data revealed challenges faced by respondents including: (1) Timeliness in processing authorization requests; (2) Call system issues (reaching Plan staff); (3) Authorization mistakes & denials; (4) Delays in member reassignment; and (5) Difficulty utilizing translation services. Survey and focus group respondents report the need for additional network specialists including: (1) Mental health practitioners (adult and child); (2) Pediatric specialists; (3) Physical therapists; (4) Dermatology; and (5) Gastroenterologists

The next steps are to finish conducting the focus groups and individual interviews this month, identify trends, opportunities and interventions based off the survey results, and then implement them. Finally, we are going to develop a year round provider engagement strategy to keep a pulse on provider satisfaction with this year being the baseline and then conduct other surveys to get a pulse if we are improving with satisfaction.

9. **Case Management / Behavioral Health**
    a. **Crisis & Suicide Prevention Line - 988**

Ms. Angela Chen, Director, Case Management & Behavioral Health, provided a presentation on the County of Santa Clara Crisis & Suicide Prevention Lifeline – 988. She noted that as of last month, members and their loved ones can now dial 988 to reach the Crisis & Suicide Prevention Line, where they can speak to a trained crisis counselor for help if they are experiencing thoughts of suicide or having a mental health, substance abuse crisis or any other type of emotional distress. The lifeline is anonymous, confidential and free to use 24/7, and available in over 200 languages. Ms. Chen advised that the Mental Health and Gateway Call Centers have merged. Instead of having two different phone numbers for individuals to call for mental health or substance abuse treatment services, individuals can now call just the one number at 800-704-0900 for any non-crisis support. The calls continue to be answered by Health Services representatives and transferred to licensed clinicians as appropriate. She encouraged council members to print the provided 988 Crisis Suicide Prevention Lifelines flyers and post around their offices for patients to access. She noted the flyers are also available on the county website as well. Council member inquired about what happens after the call, asking what happens members make the call and if they get follow-up with psychiatrist and/or counselor because there is a lack of providers. Ms. Chen noted BH Services has initiated multiple steering committees and workgroups with County Mental Health Department to talk about the ways to expedite the access to care. A brief review of 2022 Member Behavioral Health Experience Survey was provided.

10. **Old Business**

There was no old business discussed.

11. New Business
a. Save the Date: CME on M2M Behavioral Health
Dr. Nakahira, CMO, informed the council of the Continuing Medical Education (CME) scheduled for November 8, 2022, at Fiorillo's Banquet Facility. A virtual session is also scheduled for November 15th. The topic of education is Mild to Moderate Behavioral Health. Details to follow as the event draws closer.

