Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Tuesday, October 12, 2021, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference
(669) 900-6833
Meeting ID: 962 5812 9548
https://zoom.us/j/96258129548
Passcode: SCFHP123

AGENDA

1.	**Roll Call**	Dr. Paul	6:00	5 min
2.	**Public Comment** Members of the public may speak to any item not on the agenda; two minutes per speaker. The Quality Improvement Committee (QIC) reserves the right to limit the duration of the public comment period to 30 minutes.	Dr. Paul	6:05	5 min
3.	**Meeting Minutes** Review draft minutes of the 08/10/2021 QIC meeting. **Possible Action:** Approve draft minutes of the 08/10/2021 QIC meeting	Dr. Paul	6:10	5 min
4.	**CEO Update** Discuss status of current topics and initiatives.	Ms. Tomcala	6:15	10 min
5.	**Annual Assessment of Physician Directory Accuracy Report 2021** Review of the annual Assessment of Physician Directory Accuracy Report 2021. **Possible Action:** Approve the annual Assessment of Physician Directory Accuracy Report 2021	Ms. Fadley	6:25	15 min
6.	**Physician and Hospital Directories Usability Testing Report** Review of the Physician and Hospital Directories Usability Testing Report. **Possible Action:** Approve the Physician and Hospital Directories Usability Testing Report	Ms. Byom	6:40	5 min

7. Annual Cal MediConnect (CMC) Continuity and Coordination Between Medical Care and Behavioral Healthcare Analysis Review the Annual CMC Continuity and Coordination Between Medical Care and Behavioral Healthcare Analysis (2021). **Possible Action:** Approve the Annual CMC Continuity and Coordination of Medical Care Analysis	Ms. Franke-Brauer	6:45	10 min
8. Assessment of CMC Member Understanding of Policies & Procedures: Call Code Analysis Review the Assessment of CMC Member Understanding of Policies & Procedures: Call Code Analysis. **Possible Action:** Approve the Assessment of CMC Member Understanding of Policies & Procedures: Call Code Analysis	Ms. Byom	6:55	5 min
9. 2020 Member Experience Analysis Review the 2020 Member Experience Analysis. **Possible Action:** Approve the 2020 Member Experience Analysis	Mr. Hernandez & Ms. McKelvey	7:00	15 min
10. Annual Cal Medi-Connect (CMC) Continuity and Coordination of Medical Care Analysis (2021) Review the Annual CMC Continuity and Coordination of Medical Care Analysis (2021). **Possible Action:** Approve the Annual CMC Continuity and Coordination of Medical Care Analysis	Ms. Tran	7:15	10 min
11. Grievance and Appeals Report Q2 2021 Review the Grievance and Appeals Report Q2 2021. **Possible Action:** Approve the Grievance and Appeals Report Q2 2021	Mr. Hernandez	7:25	10 min
12. Compliance Report Review of the Compliance Report.	Mr. Haskell	7:35	10 min
13. Pharmacy & Therapeutics Committee (P&T) Review draft minutes of the 09/16/2021 P&T Committee meeting. **Possible Action:** Approve the 09/16/2021 P&T draft meeting minutes	Dr. Lin	7:45	5 min
14. Credentialing Committee Report Review 08/04/2021 Credentialing Committee Report. **Possible Action:** Approve the 08/04/2021 Credentialing Committee Report	Dr. Nakahira	7:50	5 min
15. Ad Hoc QIC Meeting Review dates to schedule an Ad Hoc QIC meeting.	Dr. Liu	7:55	5 min
16. Adjournment The next QIC meeting will be held on December 7, 2021.	Dr. Paul	8:00	

Notice to the Public—Meeting Procedures

- Persons wishing to address the Quality Improvement 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 Nancy Aguirre 48 hours prior to the meeting at (408) 874-1835.
- To obtain a copy of any supporting document that is available, contact Nancy Aguirre at (408) 874-1835. 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.

Santa Clara Family Health Plan™

Quality Improvement Committee

Meeting Minutes

August 10, 2021

Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Wednesday, August 10, 2021, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan, Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present	Specialty
Ria Paul, MD, Chair	Emergency Medicine
Ali Alkoraishi, MD	Adult & Child Psychiatry
Jennifer Foreman, MD	Pediatrics
Jimmy Lin, MD	Internist
Laurie Nakahira, D.O., Chief Medical Officer	
Christine Tomcala, Chief Executive Officer	

Members Absent	
Nayyara Dawood, MD	Pediatrics

Staff Present
Chris Turner, Chief Operating Officer
Laura Watkins, Vice President, Marketing & Enrollment
Johanna Liu, PharmD, Director, Quality & Process Improvement
Janet Gambatese, Director, Provider Network Operations
Tanya Nguyen, Director, Customer Service
Tyler Haskell, Interim Compliance Officer
Lucile Baxter, Manager, Quality & Health Education
Gaya Amirthavasar, Process Improvement Project Manager, QI
Byron Lu, Process Improvement Project Manager, QI
Cecilia Le, HEDIS Project Manager, QI
Rita Zambrano, Executive Assistant
Nancy Aguirre, Administrative Assistant

1. Roll Call

Ria Paul, MD, Chair, called the meeting to order at 6:01 pm. Roll call was taken and quorum was established.

2. Public Comment

There were no public comments.

3. Meeting Minutes

Minutes of the June 9, 2021 Quality Improvement Committee (QIC) meeting were reviewed when a quorum was established.

It was moved, seconded and the minutes of the 06/09/2021 QIC meeting were **unanimously approved.**

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

4. CEO Update

Christine Tomcala, Chief Executive Officer, reported the current Plan membership is approximately 275,000 members, reflecting an 11.3% increase over the last year. Of which, approximately 10,080 are Cal MediConnect (CMC) members and 285,000 are Medi-Cal (MC) members.

Ms. Tomcala announced the CalAIM transition plan was submitted in July, with more details to come. Additionally, the MC Carve Out plan is scheduled for implementation in January, 2022.

Ms. Tomcala highlighted the Strategic Planning used to compose Santa Clara Family Health Plan's (SCFHP) new Mission and Values.

Laurie Nakahira, D.O., Chief Medical Officer, SCFHP joined at 6:07pm.

5. SCFHP CMC Availability of Practitioners Evaluation

Janet Gambatese, Director, Provider Network Operations, presented the SCFHP CMC Availability of Practitioners Evaluation.

Ms. Gambatese explained, SCFHP conducts quantitative analysis against availability standards and a qualitative analysis on performance. These performance measures are used to assess provider availability. SCFHP's goal is to maintain an adequate network and to monitor how effectively the network meets the needs and preferences of its members.

Ms. Gambatese reviewed the methodology used for the provider to member ratios, as well as the metrics.

Ms. Gambatese concluded SCFHP is able to demonstrate its ability to meet performance goals relevant to provider-to-member ratios and maximum time and distance across all in-networks PCPs, high-volume impact specialists, and behavioral health providers. Ms. Gambatese noted SCFHP's efforts to contract available providers within Santa Clara County is on-going.

It was moved, seconded and the SCFHP CMC Availability of Practitioners Evaluation was **unanimously approved.**

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

6. HEDIS Reporting

Cecilia Le, HEDIS Project Manager, Process Improvement, presented the HEDIS Reporting for 2020. Ms. Le reviewed the challenges, including limited staff at provider offices as well as limited remote Electronic Medical Record (EMR) access. Ms. Le noted there were two measures that reached the desired percentile: Postpartum Care (PPC-Post) and BMI Percentile for Children/Adolescents 3 – 17 years (WCC-BMI).

Ms. Le reviewed the MC Managed Care Accountability Sets (MCAS) Measures for CY 2020, including Cervical Cancer Screening (CCS), Childhood Immunization Status – Combo 3 (CIS-3), HbA1c Testing (CDC-HT), and Timeliness of Prenatal Care (PPC-Pre).

The MC MCAS that fell below MPL include: Controlling High Blood Pressure (CBP), Child & Adolescent Well-Care Visits (WCV), and Chlamydia Screening in Women (CHL).

Ms. Le reviewed the CMC Quality Withhold Measures including, CBP, Plan All Cause Readmission (PCR), and Follow up After Hospitalization for Mental Illness – 30 day follow up (FUH-30).

Lucille Baxter, Manager, Quality & Health Education, reviewed the current interventions for both members and providers.

7. Annual E-Mail Quality and Analysis

Tanya Nguyen, Director, Customer Service, presented the Annual E-Mail Quality and Analysis. Ms. Nguyen explained SCFHP has an obligation to ensure the information submitted via e-mail to members is accurate, current, and timely. This is accomplished by measuring and evaluating the quality and timeliness of the information.

There are two factors used to evaluate e-mail quality and timeliness of information. They include, E-mail Turnaround-Time and Response's Quality and Comprehensiveness. Also reviewed were the qualitative analysis for both factors.

Ms. Nguyen concluded by reviewing the opportunities for improvement and the interventions implemented.

It was moved, seconded and the Annual E-Mail Quality and Analysis was **unanimously approved.**

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

8. Annual Quality and Accuracy of Information to Members via Web and Telephone Analysis

Ms. Nguyen presented the Annual Quality and Accuracy of Information to Members via Web and Telephone Analysis. SCFHP has the responsibility to provide access to accurate, quality personalized health information via the SCFHP website and telephone.

Ms. Nguyen reviewed the methodology, data, and quantitative analysis used to evaluate the quality and accuracy of information to members via the SCFHP website. No barriers or opportunities were identified for the functionality of the websites since all established goals were met at 100%.

Ms. Nguyen reviewed the methodology, measures, and quantitative analysis used to evaluate the quality and accuracy of information to members via telephone. All established measured were met at 100%.

It was moved, seconded, and the Annual Quality and Accuracy of Information to Members via Web and Telephone Analysis were **unanimously approved.**

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

9. Quality Dashboard

Johanna Liu, Director, Quality and Process Improvement, reviewed the Quality Dashboard, beginning with Potential Quality of Care Issues (PQI). Dr. Liu noted 100% of PQIs, due from May 2021 – July 2021, closed on time (within 90 days).

Dr. Liu reviewed the Initial Health Assessment (IHA). Reports indicate an increase in completion rate May 2021 – July 2021. Dr. Liu also reviewed the Outreach Call Campaign. There were more outreach calls completed in May due to extra help from the temp COVID-19 outreach team.

Dr. Liu announced the Health Homes Program (HHP) launched with Community Based Care Management Entities (CB-CME) on July 1, 2021 for Chronic Conditions and on January 1, 2020 for Serious Mental Illness. As of July 23, 2021, 748 members that have verbally consented into HHP.

Dr. Liu noted Facility Site Reviews (FSR) were not conducted due to COVID-19. However, extensions have been approved by DHCS.

10. Compliance Report

Tyler Haskell, Interim Compliance Officer, reviewed the Compliance Report. Mr. Haskell noted SCFHP recently completed the Medicare Data Validation (MDV) Audit, and achieved 100% compliance in all four categories.

Mr. Haskell reviewed the Department of Health Care Services (DHCS) MC Managed Care Audit, and reported three findings relating to delegate oversight, utilization management, and transportation vendor enrollment. The Plan will submit correcting action plans for each finding to DHCS by August 18, 2021.

Mr. Haskell noted the Department of Managed Health Care (DMHC) has not released a preliminary report for the DMHC MC Managed Care Audit conducted in March 2021.

Mr. Haskell reported the Plan has been selected by CMS's external quality review organization to participate in the 2021 Performance Measure Validation Audit. All requested documents have been submitted in advance of a scheduled review session on August 19, 2021. A draft report is anticipated in early December.

11. P&T Committee Minutes

Dr. Lin reviewed the draft P&T minutes for the 06/17/2021 meeting.

It was moved, seconded, and the draft minutes of the 06/17/2021 P&T meeting were **unanimously approved.**

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

12. UMC Committee Minutes

Dr. Lin reviewed the draft UMC minutes for the 07/21/2021 meeting.

It was moved, seconded, and the draft minutes of the 07/21/2021 UMC meeting were **unanimously approved.**

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

13. Credentialing Committee Report

Laurie Nakahira, D.O., Chief Medical Officer, reviewed the 06/02/2021 Credentialing Committee Report.

It was moved, seconded, and the 06/02/2021 Credentialing Committee Report was **unanimously approved.**

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

14. Adjournment

The next QIC meeting will be held on October 12, 2021. The meeting was adjourned at 7:36PM.

_____ _____

Ria Paul, MD, Chair Date

Santa Clara Family Health Plan Assessment of Physician Directory Accuracy: 2021 Analysis

Cal-MediConnect – 2021

Prepared by:
Karen Fadley, Manager, Provider Data, Credentialing, and Reporting

For review and approval by the Quality Improvement Committee

October 2021

Overview

Santa Clara Family Health Plan (SCFHP) aims to provide its members and prospective members with the most accurate and up-to-date information possible in our physician directories. Provider directories function as a vehicle for our members to connect with our providers and access the healthcare delivery system. By performing routine outreach to our providers to keep their information up to date, we maintain our dedication to our members and their health. SCFHP monitors activities directed at improving the accuracy of the physician directory, as necessary, to improve the outcomes of the monitored activities.

Annually, SCFHP, reviews data associated with physician directory accuracy. Through analysis, SCFHP Plan identifies opportunities for improvement. During 2021, the following measures were monitored for aspects of physician directory accuracy.

Measure 1: Accuracy of office locations

Measure 2: Accuracy of phone numbers

Measure 3: Accuracy of hospital affiliations

Measure 4: Accuracy of accepting new patients

Measure 5: Awareness of physician office staff of physician's participation in the organization's network

SCFHP sets performance goals for each measure and through the analysis process, identifies opportunities to improve physician directory accuracy. The quantitative analysis process includes a review of results and compares those results against an established performance goal. In future measurement years, trends will be assessed. The qualitative analysis process utilizes the data to identify potential root cause and barriers applicable to achieving the performance goal. The process incorporates opportunities and interventions to address the root cause. SCFHP will track and trend each measure over a 3-year period, beginning with Baseline/Measurement Year 1:

1. Baseline/Measurement 2021
    a. Quantitative analysis
    b. Qualitative analysis to include barriers, opportunities and recommended interventions to meet performance goals in measurement year 3.
    c. Implementation of interventions for measurement year 3.

I. Methodology

SCFHP measures the rate of physician directory accuracy through a provider outreach campaign to confirm provider directory accuracy. The data informatics team pulls the latest data used to produce the provider directory. From the data extract, a statistically significant sample is randomly selected. The following parameters were used to calculate the sample size:

Parameter	Value
Margin of Error	10%
Confidence Level	90%
Population Size	451
Recommended Sample Size	60

Two provider data staff members made calls during September using the Provider Directory Attestation form attached in Exhibit A. An analyst performed a randomized selection of PCP and SCP office and provided the listing to the Manager, Provider Database and Reporting, grouping the list by location so the caller could make one call to each office. For practitioners with multiple offices, each location was called. When there were multi-specialty offices, each practitioner was counted as one. Staff were instructed to talk to the office manager, who would have the most accurate information on whether the practitioner was taking new patients and which products were accepted by the office for payment. Based on the response from the provider's office, the provider data staff member records whether the information in the directory is accurate. If the information is not accurate, the representative records the accurate information into a spreadsheet to be updated into the provider database and subsequently updated into the directory.

