

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

Wednesday, May 12, 2021, 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: 914 5194 4082  
Passcode: PACMay12th  
<https://zoom.us/j/91451944082>

## AGENDA

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<b>1. Roll Call / Establish Quorum</b>	Dr. Padua	12:15	5 min
<b>2. Public Comment</b> 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	12:20	5 min
<b>3. Meeting Minutes</b> Review minutes of the February 10, 2020 Provider Advisory Committee <b>Possible Action:</b> Approve the February 10, 2020 Provider Advisory Council meeting minutes	Dr. Padua	12:25	5 min
<b>4. Chief Executive Officer Update</b> Discussion on SCFHP membership and current topics <ul style="list-style-type: none"> <li>• Membership Reports</li> </ul>	Ms. Tomcala	12:30	5 min
<b>5. Quality –</b> <ul style="list-style-type: none"> <li>• How to Improve Quality Measures Rates by Documentation</li> </ul>	Ms. Baxter	12:35	15 min
<b>6. Pharmacy</b> <ul style="list-style-type: none"> <li>• Discussion on Drug Reports</li> <li>• Pharmacy Updates</li> </ul>	Dr. Huynh	12:50	10 min
<b>7. Utilization Management</b> <ul style="list-style-type: none"> <li>• Operational Updates</li> </ul>	Dr. Huynh	1:00	5 min

<b>8. Provider Network Operations (PNO) Updates</b>			
• Provider Network Access	Ms. Fadley	1:05	10 min
• Provider Training	Mr. Engelbert	1:15	10 min
<b>9. Old Business</b>			
• CME Update	Dr. Nakahira	1:25	5 min
<b>10. New Business</b>			
• <b>Chief Medical Officer Update</b>			
○ Appropriate ED Utilization	Dr. Nakahira	1:30	10 min
• <b>Trauma Screening / Family Therapy Benefit</b>	Ms. McKelvey	1:40	10 min
• <b>Governmental Affairs</b>			
○ CalAIM	Mr. Haskell	1:50	5 min
<b>11. Discussion / Recommendations</b>	All	1:55	5 min
<b>12. Adjournment</b>	Dr. Padua	2:00	

**Next Meeting: August 11, 2021**

**Notice to the Public—Meeting Procedures**

- Persons wishing to address the Utilization Management Committee 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](http://www.scfhp.com).

**Regular Meeting of the  
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Wednesday, February 10, 2020, 12:15 – 1:45 PM  
Santa Clara Family Health Plan - Teleconference  
6201 San Ignacio Ave, San Jose, CA 95119

## **MINUTES - Draft**

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### **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 23<sup>rd</sup>, 24<sup>th</sup>, 25<sup>th</sup>, 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.

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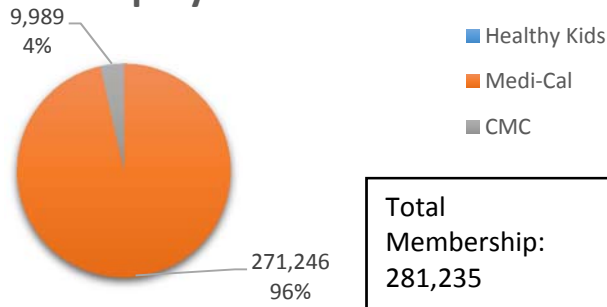
Dr. Thad Padua, Chair

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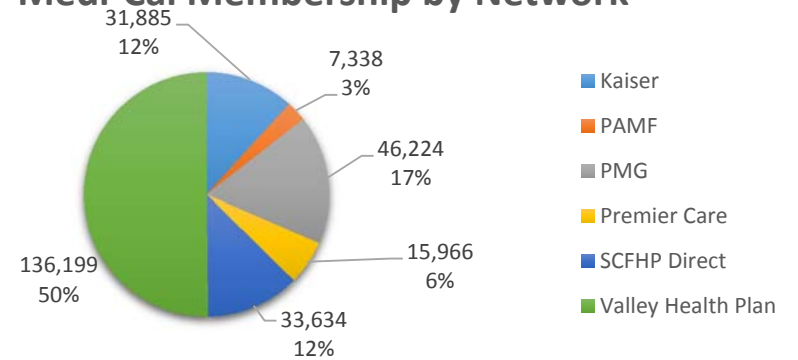
Date

ENROLLMENT SUMMARY  
May 2021

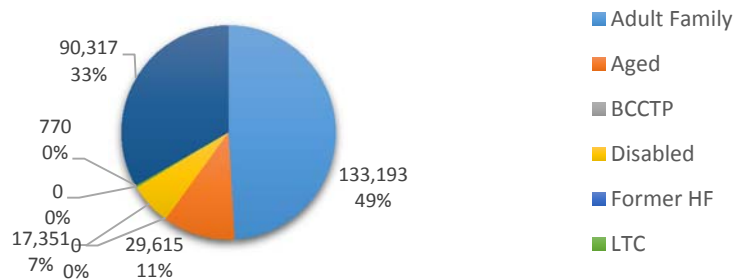
Membership by Line of Business



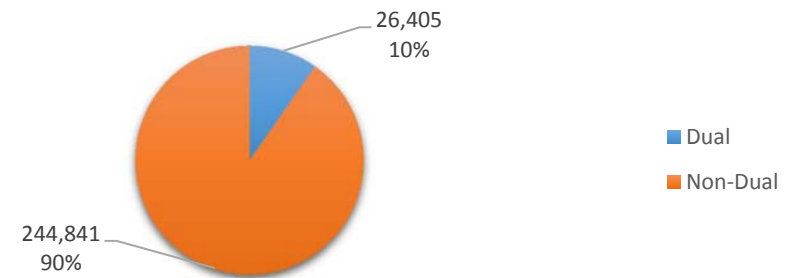
Medi-Cal Membership by Network



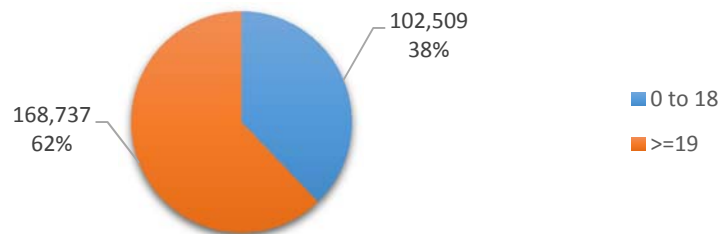
Medi-Cal Membership by Aid Category



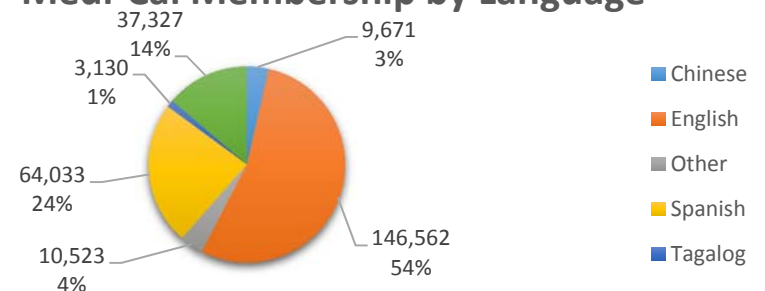
Medi-Cal Membership by Dual Status



Medi-Cal Membership by Age Group



Medi-Cal Membership by Language





Medi-Cal Membership by Age Group and Network  
April 2021

Age Group	SCFHP Direct	VHP	Kaiser	PAMF	PMG	Premier Care	Total	%
0 to 6	1,752	13,897	4,314	541	5,963	983	27,450	10.1%
18 to 34	5,227	37,781	7,784	1,480	10,263	3,734	66,269	24.4%
35 to 44	2,030	12,889	2,873	532	3,240	1,351	22,915	8.4%
45 to 54	1,930	11,395	2,526	577	3,973	2,385	22,786	8.4%
55 to 64	2,448	14,775	2,667	742	4,420	2,722	27,774	10.2%
6 to 17	5,475	32,076	9,083	1,705	16,517	4,166	69,022	25.4%
65 to 74	6,547	7,479	1,078	363	1,143	455	17,065	6.3%
75 to 84	5,354	4,291	964	829	589	137	12,164	4.5%
>= 85	2,871	1,616	596	569	116	33	5,801	2.1%
<b>Grand Total</b>	<b>33,634</b>	<b>136,199</b>	<b>31,885</b>	<b>7,338</b>	<b>46,224</b>	<b>15,966</b>	<b>271,246</b>	<b>100.0%</b>
Percentage	12.4%	50.2%	11.8%	2.7%	17.0%	5.9%	100.0%	