12. Discussion / Recommendations
There were no further discussions and/or recommendations.

13. Adjournment
The meeting adjourned at 1:45 p.m. The next meeting is scheduled for Wednesday, November 9, 2022.

_____   _____
Thad Padua, Chair   Date

Santa Clara Family Health Plan™

Membership by Line of Business

- Medi-Cal
- CMC

10,469
3%

307,490
97%

Total Membership: 317,959

Medi-Cal Membership by Network

2,345
1%

17,041
6%

36,859
12%

3,473
1%

7,431
2%

158,322
52%

46,111
15%

16,544
5%

19,364
6%
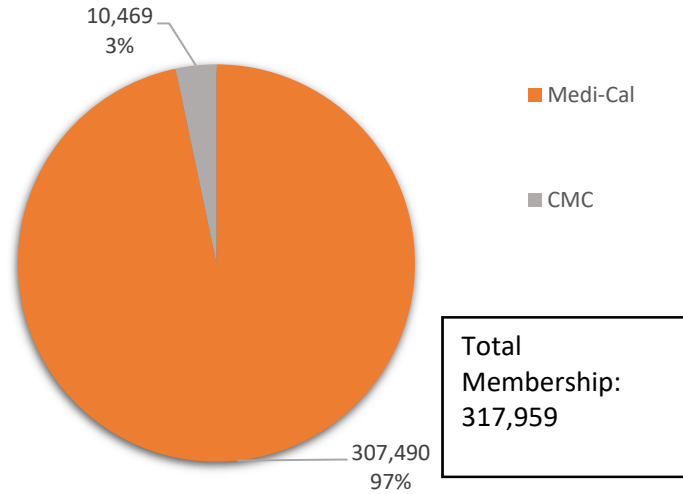
- ADMIN-MEDI-CAL ONLY
- ADMIN-MEDICARE PRIMARY
- KAISER PERMANENTE
- NEMS
- PALO ALTO MEDICAL FOUNDATION
- PHYSICIANS MEDICAL GROUP
- PREMIER CARE
- SCFHP DIRECT
- VHP NETWORK
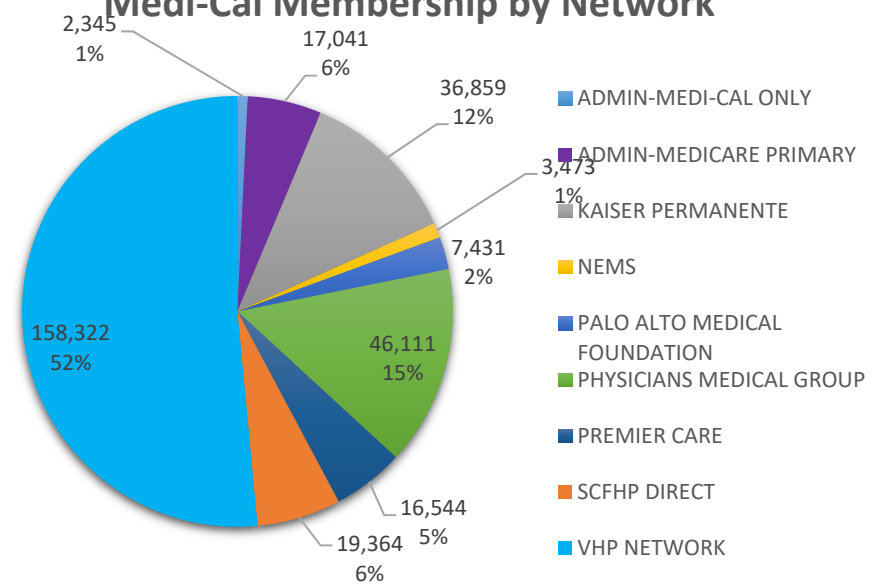
Medi-Cal Membership by Aid Category

1,100
0%

41,377
14%

52,501
17%

103,950
34%

108,562
35%

- Child
- ACA
- SPD
- Adult
- LTC
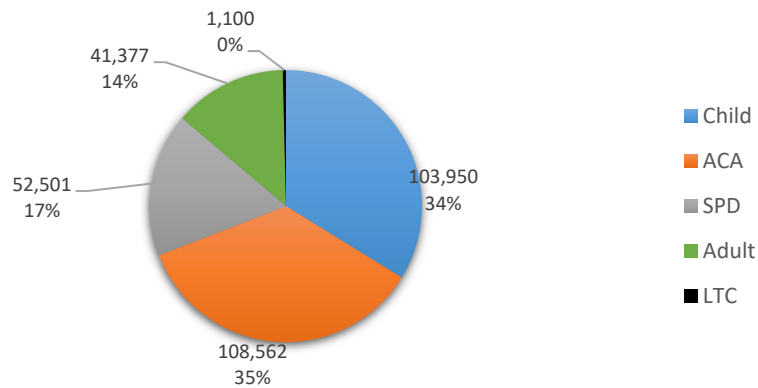
Medi-Cal Membership by Dual Status

28,205
9%

279,285
91%

- Dual
- Non-Dual

PAC Medi-Cal Membership by Age Group & Network – 2022 Nov.