Measure 1: Accuracy of office locations

Numerator: Number of respondents with correct address listed in the directory
Denominator: Total number of physician offices which responded
Goal: 100% accuracy of office locations listed in the directory

Measure 2: Accuracy of phone numbers

Numerator: Number of respondents with correct phone numbers listed in the directory
Denominator: Total number of physician offices which responded
Goal: 100% accuracy of phone numbers listed in the directory

Measure 3: Accuracy of Hospital Affiliations

Numerator: Number of respondents with correct hospital affiliation listed in the directory
Denominator: Total number of physician offices which responded
Goal: 100% accuracy of hospital affiliations listed in the directory

Measure 4: Accuracy of Accepting New Patients

Numerator: Number of respondents with correct 'Accepting New Patients' designation
Denominator: Total number of physician offices which responded
Goal: 100% accuracy of 'Accepting New Patients' designation in the directory

Measure 5: Awareness of physician office staff of physician's participation in the organization's network

Numerator: Number of respondents with awareness of participation in organization's network
Denominator: Total number of physician offices which responded
Goal: 100% awareness of physician office staff participating in the organization's network

II. Analysis

a. Results

Table #1. Measures 1-5 – Provider Directory Accuracy

	Accuracy of Office Locations	Accuracy of Phone Numbers	Accuracy of Hospital Affiliations	Accuracy of Accepting New Patients	Awareness of Office Staff of Physicians Participation in the Organization's Network
Number of Respondents with Accurate Entries	48	50	43	50	49
Total Physician Responses	52	52	52	52	52
Accuracy Percentage (%)	92%	96%	83%	96%	96%
2020 Accuracy Percentage (%)	98%	97%	100%	97%	100%
Goal	100%	100%	100%	100%	100%
Goal Met (Y/N)	N	N	N	N	N

b. Quantitative analysis

The performance goal set in Measurement Year 3 (MY3), 2021 of 100% was not met. The rate of accuracy of office locations was 98% in 2019, and 98% in 2020. It decreased by 6% to 92% in 2021. It is 8 percentage points below the performance goal. The rate of accuracy of phone

numbers was 98% in 2019, 97% in 2020 and went down to 96% in 2021, which is four percentage points below the performance goal.
The rate of accuracy of hospital affiliations was 80% in 2019, 100% in 2020 and went down to 83% in 2021, which is 17% below this performance goal. The accuracy of accepting new patients was, at 98% for 2019, 97% for 2020 and 96% 2021, the accuracy is 96%, which is -1% change, which is four percentage points below the performance goal. The accuracy level for participation in the organization's network was 94% for 2019, 100% for 2020 and 96% for 2021, which is four percent below the performance goal.

c. Qualitative analysis

In an effort to meet the performance goal for 2022, a barrier analysis was completed to identify opportunities and interventions to improve the rate of all accuracy measures. We focused on the two lowest performing measures, where there was the most opportunity for improvement.

2022 Barrier and Opportunity Analysis Table 2.0 (this goes to QIC every other year)

Barrier	Opportunity	Intervention	Selected for 2022?	Date Initiated
Delays in receiving changes from providers through their delegates	Reminders to delegates.	Continue to communicate timeliness of provider changes at quarterly joint operation committees.	Y	Ongoing
Rapidly changing provider data due to frequent staff changes	Inform/ educate providers of importance of submitting timely information	Ensure that provider relations staff has on-going communications to discuss data changes with MD and their office staff.	Y	Ongoing

Barrier	Opportunity	Intervention	Selected for 2022?	Date Initiated
SCFHP Provider Data report Data Validation Quality Checks	Create Quarterly Quality Checks on Provider Data Directory Validation	Quarterly validate the provider data through calls to provider office in validation of their submitted data reporting.	Y	Ongoing

III. Reporting

Committee Approval Table 3.0

Approving Committee	Date of Approval	Recommendations
Quality Improvement Committee		

Exhibit A

SAMPLE PROVIDER ATTESTATION FORM

Provider Directory Attestation
Date: xx/xx/xxxx

Santa Clara Family Health Plan (SCFHP) is required to validate provider demographics on a quarterly basis in accordance with all our regulatory requirements. **Each practice location will receive a separate attestation form specific to the location**. **Please review and fax the completed attestation to 1-408-874-1433 before xx/xx/xxxx.** If there are any changes to your information, please document the updates in the "Changes needed" column, then sign and date at the bottom. If there are no changes, check the "No change" box for each item.

	Please complete "Changes needed" column if information is missing.	**No change**	**Changes needed**
Legal name & title: (As listed on license)		☐	
Other name(s): (Recognized by patients)		☐	

Practitioner NPI #:		☐	
Practitioner gender:		☐	
Practitioner ethnicity:		☐	
Languages spoken by practitioner:		☐	
CA State license # and expiration date:		☐	
DEA # / DEA expiration date:		☐	
Practitioner type:		☐	
Declared specialty	**Taxonomy**	**No change**	**Changes needed**
		☐	
		☐	

Board certification specialty	**Board certification**	**Certification date**	**Certification exp. date**	**Status**	**Changes needed**

	Please complete "Changes needed" column if information is missing.	**No change**	**Changes needed**
Practitioner hospital admitting privileges & effective date:		☐	
Medical group name/practice name:		☐	
Practice location address:		☐	
Practice city, state, and ZIP:		☐	
Practice phone:		☐	
After hours phone number:		☐	
Practice fax:		☐	
Practice fax for authorizations:		☐	
Hours at this location:		☐	
Name and NPI of supervising physician: (If NP, PA, or CNP)		☐	
Website URL:		☐	
	Please complete "Changes needed" column if information is missing.	**No change**	**Changes needed**
Organizational/billing NPI:		☐	
Tax ID # (used for billing):		☐	
Languages spoken by staff:		☐	
Proximity to public transport:		☐	☐ <1 block ☐ <2 blocks ☐ <5 blocks ☐< 1 mile
Accepting new patients?		☐	
Age limits (youngest/oldest):		☐	
Gender limits:		☐	☐ F only ☐ M only ☐ None

Provider email address: A provider's office email address shall be displayed only with the written permission of the provider, and only if the provider has affirmatively verified that the email address is intended for patient communication, and is regularly monitored and maintained in a manner consistent with state and federal health privacy laws.

Email for patient communication:		☐	
Email for SCFHP communication:		☐	
Cultural competency training completed? (Date & training name)		☐	
Participate in telehealth?		☐	☐ Telehealth only ☐ None ☐ In-person & telehealth
Full-time equivalent (FTE): (Total # of hours per week)		☐	

Completed trainings	**No change**	**Completed trainings**	**No change**

Substance abuse:		☐	HIV/AIDS		☐
Trauma-informed:		☐	Serious mental illness		☐
Physical disabilities:		☐	Homelessness		☐
Chronic illness:		☐	Deafness or hard of hearing		☐
QASP level:		QASP level: ☐ Paraprofessional ☐ Professional ☐ Provider			☐
Other (specify):					

Malpractice carrier:	**Insurance type:**	**Policy #:**	**Changes needed**
			☐ Malpractice ☐ General liability
Policy claim amount: **Aggregate amount:**	**Policy effective date:**	**Policy expiration date:**	**Changes needed**
			☐ 1M/3M ☐ 2M/4M ☐ 5M/5M ☐ 10M/10M ☐ Other _____

Please use the space below to provide additional information regarding this practitioner:

Attestation completed by:

Print name: _____ Print title: _____

Signature: _____ Date: _____

Office use only:

40429

Santa Clara Family Health Plan™

Provider Search Survey

September 2021

Introduction

NET 5 Element I: Usability Testing

- Marketing conducts a survey, at least every three years, to evaluate its web-based physician and hospital directories for understandability and usefulness to members and prospective members.
- The results are used to make modifications to our web-based provider search to enhance member experience.

Santa Clara Family Health Plan™

Methodology

Participant Selection

- Survey participants are selected from departments that frequently use the provider search to assist members in finding a provider: Enrollment & Eligibility, Medicare Outreach, and Community Resource Center.
- Selection also took the most common languages into consideration based on our population health needs assessment; participants could either read, write or speak in the following languages:

Language	Percentage of Cal MediConnect Membership	Number of Staff Who Received Survey
English	40.88%	16
Spanish	18.18%	7
Vietnamese	15.42%	5
Chinese	13.19%	2

Survey

- The survey is created using questions from the NCQA standard.
- Staff are given two weeks to complete the survey.
- Each question is reviewed by counts and percentages.
- Qualitative responses are reviewed for further context when applicable.

Survey Questions

Factor	Questions
1. Reading level.	• How easy was it to understand the search results? • How easy was it to understand the search instructions?
2. Intuitive content organization.	• What do you think about the look and feel of the Provider Search? • How satisfied are you with the organization of the Provider Search?
3. Ease of navigation.	• How satisfied are you with your experience navigating through the Provider Search? • Did you find the information you were looking for? • Did you find the search tool options useful? • Did you run into any roadblocks while navigating the Provider Search?
4. Directories in additional languages, if applicable to the membership.	• How easy was it to locate and/or request the directory in another language?
Overall	• How was your overall experience with the Provider Search? • Do you have any other comments about how we can improve the Provider Search?

Santa Clara Family Health Plan™

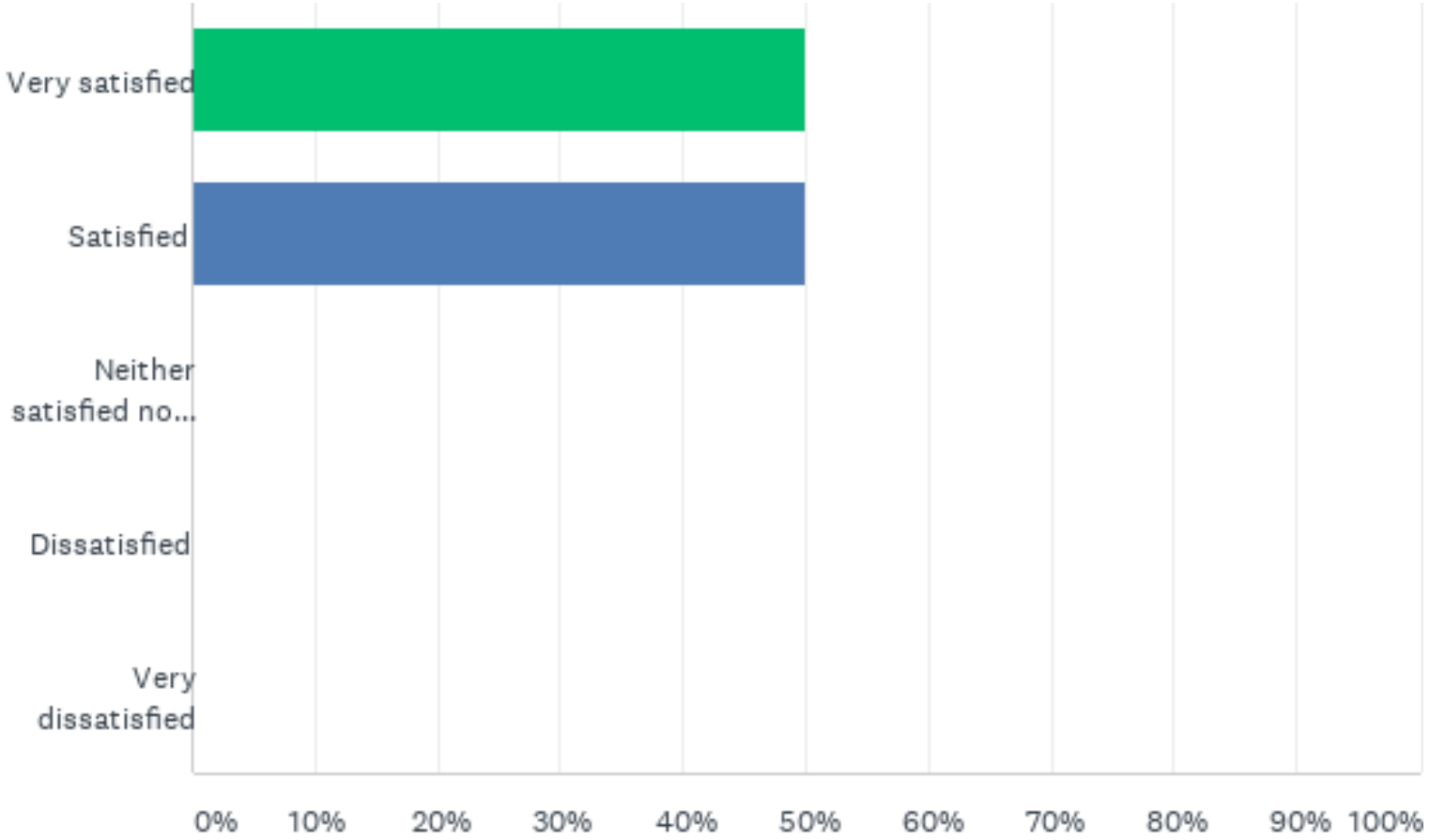
Results

Survey Completion

- The survey was sent out to 16 staff members who were not involved in the development of the directory.
- A total of 8 staff (50%) completed the survey.

Q1: How satisfied are you with your experience navigating through the Provider Search?

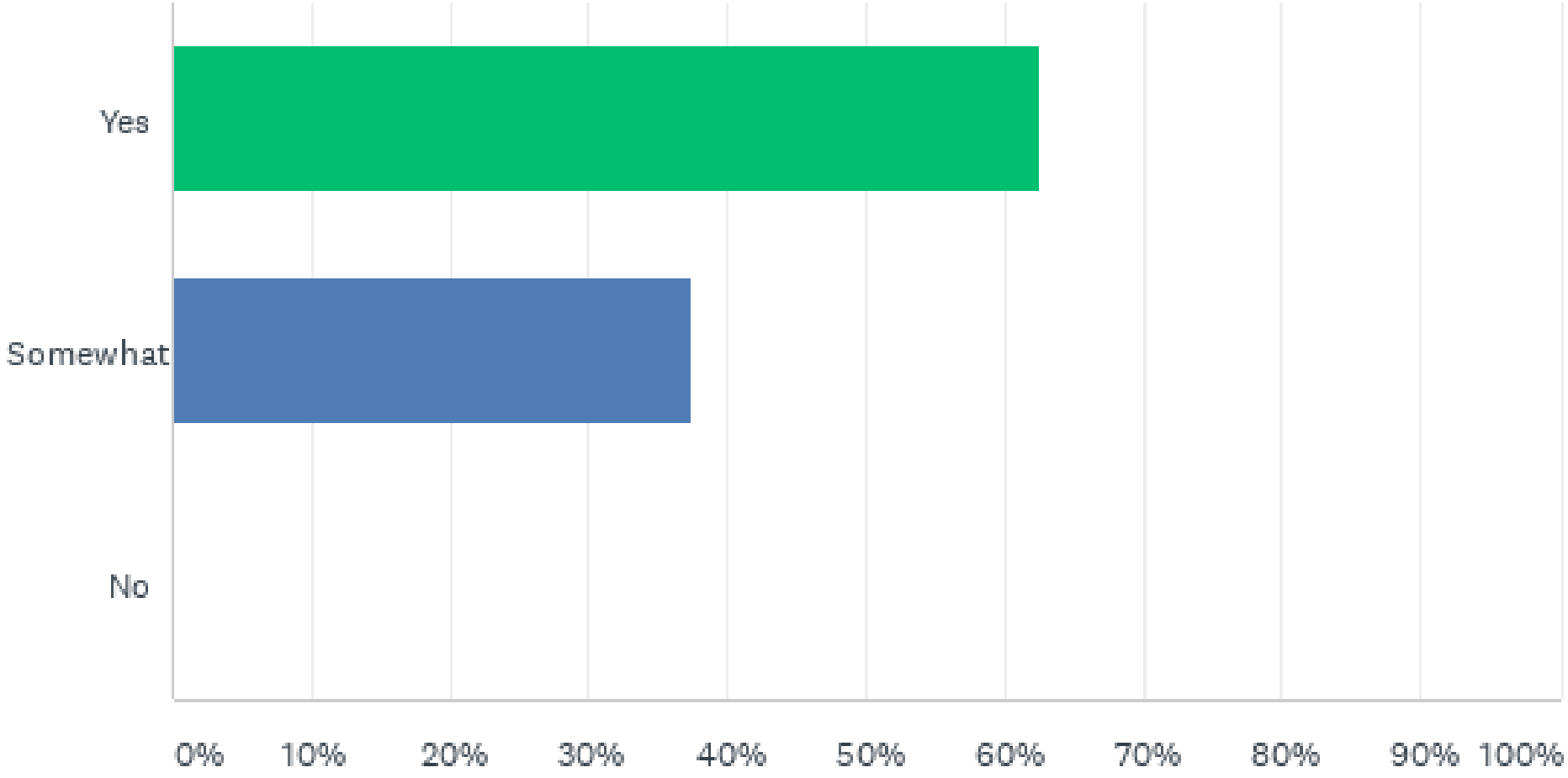
- Answered: 8 Skipped: 0



Q1: How satisfied are you with your experience navigating through the Provider Search?

