

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

Wednesday, June 9, 2021, 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

Emergency Medicine  
Adult & Child Psychiatry  
Pediatrics  
Pediatrics  
Internist

Geriatric Medicine

Pediatrics

### Staff Present

Chris Turner, Chief Operating Officer  
Laura Watkins, Vice President , Marketing and  
Enrollment  
Johanna Liu, PharmD, Director, Quality &  
Process Improvement  
Janet Gambatese, Director, Provider Network  
Operations  
Tyler Haskell, Interim Compliance Officer  
Lucile Baxter, Manager, Quality & Health  
Education  
Mike Gonzalez, Manager, Community  
Resource Center  
Natalie McKelvey, Manager, Behavioral Health  
Theresa Zhang, Manager, Communications  
Gaya Amirthavasari, Process Improvement  
Project Manager, Quality Improvement  
Victor Hernandez, Program Manager,  
Grievance and Appeals  
Kelly Davey, Supervisor, Grievance & Appeals  
Karen Fadley, Provider Database Analyst,  
Provider Network Operations  
Nancy Aguirre, Administrative Assistant  
Rita Zambrano, Administrative Assistant

### 1. Roll Call

Ria Paul, MD, Chair, called the meeting to order at 6:02 pm. Roll call was taken and quorum was established.

### 2. Public Comment

There were no public comments.

### 3. Meeting Minutes

Minutes of the April 14, 2021 Quality Improvement Committee (QIC) meeting were reviewed when a quorum was established.

**It was moved, seconded and** the minutes of the 04/14/2021 QIC meeting were **unanimously approved**.

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

#### 4. CEO Update

Christine Tomcala, Chief Executive Officer, reported the current Plan membership is approximately 282,670 members, reflecting an 11.3% increase over the last year, since June 2020. Of which, approximately 10,080 are Cal MediConnect (CMC) members and 272,590 are Medi-Cal (MC) members. Santa Clara Family Health Plan (SCFHP) exceeded the 10K CMC member milestone.

Ms. Tomcala announced the state will restart MC redetermination as of January 2022. A decline in membership is anticipated.

SCFHP is working on the CalAIM initiative with the county to transition their Whole Person Care (WPC) members, as well as our Home Health members, into the new ECM and ILOS programs. The deadline for the transition plan is July 1<sup>st</sup>, 2021.

Ms. Tomcala noted the Blanca Alvarado Community Resource Center (CRC) continues to host vaccination clinics and have expanded clinic hours to evenings and weekends, with no appointment necessary. Over 1,000 vaccines have been administered at the CRC. A soft opening of the CRC will begin with application assistance this month.

Dr. Lin asked where the CRC is located. Ms. Tomcala informed the committee the CRC is located on McKee Rd. and Capitol Ave, in place of the Home Town Buffet. SCFHP plans to open the CRC in September, 2021.

Dr. Paul asked which vaccine is being administered. Ms. Tomcala explained the county determines which vaccine will be administered based on availability.

#### 5. Assessment of Member Cultural and Linguistic Needs and Preferences

Janet Gambatese, Director, Provider Network Operations, presented the Assessment of Member Cultural and Linguistic Needs and Preferences. Ms. Gambatese explained SCFHP conducts this assessment on an annual basis to study the cultural, ethnic, racial, and linguistics needs of its members.

Ms. Gambatese reviewed the Santa Clara County demographics, gathered from the US census and statistical atlas, as well as their spoken languages. SCFHP utilizes this information to develop this assessment.

Ms. Gambatese also reviewed the percentage of the SCFHP Network Providers who speak the threshold languages (English, Spanish, Vietnamese, Tagalog, and Chinese). Language line interpreter services, including face-to-face interpreter services, were also reviewed, as well as the member grievances for said interpreter services. The Consumer Assessment of Healthcare Provider Survey (CAHPS) results were reviewed.

In conclusion, the assessment revealed there are no significant disparities in meeting member cultural, ethnic, racial, and linguistic preferences, which concludes member needs are being met. SCFHP will continue to seek diverse providers with the racial, ethnic, cultural, and language diversity and skills needed to ensure our member population's needs continue to be met.