Santa Clara Family Health Plan

Medi-Cal Membership by Age Group

105,965
34%

201,525
66%

- 0 to 18
- >=19
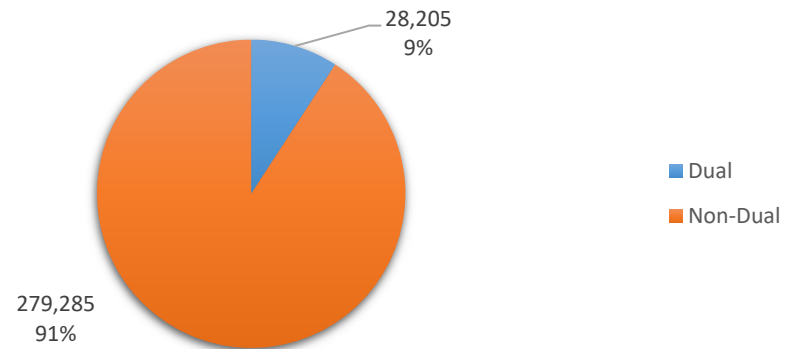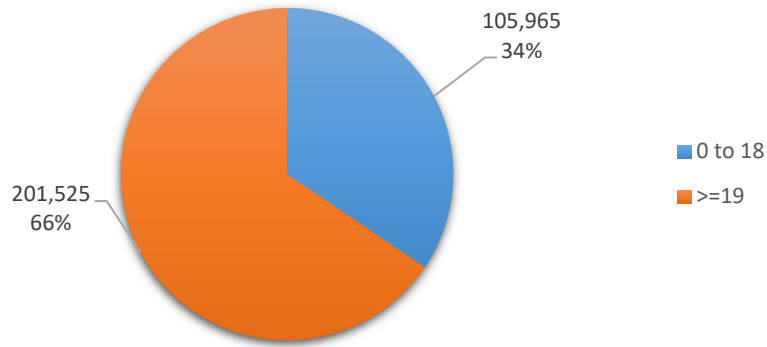
Medi-Cal Membership by Language

37,516
12%

10,401
3%

3,175
1%

79,306
26%

11,285
4%

165,807
54%

- Chinese
- English
- Other
- Spanish
- Tagalog
- Vietnamese

PAC Medi-Cal Membership by Age Group & Network – 2022 Nov.

Santa Clara Family **Health Plan**™
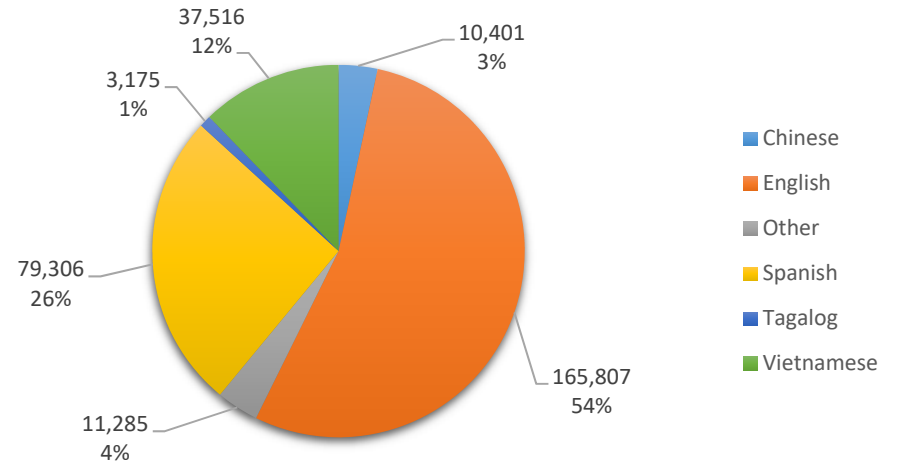
Medi-Cal Membership by Age Group and Network
November 2022

Age Group	SCFHP Direct	VHP	Kaiser	PAMF	PMG	Premier Care	NEMS	Admin-Medi-Cal Only	Admin-Medicare Primary	Total	%
0 to 6	1,571	14,055	4,688	510	5,839	869	230	261		28,023	9.1%
18 to 34	6,090	44,717	9,604	1,626	10,964	4,339	810	648	227	79,025	25.7%
35 to 44	1,905	14,873	3,362	549	3,197	1,420	304	196	295	26,101	8.5%
45 to 54	1,838	15,553	2,996	591	3,878	2,415	357	246	447	28,321	9.2%
55 to 64	1,741	19,216	3,194	778	4,248	2,821	497	422	909	33,826	11.0%
6 to 17	5,445	33,316	9,861	1,702	16,237	3,927	722	348		71,558	23.3%
65 to 74	382	9,621	1,443	360	1,094	554	303	140	6,658	20,555	6.7%
75 to 84	319	5,065	1,012	701	508	159	204	61	5,413	13,442	4.4%
>= 85	73	1,906	699	614	146	40	46	23	3,092	6,639	2.2%
Grand Total	**19,364**	**158,322**	**36,859**	**7,431**	**46,111**	**16,544**	**3,473**	**2,345**	**17,041**	**307,490**	**100.0%**
Percentage	6.3%	51.5%	12.0%	2.4%	15.0%	5.4%	1.1%	0.8%	5.5%	100.0%	

PAC Medi-Cal Membership by Age Group & Network – 2022 Nov.