ANSWER CHOICES	RESPONSES	
Very satisfied	50.00%	4
Satisfied	50.00%	4
Neither satisfied nor dissatisfied	0.00%	0
Dissatisfied	0.00%	0
Very dissatisfied	0.00%	0
TOTAL		8

Q2: Did you find the information you were looking for?

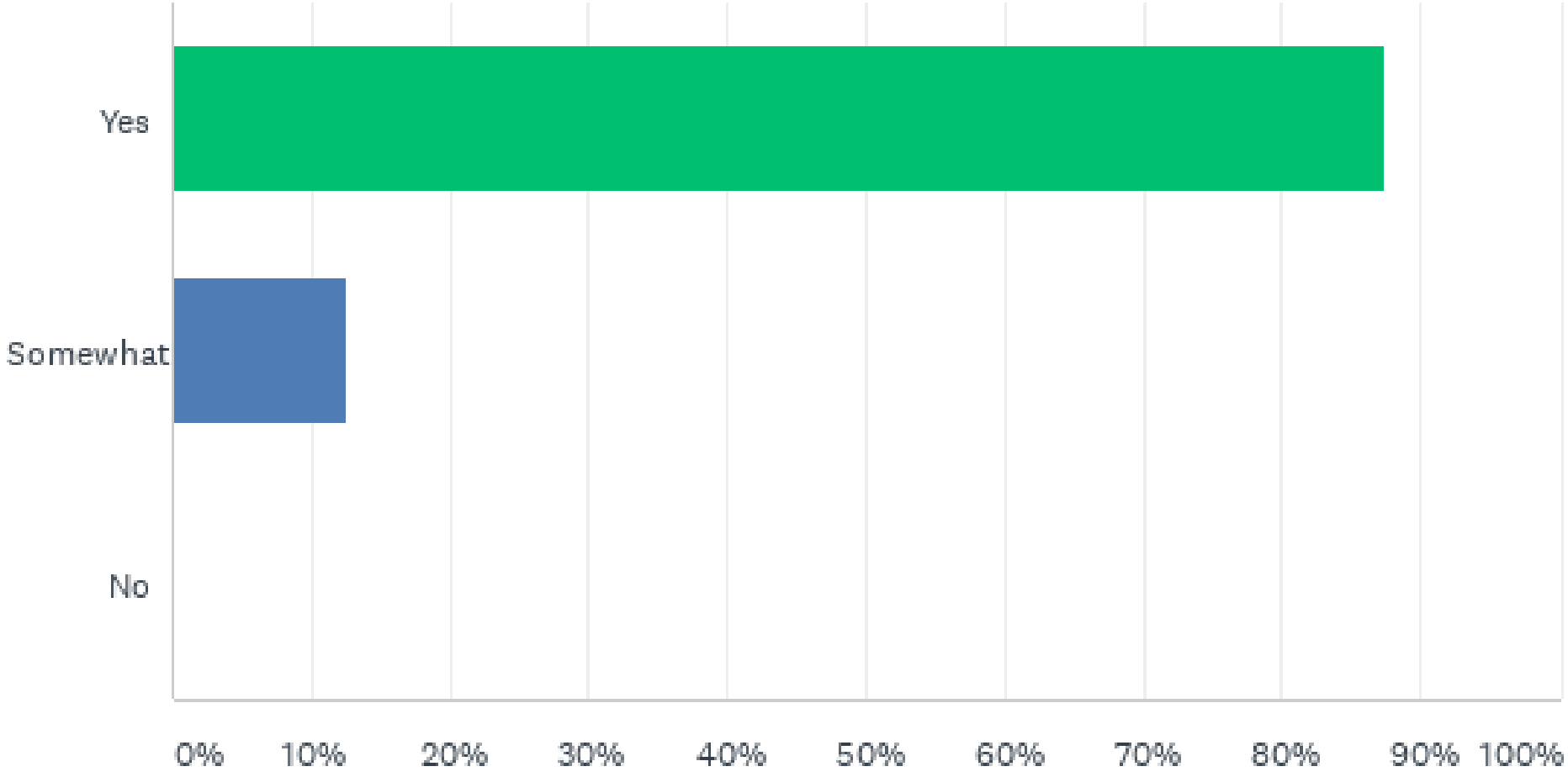


Q2: Did you find the information you were looking for?

ANSWER CHOICES	RESPONSES	
Yes	62.50%	5
Somewhat	37.50%	3
No	0.00%	0
TOTAL		8

#	IF SOMEWHAT OR NO, PLEASE EXPLAIN.
1	Could not find list of skilled nursing facilities

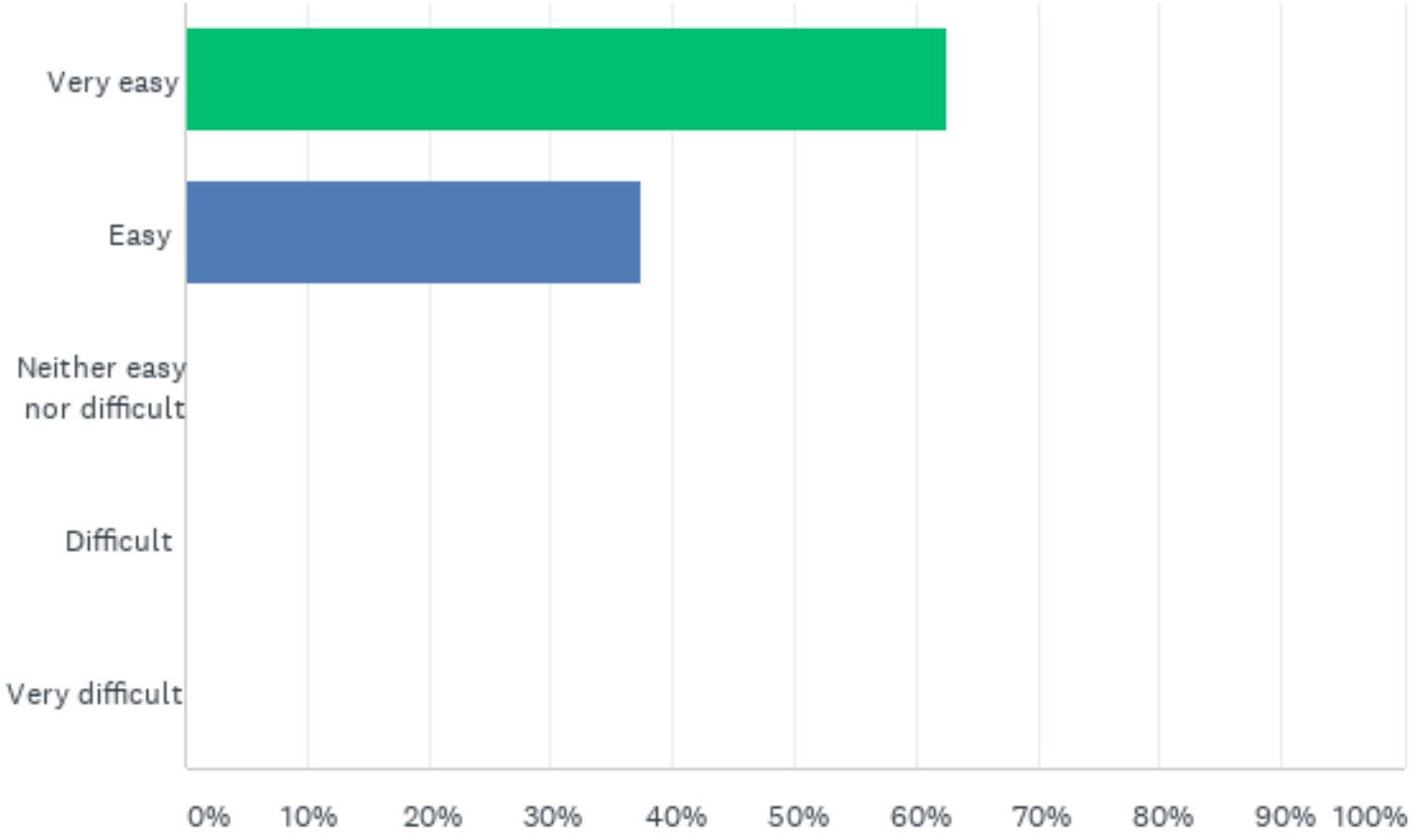
Q3: Did you find the search tool options useful?



Q3: Did you find the search tool options useful?

ANSWER CHOICES	RESPONSES	
Yes	87.50%	7
Somewhat	12.50%	1
No	0.00%	0
TOTAL		8

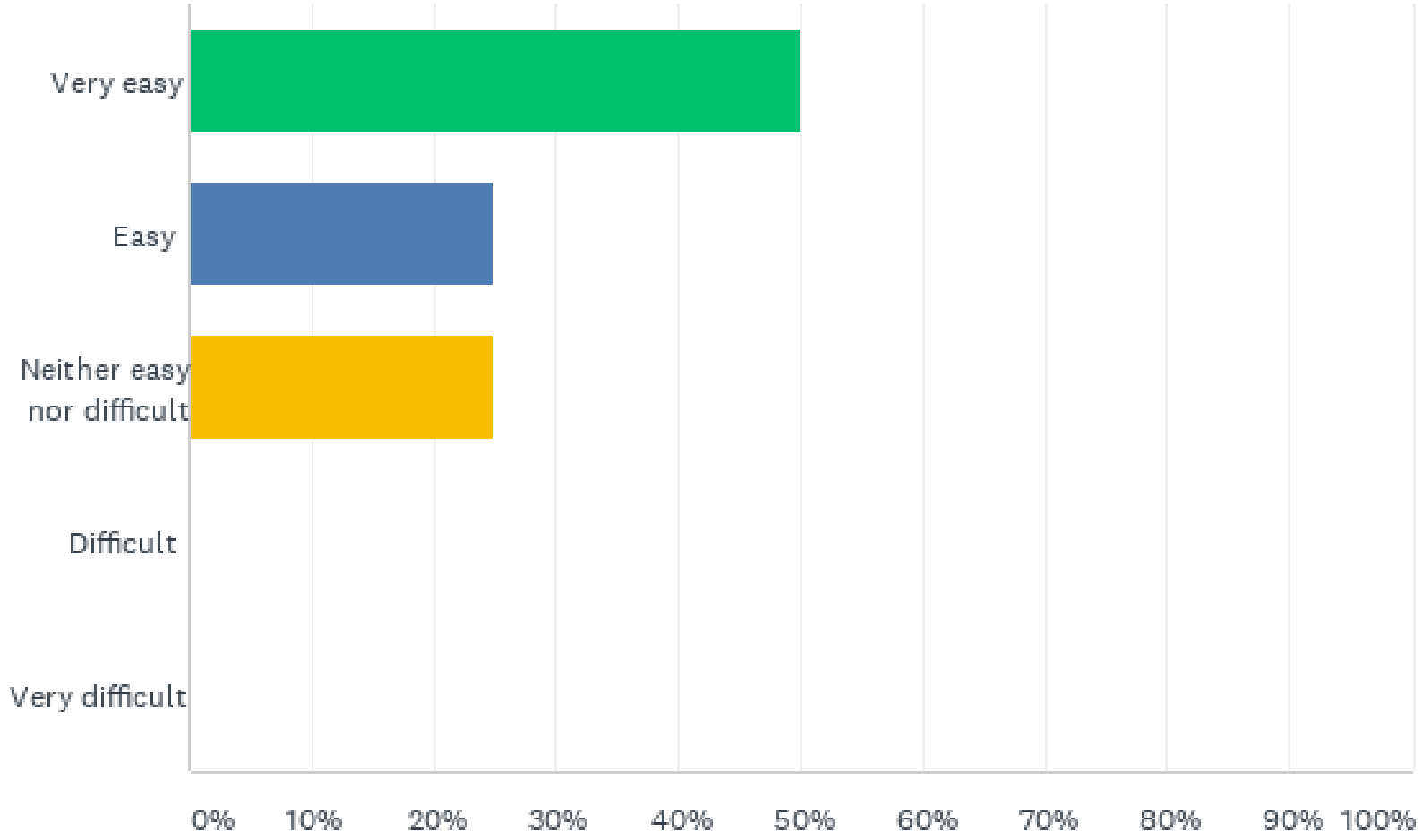
Q4: How easy was it to understand the search results?



Q4: How easy was it to understand the search results?