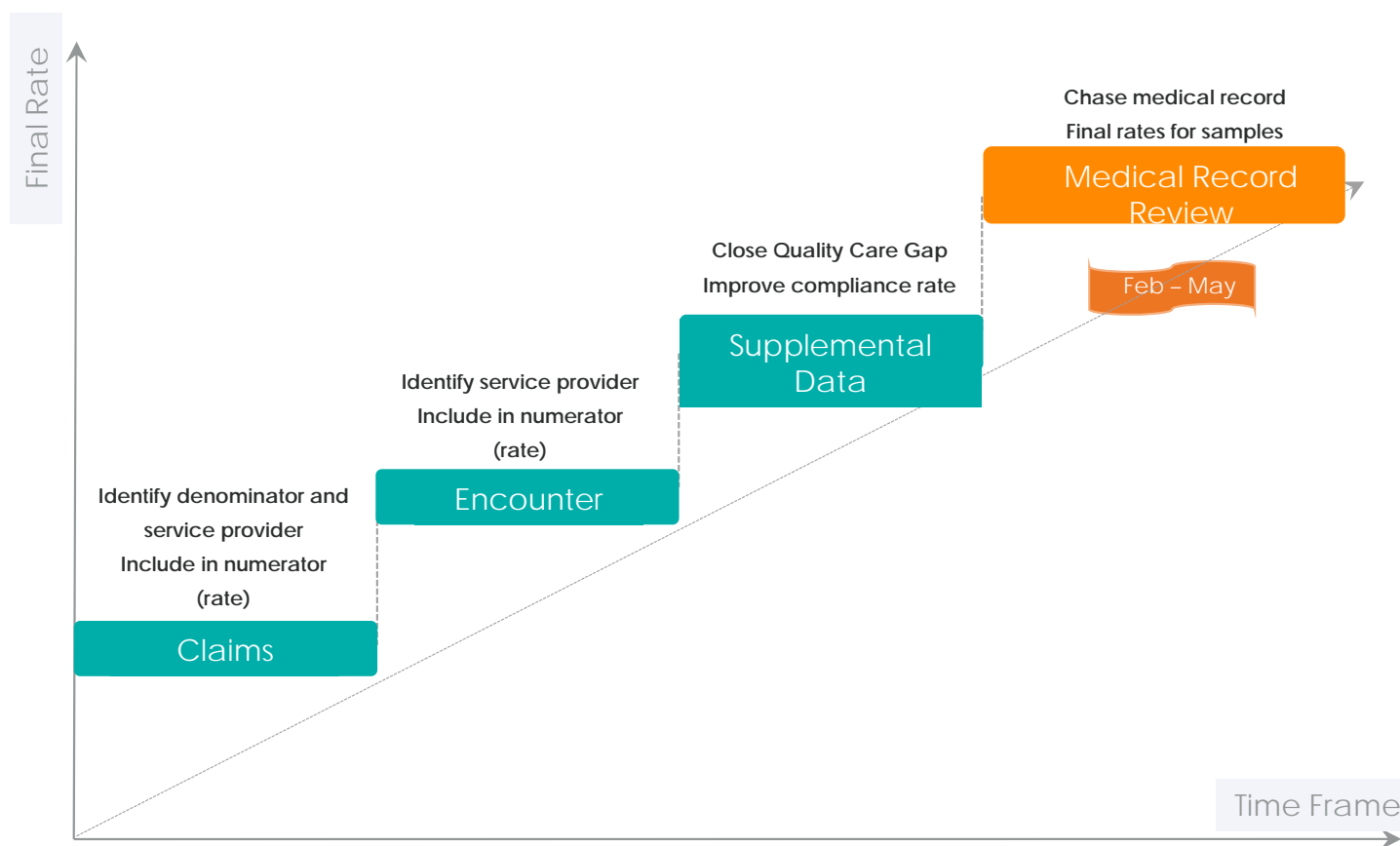


**Santa Clara Family  
Health Plan™**

## How to Improve HEDIS Rate by Documentation?

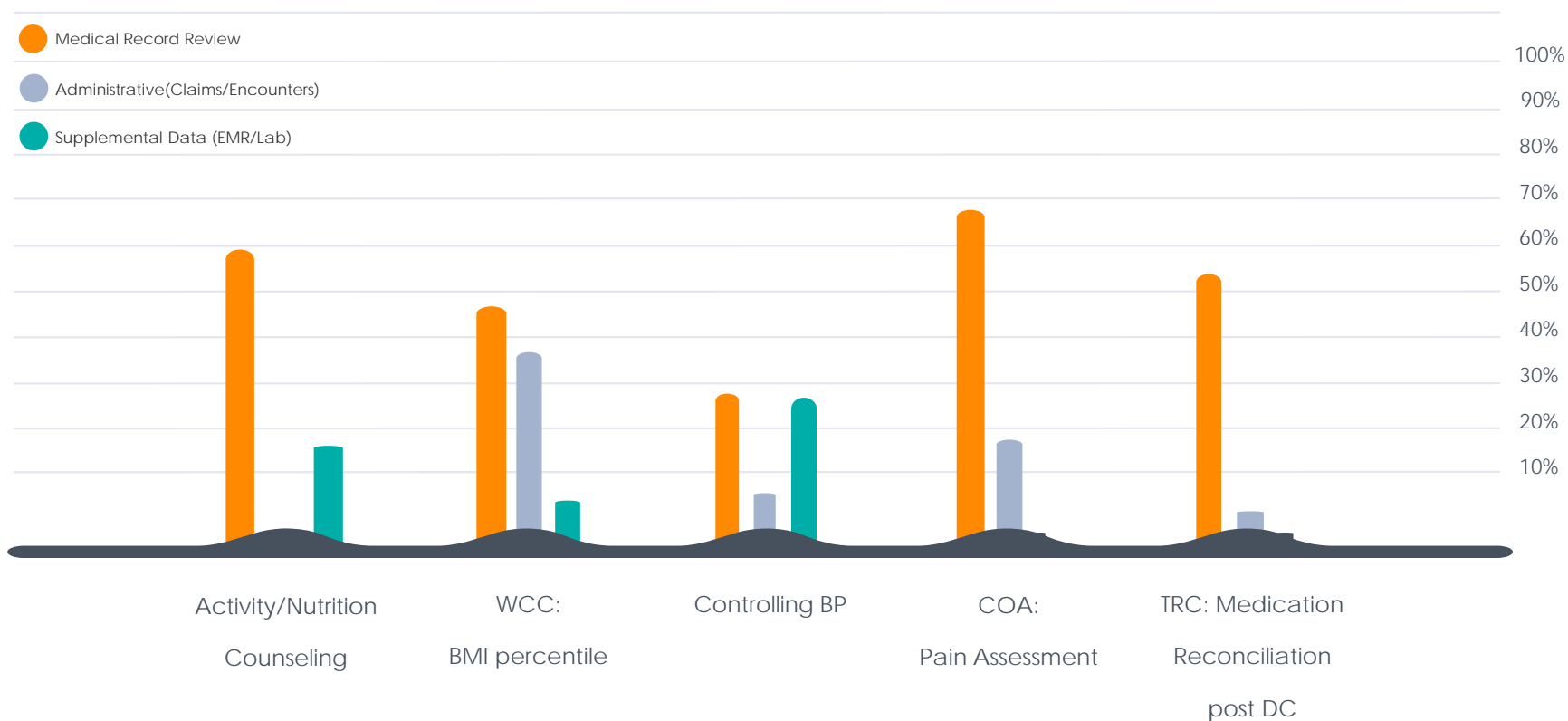
Lucille Baxter, Quality & Health Education Manager

# HEDIS Measure



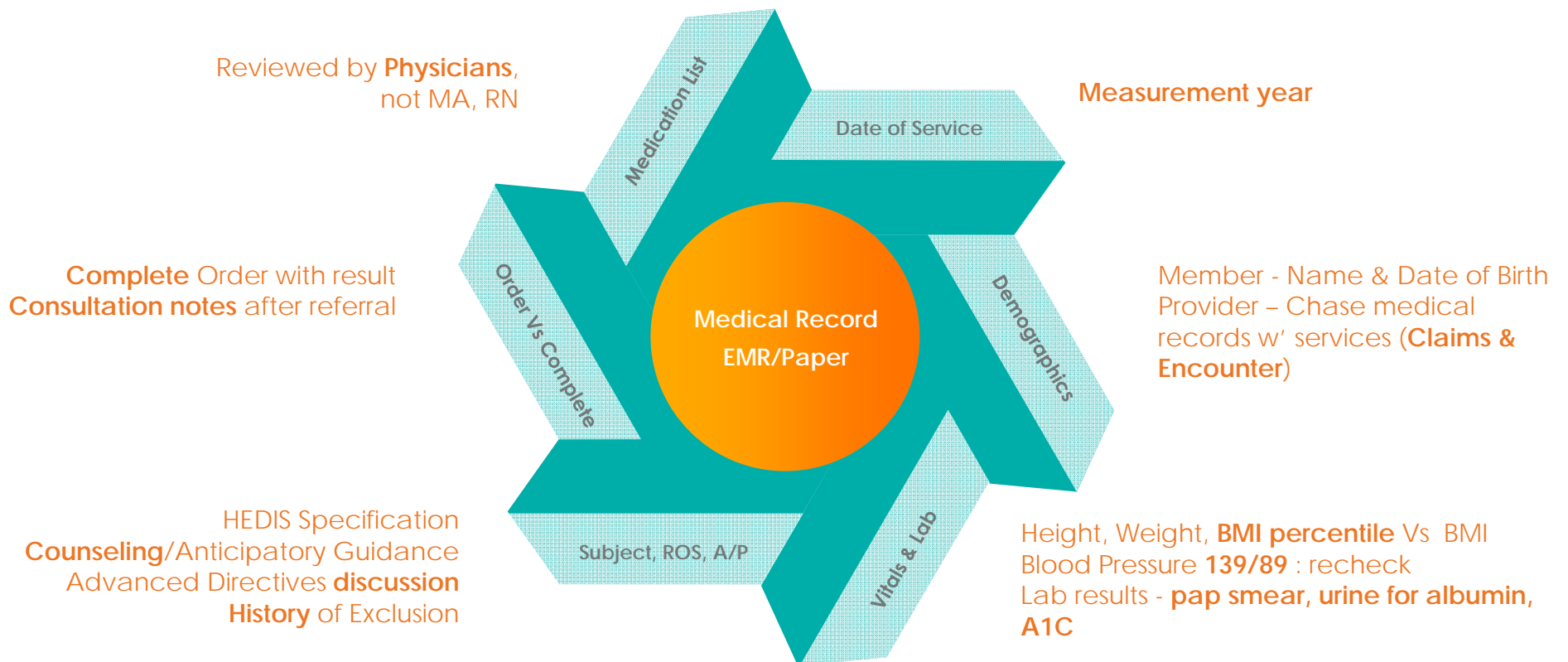
# Medical Record Review Compliance

## Sample size 411



# Medical Record

**M**onitoring **E**valuating **A**ssessing **T**reating



# Hybrid Measures

## Well Visits

- Weight Assessment and Counseling for Nutrition & Physical Activity (age 3 – 17)
- Blood Lead screening
- Childhood Immunization / Immunization for Adolescent



Encourage healthy eating by

- Eating together often as a family
- Serving vegetables, fruits, whole grains, lean protein, and low-fat or fat-free dairy
- Limiting sugars, salt, and low-nutrient foods

Encourage your child to get at least 1 hour of physical activity every day.

# WCC

## Weight Assessment (Height, Weight, BMI Percentile)

Chief Complaint: wcc.  
 History Of Present Illness: Eight year old male presents for well exam. He vomited four times today and not denies abdominal pain, fever, ill contacts, diarrhea, or medications. He is in 2nd grade behavior problem. He is active and has regular dental appointments. He wears glasses last year. He is getting along with others and denies depression.  
 Onset Date: 01/27/2020  
 Allergies: No known allergies  
 Current Medications: Currently not taking medications  
 OBJECTIVE:  
 Vital Signs:

Vitals Recorded on: 01/27/2020 09:30 AM  
 Height: 51.00 in  
 Weight: 74.00 lbs  
 BMI: 20.00

Lbs., Oz	Cms / in	BMI:
Wt: 45	Ht: 3' 6"	B/P: 90/110
%	%	56
Vision: _____	Rt _____	Left _____
Audiometric: _____	Rt _____	Left _____
Temp: 98.1	F° / C°	Hgb _____
HR: 18	SpO2 98	Urine Dip: _____
		RN / MA _____

BMI Percentile, Not BMI

DATE/PROBLEMS: M T W (H) F S 1/2/2020 SC (P) M (S) eff: 7/1/15	S: Q: T: 99 PR: 95 / 57 RR: 63 WT: 42 HT: 3' 6" HEENT: LUNG: HEART: ABDOMEN: EXTREMITIES: OTHER: DTC in 2 weeks	TEST ORDERED BMC: 7 S02: 98 LMP:
Appt time: 4:00 P Check in: Forms done:	APR LMO + impacted cany	

### Height

Time	ft	in	cm	Last Measured	Height Position
1:02 PM					

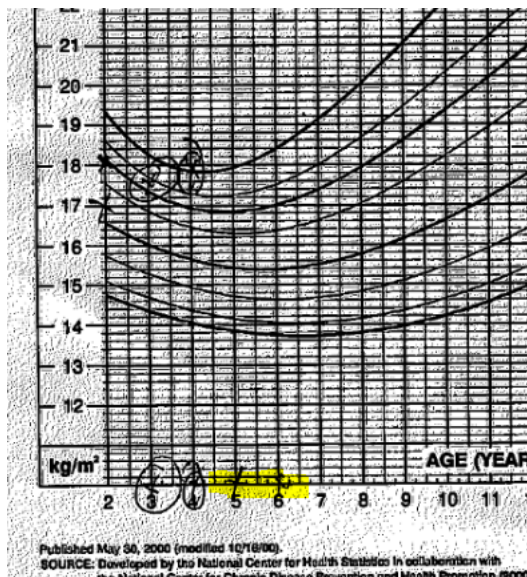
### Weight/BSA/BMI

Time	lb	oz	kg	Weight %	Context	BMI %	BMI kg/m2
1:02 PM	45.00		20.412	22.3	dressed with shoes	0	