Dr. Alkoraishi pointed out the discrepancy in Ms. Gambatese's presentation, regarding the reported percentage reflecting over 100%. Ms. Gambatese explained this is due to the multiple counts of a member's ethnicity. This information is obtained through the US Census, so we may not be able to resolve this.

**It was moved, seconded and** the Assessment of Member Cultural and Linguistic Needs and Preferences was **unanimously approved.**

**Motion:** Dr. Alkoraishi

**Second:** Dr. Lin

**Ayes:** Dr. Dawood, Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala

**Absent:** Dr. Arnold

## 6. 2020 Impact Analysis

Gaya Amirthavasar, Project Manager, Process Improvement, presented the 2020 Impact Analysis in place of Angela Chen, Interim Director, Case Management. The Impact Analysis is conducted on an annual basis and is based off of the goals set through the Population Health Management (PHM) Strategy, as well as NCQA requirements. The PHM group is composed of staff from the following teams: Case Management (CM), Behavioral Health (BH), Long Term Services and Support (LTSS), Quality Improvement (QI), and Health Education (HE).

Ms. Amirthavasar reviewed the goals and results of Focus Area 1: Keeping Members Healthy; Focus Area 2: Managing Members with Emerging Risk; Focus Area 3: Managing Multiple Chronic Illnesses; Focus Area 4: Patient Safety or Outcomes across Settings; and Focus Area 5: Member Experience with CM Services.

Dr. Lin inquired about incentives for providers to improve the results for the goal in Focus Area 1 (to increase the number of wellness visits of newly enrolled CMC members within their first year of membership). Johanna Liu, PharmD, Director, Quality and Process Improvement, shared the incentive opportunities SCFHP provides to its providers.

Ms. Amirthavasar reviewed the results of the Member Experience Survey for BH, specific to the CM Program, and noted this is SCFHP's first year conducting this survey. The goal was to reach 90% in each targeted area. SCFHP did not meet 4 out of 5 areas, and will continue to monitor the BH program to implement changes for improvement.

**It was moved, seconded and** the 2020 Impact Analysis was **unanimously approved.**

**Motion:** Dr. Nakahira

**Second:** Dr. Lin

**Ayes:** Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Paul, Ms. Tomcala

**Absent:** Dr. Arnold

## 7. 2021 Population Health Management (PHM) Strategy and Activities and Resources Grid

Ms. Amirthavasar presented the PHM Strategy and Activities & Resource Grid. The PHM Strategy is a document that is reviewed every year and updated if necessary. The PHM Strategy is based on the Impact Analysis as well as the PHM Assessment, and serves as a guide to the CM program.

Ms. Amirthavasar noted a change was made to include elements of our MC line of business in preparation of the MC NCQA accreditation. Similar to previous years, the PHM Strategy consists of 4 tiers to stratify the population. The most complex is Tier 1: Complex Case Management, followed by Tier 2: Chronic Condition Management (Uncontrolled). Tier 3 is Chronic Condition Management (Controlled), and Tier 4: Healthy Members. The goals identified in the PHM strategy did not change from last year since SCFHP was not able to meet the goals, as mentioned in the Impact Analysis.

Ms. Amirthavasar reviewed the Activities and Resources Grid, which is based on the needs results of the Population Health Assessment (PHA), to identify areas of need within the CMC line of business. The QIC discussed the following needs and changes to programming, resources, and the community resources available to address these identified needs from the population assessment. Needs identified included financial insecurity, language, transportation, admissions for sepsis, behavioral health ED admissions, and COVID-19. SCFHP plans to develop a social determinants of health strategy to address members social needs, include the member's preferred spoken language on the Member ID card, hire additional outreach staff

relative to COVID-19 education and vaccination scheduling, provide training and education to staff and utilize the new CRC to address these needs. SCFHP also plans to partner with the community to offer COVID-19 clinics and important communications to reach priority vulnerable groups.

**It was moved, seconded and the 2021PHM Strategy and Activities and Resources Grid was unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Nakahira

**Ayes:** Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Paul, Ms. Tomcala

**Absent:** Dr. Arnold

## 8. Annual Review of QI Policies

Dr. Liu reviewed the Behavioral Health policies: Qi.17, Qi.18, Qi.20, Qi.21, Qi.22, Qi.23, Qi.24, Qi.25, and Qi.27.