ANSWER CHOICES	RESPONSES	
Very easy	62.50%	5
Easy	37.50%	3
Neither easy nor difficult	0.00%	0
Difficult	0.00%	0
Very difficult	0.00%	0
TOTAL		8

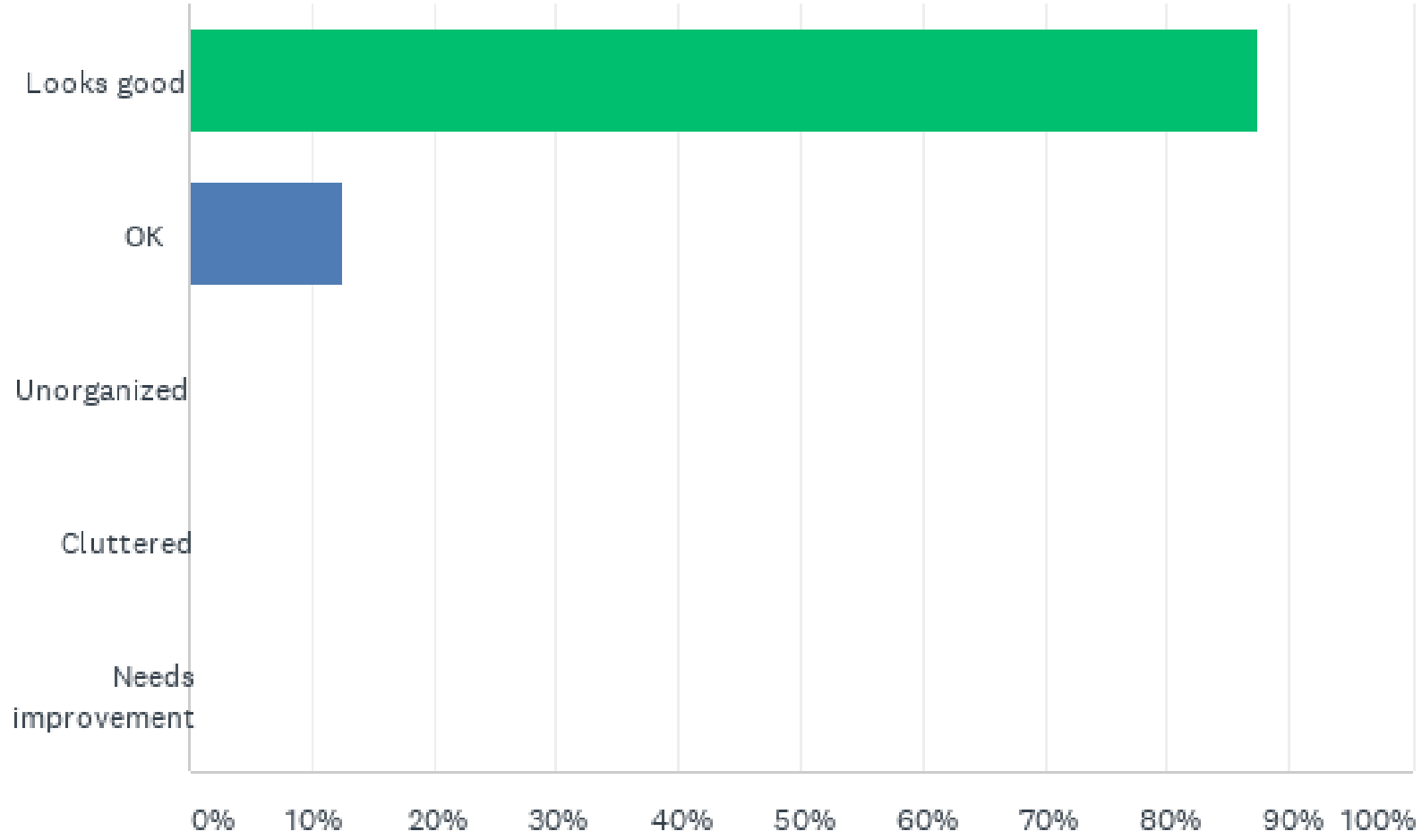
Q5: How easy was it to understand the search instructions?



Q5: How easy was it to understand the search instructions?

ANSWER CHOICES	RESPONSES	
Very easy	50.00%	4
Easy	25.00%	2
Neither easy nor difficult	25.00%	2
Difficult	0.00%	0
Very difficult	0.00%	0
TOTAL		8

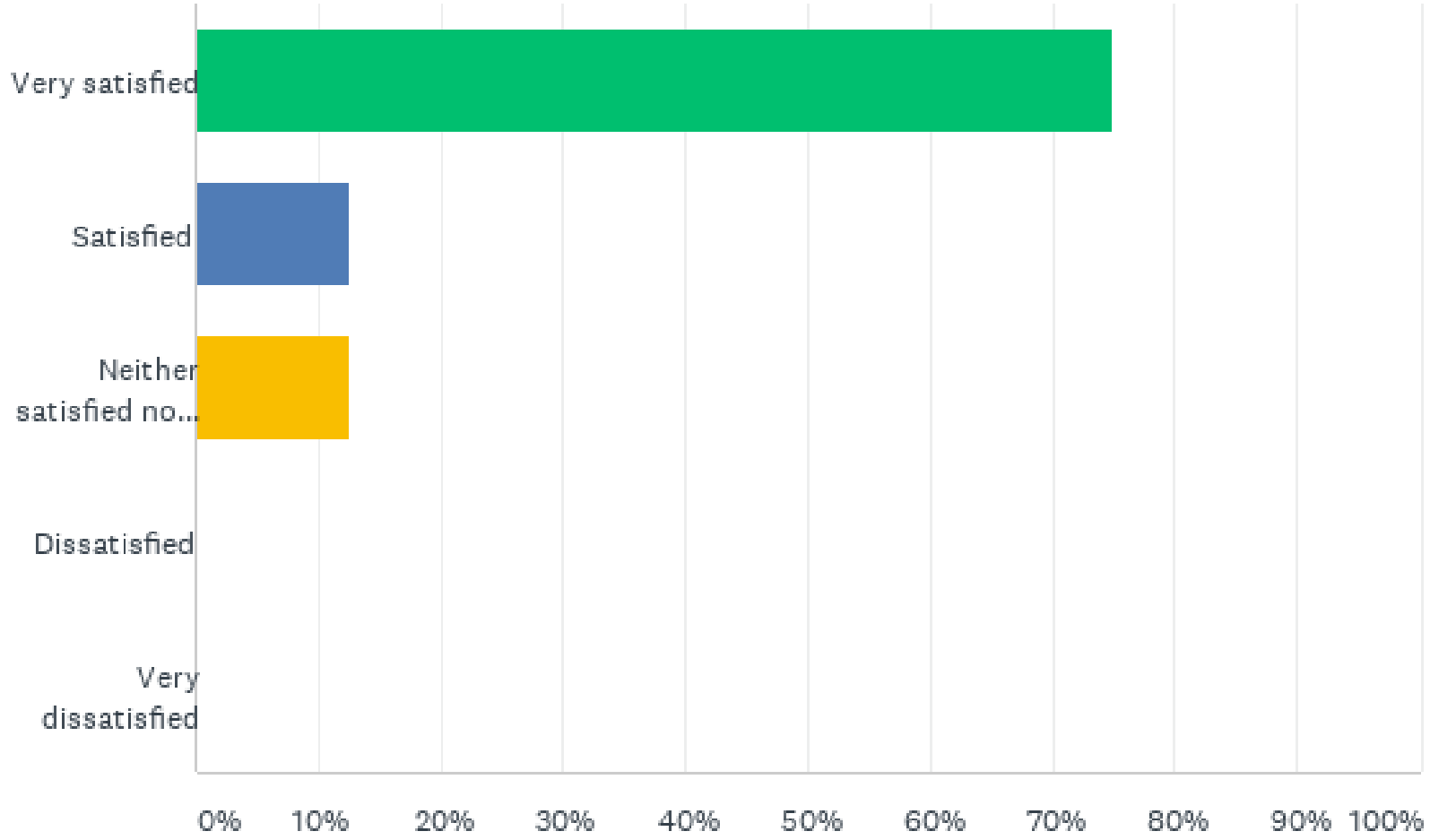
Q6: What do you think about the look and feel of the Provider Search?



Q6: What do you think about the look and feel of the Provider Search?

ANSWER CHOICES	RESPONSES	
Looks good	87.50%	7
OK	12.50%	1
Unorganized	0.00%	0
Cluttered	0.00%	0
Needs improvement	0.00%	0
Total Respondents: 8		

Q7: How satisfied are you with the organization of the Provider Search?

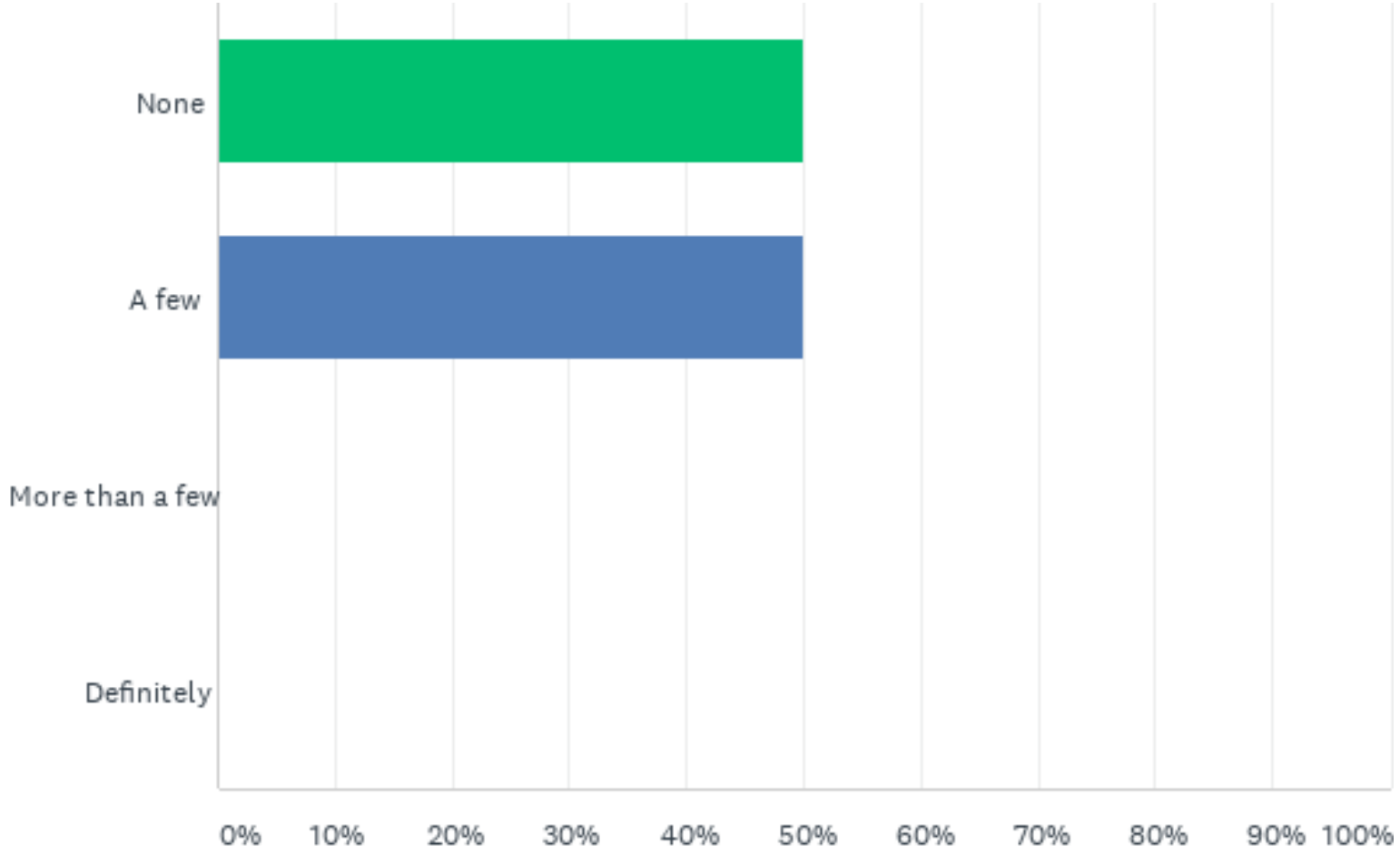


Q7: How satisfied are you with the organization of the Provider Search?

ANSWER CHOICES	RESPONSES	
Very satisfied	75.00%	6
Satisfied	12.50%	1
Neither satisfied nor dissatisfied	12.50%	1
Dissatisfied	0.00%	0
Very dissatisfied	0.00%	0
TOTAL		8

#	PLEASE EXPLAIN YOUR CHOICE.
1	Quick look up table to assist members, or members can find it useful.

Q8: Did you run into any roadblocks while navigating the Provider search?

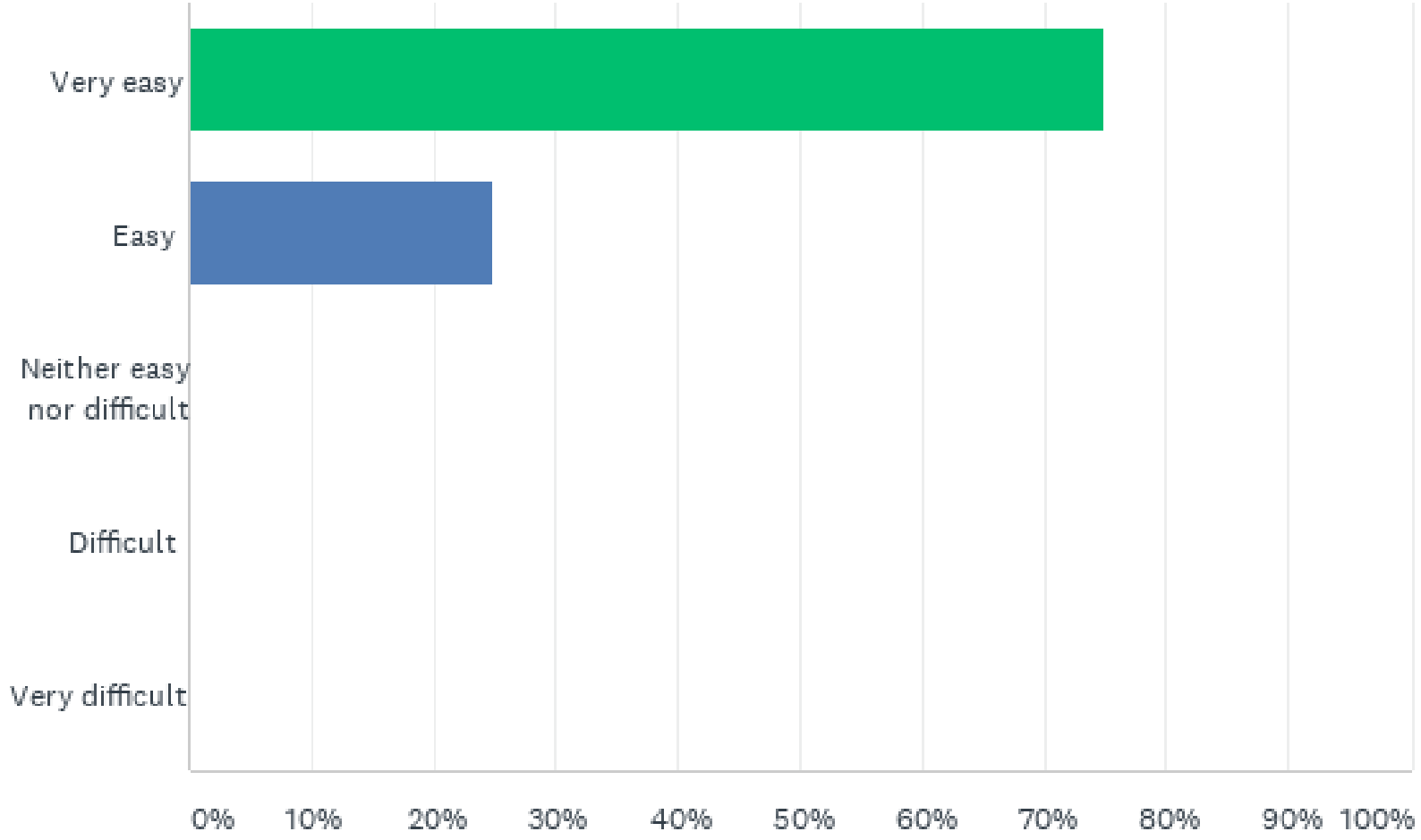


Q8: Did you run into any roadblocks while navigating the Provider search?