CalAIM Population Health Management Overview

November 2022

CalAIM Population Health Management

Overview

- Cornerstone of CalAIM

- Launch on 1/1/2023

- Establish a cohesive, statewide approach that ensures Medi-Cal members have access to a comprehensive program that leads to longer, healthier and happier lives, improved health outcomes, and health equity

- proactively assess and address the care needs of beneficiaries with tailored interventions.

- MCPs will be required to meet the National Committee for Quality Assurance's standards for Population Health Management

CalAIM Population Health Management

Overview

- A comprehensive, accountable plan of action for addressing member needs and preferences across the continuum of care, which requires plans to:
  - Build trust and meaningfully engage with members;
  - Gather, share, and assess timely and accurate data on member preferences and needs to identify efficient and effective opportunities for intervention through data-driven risk stratification processes, predictive analytics, identification of gaps in care, and standardized assessment processes;
  - Focus on upstream approaches that link to public health and social services and supports members staying healthy through wellness and prevention services;
  - Provide care management, care coordination and care transitions across delivery systems, settings, and life circumstances; and
  - Identify and mitigate social drivers of health to reduce disparities.

CalAIM Population Health Management

Key Takeaways

- PHM Framework
  - PHM Strategy and Population Needs Assessment
  - Gathering Member Information
  - Understanding Risk
  - Providing Services and Supports
  - Revised approach to Population Health Strategy and Needs Assessment
- Streamlined Screening & Assessment Process
- Statewide database (PHM Service) for RSS and data sharing
- Introduction of Basic Population Health Management for all members
- Transitional Care Services required for members transitioning between care venues
- Ongoing monitoring of PHM Program effectiveness

CalAIM Population Health Management

Implementation Timeline

- **April 2022** – DHCS published PHM Strategy and Roadmap draft

- **July 2022** – DHCS published final PHM Strategy and Roadmap

- **August 2022** – DHCS published final PHM Program Guide

- October 21, 2022 – PHM Strategy Readiness Deliverable due

- **January 1, 2023** – PHM Program statewide implementation

- **June 2023/Q2** – first PHM Quarterly Implementation Reporting due

- **July 2023** – PHM Service statewide deployment

- **October 2023** – submit comprehensive annual PHM strategy

CalAIM Population Health Management

Accomplishments and Next Steps

- PHM Program Readiness Deliverable submitted 10/21/22

- Internal cross-departmental workgroups established to gather information and understand risk of members before implementation of services and supports

- PHM Program Services and Supports:
  - Basic Population Health Management
  - Care Management Programs
    - Complex Care Management (CCM)
    - Enhanced Care Management (ECM)
    - Transitional Care Services (TCS)

HEDIS Postpartum Follow-Up

Mai Chang, Director, Quality & Process Improvement

Postpartum Visit Compliance

HEDIS Specifications

- Postpartum visit on or between 7 and 84 days after delivery

- Requires one of the following:
  - Postpartum visit
  - Cervical cytology
  - Bundled service
- Telehealth visits do not count towards numerator compliance
  - Physical exam required

Questions?

Nurse Advice Line and MD Live Utilization

November 2022

Nurse Advice Line Utilization

Summary of Utilization by Quarter

	Q1 2022 # of Calls	Q2 2022 # of Calls	Q3 2022 # of Calls	Total # Calls	Membership by network*
Valley Health Plan	1,551	1,856	2,050	5,457	52%
Physicians Medical Group	172	229	225	626	16%
SCFHP Direct	157	164	184	505	6%
No Network	39	46	50	135	6%
Palo Alto Medical Foundation	25	37	50	112	2%
Premier Care	29	34	30	93	5%
North East Medical Services	15	6	8	29	1%
Total # of Calls	1,988	2,372	2,597	6,957	

*Average percentage of membership by network in 2022 to date. Kaiser retains the remaining 12% average of Medi-Cal membership not included in above table

Nurse Advice Line Utilization

Disposition of Calls

	Follow Up with PCP	Home Care	Immediate Attention	Information Only	Total # Calls
Valley Health Plan	2,390	1,050	1,752	265	5,457
Physicians Medical Group	268	132	209	17	626
SCFHP Direct	246	74	167	18	505
No Network	49	13	61	12	135
Palo Alto Medical Foundation	46	17	41	8	112
Premier Care	36	17	33	7	93
North East Medical Services	9	2	15	3	29
Total # of Calls	3,044	1,305	2,278	330	6,957

