

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

Tuesday, May 13, 2020, 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
Michael Griffis, MD
Bridget Harrison, MD
Jimmy Lin, MD
David Mineta
Peter L. Nguyen, DO
Sherri Sager
Hien Truong, MD

Staff Present

Christine Tomcala, CEO
Laurie Nakahira, DO, CMO
Chris Turner, COO
Dang Huynh, PharmD, Director, Pharm
Janet Gambatese, Director, PNM
Johanna Liu, PharmD, Director, Quality &
Process Improvement
Angela Chen, Manager, UM
Brandon Engelbert, Manager, PNM
Angelique Tran, Supervisor Prior
Authorization
Robyn Esparza, Administrative Assistant

Committee Members Absent

Meg Tabaka, MD, Resident

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.

2. Meeting Minutes

The previous minutes from February 11, 2020 were reviewed. Dr. Padua called for a motion to approve the minutes from the February 11, 2020 Provider Advisory Council (PAC) meeting. Dr. Lin moved to approve the minutes. Dr. Nguyen seconded the motion. The motion passed 9 out of 9.

3. Public Comment

There was no public comment.

4. Chief Executive Officer Update

Christine Tomcala, CEO, presented the April 2020 Enrollment Summary, noting total enrollment of 243,774, with 8,725 members in Cal MediConnect and 235,049 members in Medi-Cal (MC). Ms. Tomcala shared that the Plan is seeing an increase in MC membership, largely due to the State temporarily suspending disenrollment of members due to COVID-19. The Plan's current May enrollment stands at 249,500 members.

Ms. Tomcala presented a table outlining SCFHP's responses to the COVID-19 crisis. She briefed the council on the Plan's efforts related to the crisis.

5. Quality

Johanna Liu, PharmD, Director of Quality & Process Improvement provided the council with an update on the HEDIS process. Dr. Liu noted that due to COVID-19virus, there are some unprecedented allowances. With regard to the Cal MediConnect line of business, CMS advised the Plan that they are not requiring the Plan to report on HEDIS for measurement year 2019. The announcement took place in the middle of the medical record review season, so we stopped outreach for medical records after the announcement. We continued to collect data for providers or groups that we had access to their EMR, and for charts that were already submitted to us for the purpose of internal quality measurement and improvement. So, that did put us at risk of having incomplete medical records from our HEDIS season. Regarding Medi-Cal, we are still required to report by DHCS, but they also made some allowances. We are allowed to substitute out hybrid measures, using our previous year's rate. Hybrid measures are those measures that are a combination of our claims and encounter data plus medical record review data. There also was an APL that came out recently that said they will not hold us to 50th percentile benchmarks for hybrid measures. Previously, they had said that we would receive sanctions, including monetary penalties if we didn't meet that 50th percentile. So, we have put our pencils down so to speak in that all of the data collection and measuring has been completed for calendar year 2019. Now, we are in audit phase of the HEDIS season, where we need to show that our data is correct and the charts were reviewed appropriately and all of that to our HEDIS auditors. After that, we will finalize rates and scores for this year. Dr. Liu inquired if the council had any questions for her.

Dr. Griffis inquired when Dr. Liu expects to have the report card over to Physicians Medical Group for 2019. Dr. Liu noted that we normally wait until the auditors have sort of approved and locked our rate before we do an official report card. She believes there's going to be some unofficial numbers coming out soon just for the sake of process improvements and discussion, but then after we do lock our rates, we do share their final rates with you probably in July. Dr. Griffis inquired about the rate lock for NCQA and HSAG for Medi-Cal. Dr. Liu noted that the Plan is locked in the sense of what we submitted to them already. We are not allowed to alter that during the audit process. However, if they find errors, we may have to do kind of take back some of what we claimed like a corrected chart for example. So, all will not be finalized until like mid-June.

6. Utilization Management Revised Pre-Authorization Form

Angela Chen, Manager, Utilization Management, provided the council with an update on the status of the Prior Authorization Portal. Ms. Chen noted that we are back up and running as of 05/01. We are seeing a slow ramp up in the prior authorization requests that we're receiving, but we are tracking it on a daily basis to see what the trends look like and how it compares to what it was before the PA suspension. She noted the last time, we had shared our new Prior Authorization Request form and we were talking about our working with it and getting our provider portal up and running. We are continuing to test entering the authorizations on the provider portal. We are noticing some glitches here and there, but we are working with I.T. very closely to work out those out with HealthX, and we will have more of an update at the next meeting.

7. Provider Network Management Updates

Brandon Engelbert, Provider Network Manager, advised the council on Provider Training and Education endeavors. With respect to training and with the current landscaping shifting ever so slightly, he noted the PNM Department is working on the process of refining a virtual outreach process with plans of going virtual

in the near future. And, hopefully, as situations arise, perhaps to that we wander into the territory of meeting with providers on an individual or collective basis, depending on the subjects or the topics to cover. He noted PNM is working on the 2020 Provider Performance Program and another kind of mission critical targeted training outreach campaigns.

Dr. Laurie Nakahira, CMO, advised the council of an upcoming provider education related to lead screening for children. She noted we there will be information coming out to providers about what's coming up from the legislation on providing lead screening for our children the first year at 12 months and at 24 months.

8. Old Business

There was no new old business items presented.

9. New Business

Dr. Nakahira, CMO, lead a discussion on Continuing Medical Education (CME). She noted the Plan hasn't had a CME in about 15 months and wanted to bring this to PAC and talk about what subjects or areas of interest there are for a topic of interest. The last CME was related to ABA services, which had a great turn out. The Plan was to have one in the third quarter of this year, but is unsure how we're going to be able to provide that due to COVID. She noted the Plan would like to address behavioral health, especially in this time of social isolation, depression, and anxiety with COVID, how to get services, what services can be provided to primary care, and how to get services within our community within both lines of business of Medi-Cal and CMC. Dr. Nakahira would like to open it up to the council to see if there is anything in particular that they'd like to have us address in the future with CME planning.

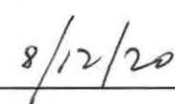
Dr. Padua agrees with planning around behavioral health and anxieties since the clinic is seeing a lot of it. For the primary care physician, it might be a topic that providers will be interested in, trying to help members deal with stressors of COVID. Dr. Lin suggested doing both anxiety and mild to moderate depression.

Dr. Nakahira inquired if providers in the community would be willing to receive this education in a virtual setting via Zoom if the Plan is unable to provide the CME in a typical in-person setting due to COVID. Dr. Harrison suggested education on best practices of telehealth. She shared that her hospital residents put together something really helpful and useful. A lot of providers are conducting telehealth for the first time. Ms. Clara Adams shared that she does approximately 35 telehealth visits a week. She noted she is seeing a variety of stressors with anxiety being the main one. She noted a lot of patients do not have access to the internet for the purpose video appointments. She stressed having to be creative in how to communicate with them. Providers are trying to assess patients over the phone, just to make sure that they're doing okay. There are some instances where she is actually talking to people a couple of times a week because they're trying to deal with life and finances, and not being able to see her in person. She thinks providers need to have some support in how to work with the client population, which the council collectively agreed.

10. Adjournment

The meeting adjourned at 1:20 p.m. The next meeting is scheduled for August 12, 2020.



Dr. Thad Padua, Chair

Date