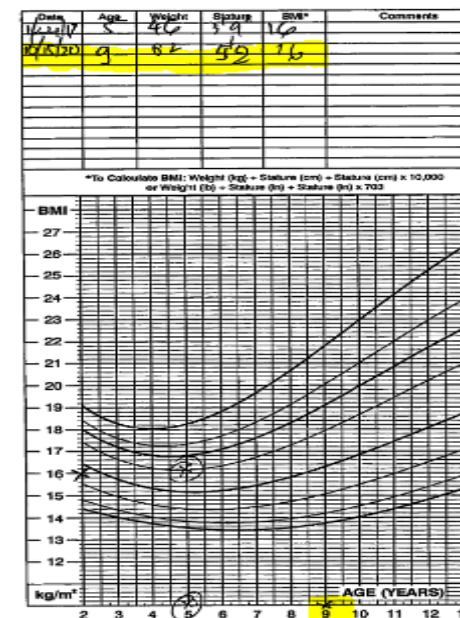
# WCC

## Weight Assessment (Height, Weight, BMI Percentile)

BMI Percentile Chart



Body mass Index-for-age percentiles





# WCC

## Counseling or Anticipatory Guidance for Nutrition


AP # Routine general medical examination at a health care facility (Z00.00): flu shot and mcv.

INST Activity and diet as tolerated. Return if things change, as needed, or for routine checks.

Age appropriate education done. Self refer to OD and DDS

Immunizations: Vaccine: influenza, injectable, quadrivalent Amount: 0.5 Date: 02/08/202  
New Immunization Record

Care Plan: Anticipatory guidance

<i>Clinic Use Only</i>	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Ca
<input type="checkbox"/> Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Dental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Tobacco Exposure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PCP's Signature: 	Print Name: _____				

Chief Complaint:  
OBJECTIVE:  
Physical Exam:


Mother call to refill triviflor. the child is doing fine not eating well

Constitutional: normal  
Eye: normal  
Ears, Nose, Mouth, and Throat: normal  
Neck: normal  
Respiratory: normal  
Cardiovascular: normal  
Lungs: normal  
Chest/Breasts: normal  
Heart: normal  
Gastrointestinal (Abdomen): normal  
Genitourinary: normal  
Musculoskeletal: normal  
Skin: normal  
Neurological/Psychiatric: normal

ASSESSMENT:  
Diagnosis:

ICD-10 Codes:  
1)F509; Eating disorder, unspecified

PLAN:

PLAN:   
Immunizations: Vaccine: influenza, injectable, quadrivalent Amount:  
New Immunization Record  
Care Plan: Anticipatory guidance.

**Social History**  
**General Pediatric - Simple**  
**Diet: Regular**  
Caffeine intake: None  
Parents' marital status: Married

# WCC

## Counseling or Anticipatory Guidance for “Physical” Activity

Notes: Normal physical exam today, reviewed immunizations. Normal hemoglobin for age. Low TB risk. Patient did well on vision and audio screening. Discussed the importance of dental exams 06 months and vision screening yearly. Nutrition and good eating habits discussed at length. Daily activity and decreasing time with TV/computer/video games. Safety and avoidance of drugs/tobacco/alcohol discussed as well as “safe sex.” Discussed depression, eating disorders as well. Personal goals and development also reviewed with patient. Return precautions discussed.

### 2. Needs flu shot

Notes: Questionnaire was completed by parent, reviewed. Risks, benefits discussed. Side effects of vaccine addressed as well. Flu vaccine given today without complications.

### 3. Others

<b>Assessment:</b>	<input checked="" type="checkbox"/> Well Child
Z68-544	- Nutrition counseling done
1	- activity encouraged

**Anticipatory Guidance (Check box if discussed)**

- School readiness
- Accident prevention
- Encourage booster seat / Seat belts
- Regular dental care
- Normal sexual curiosity
- Fears / nightmares
- Limit TV watching
- Review fluoride intake
- Bike helmets
- Smoke exposure?  Yes  No
- Smoking counseling?  Yes  No
- CHDP handout given?  Yes  No

### PLAN:

Immunizations:

Vaccine: influenza, injectable, quadrivalent Amount:  
New Immunization Record

Care Plan:

Anticipatory guidance.

# Blood Lead Screening

## Blood Lead Test

Behavior:  NL

Toxic exposure: Lead  Yes  No Passive Smoking  Yes  No

TB risk:  High  Low

**DEVELOPMENTAL HISTORY**

Screen indicates need for lead test? No

Lead screen indicates need for test? No

# Childhood Immunization & Immunization for Adolescent

## Data entry into CAIR

CAIR ID#: ██████████ Med Rec#: ██████████ Page 1 of 2

VACCINE <i>vacuna</i>	DATE GIVEN <i>fecha de vacunación</i>	DOCTOR OFFICE OR CLINIC <i>médico o oficina</i>	DATE NEXT DOSE DUE <i>próxima vacuna</i>
(3)DTaP-IPV/Hib	12/05/2018	VALLEY HEALTH CENTER EAST VALLEY	
(4)DTaP-IPV/Hib	12/13/2019	VALLEY HEALTH CENTER EAST VALLEY	
MMR (1)MMR	05/01/2019	VALLEY HEALTH CENTER EAST VALLEY	04/07/2022
<b>HEPB</b> (1)HepB-Peds	06/01/2018	VALLEY HEALTH CENTER EAST VALLEY	
(2)HepB-Peds	10/27/2020	VALLEY HEALTH CENTER EAST VALLEY	12/22/2020

### Hepatitis B Vaccines (Series Information)

- 10/27/2020 ✓ Imm Admin: Hep B Vaccine Ped Adolescent 3 Dose
- 06/01/2018 ✓ Imm Admin: Hep B Vaccine Ped Adolescent 3 Dose
- 04/07/2018 ✓ Imm Admin: Hep B Vaccine Ped Adolescent 3 Dose

# Hybrid Measures

## Chronic Diseases Management

- Controlling Blood Pressure
- Diabetes Care
  - A1C Test & Result
  - Retinal Eye exam
  - Nephrology attention

BLOOD PRESSURE CATEGORY	SYSTOLIC mm Hg (upper number)		DIASTOLIC mm Hg (lower number)
NORMAL	LESS THAN 120	and	LESS THAN 80
ELEVATED	120 – 129	and	LESS THAN 80
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 1	130 – 139	or	80 – 89
HIGH BLOOD PRESSURE (HYPERTENSION) STAGE 2	140 OR HIGHER	or	90 OR HIGHER
<b>HYPERTENSIVE CRISIS</b> (consult your doctor immediately)	HIGHER THAN 180	and/or	HIGHER THAN 120

SEVERELY ELEVATED	A1C LEVELS
Levels. Risk of serious complications such as Heart Attack, Stroke, Blindness, Kidney failure, Amputations etc.	13
	12
	11
	10
ELEVATED and POORLY Controlled levels	9
	8
	* 7
NORMAL Levels	* 6
	5
	4

# Controlling BP

**OBJECTIVE:**

**VITAL SIGNS:** BP 139/89 P. 72 RR 12 T 92 WT 175.2  
**HEENT:** fb

Most recent BP - Magic number: 139/89

No BP range

12/28/2020	09/28/2020	08/06/2020	07/23/2020	04/16/2020
38.41	37.83	37.93	37.12	37.12
165/94	147/88	134/86		124/84

**Hypertension**

The HTN started in 1997. The severity has been described as being moderate-severe. Comorbid conditions include diabetes mellitus. It is currently stable. Risk factors include age over age 60, depression, high salt intake, inactive lifestyle and obesity. The hypertension is exacerbated by anxiety and stress. Pertinent negatives include chest pain, diaphoresis, epistaxis, headache, irregular heartbeat/palpitations, transient weakness and visual disturbances. Additional information: **Morning BP 132/67-141/75** with HR 69-65 bpm. **Evening BP 133/65-148/71** with HR 78-70 bpm.

Drop to **144/54** after a little exercise and took meds and then to **120s**  
 Usually SBP **110-120s -140s**

**Allergies:** N.K.D.A.

**Objective:**

**Vitals:** Temp 98.7, **BP 130/9**, Pulse sitting 82, RR 18, Ht 70.0, Wt 175.2, BMI 25.14.

Quit smoking and reports checked BP last week was **117/60-80.**

# Comprehensive Diabetes Care

Most recent HbA1c <9

**! Hemoglobin A1c**

Status: Final result Visible to patient: No (not released) Dx: Uncontrolled type 2 diabetes mellitus. Order

Component

Ref Range & Units

Hemoglobin A1c  
4.2 - 5.6 %

4 mo ago

10.8 ^

9 mo ago

8.7 ^ CM

12/31/2020

[REDACTED]

11.2

H  
(<5.7)

## Results History

11/23/2020 11:54 AM - [REDACTED]

Component	Value
Hemoglobin A1c	12.7

Comment:

**! Hemoglobin A1c**

Status: Final result Visible to patient: No (not released) Dx:

Component

Ref Range & Units

Hemoglobin A1c  
4.2 - 5.6 %

4 mo ago

14.1 ^

	10/1/2019	1/10/2020	8/5/2020
	9:39 AM	2:07 PM	9:27 AM
HGBA1C	8.8 ^	9.6 ^	10.4 ^

# Comprehensive Diabetes Care

Retinal Eye exam

No retinopathy in previous year by Ophthalmologist/Optomtrist

Health Maintenance			
Name	Last Done	DueDate	Result/Comment
Advance Directives Discussion		04/07/2021	
Colonoscopy	04/01/2013	04/01/2023	normal per pt
FECAL GLOBIN BY IMMUNOCHEMISTRY FIT	03/31/2016	03/31/2017	
INFLUENZA 19 AND OVER		04/07/2021	
MAMMOGRAM, SCREENING	03/11/2020	03/11/2021	
PNEUMOCOCCAL ADULT (PVT) PCV 13		04/07/2021	
PNEUMOVAX ADULTS (PVT)		04/07/2021	
ZOSTAVAX (Transcription only)		04/07/2021	
Retinal Screening-Outside facility		03/23/2018	
Dx(MICROALBUMIN, RANDOM W/CREAT)	07/29/2017	07/29/2018	nml lab letter
Dx(HEMOGLOBIN A1C IMMUNOASSAY-)	03/03/2018	09/03/2018	nml lab letter
Dx(Foot Screening)		04/07/2021	
Dx(Retinal Screening In-House)	03/23/2018	03/23/2019	

## Past Medical History

Barrets Esophagus - on Stanford EGD 3/2016, also with h. pylori. On BID omeprazole 20mg. Needs f/u EGD in 1yrs..  
 HTN: uncontrolled-followed by Stanford cardiology, on amlodipine 5mg, lisinopril 40mg, topol-XL 25mg, imdur 30mg.  
 pre-DM - retinal screening 3/2016 wnl at Stanford..  
 Hyperlipidemia: LDL 155, HDL 59 (10/2019) rx atorvastatin 80mg by Stanford Cardio; non-compliant.