ANSWER CHOICES	RESPONSES	
None	50.00%	4
A few	50.00%	4
More than a few	0.00%	0
Definitely	0.00%	0
TOTAL		8

#	PLEASE EXPLAIN.
1	hard to find Skilled Nursing Facilities
2	Email instructions made me think to explore information as on record e.g. pertaining to PCP. Not explained to find Facility it is separate query (which I already knew).
3	searching for specialist. some are similar and they do not pop up

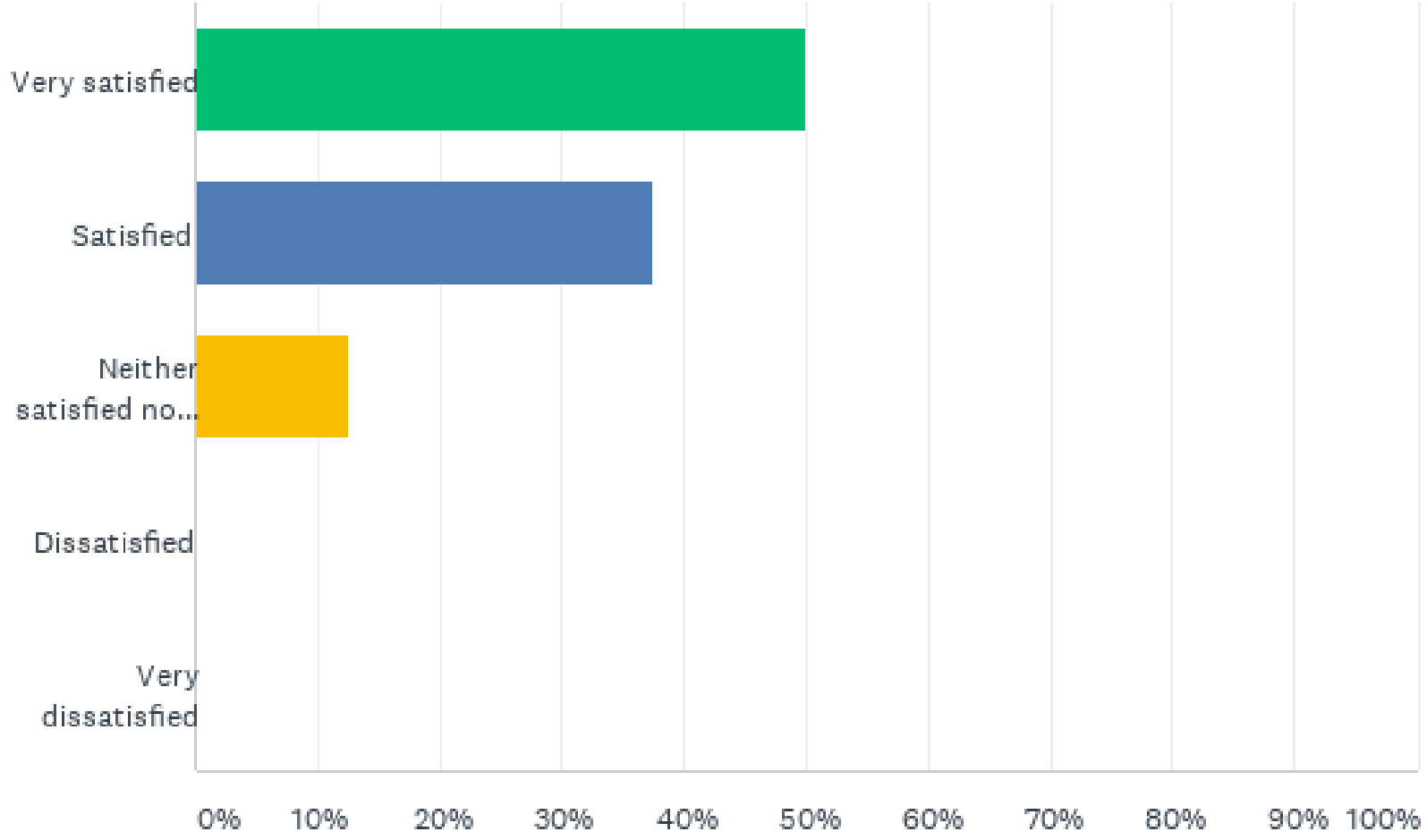
Q9: How easy was it to locate and/or request the directory in another language?



Q9: How easy was it to locate and/or request the directory in another language?

ANSWER CHOICES	RESPONSES	
Very easy	75.00%	6
Easy	25.00%	2
Neither easy nor difficult	0.00%	0
Difficult	0.00%	0
Very difficult	0.00%	0
TOTAL		8

Q10: How was your overall experience with the Provider Search?



Q10: How was your overall experience with the Provider Search?

ANSWER CHOICES	RESPONSES	
Very satisfied	50.00%	4
Satisfied	37.50%	3
Neither satisfied nor dissatisfied	12.50%	1
Dissatisfied	0.00%	0
Very dissatisfied	0.00%	0
TOTAL		8

#	PLEASE EXPLAIN.
1	Very good tool to search for providers and Facilities at finger tips

Q11: Do you have any other comments about how we can improve the Provider Search?

#	RESPONSES
1	it works really well. It has many fields to narrow the search.
2	for member a video in how to use "Find Doctor" would be helpful

Findings

Factor	Findings
1. Reading level.	More than half felt that the overall reading level was easy to understand, for both the search instructions and the search results.
2. Intuitive content organization.	Over 87% were satisfied with the organization and look/feel of the Provider Search, feeling the content organization was well laid out.
3. Ease of navigation.	Although 87.5% of participants found the search tool options to be useful, the ease of navigation could be improved, as 50% ran into roadblocks finding the information they were looking for, specifically a list of Skilled Nursing Facilities.
4. Directories in additional languages, if applicable to the membership.	All participants found it easy or very easy to locate and/or request a Provider Directory in another language.

Opportunities for Improvement

Barrier: Difficulty searching for Skilled Nursing Facilities

- Make the “Provider” and “Facility” tabs more visible and understandable
- Create a “How to” introduction video for Provider Search

Conclusion

The provider search function was useful in finding and understanding physician and facility information. However, there is room for improving the navigation. In the survey results, it was noted that there were difficulties searching for Skilled Nursing Facilities. Overall, all participants found their experience using our provider search satisfactory.

Santa Clara Family Health Plan™

NCQA – Continuity and Coordination Between Medical Care and Behavioral Healthcare Analysis

Calendar Year 2020 Review

Overview

Overview of SCFHP's analysis of the continuity and coordination between medical and behavioral healthcare - National Committee for Quality Assurance (NCQA)

- Review of Factors:
  1. Exchange of information between behavioral and medical care
  2. Diagnosis, treatment and referral of behavioral disorders commonly seen in primary care
  3. Appropriate use of psychotropic medications
  4. Management of co-existing medical and behavioral disorders (Intervention completed)
  5. Prevention programs for behavioral health
  6. Special needs of members with severe and persistent mental illness (Intervention completed)

The analysis reviewed data for comparison between CY 2018, CY 2019 and CY 2020.

Factor 1 – Exchange of Information

SCFHP collects data on the exchange of information between Behavioral Health Specialists and relevant medical delivery systems by conducting a medical record review.

*Methodology changed in CY 2019 from Medical Record Review to Primary Care Physician (PCP) Questionnaire to enable us to obtain information directly from providers.

Population: CMC Members connected to both outpatient Behavioral Health (BH) services as well as established PCP as evidenced by claims [denominator] whose PCPs received medication lists/updates at least annually and after BH updates [numerator].

- Goal: 80% of the total number of samples meet the timeliness standard.
- CY2018 (baseline) & CY 2019 (comparison year 1) & CY 2020 (comparison year 2) we did not meet our goal.

Barriers and intervention suggestions for improvement reviewed in a workgroup session June 2021; this factor was not chosen for implementation of interventions for this report cycle.

Factor 1 – Exchange of Information

CY 2018 (Medical Record Review):	CY 2019 (PCP Questionnaire):	CY 2020 (PCP Questionnaire):
• Only EMR records to review (n = 21).	• Response rate of 13/60 questionnaires, or 22%	• Response rate of 6/60, or 10%. • Decrease in response rate by 12 percentage points.
• Sample size: 60 Members	• Sample size: 60 Members	• Sample size: 60 Members
• Only EMR passed for timeliness; a passive pass as access was acknowledged but no verification of communication, medication review, etc.	• One PCP agreed that information was received timely & One PCP acknowledged access to EMR system (counted as a pass for timeliness) • 2 /13 = 15%	• Two PCPs stated that information pertaining to Member medications was obtained at PCP request by the Member; no PCP reported direct BH Provider communication pertaining to medication (one PCP directly requested). • 0 / 6 = 0%
• Did not meet goal as 21/60 or 35% passed for timeliness.	• Did not meet goal as 2/13 or 15% passed for timeliness.	• Did not meet goal as 0/6 or 0% passed for timeliness.

Factor 2 – Appropriate diagnosis, treatment, & referral of behavioral disorders commonly seen in primary care

The SCFHP looks at the results of the HEDIS measure Antidepressant Medication Management (AMM) to monitor that members with a behavioral health diagnosis of depression are being appropriately treated.

Population: For each measure, the total number of Members taking medication for the specified period of time (numerator) is compared to the total number of Members prescribed antidepressant medication (denominator).

The two measures include the Acute Effective Treatment Phase (consistent compliance for 12 weeks) as well as the Continuation Treatment Phase (consistent compliance for 6 months)

- Goal: 75th Percentile HEDIS for both AMM measures in Metric Year measured.
- MY 2018 (baseline): 75th percentile Continuation Phase & 50th percentile Acute Phase.
- MY 2019 (comparison year): 50th percentile Continuation Phase & 25th percentile Acute Phase.
- MY 2020 (comparison year): 50th percentile Continuation Phase & 50th percentile Acute Phase
- We did not meet our goal.

Factor 2 – Appropriate diagnosis, treatment, & referral of behavioral disorders commonly seen in primary care

HEDIS AMM Measure	2018	2019	2020
Effective/Acute Phase of Treatment	73.73% Goal: 75.39% (missed goal for 75th percentile by 1.66 percentage points)	71.78% Goal: 77.52% (missed goal for 75th percentile by 5.74 percentage points)	75.00% Goal: 77.52% (missed goal for 75th percentile by 2.52 percentage points)
Continuation of Treatment	61.86% Goal: 60.32% (goal met)	57.92% Goal:61.58% (not met) (missed goal for 75th percentile by 3.66)	61.57% Goal: 61.58% (missed goal for 75th percentile by 0.01 percentage points)

Factor 3 – Appropriate Use of Psychotropic Medications

The SCFHP collects data on Behavioral Health and Primary Care Practitioner adherence to prescribing guidelines concerning antidepressant medication prescriptions.

CMC M2M Members prescribed antidepressant medications for mental health (denominator) and determine if the prescription was written for the Member by their PCP (numerator) or Psychiatrist (numerator).

- **Goal (part I):** 50% of antidepressant medications for this population to be prescribed by PCPs and 50% of antidepressant medications to be prescribed by Psychiatrists.
- Data discrepancy noted: CY 2018 data and CY 2019 were gathered for trending comparison in 2019; Continuing into CY 2020 We met our goal. *This is part one of goals for this factor.

	Total # Scripts (denominator)	Psychiatrist Scripts	PCP Scripts	Not-Included * (unidentifiable providers)
CY 2018	N = 944	278/944 = **29%**	633/944 = **67%**	33/944 = 4%
CY 2019	N = 924	250/924 = **27%**	628/924 = **68%**	46/924 = 5%
CY 2020	N = 930	285/930 = **30.1%**	580/930 = **62.4%**	65/930 = 7.5%

Factor 3 – Appropriate Use of Psychotropic Medications

We plan to continue to monitor this measure to maintain a 50-50 split in prescriptions and chose to modify this goal to continue PCP education.
As there are research studies as well as American Psychological Association support to include talk therapy along with prescribing of antidepressants, current rates of talk therapy were reviewed and included in our secondary goal for this factor beginning in CY 2019 report.

Goal (part II): 40% of members with Mild-to-Moderate (M2M) depression receiving anti-depressant medication through their PCP to have at least one counseling session in the current year. This was measured by comparing the total number of Members receiving antidepressant medications for M2M conditions through PCPs (denominator) over those currently engaged in talk therapy as identified by CPT & HCPC talk therapy codes (numerator).

We did not meet our part II Goal for this factor; it was not chosen for interventions this report cycle.

	Total # Scripts (denominator)	Psychiatrist Scripts + Member is Receiving Talk Therapy	PCP Scripts + Member is Receiving Talk Therapy
CY 2019	250 = Psychiatry 628 = PCP	(99/250) = 40%	(178/628) = 28%
CY 2020	285 = Psychiatry 580 = PCP	(75/285) = 26.3% (-13.7 percentage points)	(101/580) = 17.1% (-10.9 percentage points)

Factor 5 – Secondary preventative behavioral healthcare program implementation

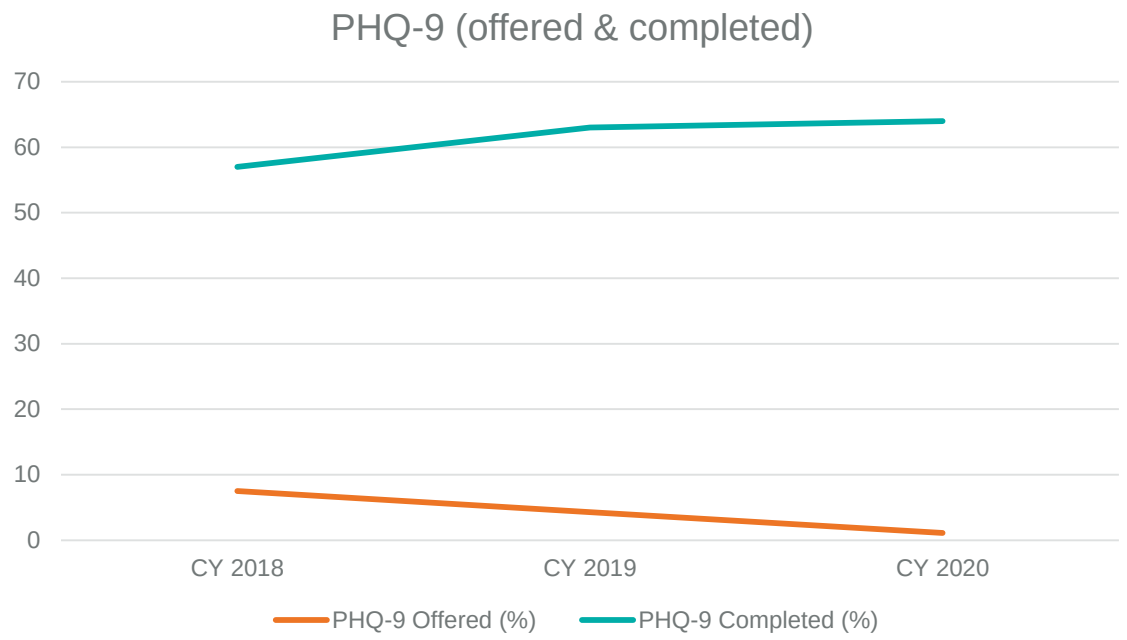
The SCFHP collects data on Members identified as having a diagnosis of depression and/or depressive symptoms for the purpose of follow up regarding necessary interventions. These Members are identified through use of the Health Risk Assessment (HRA).

Population: All CMC Members who indicate depressive symptoms within their HRA [denominator] are offered Patient Health Questionnaire – 9 (PHQ-9) for review of need and support. The Member desire to complete or decline the PHQ-9 is noted for additional information to review for this population.