*Average percentage of membership by network in 2022 to date. Kaiser retains the remaining 12% average of Medi-Cal membership not included in above table

Nurse Advice Line Utilization

Disposition of Calls

Disposition of Calls to Nurse Advice Line

MD Live Utilization

Disposition of Calls

	February	March	April	May	June	July	Total	Membership by network*
Valley Health Plan	50	66	53	89	112	92	462	52%
SCFHP Direct	7	10	8	9	15	8	57	6%
Physicians Medical Group	6	7	6	11	9	11	50	16%
No Network	5	2	2	5	2	6	22	6%
Palo Alto Medical Foundation	2	2	1	1	3	2	11	2%
Premier Care	2	1	2	3	0	2	9	5%
North East Medical Services	2	1	1	0	0	1	5	1%
Total # of Calls	74	89	73	118	141	122	616	

*Average percentage of membership by network in 2022 to date. Kaiser retains the remaining 12% average of Medi-Cal membership not included in above table
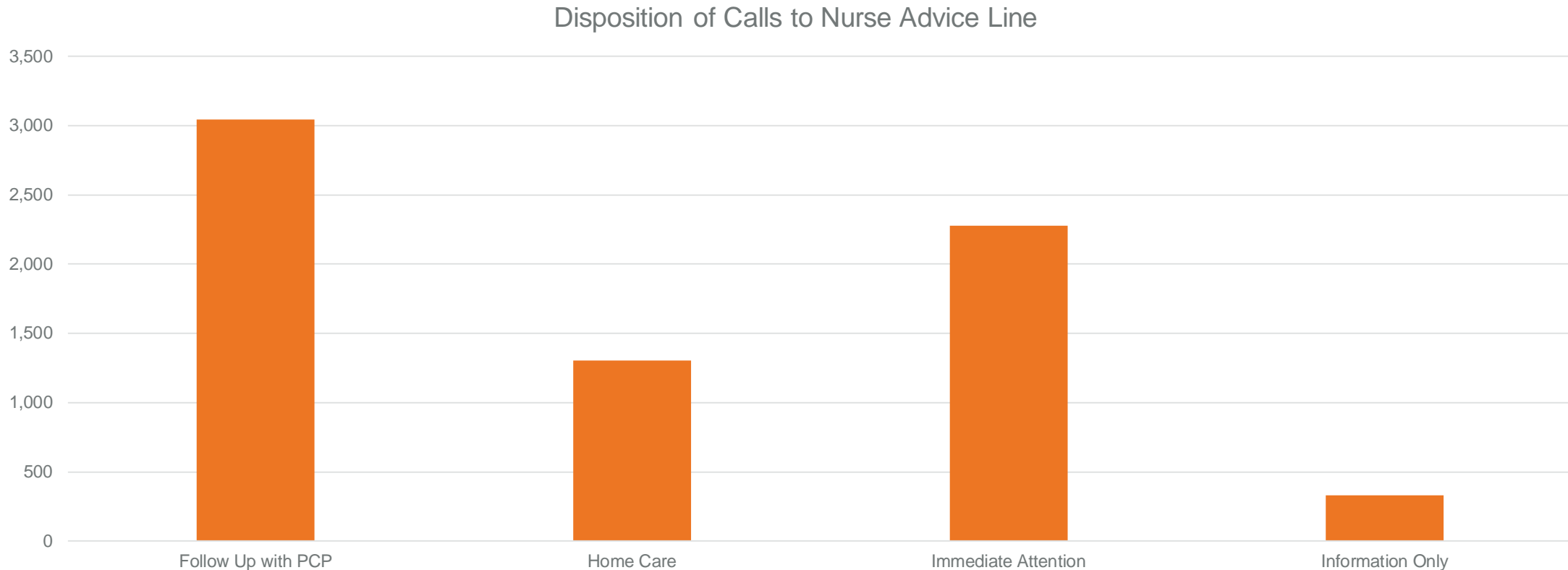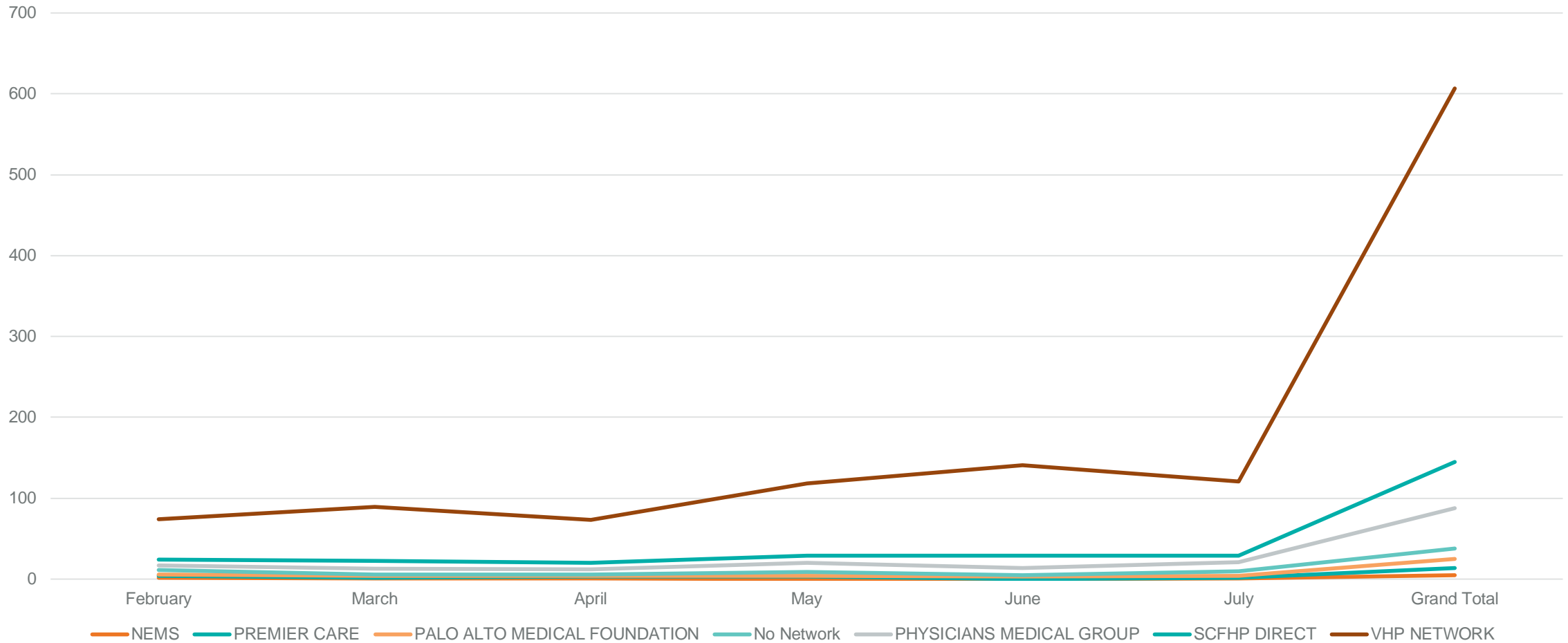
MD Live Utilization