## Health Maintenance Summary

[Expand All](#) [Collapse All](#)

- Overdue - COVID-19 Vaccine (1)** Overdue - never done  
No completion, postpone, frequency change, or communication history exists for this topic.
- Overdue - Annual Diabetes Foot Exam (Yearly)** Overdue since 12/19/2016  
12/19/2015  Done
- Overdue - Retinal Screening (Yearly)** Overdue since 6/16/2018  
06/16/2017  Level of Service: PR EYE EXAM, EST PATIENT,COMPRESHV  
 06/16/2017  Registry Metric: HHS Last Retinal Exam Based on KAL SDE  
 02/19/2015  Level of Service: PR EYE EXAM, EST PATIENT,INTERMED



# Hybrid Measures

## Preventive Screening

- Cervical Cancer Screening
- Colorectal Cancer Screening



# Cervical Cancer Screening

Pap Smear & hrHPV

Total Hysterectomy – absence of cervix

**Surgery and Hospitalization**  
Hysterectomy Surgery 1998

**Overdue - Pap Smear** (Every 3 Years) Overdue - never done :  
No completion, postpone, frequency change, or communication history exists for this topic.


**Overdue - Pap Smear** (Every 3 Years) Overdue since 9/11/2017 ⚠  
09/11/2014 ✓ PАП\_Specimen to cytology-Clinic Collect



**Overdue - Pap Smear** (Every 3 Years) Overdue since 12/8/2018 ⚠  
12/08/2015 ✓ Interpretation  
11/17/2014 ✓ PАП\_Specimen to cytology-Clinic Collect

# Colorectal Cancer Screening


## FOBT, FIT, Cologuard, Colonoscopy






### Overdue - Colon cancer screening annual FIT/FOBT (Yearly)

Overdue since 4/23/2019 

- 04/23/2018  Occult blood, stool, immunoassay (FIT)
- 03/08/2017  Occult blood, stool, immunoassay (FIT)

### Overdue - COLORECTAL CANCER SCREENING DISCUSSION (Yearly)

Overdue since 10/11/2019 

- 10/11/2018  Occult Blood by Immunoassay
- 10/11/2018  Registry Metric: FECAL OCCULT BLOOD
- 10/10/2018  Done
- 05/17/2017  Occult Blood by Immunoassay
- 01/30/2016  Occult Blood by Immunoassay

# Hybrid Measures

## Medicare (CMC) specific

### ➤ Care of Older Adult

- Advanced Care Planning
- Functional Status
- Pain Screening
- Medication Review

### ➤ Transition of Care

- Notification of Inpatient Admission
- Receipt of Discharge Information
- Patient Engagement After Inpatient Discharge
- Medication Reconciliation Post Discharge



# COA

## Advanced Directives (Living will, Full code, POLST)

-----

Please check one of the following statement:

I have executed an Advance Directive

I have not executed an Advance Directive





Patient Name: [REDACTED] ID# [REDACTED]

Patient Signature: [REDACTED]

Discussion or Executed on file

### **Health Maintenance Summary**

[Full History](#) | [Expand All](#) [Collapse All](#)

- Overdue - COVID-19 Vaccine (1)** Overdue - never done   
 No completion history exists for this topic.
- Overdue - HEPATITIS C SCREENING (Once)** Overdue - never done   
 No completion history exists for this topic.
- Overdue - DTaP,Tdap,or Td Vaccine (1 - Tdap)** Overdue - never done   
 No completion history exists for this topic.
- Overdue - ADVANCE DIRECTIVE DISCUSSION (Yearly)** Overdue - never done   
 No completion history exists for this topic.

# COA

## Medication List and Review

This visit is being conducted due to local and/or state directive that the patient remain at home and is to take the place of a face-to-face visit. This visit is medically necessary.

### History of Present Illness:

1. medication management  
discuss with patient changing from warfarin to Xarelto

### Allergies

Ingredient	Reaction (Severity)	Medication Name	Comment
NO KNOWN ALLERGIES			

### Assessment/Plan

#	Detail Type	Description
1.	Assessment	Atrial fibrillation, unspecified type (I48.91).
2.	Assessment	Chronic anticoagulation (Z79.01).
	Provider Plan	current INR 3.7 (4/1/2020 @VMC)  will need to wait next month-- INR must be <3.0 to change from warfarin to Xarelto

<b>S</b>	6/20/2020, 10:00 AM, 10:00 AM, 10:00 AM of home	Results Discussed
<b>O</b>	SKIN Rash	Patient Education Discussed Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>E</b>	EYES Conjunctiva Fundi Face	<b>Topics Discussed</b>
<b>E</b>	EARS Tympanic Membranes	<input type="checkbox"/> Advanced Directives
<b>N</b>	NOSE Mucosa Turbinets	<input type="checkbox"/> Asthma
<b>T</b>	THROAT Inflammation Exudates	<input checked="" type="checkbox"/> Cholesterol
<b>L</b>	LUNGS BS Rhonchi Crackles Wheezes	<input type="checkbox"/> Dental
<b>H</b>	HEART SIS2 Regular Murmur	<input type="checkbox"/> Diabetes
<b>A</b>	ABDOMEN Soft Tenderness BS Mass	<input type="checkbox"/> Diet / Nutrition
<b>E</b>	EXTREMITIES Edema Cyanosis	<input type="checkbox"/> Exercise
<b>N</b>	NEUROLOGIC Motor DTR Babinski	<input type="checkbox"/> Family Planning
<b>O</b>	OTHERS	<input type="checkbox"/> Hypertension
		<input checked="" type="checkbox"/> Injury Prevention
		<input checked="" type="checkbox"/> Medications
		<input type="checkbox"/> Obesity
		<input type="checkbox"/> Prenatal Care
		<input type="checkbox"/> Self Breast Exam
		<input type="checkbox"/> STD's
		<input type="checkbox"/> Substance Abuse
		<input type="checkbox"/> Tobacco Cessation
		<input type="checkbox"/> Testicular Self Exam
		<input type="checkbox"/> Tuberculosis
		<input type="checkbox"/> Other
		Education Materials Given <input type="checkbox"/>
<b>A</b>	HTN (170/100) family STC/Col Hypertension (I78) family STC/Col Cholesterol (E78) family STC/Col Rpt (M) still not on med pastor	Instructed as to Critical Need to Follow Care Plan <input type="checkbox"/>
<b>P</b>	Engage PDS (PDS01) CLK	Instructed to Call if Problem Persists <input type="checkbox"/>
		Follow Up Visit

# COA

## Functional Status (ADL) and Pain Screening (except chest pain)

### Physical Exam

Exam	Findings	Details
General Exam	Comments	Pt was accompanied by Daughter [REDACTED] 06/29/2020. Pt is accompanied by daughter [REDACTED] <b>Pt is walker dependent</b> PE-9/27/18 FOT-9/09/19 IMM-UTD 2019 PAP-no info EKG-no info MAMMO-no info Pt is walker-dependent. Pt is accompanied by daughter [REDACTED] 9/19/19.

Patient's husband spoke on behalf of patient for translation purposes.

Husband states patient and him both are not **driving**.

Daughter is doing the **grocery shopping and cooks** as well.

They take a **walk** when the weather is good.

### Physical exam:

BP 134/80 | Pulse 84 | Temp 98.7 °F (37.1 °C) | Ht 1.56 m (5' 1.42") | Wt 56.2 kg (123 lb 12.8 oz) |

SpO2 96%

NAD, WDWN

Lungs:

CTA bilaterally, no crackles, rales or wheezes; breathing unlabored

Heart:

Reg rate and rhythm, normal S1 and S2

No murmurs, rubs, or gallops

Ext: No edema

Skin: mild erythema at bilateral ankles and upwards about 2 inches, no edema

Psych: Pleasant with normal mentation and judgment

### Review of Systems

#### General/Constitutional:

Change in appetite denies. Chills denies. Fatigue admits. Fever denies. Headache denies. Lightheadedness denies. Night sweats denies. Sleep disturbance denies. Weight gain denies. Weight loss denies.

#### Cardiovascular:

Chest pain at rest admits. Chest pain with exertion admits. Claudication denies. Cyanosis denies. Difficulty laying flat denies. Denies Dizziness, denies. Dyspnea on exertion denies. Fluid accumulation in the legs **admits**. Irregular heartbeat denies. Denies Orthopnea, denies. Palpitations denies. Shortness of breath denies. Weakness denies. Weight gain denies.

# TRC

## Receipt of Discharge Information – Discharge Summary Medication Reconciliation Post Discharge (Inpatient) within 30 days

### HISTORY OF PRESENT ILLNESS

[REDACTED] pleasant male presenting today for postoperative evaluation. Patient is status-post the above stated procedure, performed on August 17th. He has been non weight bearing in a splint since his surgery.

The patient is a very pleasant 80-year-old female who returns to the clinic today for a postoperative followup. She is 6 weeks' status post right total knee arthroplasty done on 10/27/2020. She is doing well, recovering well. She is able to walk without any problem.

Hospitalization or Skilled Nursing Facility, Inpatient Rehabilitation Center



# TRC

## Receipt of Discharge Information – Discharge Summary Medication Reconciliation Post Discharge (Inpatient) within 30 days

**HPI:** per patient, she recently had her gallbladder removed. Completed her antibiotic that she was discharged with. Few days later, noted vaginal itching. No vaginal discharge. Then few days later noted some burning with urination. No suprapubic pain or fever. No nausea, vomiting.

### Medications Ordered This Encounter

	Disp	Refills
terconazole (TERAZOL 3) 0.8 % vaginal cream	20 g	0
Insert 1 applicator vaginally at bedtime for 3 days. - Vaginal		

Inpatient discharged medication & Reconciled  
Not reviewed by medical assistant



**Santa Clara Family  
Health Plan™**

Q&A

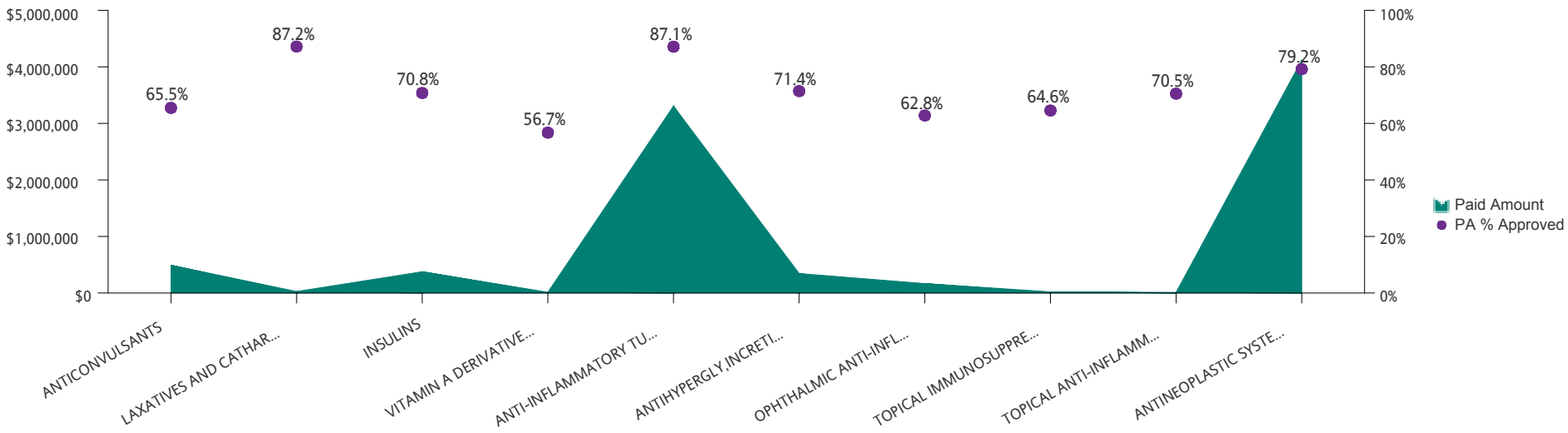
Thank you!