Goal = 80-100 % CMC Members with HRA indicators of depression have been offered to complete the PHQ-9, as captured within a PHQ-9 Assessment within the Health Plans case management software program.

- Our overall goal is supplemented with data to determine participation of Members who have been offered a PHQ-9 assessment (denominator) and the level of participation as declined or completed (numerator).

Factor 5 – Secondary preventative behavioral healthcare program implementation



While not an official intervention, quarterly internal trainings have been ongoing in CY 2020 to help increase the number of PHQ-9 assessments offered to Members who meet criteria to address outreach efforts.

Of the total Members eligible within this program to be offered to complete a PHQ-9 for assessment and follow up recommendations, only 1.1% had a PHQ-9 assessment offered to them; this shows a decrease from CY 2019 in outreach by 3.2%.

However, in our comparison year CY 2019 of those offered the PHQ-9 63% completed the assessment while in CY 2020 of those offered the PHQ-9 64% completed the assessment; despite lower outreach in CY 2019 Member participation continues to increase (increased by 1%).

Factor 4 – Management of treatment access and follow-up for members with coexisting medical and behavioral health disorders (Interventions Completed & Effectiveness)

The Santa Clara Family Health Plan collects data on CMC Members identified as having dual diagnoses of Schizophrenia (diagnosis code F29) as well as Diabetes Mellitus II (DMII).

% of Members with both Diabetes Mellitus Type II and Schizophrenia who had a Primary Care/Internal Medicine visit within CY 2020 (numerator) / total number of members diagnosed with both Diabetes Mellitus Type II and Schizophrenia (denominator).

Goal = 75% of CMC members identified with diagnoses of Schizophrenia & Diabetes Mellitus Type II to have attended at least one annual Primary Care Visit for ongoing physical health monitoring.

CY 2018 = did not meet our goal by 13.3 percentage points
CY 2019 = did not meet our goal by 12 percentage points.
CY 2020 = did not meet our goal by 14 percentage points.

	CY 2018 Data	CY 2019 Data	CY 2020 Data
Total Members with diagnoses Schizophrenia & Diabetes Mellitus II (Total N)	94	97	92
Those who met with PCP for follow up:	58	61	56
Those who did not meet with PCP for follow up:	36	36	36
Percentage who completed PCP follow up:	(58 / 94) = 61.7%	(61 / 97) = 63% (+ 1.3%)	(56 / 92) = 61% (- 2%)

Factor 4 – Management of treatment access and follow-up for members with coexisting medical and behavioral health disorders (Interventions Completed & Effectiveness)

Barrier	Opportunity	Intervention	Selected	Date Initiated
Many Members diagnosed with SPMI meet with BH Providers more often than PCP or Specialists – lack of BH Provider awareness to necessary medical care	Information to Member and Providers to educate on need for DM2 follow up and potential medication influence on blood sugar (medical discussion)	Letter to BH and PCP Providers to Promote overall Health of Members – encourage Member to have follow up A1c testing completed	Y	12/2019
Members of this subpopulation may not prioritize health care/annual PCP visits. (Deficit of Knowledge)	Provide outreach and education to remind all Members of the importance of Health Care provider follow up appointments	3 outgoing calls to connect with Member and remind to: Schedule PCP Annual Wellness exam + Have A1c blood testing completed	Y	11/5/2020-11/16/2020
Members of this subpopulation may not remember health care/annual PCP visits. (Deficit of Knowledge)	Information to Providers to educate on need for DM2 follow up and potential medication influence on blood sugar and reminder of Standards of Care to review.	Letter to current PCP Providers to Promote overall Health of Members – encourage outreach to Member to assist Member to have follow up appointment for A1c testing completed and medication review	Y	10/2021

Our data in review of CY 2020 shows a decrease in PCP appointment attendance by 2%,
The first intervention involving letters to providers was indicated to be beneficial (1.3% increase) versus our second intervention of calls to Members (2% decrease). The third intervention implemented brought Standards of Care and encouragement for outreach to Members for specific A1c testing. SCFHP plans to improve timing of data collection and implementation of interventions in 2021 to continue to improve upon intervention effectiveness and goal achievement.

Factor 6 – Special needs of members with severe and persistent mental illness (Interventions Completed & Effectiveness)

The Santa Clara Family Health Plan (SCFHP) collects data based originally on the parameters of the HEDIS measure Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC); to increase number of Members addressed, increased the Severe Mental Illness diagnoses in our data pull.

SCFHP has expanded the HEDIS measure to include other Severe and Persistent Mental Illness (SMI) diagnoses, including:

- Schizophrenia
- Schizoaffective Disorders
- Bipolar Disorders
- Unspecified Psychosis

Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia: Assesses adults 18–64 years of age with schizophrenia and cardiovascular disease, who had an LDL-C test during the measurement year.

After modifying the parameter, our population for this measure increased from single digit to double digit numbers.

Population: For measurement, all CMC Members diagnosed with both SPMI diagnoses & Cardiovascular Disease (denominator) & are reviewed through claims data to verify that they have been seen by their PCP for LDL-C blood work follow up (numerator).

Factor 6 – Special needs of members with severe and persistent mental illness (Interventions Completed & Effectiveness)

Goal: 75% of Total Members with SPMI & Cardiovascular Disease diagnoses will have completed LDL-C blood work testing for follow up treatment care with their providers.

SCFHP did not meet the set goal in CY 2020 by 56.5 percentage points.

There was a decrease in Members who had completed LDL-C testing in CY 2020 by 0.5%.

TABLE. Comparison CY 2018, CY 2019, and CY 2020: Dually Diagnosed Members (SMI + Cardiovascular Disease) follow up testing

	Total SMI + CD Members	Members who COMPLETED LCL-C testing	Members who DID NOT COMPLETE LCL-C testing
CY 2018	31	6 / 31 = **19%**	25 / 31 = **81%**
CY 2019	42	8 / 42 = **19%**	34 / 42 = **81%**
CY 2020	27	5 / 27 = **18.5%**	22 / 27 = **81.5%**

Factor 6 – Special needs of members with severe and persistent mental illness

Barrier	Opportunity	Intervention	Selected	Date Initiated
Lack of support – Member may have forgotten to follow up and complete necessary follow up for medical condition of CHF by completing LDL-C testing	Notify Members of identified need for LDL-C testing (3 outbound calls to Members)	Notify Members of identified need for LDL-C testing (3 outbound calls to Members) & offer assistance in obtaining PCP apt if desired.	Y	10/2019
Many Members diagnosed with SMI meet with BH Providers more often than PCP or Specialists – lack of BH Provider awareness to necessary medical care	Letter to BH and PCP Providers to Promote overall Health of Members – encourage Member to have medical follow up completed	Fax letter to providers (BH & PCP) for medical follow up need (LDL-C lab order)	Y	11/2020
Providers are prescribing medications without adhering to Standards of Practice; Member must be seen every 6-12 months for assessment	Provider Education & Reminder of Standards of Care for those with Cardiovascular Disease	Letter created and sent to Cardiologists of Members identified without follow up to encourage appointments and remind them of Standards of Care Practices	Y	10/2021

Workgroup to review Barriers and Discuss Interventions was conducted 10/2019, 10/2020, and 6/2021 respectively. This factor was chosen for intervention implementation at baseline year CY 2018 for ongoing trending.

Review of CY 2020 data shows a slight decrease of 0.5% in response to our second intervention completed in 2020 for this factor. There was no difference in data between CY 2018 & CY 2019 (18% completed and met with PCP)

SCFHP plans to improve timing of data collection and implementation of interventions in 2020 to improve upon intervention effectiveness and goal achievement.

Santa Clara Family Health Plan™

Questions?

Contact Tiffany Franke-Brauer, Behavioral Health Case Manager Lead at tfranke@scfhp.com or Gaya Amirthavasar, Process Improvement Project Manager at GAmirthavasar@scfhp.com

Santa Clara Family Health Plan™

Assessment of Cal MediConnect Member Understanding of Policies & Procedures: Call Code Analysis

A review of calls received between 7/1/2020 and 6/30/2021 from members calling within 90 days of their enrollment, to identify opportunities for improving member understanding of policies and procedures.

Date analysis completed: 7/23/2021

By: Theresa Zhang, Manager, Communications, and Chelsea Byom, Director, Marketing & Communications

---

Process:

A call report was generated from the internal call reporting system for calls received between July 1, 2020 and June 30, 2021.The report contains the following fields:

Call_Date1
Create_User_ID1
Caller_ID
Type_Issue1
Within 90 day tag
LOB
Member_Full_Name
Member_HPID
Eff Date
dob
Provider_Name
Provider_ID
Status
ClosedDate
TAT
Resolution
Resolnotes
CallNotes
Assigned_To
Sampled

The records in the call report were filtered by specific call codes reported under the [Type_Issue1] field to focus the analysis. The following list contains the types of issues and their descriptions:

Type_Issue1	Description
Administrative	Materials Request
Administrative	Positive Feedback
Administrative	PQI
Inquiry Auth	INQ Auth Member Call Pharmacy

Type_Issue1	Description
Inquiry Auth	INQ Auth Provider Call Pharmacy
Inquiry Auth	INQ Auth Provider Call Medical
Inquiry Benefit	INQ Benefit Behavioral Health Therapy (BHT)
Inquiry Benefit	INQ Benefit Case Management Support
Inquiry Benefit	INQ Benefit Continuity of Care
Inquiry Benefit	INQ Benefit Dental Service
Inquiry Benefit	INQ Benefit DME, Enteral and Parenteral Service
Inquiry Benefit	INQ Benefit Mental Health Service
Inquiry Benefit	INQ Benefit MLTSS Support: CBAS, IHSS, LTC, MSSP
Inquiry Benefit	INQ Benefit Other (need to specify)
Inquiry Benefit	INQ Benefit Pharmacy
Inquiry Benefit	INQ Benefit Reimbursement
Inquiry Benefit	INQ Benefit Specialist
Inquiry Benefit	INQ Benefit Vision Service
Inquiry Billing	INQ Billing Statement
Inquiry Claim	INQ Adminstrative Error
Inquiry Claim	INQ Claim Status
Inquiry General	INQ General Assistance with obtaining appointment
Inquiry General	INQ General HK Renewal Question
Inquiry General	INQ General HRA
Inquiry General	INQ General Medi-Care/CMC Inquiry
Inquiry General	INQ General Provider/Network Information Inquiry
Quality of Serv	GRV Adminstrative Issues
Quality of Serv	GRV ID Card
Quality of Serv	GRV Transportation Services (NEMT)
Quality of Serv	GRV Transportation Services (NMT)
Referral Grv	GRV Prior Auth/Appeal Process
Transportation	Transportation Benefit Inquiry

Next, the report was narrowed to include members that called within 90 days of their enrollment date with the Santa Clara Family Health Plan Cal MediConnect (Medicare-Medicaid Plan) Plan.

Member health plan IDs (HPID) were included in the call report. HPID was used to source the member's enrollment date from the internal enrollment data tables. The member's enrollment date was measured against the call date to identify if the member called within 90 days of their enrollment.

The following pivot table outlines the volume of calls distinct members made by the type of issue (call code) within 90 days of member's enrollment.

- Count of Member HPID indicates a count of unique members who called within 90 days of their enrollment.
- Count of Member HPID2 presents the results of the previous column in precentages.
- The pivot table excludes counts of multiple calls made by a unique member.

Row Labels	Count of Member HPID	Count of Member HPID2
Administrative-Materials Request	182	11.10%
Administrative-PQI	1	0.06%
Inquiry Auth-INQ Auth Member Call Pharmacy	11	0.67%
Inquiry Auth-INQ Auth Provider Call Medical	23	1.40%
Inquiry Auth-INQ Auth Provider Call Pharmacy	2	0.12%
Inquiry Benefit-INQ Benefit Case Management Support	76	4.63%
Inquiry Benefit-INQ Benefit Dental Service	87	5.30%
Inquiry Benefit-INQ Benefit DME, Enteral and Parenteral Service	82	5.00%
Inquiry Benefit-INQ Benefit Mental Health Service	12	0.73%
Inquiry Benefit-INQ Benefit MLTSS Support: CBAS, IHSS, LTC, MSSP	18	1.10%
Inquiry Benefit-INQ Benefit Other (need to specify)	346	21.10%
Inquiry Benefit-INQ Benefit Pharmacy	80	4.88%
Inquiry Benefit-INQ Benefit Reimbursement	3	0.18%
Inquiry Benefit-INQ Benefit Specialist	46	2.80%
Inquiry Benefit-INQ Benefit Vision Service	55	3.35%
Inquiry Billing-INQ Billing Statement	34	2.07%
Inquiry Claim-INQ Administrative Error	1	0.06%
Inquiry Claim-INQ Claim Status	93	5.67%
Inquiry General-INQ General Assistance with obtaining appointment	35	2.13%
Inquiry General-INQ General HRA	53	3.23%
Inquiry General-INQ General Medi-Care/CMC Inquiry	116	7.07%
Inquiry General-INQ General Provider/Network Information Inquiry	180	10.98%
Quality of Serv-GRV-Administrative Issues	1	0.06%
Quality of Serv-GRV-ID Card	1	0.06%
Quality of Serv-GRV-Transportation Services (NEMT)	3	0.18%
Quality of Serv-GRV-Transportation Services (NMT)	3	0.18%
Transportation-Transportation Benefit Inquiry	96	5.85%
Grand Total	**1640**	**100.00%**

Individual call records were grouped and assessed by issue type and description. The top three highest occurrence call types were:

1. Other (need to specify)	21.10%
2. Materials request	11.10%
3. General provider/network information inquiry	10.98%

Samples of call notes were reviewed within these categories to identify noticeable trends and opportunities for improvement. Themes identified in the call notes are summarized in the table below.

Themes identified in top call types:

Call Type	Specific Reason for Call
Other (need to specify)	Return missed call (HRA outreach)
	Confirm PCP or in-network provider
Materials request	Mail AOR (Appointment of Representative) form
General provider/network information inquiry	Confirm provider or specialist
	Request specific provider as PCP

In addition, 5 grievances filed with SCFHP from July 1, 2020 to June 30, 2021 that were categorized as “Marketing” were reviewed. The top theme identified in these grievances was related to members unable to find in-network providers or specialists accepting new patients from the online provider search tool.

Conclusion:

Upon detailed review of the call notes, highlighting the use of the member portal as a way to confirm or find in-network providers has been identified as an actionable opportunity for improvement. A significant number of call notes documented member confusion regarding identifying their primary care providers, and finding in-network providers and specialists. Member education via a mass communication vehicle would be an effective way to increase member understanding of the member portal to choose and change PCPs and the provider search tool to find in-network providers.

Additionally, improving member understanding of health plan ID cards for PCP information and other contact information has been identified as an actionable opportunity for improvement. Possible interventions include providing instructions on what information is printed on the ID cards, when and how to use it get medically necessary services in an educational member newsletter article and in the new member orientation.

Two of the top call types have been addressed through recent process improvements, including the addition of the Health Risk Assessment (HRA) form to the new member welcome packet and the addition of an instruction sheet to the Authorized Representative form.

Santa Clara Family Health Plan™

Member Experience Analysis 2020

Grievance & Appeals, Santa Clara Family Health Plan

August 2021

Methodology

- The Grievance & Appeals (G&A) Department created a report of all CMC cases received in 2020 and compared it to the CMC cases received in 2019.