- a. **Qi.17** – No changes made
- b. **Qi.18** – No changes made
- c. **Qi.20** – No changes made
- d. **Qi.21** – No changes made
- e. **Qi.22** – No changes made
- f. **Qi.23** – No changes made
- g. **Qi.24** – No changes made
- h. **Qi.25** – No changes made
- i. **Qi.27** – No changes made

**It was moved, seconded, and the QI Policies were unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Alkoraishi

**Ayes:** Dr. Dawood, Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala

**Absent:** Dr. Arnold

## 9. Grievance and Appeals Report Q1 2021

Victor Hernandez, Quality Assurance Program Manager, Grievance and Appeals (G&A), presented the G&A Report Q1 2021.

Mr. Hernandez reviewed the grievance cases received as well as the G&A rate per 1,000 members for MC and CMC. Mr. Hernandez noted a large decrease in CMC grievances received in Q1 2021.

Also reviewed were the Q1 2021 top 3 MC Grievance Categories and the top 3 MC Grievance Subcategories, as well as the MC Appeals by Case Type, Disposition, Overturn Rationale, and Uphold Rationale.

In addition, the Top 3 CMC Grievance Categories and the top 3 CMC Grievance Subcategories were reviewed, as well as the CMC Appeals by Case Type, Disposition, Overturn Rationale, and Uphold Rationale.

Ms. Tomcala asked for an explanation of what the overturn rationale for Plan Directed Care. Mr. Hernandez reported back to Ms. Tomcala with a detailed explanation offline.

**It was moved, seconded, and the G&A Report Q1 2021 were unanimously approved.**

**Motion:** Dr. Foreman

**Second:** Dr. Lin

**Ayes:** Dr. Alkoraishi, Dr. Dawood, Dr. Nakahira, Dr. Paul, Ms. Tomcala

**Absent:** Dr. Arnold

## 10. Quality Dashboard

Dr. Liu reviewed the Quality Dashboard, beginning with Potential Quality of Care Issues (PQI), as well as Member Incentives. Dr. Liu noted a total of 75K mailers were mailed and 35K of gift cards have been distributed since July 2020.

Dr. Liu reviewed the Initial Health Assessment (IHA) and explained the IHA is a comprehensive assessment completed during a new MC member's initial visit with their PCP within 120 days of joining the plan. Reports indicate an increase in completion rate this year.

Dr. Liu reviewed the Outreach Call Campaign. Over the last month, over 8K calls were made, from March 2021 – May 2021, to members to help close gaps in care.

During the pandemic, SCFHP paused conducting Facility Site Reviews (FSRs) and switched to a virtual review instead. Thus far, at least 2 FSRs have been completed. SCFHP is looking forward to conducting future FSRs to expand the provider list.

## 11. Compliance Report

Tyler Haskell, Interim Compliance Officer, reviewed the Compliance Report. SCFHP is currently undergoing the annual MC Validation Audit, required by CMS. Final results will be submitted to CMS by the end of June 2021.

Mr. Haskell reviewed the Department of Health Care Services (DHCS) MC Managed Care Audit and the Department of Managed Health Care (DMHC) MC Managed Care Audit, both of which took place in March 2021.

Mr. Haskell noted SCFHP has been working since last Fall to implement corrective actions relating to the six finding in the final 2020 DHCS audit. The corrective Action Plans (CAPs) have been implemented and are on track to be completed in June.

## 12. UMC Minutes

Dr. Lin reviewed the draft UMC minutes for the 04/21/2021 meeting.

**It was moved, seconded, and the draft minutes of the 04/21/2021 UMC meeting were unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Paul

**Ayes:** Dr. Alkoraishi, Dr. Dawood, Foreman, Dr. Nakahira, Ms. Tomcala

**Absent:** Dr. Arnold

## 13. Credentialing Committee Report

Dr. Lin reviewed the 04/07/2021 Credentialing Committee Report.

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

**Motion:** Dr. Lin

**Second:** Dr. Dawood

**Ayes:** Dr. Alkoraishi, Dr. Foreman, Dr. Nakahira, Dr. Paul, Ms. Tomcala

**Absent:** Dr. Arnold

## 14. Adjournment

The next QIC meeting will be held on August 11, 2021. The meeting was adjourned at 7:31PM.

---

Ria Paul, MD, Chair

---

Date