# Therapeutic PAs

SAC01 - Medi-Cal

Report Period: 01/01/2021 to 03/31/2021  
Comparison Period: 01/01/2020 to 03/31/2020

Top Drug Classes by PA Volume



Top Drugs by PA Volume

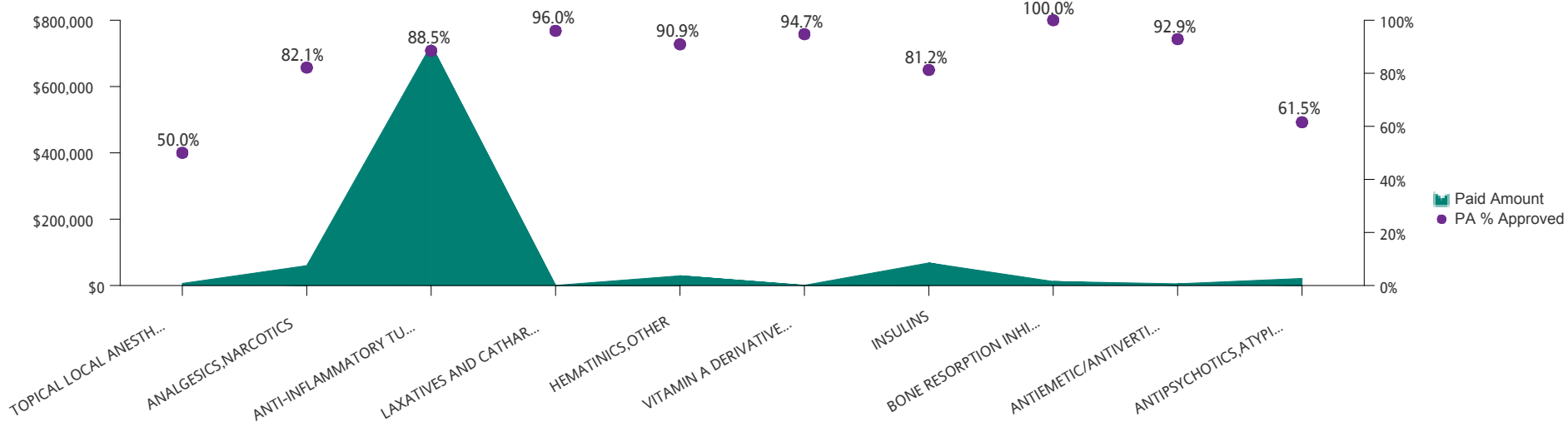
Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per Rx
1	3	TRETINOIN	96	59.4%	100	\$17,665.24	\$176.65
2	1	DICLOFENAC SODIUM	72	70.8%	207	\$8,363.20	\$40.40
3	4	TACROLIMUS	68	67.6%	76	\$14,123.61	\$185.84
4	6	TRULICITY	57	78.9%	236	\$236,585.73	\$1,002.48
5	8	RESTASIS	55	65.5%	192	\$122,527.79	\$638.17
6	5	ELIQUIS	55	81.8%	194	\$123,229.97	\$635.21
7	10	HUMIRA PEN	48	95.8%	263	\$1,630,532.26	\$6,199.74
8	18	CICLOPIROX	45	26.7%	18	\$313.44	\$17.41
9	24	MYRBETRIQ	44	63.6%	104	\$75,593.87	\$726.86
10	476	GOLYTELY	39	94.9%	35	\$744.46	\$21.27
<b>Totals for Top 10</b>			<b>579</b>	<b>69.6%</b>	<b>1,425</b>	<b>\$2,229,679.57</b>	<b>\$1,564.69</b>
<b>Totals for All</b>			<b>3,619</b>	<b>62.8%</b>	<b>9,781</b>	<b>\$17,801,078.95</b>	<b>\$1,819.97</b>

# Therapeutic PAs

## SAC06 - Cal MediConnect

Report Period: 01/01/2021 to 03/31/2021  
 Comparison Period: 01/01/2020 to 03/31/2020

Top Drug Classes by PA Volume



Top Drugs by PA Volume

Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per Rx
1	1	LIDOCAINE	26	50.0%	40	\$4,531.91	\$113.30
2	9	RETACRIT	20	95.0%	17	\$19,545.41	\$1,149.73
3	4	TRETINOIN	19	94.7%	7	\$697.65	\$99.66
4	122	PROLIA	15	100.0%	9	\$11,150.42	\$1,238.94
5	276	NULYTELY	12	100.0%	11	\$176.92	\$16.08
6	276	GOLYTELY	12	100.0%	15	\$180.79	\$12.05
7	5	BUPRENORPHINE	12	100.0%	42	\$14,513.52	\$345.56
8	12	STELARA	11	90.9%	10	\$198,085.04	\$19,808.50
9	7	HYDROCODONE-ACETAMINOPHEN	9	55.6%	25	\$685.18	\$27.41
10	36	SIMPONI	8	100.0%	7	\$35,544.05	\$5,077.72
<b>Totals for Top 10</b>			<b>144</b>	<b>86.1%</b>	<b>183</b>	<b>\$285,110.89</b>	<b>\$1,557.98</b>
<b>Totals for All</b>			<b>591</b>	<b>70.2%</b>	<b>1,826</b>	<b>\$3,680,980.81</b>	<b>\$2,015.87</b>

## Santa Clara Family Health Plan 2021 Q1 Top 10 Drugs by Total Cost

Fill date: 1/1/2021 – 3/31/2021

### SAC01 – Medi-Cal

	Drug Category	Total Cost	Patient Paid	Plan Paid	% of Total Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claims	Generic % of Total Claims	Plan Paid / Day	Plan Paid / Claim
1	<a href="#">HUMIRA PEN 40 MG/0.8 ML</a>	\$1,769,824	\$0.00	\$1,769,824	4.9%	0.0%	287	0.1%	0.0%	\$220.24	\$6,166.63
2	<a href="#">TRULICITY 1.5 MG/0.5 ML PEN</a>	\$1,581,316	\$0.00	\$1,581,316	4.4%	0.0%	1,534	0.3%	0.0%	\$31.42	\$1,030.84
3	<a href="#">FREESTYLE LITE TEST STRIP</a>	\$1,030,704	\$0.00	\$1,030,704	2.9%	0.0%	7,296	1.6%	0.0%	\$2.93	\$141.27
4	<a href="#">BASAGLAR 100 UNIT/ML KWIKPEN</a>	\$911,109	\$0.00	\$911,109	2.5%	0.0%	3,231	0.7%	0.0%	\$8.10	\$281.99
5	<a href="#">TRULICITY 0.75 MG/0.5 ML PEN</a>	\$779,354	\$0.00	\$779,354	2.2%	0.0%	795	0.2%	0.0%	\$31.39	\$980.32
6	<a href="#">TAGRISSEO 80 MG TABLET</a>	\$768,600	\$0.00	\$768,600	2.1%	0.0%	50	0.0%	0.0%	\$512.40	\$15,371.99
7	<a href="#">JARDIANCE 25 MG TABLET</a>	\$741,620	\$0.00	\$741,620	2.1%	0.0%	782	0.2%	0.0%	\$18.46	\$948.36
8	<a href="#">JARDIANCE 10 MG TABLET</a>	\$626,372	\$0.00	\$626,372	1.7%	0.0%	745	0.2%	0.0%	\$18.77	\$840.77
9	<a href="#">XARELTO 20 MG TABLET</a>	\$596,098	\$0.00	\$596,098	1.7%	0.0%	805	0.2%	0.0%	\$16.79	\$740.49
10	<a href="#">STELARA 90 MG/ML SYRINGE</a>	\$577,234	\$0.00	\$577,234	1.6%	0.0%	25	0.0%	0.0%	\$430.77	\$23,089.37
Totals for Top 10		\$9,382,232	\$0.00	\$9,382,232	26.2%	0.0%	15,550	3.4%	0.0%	\$14.23	\$603.36
Totals for SAC		\$35,826,485	\$0.00	\$35,826,506	100.0%	23.3%	452,603	100.0%	89.8%	\$2.06	\$79.16

### SAC06 – Cal MediConnect

	Drug Category	Total Cost	Patient Paid	Plan Paid	% of Total Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claims	Generic % of Total Claims	Plan Paid / Day	Plan Paid / Claim
1	<a href="#">JANUVIA 100 MG TABLET</a>	\$416,677	\$1,505	\$415,172	3.1%	0.0%	425	0.5%	0.0%	\$15.31	\$976.88
2	<a href="#">BIKTARVY 50-200-25 MG TABLET</a>	\$384,595	\$372	\$384,223	2.9%	0.0%	117	0.1%	0.0%	\$109.97	\$3,283.96
3	<a href="#">TRULICITY 1.5 MG/0.5 ML PEN</a>	\$338,326	\$1,181	\$337,145	2.5%	0.0%	306	0.3%	0.0%	\$28.62	\$1,101.78
4	<a href="#">FREESTYLE LITE TEST STRIP</a>	\$311,223	\$0.00	\$311,223	2.3%	0.0%	2,002	2.2%	0.0%	\$2.56	\$155.46
5	<a href="#">INVEGA SUSTENNA 234 MG/1.5 ML</a>	\$285,051	\$324	\$284,727	2.1%	0.0%	97	0.1%	0.0%	\$105.69	\$2,935.33
6	<a href="#">HUMIRA PEN 40 MG/0.8 ML</a>	\$249,160	\$95	\$249,065	1.9%	0.0%	36	0.0%	0.0%	\$247.09	\$6,918.47
7	<a href="#">XTANDI 40 MG CAPSULE</a>	\$245,688	\$35	\$245,653	1.8%	0.0%	22	0.0%	0.0%	\$372.20	\$11,166.04
8	<a href="#">TAGRISSEO 80 MG TABLET</a>	\$236,238	\$20	\$236,219	1.8%	0.0%	14	0.0%	0.0%	\$562.43	\$16,872.78
9	<a href="#">RESTASIS 0.05% EYE EMULSION</a>	\$201,975	\$1,140	\$200,835	1.5%	0.0%	290	0.3%	0.0%	\$18.99	\$692.53
10	<a href="#">JARDIANCE 25 MG TABLET</a>	\$191,787	\$719	\$191,068	1.4%	0.0%	196	0.2%	0.0%	\$17.11	\$974.84
Totals for Top 10		\$2,860,719	\$5,389	\$2,855,330	21.3%	0.0%	3,505	3.8%	0.0%	\$15.00	\$814.64
Totals for SAC		\$13,420,037	\$31,287	\$13,388,258	100.0%	10.7%	91,631	100.0%	83.9%	\$2.79	\$146.11