- These cases are then divided into three tables:
  - **Grievances unrelated to BH**
  - **Appeals unrelated to BH**
  - **BH-related grievances and appeals**

- Once they are in these tables, these cases are then divided further into 5 separate categories:
  - **Access to Care**
  - **Quality of Care**
  - **Attitude/Service**
  - **Billing/Financial**
  - **Quality of Practitioner Office Site**

Grievance Rates

- SCFHP strives to maintain a rate below 5.0 cases per 1000 CMC members or demonstrate improvement year over year.
- In 2020, our average CMC membership is 9,069. Dividing this by 1000 gives us 9.069.
- We then divide the number of cases by category and quarter with this rate to give us our rate per 1000 CMC members.
- With 3 tables, 4 quarters, and 5 categories, we are overseeing 60 different rates.

Santa Clara Family Health Plan

Grievances (non-BH) – Table, CY2019

Complaint / Grievance Category	1Q-2019	2Q-2019	3Q-2019	4Q-2019	(Jan. 1-Dec. 31, 2019)	Grievances / per 1,000 members Average membership in 2019 = 8,051
Quality of Care	26 *3.23*	8 *0.99*	20 *2.48*	13 *1.61*	67	8.322
Access	10 *1.24*	11 *1.37*	17 *2.11*	28 *3.48*	66	8.198
Attitude/Service	121 *15.0*	101 *12.5*	136 *16.9*	123 *15.3*	481	59.744
Billing/Financial	151 *18.8*	168 *20.9*	167 *20.7*	115 *14.3*	601	74.649
Quality of Practitioner Office Site	0	1 *0.12*	0	0	1	0.124
Total	308	289	340	279	1216	151.037

Santa Clara Family Health Plan

Grievances (non-BH) – Table, CY2020

Complaint / Grievance Category	1Q-2020	2Q-2020	3Q-2020	4Q-2020	(Jan. 1-Dec. 31, 2020)	Grievances / per 1,000 members 9.069 = 2020 average
Quality of Care	35 *3.86*	27 *2.98*	35 *3.86*	39 *4.30*	136	14.996
Access	37 *4.07*	37 *4.07*	37 *4.07*	44 *4.85*	155	17.091
Attitude/Service	118 *13.0*	78 *8.60*	104 *11.5*	91 *10.0*	391	43.114
Billing/Financial	139 *15.3*	128 *14.1*	132 *14.6*	146 *16.1*	545	60.095
Quality of Practitioner Office Site	4 *0.44*	0	0	0	4	0.441
Total	333	270	308	320	1231	135.737

Grievances (non-BH) – Highlights

- We met our goal for every quarter of Quality of Care, Access, and Quality of Practitioner Office Site.
- Quality of Practitioner Office Site is low and has always been historically low. We only have 1 grievance subcategory (out of 70~) that corresponds to this category.
- Compared to CY2019, Access and Quality of Care received an increase in cases all year. We are getting closer and closer to exceeding the 5.0 rate.
- Billing/Financial continues to be the category with the most grievances. The biggest subcategory, Balance Billing, has 454 grievances total and makes up about 37% of all non-BH grievances received this year.
- Our intervention is to create and maintain a dashboard looking at specific providers. These providers make up a large portion of our highest volume grievances (transportation, balance billing). This will allow us to track and trend and then provide tailor-made fixes to those providers.

Santa Clara Family Health Plan

Appeals (non-BH) – Table, CY2019

Appeals Category	1Q-2019	2Q-2019	3Q-2019	4Q-2019	(Jan. 1-Dec. 31, 2019) Total Appeals	Appeals / per 1,000 members Total membership in 2019 = 8,051
Quality of Care	0	0	0	0	0	0.000
Access	75 *9.31*	95 *11.8*	74 *9.19*	67 *8.32*	314	39.001
Attitude/Service	0	0	0	0	0	0.000
Billing/Financial	5 *0.62*	21 *2.61*	20 *2.48*	36 *4.47*	82	10.185
Quality of Practitioner Office Site	0	0	0	0	0	0.000
Total	80	116	94	103	396	49.186

Appeals (non-BH) – Table, CY2020

Appeals Category	1Q-2020	2Q-2020	3Q-2020	4Q-2020	(Jan. 1-Dec. 31, 2020) Total Appeals	Appeals / per 1,000 members 9.069 = 2020 average
Quality of Care	0	0	0	0	0	0.000
Access	76 *8.38*	73 *8.05*	91 *10.0*	94 *10.4*	334	36.829
Attitude/Service	0	0	0	0	0	0.000
Billing/Financial	27 *2.98*	21 *2.32*	20 *2.21*	24 *2.65*	92	10.144
Quality of Practitioner Office Site	0	0	0	0	0	0.000
Total	103	94	111	118	426	46.973

Appeals (non-BH) – Methodology

- Appeals do not correspond to the categories as well as grievances do.
- Appeals are either Pre-Service or Post-Service.
  - A pre-service appeal is when a member or member representative disagrees with a denial of services or medication.
    - All pre-service appeals were put into the Access category, since they are not receiving services and/or medication.
  - A post-service appeal is when a member or provider disagrees with a denial of payment for services.
    - All post-service appeals were put into the Billing/Financial category, since that's the focus of the case.

Appeals (non-BH) – Highlights

- Due to methodology, it will be very difficult to reach our goal threshold for appeals, as all our appeals sort out into two of the five categories.

- A CMS memo in Q4 2020 reiterated that payment disputes involving Medicare non-participating providers would be considered an appeal. The body of work moved from SCFHP's Provider Disputes Resolution to G&A in late September 2020. This accounts for the increased amount of Billing/Financial appeals for Q4 2020.

- SCFHP is working on two interventions related to Billing/Financial appeals, specifically on its overturn/uphold ratio.

- G&A is also working with the MDs on an intervention involving clinical decision making.

Santa Clara Family Health Plan™

Victor Hernandez, QA Program Manager
Grievance & Appeals Department

Behavioral Health Member Experience Survey

Completion Rate

- 900 call attempts were completed
- Total of 150 members answered the call
- 77 members agreed to complete the survey resulting in a response rate of 23.4%, a decreased response rate from the previous year of 27%

Behavioral Health Member Experience Survey

Participant Demographics

Sex:	2019 N=104	%	2020 N = 77	%
Female	69	66%	55	71
Male	25	24%	21	27
Unavailable	10	10%	1	<1

Behavioral Health Member Experience Survey

Participant Demographics

Race/Ethnicity:	2019 N=100	%	2020 N = 77	%
Hispanic/Latino	31	31	23	30
White/Caucasian	31	31	26	34
Asian	24	24	18	23
Prefer not to answer	8	8	1	1
American Indian/Alaskan			1	1
Native Hawaiian/pacific Islander			1	1
Black/African American	6	6		

Behavioral Health Member Experience Survey

Participant Demographics

Age:	2019 N=99	%	2020 N = 76	%
+55	79	80	60	79
35-54	19	19	15	20
18-34	1	1	1	1

Behavioral Health Member Experience Survey Results

Comparison of 2020 to 2021

Survey Question	Always and Usually Response % 2020	Always and Usually Response % 2021
Q7 - appointment soon as wanted	77%	74%
Q8 - helped when needed right away	82%	74%
Q9 – helped over the phone	NA	73%
Q10 - counselor was respectful	92%	84%
Q11 - counselor explained in a way you understood	95%	78%
Q12 - counselor listened carefully	94%	78%
Q13 – counselor spends time with you	86%	65%
Q14 – feel comfortable raising issues/concerns	93%	74%

Opportunities for Improvement

Area for Improvement	Intervention
Access	Increase provider network
Member Education	Newsletter Articles, Events through the CRC
Provider Education	Tip Sheets, Memos, Updates to the Provider Portal
Partnership with the County	Participate in collaborative efforts and initiatives (i.e. Maternal Mental Health)

Santa Clara Family Health Plan™

Annual Cal Medi-Connect Continuity and Coordination of Medical Care Analysis (2021)

Presenter: Lan Tran, Quality Improvement Nurse

SCFHP monitors following measures

	Name of Measure	Movement Across Settings	Movement Across Practitioners
Measure 1	Transition of care – Medication Reconciliation (TRC-MRP)	**[X]**	
Measure 2	Comprehensive Diabetes Care (CDC)- Eye Exam Rate		**[X]**
Measure 3	PCP Follow up After 30 days of Discharge	**[X]**	
Measure 4	Plan All-Cause Readmissions (PCR)	**[X]**	

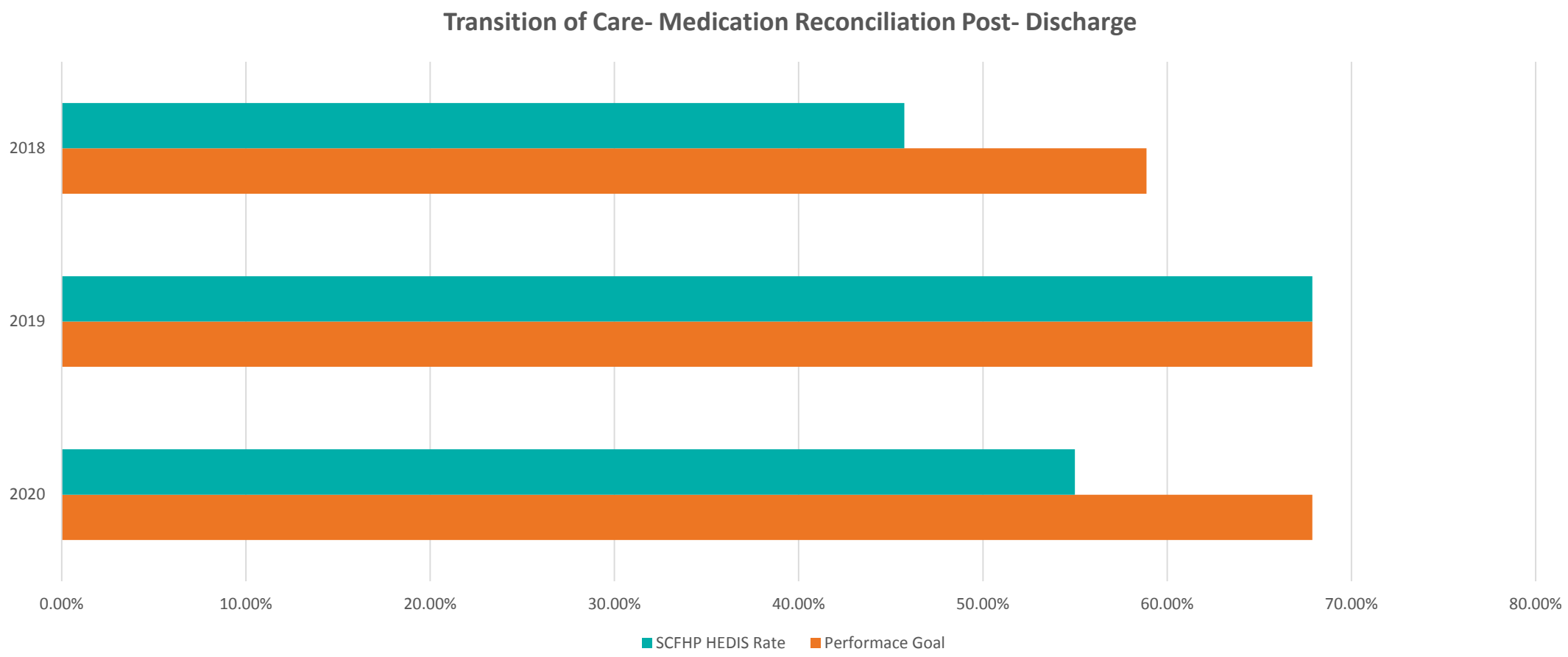
Transition of Care- Medication Reconciliation Post Discharge (TRC- MRP)

HEDIS Measure

Description: For members, 18 years of age and older, this measure identifies the percentage of discharges within the measurement/calendar year for whom medications were reconciled from the date of discharge through 30 days post-discharge (31 total days).

Proposed goal for MY 2021: 75th percentile

Results


Transition of Care- Medication Reconciliation Post- Discharge
2018
2019
2020
0.00%
10.00%
20.00%
30.00%
40.00%
50.00%
60.00%
70.00%
80.00%
SCFHP HEDIS Rate
Performace Goal

Barrier and Analysis

Barrier: Identified that not all practitioners have the time to complete and document a thorough medication reconciliation at the initial visit post- discharge.

Interventions:

- Provider Network Operations (PNO) to work with QI to build a check-box for medication reconciliation template for 10 Provider sites with paper charting to decrease the administrative burden of medication reconciliation. PNO to educate the provider on utilizing the other staff to complete activities. **Targeting Q1 2022.**
- Develop CMC provider communication with the assistance of PNO on the importance of completing and documenting medication reconciliation within 30 days. **Targeting Q4 2021 & Q2 2022.**

Barrier and Analysis

Barrier: Identified that often Providers need reminders on operational priorities and information.

Interventions:

- Provider Network Operations will continue to recap on Provider Memos sent during Quality Calls with Provider and Staff. **Since August 2021.**

Comprehensive Diabetes Care (CDC) Eye Exam Rate

HEDIS Measure

- Description: This measure measures the members 18-75 years of age with diabetes (type 1 or type 2) who received a diabetic retinal eye examination within measurement year.
- Proposed goal for MY 2021: 75th percentile

Results

Measure 2: CDC Eye Exam Rate	Numerator	Denominator	Rate	Performance Goal	Goal Met?
Measurement Y1 2018	320	411	77.86%	65.56%	Y
Measurement Y2 2019	328	411	79.81%	82.05%	N
Measurement Y3 2020	317	411	77.13%	82.05%	N

Barrier and Analysis

Barrier: Lack of education among members about the importance of retinal eye exam.

Interventions:

- Develop gaps in care alert system in QNXT to notify internal staff to remind members about their due visit for retinal eye exam. **Since August 2018.**
- Quality Improvement Department to continue to work with IT and VSP to send out reminder letters to members diagnosed with Diabetes. **Since September 2021.**
- Develop health education materials to promote importance of diabetic care. **Targeting Q4 2022.**

Barrier and Analysis

Barrier: Medical record review suggest that optometrist/ophthalmologist do conduct eye exam for visual acuity screening but they do not always offer retinal eye exam to diabetic members.