MD Live Utilization Trend

Legend: NEMS — PREMIER CARE — PALO ALTO MEDICAL FOUNDATION — No Network — PHYSICIANS MEDICAL GROUP — SCFHP DIRECT — VHP NETWORK

2023

Santa Clara Family Health Plan

JANUARY

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
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FEBRUARY

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MARCH

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APRIL

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MAY

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JUNE

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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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NOVEMBER

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DECEMBER

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31						

Committee Meeting Schedule

Committee	Dates
Governing Board 12:00pm – 2:30pm	March 23; June 22; September 28; December 14
Executive/Finance Committee 10:30am – 12:30pm	January 26; February 23; April 27; May 25; July 27; August 24; October 26; November 16
Compliance Committee 1:30pm – 2:30pm	January 18; February 23; May 25; August 24; November 16
Provider Advisory Council 12:15pm – 1:45pm	February 8; May 10; August 9; November 8
Consumer Advisory Committee (Medi-Cal) 6:00pm – 7:00pm	March 7; June 6; September 5; December 5
Quality Improvement Committee 6:00pm – 7:30pm	January 10; February 14; March 14; April 11; May 9; June 13; July 11; August 8; September 12; October 10; November 14
Utilization Management Committee 6:00pm – 8:00pm	January 18; April 19; July 19; October 18
Credentialing Committee 12:15pm – 1:30pm	February 1; April 5; June 7; August 2; October 4; December 6
Pharmacy & Therapeutics Committee 6:00pm – 8:00pm	March 16; June 15; September 21; December 14
Consumer Advisory Board (CAB) 11:30am – 1:00pm	March 2; June 1; September 7; December 7