**Santa Clara Family  
Health Plan™**

## FY20/21 Plan Objective

Expand Provider Network in Accordance with DHCS Standards at Network Level

# Fiscal Year 2020/2021 Objective

- **Expand Provider Network in Accordance with DHCS standards at Network Level**
  1. Implement Quest Cloud-based software
  2. Run DHCS Network Adequacy reports by organization and by network & assess gaps
  3. Work with delegates to develop action plans to address gaps
  4. Complete SCFHP contracting efforts to resolve network gaps
  5. Submit network adequacy reports to state & pass state review due March, 2021

# DHCS Standards

SCFHP DHCS Network Adequacy Standards		
Provider Type	Timely Access Standard	Time or Distance (Dense)
Primary Care (Adult and Pediatric)	Within 10 business days to apt. from request	10 miles or 30 minutes from any member or anticipated member's residence
Core Specialty Care* (Adult and Pediatric)	Within 10 business days to apt. from request	15 miles or 30 minutes from any member or anticipated member's residence
Obstetrics/Gynecology (OB/GYN) Primary Care	Within 10 business days to apt. from request	10 miles or 30 minutes from any member or anticipated member's residence
OB/GYN Specialty Care	Within 15 business days to apt. from request	15 miles or 30 minutes from any member or anticipated member's residence
Hospitals	Not Applicable	15 miles or 30 minutes from any member or anticipated member's residence
Pharmacy	Dispensing of at least a 72-hour supply of covered outpatient drug in an emergency situation	10 miles or 30 minutes from any member or anticipated member's residence
Mental Health (non-psychiatry) Outpatient Services (Adult and Pediatric)	Within 10 business days to apt. from request	15 miles or 30 minutes from any member or anticipated member's residence
Ancillary Services	Within 15 business days to apt. from request	Not Applicable
Long Term Services and Supports (LTSS)	<b>SNF</b> – Within 5 business days of request <b>Intermediate Care Facility/Developmentally Disabled (ICF-DD)</b> – Within 5 business days of request <b>Community Based Adult Services (CBAS)</b> – Capacity cannot decrease in aggregate statewide below April 2012 level	Time or distance standards are not established for Multipurpose Senior Services Program (MSSP), Skilled Nursing Facilities (SNF), or Intermediate Care Facilities (ICF) providers as these providers either travel to the member to provider services or the member resides at the facility for care.]

* DHCS Adult and Pediatric Core Specialists	
Cardiology/Interventional Cardiology	Nephrology
Dermatology	Neurology
Endocrinology	Oncology
ENT/Otolaryngology	Ophthalmology
Gastroenterology	Orthopedic Surgery
General Surgery	Physical Medicine and Rehabilitation
Hematology	Psychiatry
HIV/AIDS Specialists/Infectious Diseases	Pulmonology

DHCS Call Center Wait Time Standards	
Medi-Cal Managed Care Health Plan (MCP) Call Center	10 minutes from the time the call is placed

DHCS Standards are ran against SCFHP Membership and Anticipated Membership (Census file)



# DHCS Standards

## DHCS Network Providers Requirements

Each MCP must maintain an appropriate network of specific provider types to ensure the MCP's network has the capacity to provide all medically necessary services for current and anticipated membership. MCPs are required to meet or exceed capacity and ratio requirements as outlined in the MCP contract for their model type. MCP Networks must meet the full time equivalent:

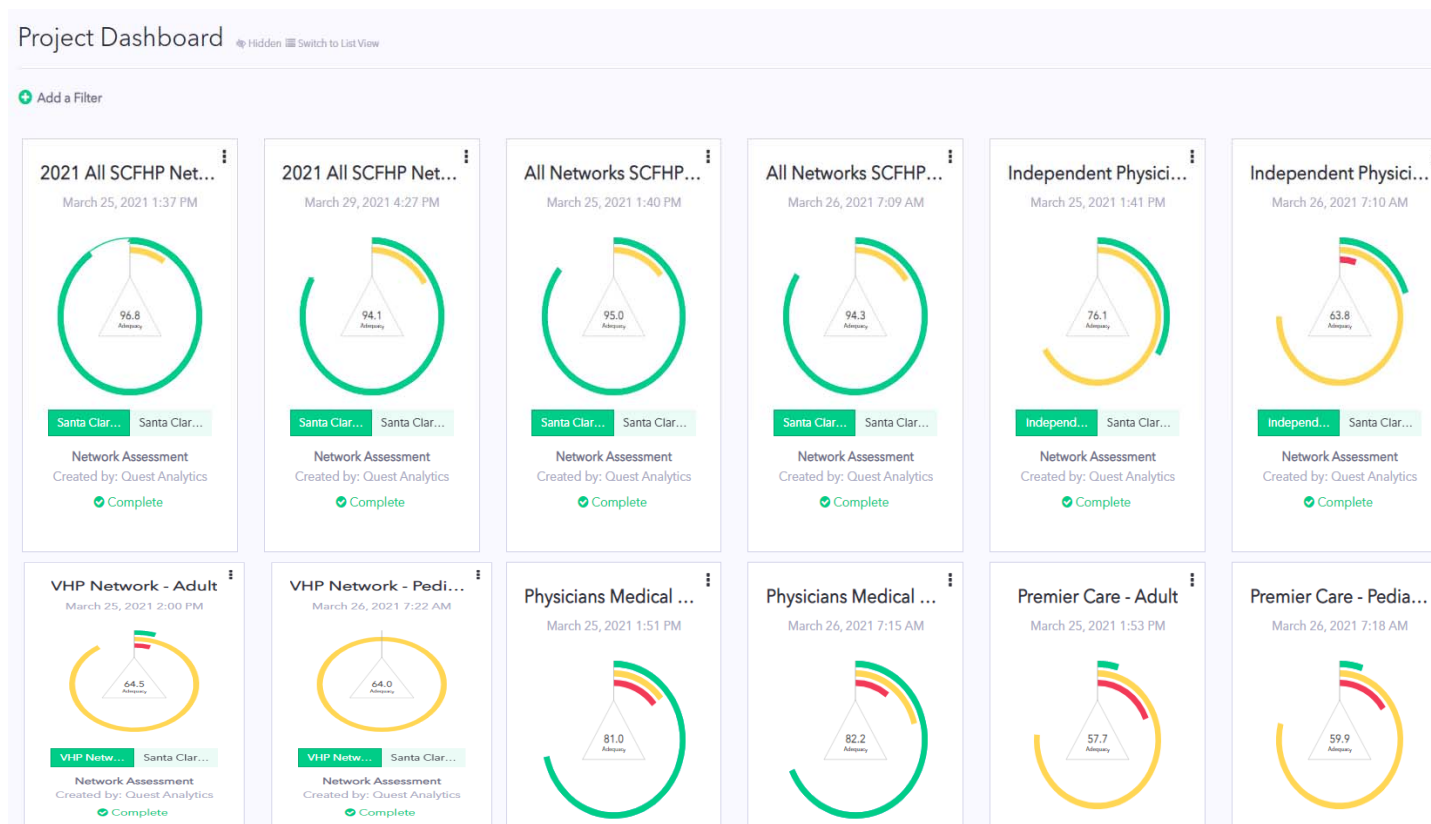
DHCS Network Provider to Member Ratios	
1 FTE PCP	2,000
1 FTE Physician	1,200

Mandatory Providers - MCPs are required to contract with, or offer to contract with

Federally Qualified Health Centers (FQHC)	Contract with One – where available
Rural Health Clinics (RHC)	Contract with One – where available
Freestanding Birth Centers (FBC)	Contract with One – where available
Certified Nurse Midwives (CNM)	Contract with One – where available
Licensed Midwife (LM)	Contract with One – where available
American Indian Health Services (IHF)	Offer to contract with all IHF's available

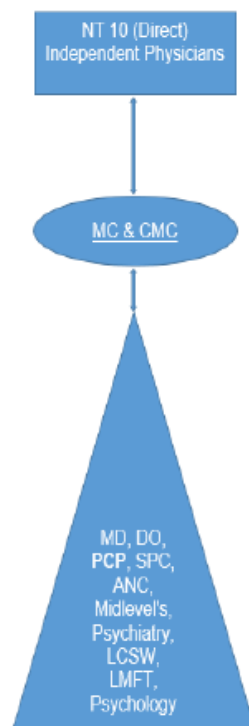
Green = SCFHP Meets the requirements

# QES Tool – Quest Analytics



# Independent Physicians

Current Service Area			
Specialty Groups			
Code	Specialty	Index	
OPCP	OB/GYN PCP Roll Up	61.5	
011	Dermatology	62.8	
012	Endocrinology	63.7	
013	ENT/Otolaryngology	64	
014	Gastroenterology	62.2	
515	Hematology	69.4	
017	HIV/AIDS Specialists/Infectious Diseases	62.8	
019	Neurology	63.6	
021	Oncology	69.4	
023	Ophthalmology	64.1	
025	Orthopedic Surgery	63.6	
026	Physical Medicine and Rehabilitation	63.6	
029	Psychiatry	63.6	
030	Pulmonology	62.8	



Current Service Area			
Specialty Groups			
Code	Specialty	Index	
P008	Pediatric Cardiology/Interventional Cardiology	59.7	
P011	Pediatric Dermatology	58.3	
P012	Pediatric Endocrinology	59.4	
P013	Pediatric ENT/Otolaryngology	59.7	
P014	Pediatric Gastroenterology	59.7	
P515	Pediatric Hematology	57.9	
P017	Pediatric HIV/AIDS Specialists/Infectious Diseases	58.3	
P018	Pediatric Nephrology	50.3	
P019	Pediatric Neurology	59.4	
P021	Pediatric Oncology	57.9	
P023	Pediatric Ophthalmology	59.8	
P025	Pediatric Orthopedic Surgery	59.4	
P026	Pediatric Physical Medicine and Rehabilitation	59.4	
P029	Pediatric Psychiatry	59.4	
P030	Pediatric Pulmonology	58.3	

GAPS	Percent of Members within Access Standards Time or Distance
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# Physicians Medical Group of San Jose

Current Service Area			
Results For	Code	Specialty	Index
Physicians Medical Group -	.012	Endocrinology	65.9
Physicians Medical Group -	.017	HIV/AIDS Specialists/Infectious Diseases	64.8
Physicians Medical Group -	.026	Physical Medicine and Rehabilitation	69.9



Current Service Area			
Results For	Code	Specialty	Index
Physicians Medical Group -	P012	Pediatric Endocrinology	65.7
Physicians Medical Group -	P014	Pediatric Gastroenterology	66.5
Physicians Medical Group -	P017	Pediatric HIV/AIDS Specialists/Infectious Diseases	63.5
Physicians Medical Group -	P026	Pediatric Physical Medicine and Rehabilitation	66.4

GAPS	Percent of Members within Access Standards Time or Distance
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# Premier Care

Current Service Area				
Results For	Specialty Groups	Code	Specialty	Index
Premier Care - Adult - 3/26/2	APCP	Adult PCP Roll Up		69.5
Premier Care - Adult - 3/26/2	016SPC	Obstetrics & Gynecology (Specialist)		69.4
Premier Care - Adult - 3/26/2	008	Cardiology/Interventional Cardiology		69.4
Premier Care - Adult - 3/26/2	012	Endocrinology		69.2
Premier Care - Adult - 3/26/2	013	ENT/Otolaryngology		69.6
Premier Care - Adult - 3/26/2	014	Gastroenterology		69.6
Premier Care - Adult - 3/26/2	015	General Surgery		69.6
Premier Care - Adult - 3/26/2	515	Hematology		69.9
Premier Care - Adult - 3/26/2	017	HIV/AIDS Specialists/Infectious Diseases		69.3
Premier Care - Adult - 3/26/2	018	Nephrology		69.4
Premier Care - Adult - 3/26/2	019	Neurology		69.4
Premier Care - Adult - 3/26/2	021	Oncology		69.9
Premier Care - Adult - 3/26/2	025	Orthopedic Surgery		69.4
Premier Care - Adult - 3/26/2	026	Physical Medicine and Rehabilitation		69.4
Premier Care - Adult - 3/26/2	029	Psychiatry		69.4
Premier Care - Adult - 3/26/2	030	Pulmonology		69.3



[View Cloud Results](#)

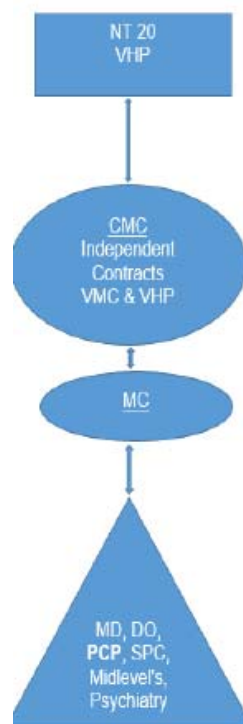
Current Service Area				
Specialty Groups	Code	Specialty	Servicing	
			Total	Index
PPCP		Pediatric PCP Roll Up	1	69.6
P008		Pediatric Cardiology/Interventional Cardiology	1	68.9
P012		Pediatric Endocrinology	1	67.1
P013		Pediatric ENT/Otolaryngology	1	69.7
P014		Pediatric Gastroenterology	1	69.7
P015		Pediatric General Surgery	1	69.7
P515		Pediatric Hematology	1	69.2
P017		Pediatric HIV/AIDS Specialists/Infectious Diseases	1	69.3
P018		Pediatric Nephrology	1	69.4
P019		Pediatric Neurology	1	69.4
P021		Pediatric Oncology	1	69.2
P025		Pediatric Orthopedic Surgery	1	69.4
P026		Pediatric Physical Medicine and Rehabilitation	1	69.4
P029		Pediatric Psychiatry	1	69.3
P030		Pediatric Pulmonology	1	69.3

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GAPS	Percent of Members within Access Standards Time or Distance
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# Valley Health Plan

Current Service Area			
Results For	Specialty Groups	Index	
	Code Specialty		
VHP Network - Adult - 3/29/2 APCP	Adult PCP Roll Up	65.4	✓
VHP Network - Adult - 3/29/2 MHP	Mental Health Outpatient Roll Up	62.2	✓
VHP Network - Adult - 3/29/2 008	Cardiology/Interventional Cardiology	68.5	✓
VHP Network - Adult - 3/29/2 011	Dermatology	68.5	✓
VHP Network - Adult - 3/29/2 012	Endocrinology	63.1	✓
VHP Network - Adult - 3/29/2 013	ENT/Otolaryngology	63.2	✓
VHP Network - Adult - 3/29/2 014	Gastroenterology	68.8	✓
VHP Network - Adult - 3/29/2 015	General Surgery	68.8	✓
VHP Network - Adult - 3/29/2 515	Hematology	68.5	✓
VHP Network - Adult - 3/29/2 017	HIV/AIDS Specialists/Infectious Diseases	63.4	✓
VHP Network - Adult - 3/29/2 018	Nephrology	68.7	✓
VHP Network - Adult - 3/29/2 019	Neurology	63.6	✓
VHP Network - Adult - 3/29/2 021	Oncology	68.5	✓
VHP Network - Adult - 3/29/2 023	Ophthalmology	65.1	✓
VHP Network - Adult - 3/29/2 025	Orthopedic Surgery	68.8	✓
VHP Network - Adult - 3/29/2 026	Physical Medicine and Rehabilitation	63.1	✓
VHP Network - Adult - 3/29/2 029	Psychiatry	63.2	✓
VHP Network - Adult - 3/29/2 030	Pulmonology	64.8	✓



Current Service Area			
Results For	Specialty Groups	Index	
	Code Specialty		
VHP Network - Pediatric - 3/; PPCP	Pediatric PCP Roll Up	69.6	✓
VHP Network - Pediatric - 3/; MHP	Mental Health Outpatient Roll Up	60.1	✓
VHP Network - Pediatric - 3/; P008	Pediatric Cardiology/Interventional Cardiology	61.3	✓
VHP Network - Pediatric - 3/; P011	Pediatric Dermatology	68.9	✓
VHP Network - Pediatric - 3/; P012	Pediatric Endocrinology	60.7	✓
VHP Network - Pediatric - 3/; P013	Pediatric ENT/Otolaryngology	61.5	✓
VHP Network - Pediatric - 3/; P014	Pediatric Gastroenterology	69.2	✓
VHP Network - Pediatric - 3/; P015	Pediatric General Surgery	69.2	✓
VHP Network - Pediatric - 3/; P515	Pediatric Hematology	61.3	✓
VHP Network - Pediatric - 3/; P017	Pediatric HIV/AIDS Specialists/Infectious Diseases	61.5	✓
VHP Network - Pediatric - 3/; P018	Pediatric Nephrology	63.3	✓
VHP Network - Pediatric - 3/; P019	Pediatric Neurology	61.7	✓
VHP Network - Pediatric - 3/; P021	Pediatric Oncology	61.3	✓
VHP Network - Pediatric - 3/; P023	Pediatric Ophthalmology	62.9	✓
VHP Network - Pediatric - 3/; P025	Pediatric Orthopedic Surgery	69.2	✓
VHP Network - Pediatric - 3/; P026	Pediatric Physical Medicine and Rehabilitation	61.3	✓
VHP Network - Pediatric - 3/; P029	Pediatric Psychiatry	60.8	✓
VHP Network - Pediatric - 3/; P030	Pediatric Pulmonology	62.5	✓

GAPS	Percent of Members within Access Standards Time or Distance
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# Gaps & Efforts (Action Plan)

## Delegate Gaps

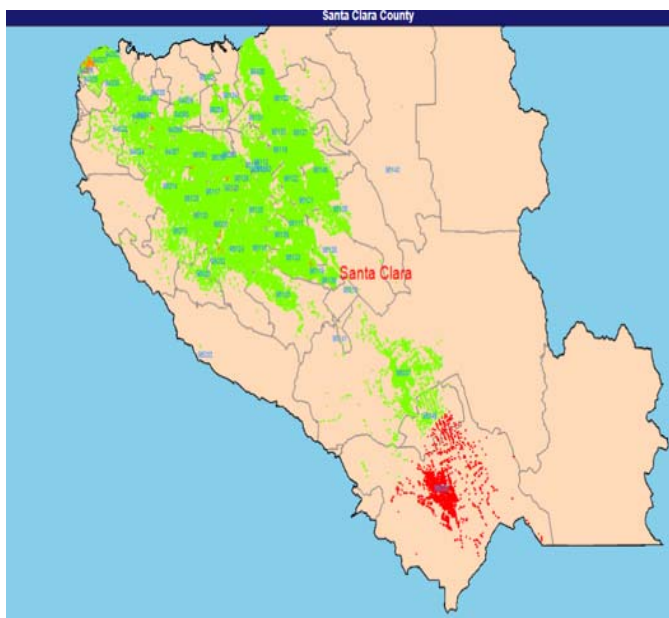
- PNO began the process of reaching out to Delegates with GAP data
- PNO is providing recommendations on available providers to contact in joining the Network
- PNO is exploring Telehealth provider usage in filling gaps at SCHFP levels and the Delegates

## Contracting Efforts

- Contracting efforts are under way to continue to contract with providers to fill gaps.

# DHCS Network Adequacy Reports

## HIV/AIDS/Infectious Disease Gap (Before)



\*Reports submitted May 2, 2021

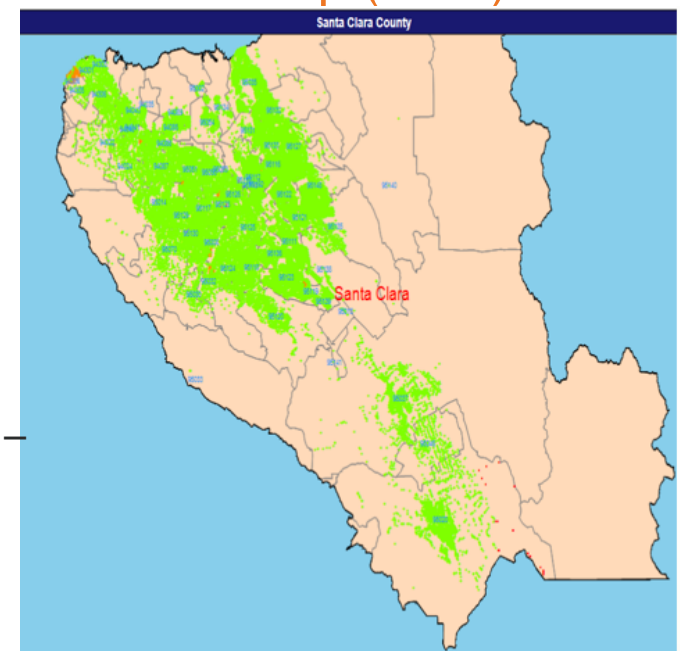
### 3 Core Specialty Gaps

- Endocrinology
- HIV/Aids/Infectious Disease
- Physical Medicine Rehabilitation

### Contracting Efforts

- \* Endocrinology – contract negotiations
- \* HIV/Aids/Infectious Disease – **Contract Signed**
- \* Physical Medicine Rehabilitation – contract development

## HIV/AIDS/Infectious Disease Gap (After)







**Santa Clara Family  
Health Plan™**

Questions & Answers



**Santa Clara Family  
Health Plan™**

## Low Acuity and Non-Emergent (LANE) Clinical Efficiency

May 12, 2021

# What is LANE?

- Low acuity non-emergency service
- Identifies potentially preventable ER visits for conditions that can be addressed in an ambulatory or primary care setting
- Quantifies potential cost (savings) if the services were delivered in a more appropriate level of care

# Which ED visits are considered LANE?

- Includes
  - ED levels 1-3 based on CPTs
    - 99281: limited/minor problem
    - 99282: low/moderate severity
    - 99283: moderate severity
- Excludes
  - ED levels 4-5 based on CPTs
    - 99384: high/urgent severity
    - 99385: high severity/threat functioning
  - ED resulting in inpatient or observation stays
  - Excludes Opioid diagnoses

# SCFHP Top 15 Grouped LANE Diagnosis Codes

Overall SCFHP's LANE reduction was calculated at about 6%

Rank	Group Code Description
1	Acute upper respiratory infection, unspecified
2	Urinary tract infection, site not specified
3	Nausea and vomiting
4	Otitis media, unspecified
5	Headache
6	Unspecified abdominal pain
7	Pain localized to upper abdomen
8	Fever of other and unknown origin
9	Acute pharyngitis, unspecified
10	Pain localized to other parts of lower abdomen
11	Streptococcal pharyngitis
12	Noninfective gastroenteritis and colitis, unspecified
13	Cough
14	Rash and other nonspecific skin eruption
15	Dizziness and giddiness

# California LANE visits by days of the week



# Strategies to reduce LANE visits

- **Member Education:** What symptoms should be included for the LANE:
  - When to call Primary care for an appointment or on-call provider
  - When to call nurse advice line > MDLive
  - When to go to urgent care or emergency care
  - When your provider is not available after hours & weekends
  - Target education about LANE conditions: Hay fever, cough, cold, flu, sore throat, nausea or pink eye, pain with urination (UTI)
- **Provider Focused**
  - After hours on-call service and the time required to call the member/patient back
  - Options for service outside of primary care (see above) on their VM or on-call message and website
  - Telehealth visit provided by Health Plan after RN advise line visit

Questions?





**Santa Clara Family  
Health Plan™**

## Trauma Screening and Family Therapy Benefit

Natalie McKelvey, LCSW, CCM

Manager, Behavioral Health

# Trauma Screening

## Trauma Informed Initiative

Screen beneficiaries for toxic stress and to provide targeted, evidence-based intervention that can improve efficacy and efficiency of health care, better support individual and family health and well-being, and reduce long-term health costs.

-ACEs Aware

# Trauma Screening

## Process

- Medi-Cal providers complete 2-hour training via ACEs Aware
- Attest to completing the training with DHCS
  - <https://www.medi-cal.ca.gov/TSTA/TSTAattest.aspx>
- Get \$100 incentive from SCFHP if above is met through June 30, 2021

# Trauma Screening

## Training details

- Create account on ACEs Aware
  - [training.acesaware.org](http://training.acesaware.org)
- NPI
- Board certification ID
- Service/practice address



# Trauma Screening

## Screening tools

- Adverse Childhood Experiences (ACES)
  - Adult population
  - Once per provider
  
- Pediatric ACES and Related Life-Events Screener (PEARLS)
  - Pediatric population
  - Annually

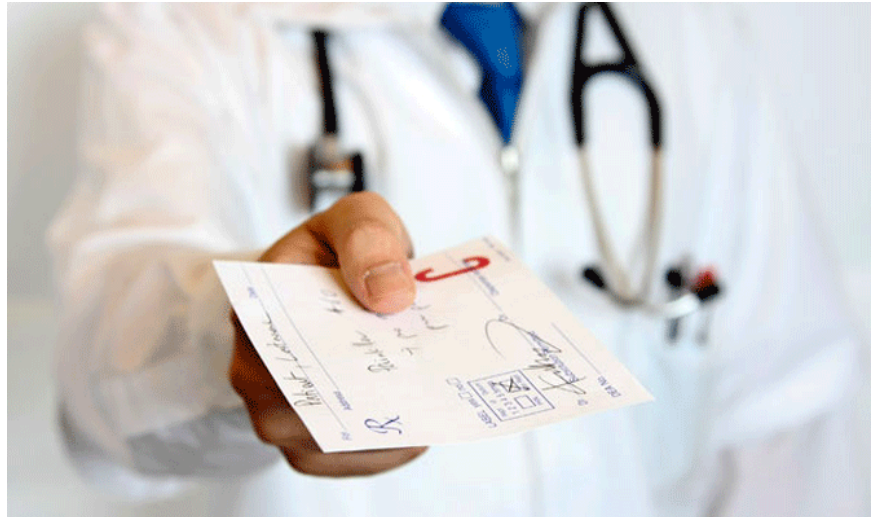




# What can providers do?

## Possible interventions

- Referral to County Behavioral Health Call Center (800) 704-0900
- Refer to SCFHP internal case management team
- Learn more about how to become trauma informed through webinars and articles at PACEs Connection @ [www.acesconnection.com](http://www.acesconnection.com)





# Family Therapy

## Eligibility

Eligibility criteria	Diagnostic code
Adult with mental health diagnosis	DSM 5 diagnosis
Child or adolescent with mental health condition (age under 21)	DSM 5 diagnosis or Diagnostic Classification of Mental Health and developmental Disorders of Infancy and Early Childhood (DC: 0-5)

# Family Therapy

## Eligibility

Eligibility criteria	Diagnostic code
Child, adolescent, or parent/guardian has a history of at least one of the listed risk factors	ICD-10 code Z65.9
Medical provider suspects a mental health disorder and has referred the child for evaluation. A specific diagnosis is not required for the first five sessions	ICD-10 code F99

# Family Therapy- Risk Factors

## Child or parent/guardian has a history of at least one of the listed risk factors:

- Death of a parent/guardian
- Foster home placement
- A California Children's Services (CCS)-eligible condition
- Food insecurity, housing instability
- Exposure to domestic violence or other traumatic events
- Maltreatment
- Severe and persistent bullying
- Experience of discrimination based on race, ethnicity, gender identity, sexual orientation, religion, learning differences or disability

## Or a parent with one of the following risk factors:

- A serious illness or disability
- A history of incarceration
- Depression or other mood disorder
- PTSD or other anxiety disorder
- Psychotic disorder under treatment
- Substance use disorder
- A history of intimate partner violence or interpersonal violence
- Is a teen parent

# Ongoing needs and concerns

- Provider peer support and ongoing learning from each other
- Communication between systems, clinics, providers, referrals, etc.
- Follow through and ongoing training
- Secondary trauma
- Community resources



# Trauma Screening and Family Therapy

## CONTACT

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Provider Advisory Council

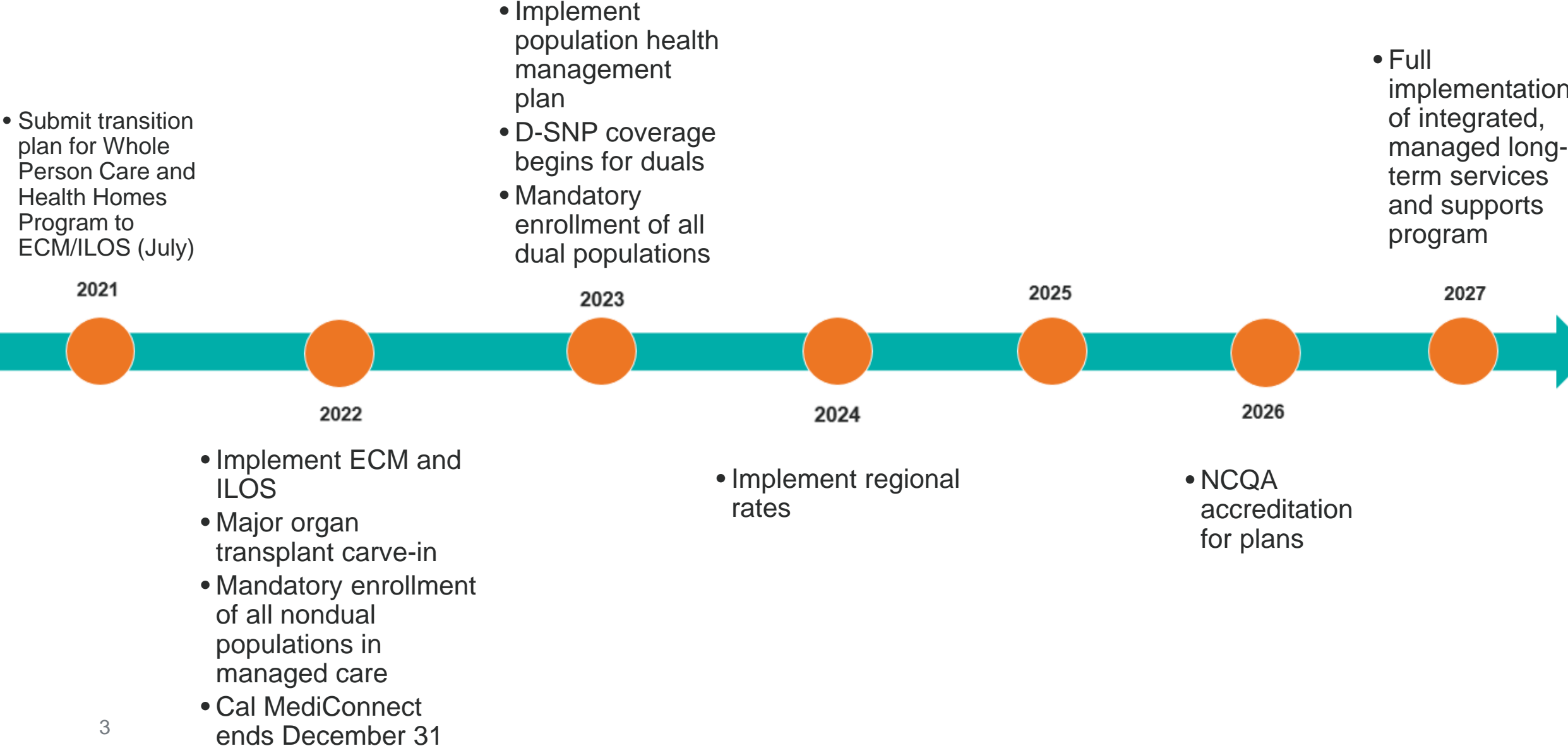
May 12, 2021

# CalAIM

## What Does it Propose?

- Enhanced Care Management (ECM) & In Lieu of Services (ILOS)
- Mandatory managed care populations
- Carve in major organ transplants
- Population health management plan
- Transitioning from Cal MediConnect demonstration to Medicare Dual Eligible Special Needs Plans (D-SNPs) statewide
- Regional rates
- Mandatory National Committee for Quality Assurance (NCQA) accreditation

# CalAIM Timeline





# Enhanced Care Management & In Lieu of Services

## Timeline

- Transition plans due July 2021
- Statewide implementation of new benefit by January 2022

## Details

- Some Whole Person Care (WPC) and Health Homes Program (HHP) services will transition to statewide benefits
- Managed care plans must submit transition plans for WPC and HHP populations and services by July 2021
- Mandatory ECM targeted populations: high utilizers w/frequent emergency admissions, individuals at risk for institutionalization, nursing facility residents transitioning to the community, children with complex needs, reentry population, and homeless individuals.
- ILOS may include: housing-related services, recuperative care, caregiver respite, sobering centers, day habilitation, nursing facility transitions, medically tailored meals, etc.