Intervention:

- Develop health education material for practitioners on importance of diabetes care and treatment. **Done August 2021.**
- Attend VSP JOC October 13, 2021 to remind optometrist and ophthalmologist on identifying and offering retinal eye exam to diabetic members whose care are due. **Targeting Q4 2021.**

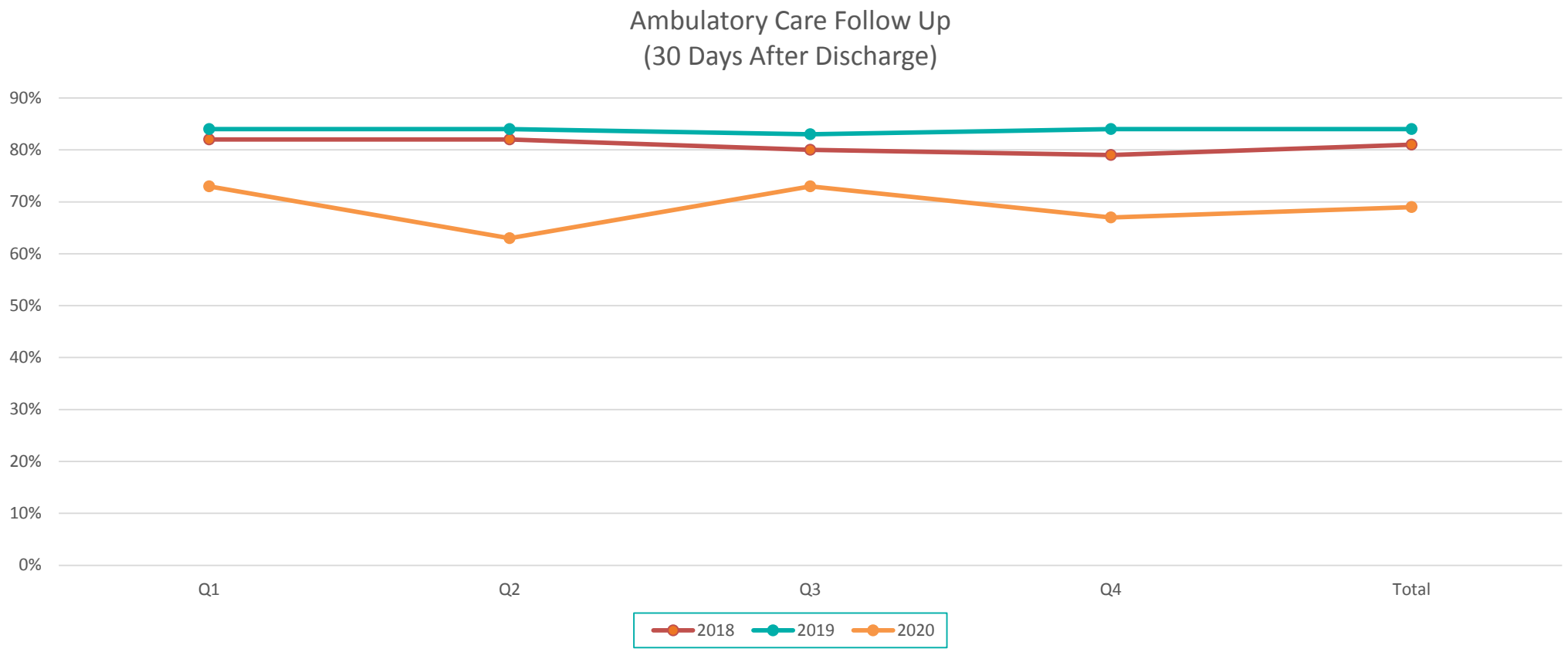
PCP follow up after 30 days of Discharge Rate

Regulatory requirement

- **Numerator definition**: Total number of acute inpatient hospital discharges that resulted in an ambulatory care follow-up visit within 30 days after discharge from the inpatient hospital stay.
- **Denominator definition:** Total number of acute inpatient hospital discharges during the reporting period.
- **Goal for comparison**: 85% of members with an acute inpatient hospital discharge within the reporting period have an ambulatory care follow-up visit within 30 days of discharge

- Proposed goal for MY 2021: 85%

Results


Ambulatory Care Follow Up
(30 Days After Discharge)
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
Q1
Q2
Q3
Q4
Total
2018
2019
2020

Barrier and Analysis

Barrier: SCFHP currently lacks a centralized notification system from contracted hospitals to notify PCP about admission.

Interventions:

- Work with IT to build an IT report that automates the PCP admission notification reporting process. **Targeting Q4 2021.**
- Completed contracted County and HCA hospital required data sharing agreement separate from provider contract. **Done 2020-2021.**
- SCFHP has worked with IT to build the system to get census data from most of the contracted hospitals in the year 2019-2020.

Barrier and Analysis

Barrier: PCPs are not always aware their patients have been discharged to home.

Interventions:

- CM to send notification letter to PCP with discharge information in an SBAR format for PCP to follow up care post discharge by fax. **Since 2018.**

Plan All-Cause Readmissions (PCR)

HEDIS Rate

Denominator: County of Index Hospital Stays (IHS)

- An IHS is defined as an acute inpatient stay with a discharge on or between January 1 and December 1 of the measurement year.

Numerator: Count of 30-day Readmissions

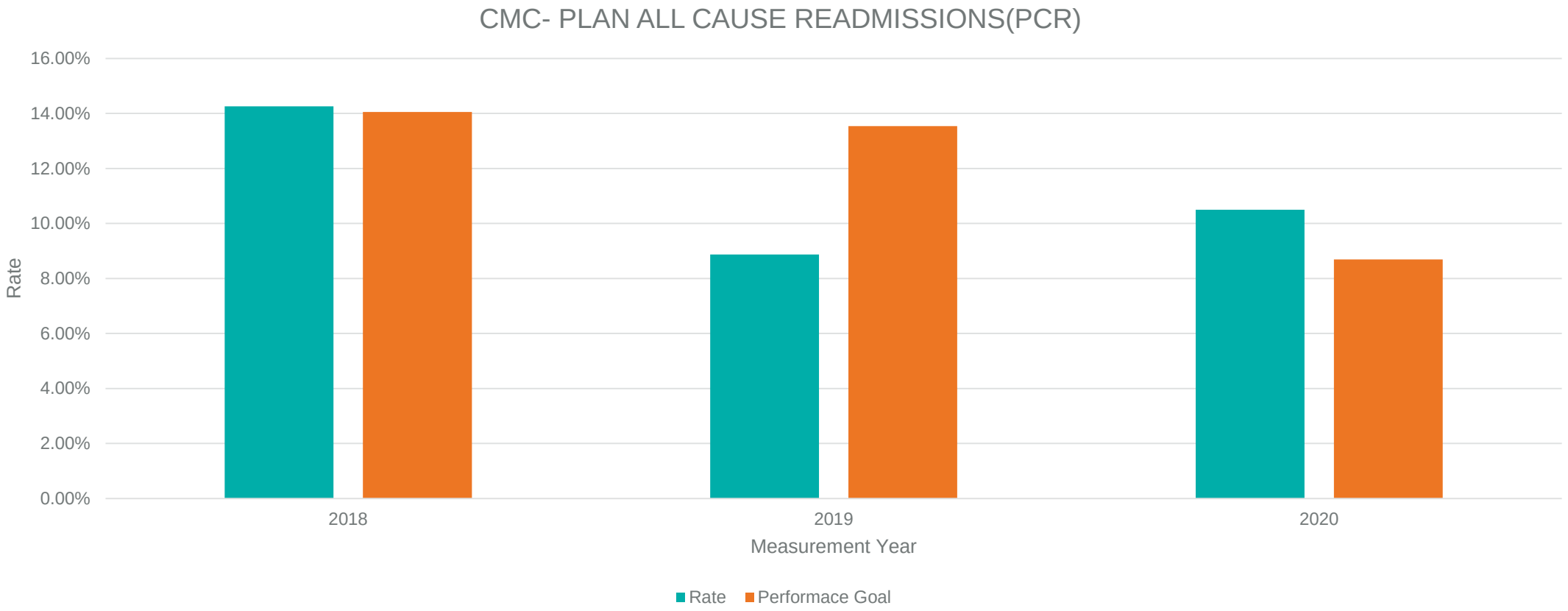
- Defined as an acute inpatient stay for any diagnosis with an admission date within 30 days of a previous Index Discharge Date

Expected Readmission Rate for MY 2020

- Performance Goal: 8.69%

Proposed goal for MY 2021: 8.69%

Results


CMC- PLAN ALL CAUSE READMISSIONS(PCR)
16.00%
14.00%
12.00%
10.00%
8.00%
6.00%
4.00%
2.00%
0.00%
Rate
2018
2019
2020
Measurement Year
Rate
Performace Goal

Barrier and Analysis

Barrier: Limited staff resources to conduct TOC calls.

Intervention:

- Assign member cases to CM care team with responsibility for Transition Of Care calls, prior responsibility was UM department. **Since May 2021.**
- SCFHP expanded the scope of the TOC call program in 2019 to complete follow up calls to members within 72 hours post discharge. **Ongoing since 2019.**
- CM developed and provided annual staff training on importance of transition of care. **Since May 2021.**

Barrier and Analysis

Barrier: Remind members to schedule a PCP visit post discharge.

Intervention:

- TOC call to member to review discharge instructions and provide information on scheduling PCP follow up visit. **Since 2018.**

Santa Clara Family Health Plan

Questions?

Santa Clara Family Health Plan™

Thank you!

Lan Tran, Quality Improvement Nurse

Santa Clara Family Health Plan™

Quality Improvement Committee

Q2 2021 Grievance & Appeals Data

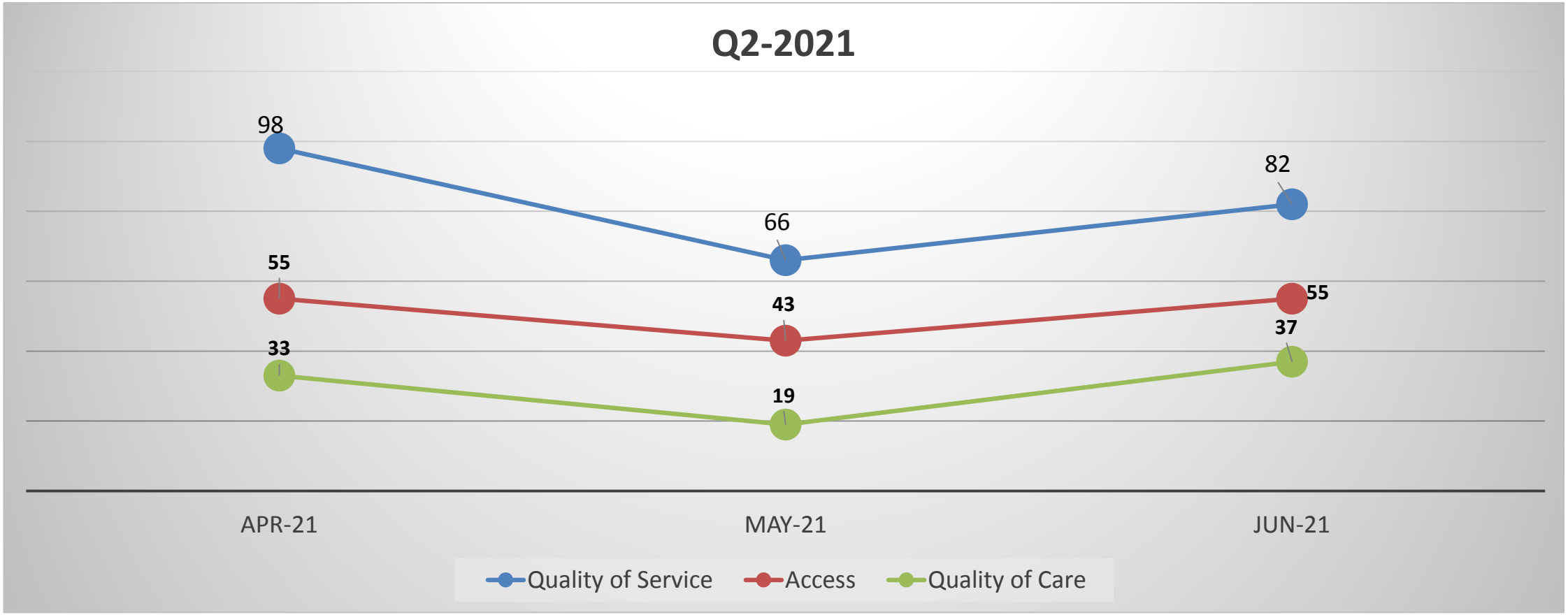
Total Grievances & Appeals

(*Rate per 1000 Members*)

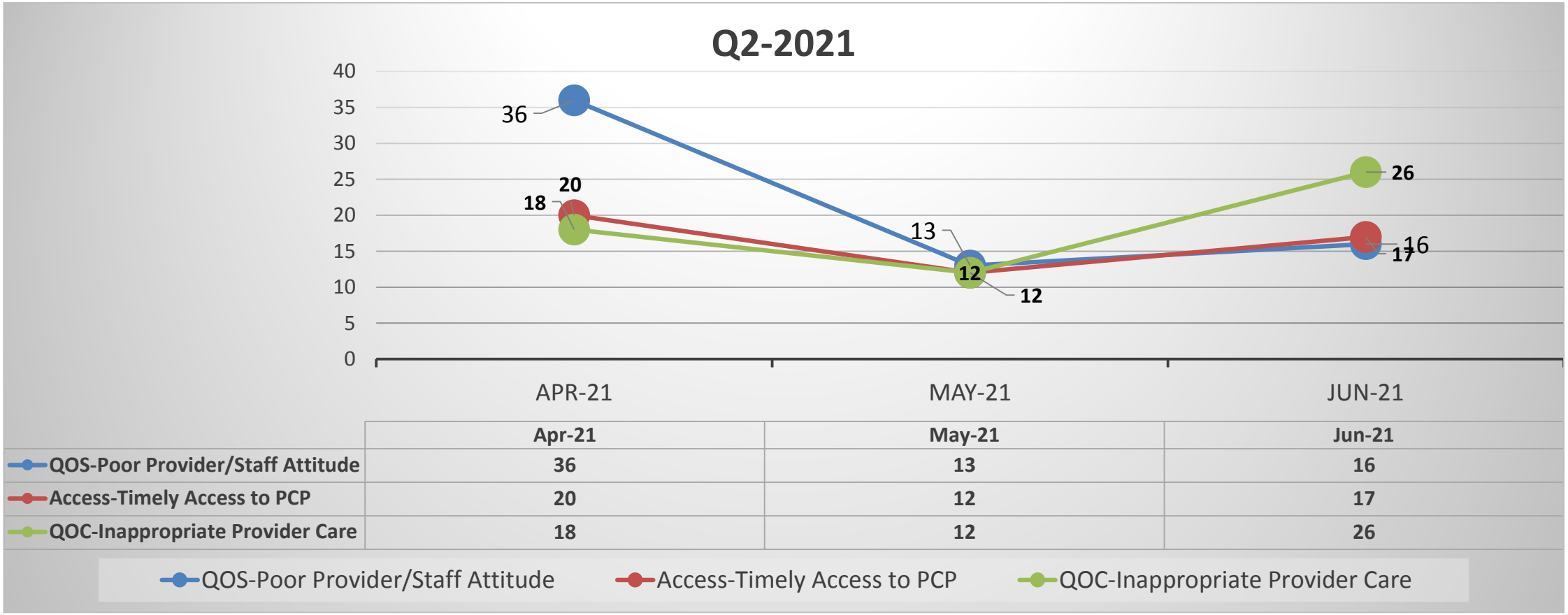
	Apr-20	May-20	Jun-20	Apr-21	May-21	Jun-21
Total Appeals	**49**	**36**	**33**	**89**	**58**	**60**
CMC Total Membership				**9,924**	**9,989**	**10,080**
Rate per 1,000				8.96816	5.80639	5.95238
Total Grievances	**98**	**69**	**87**	**128**	**101**	**99**
CMC Total Membership				**9,924**	**9,989**	**10,080**
Rate per 1,000				12.8980	10.1111	9.82143

	Apr-20	May-20	Jun-20	Apr-21	May-21	Jun-21
Total Appeals	43	38	47	92	87	124
MC Total Membership				**269,043**	**271,246**	**272,590**
Rate per 1,000				0.34195	0.32074	0.45490
Total Grievances	141	117	126	199	147	196
MC Total Membership				**269,043**	**271,246**	**272,590**
Rate per 1,000				0.73966	0.54194	0.71903

Q2 2021:Top 3 Medi-Cal Grievance Categories

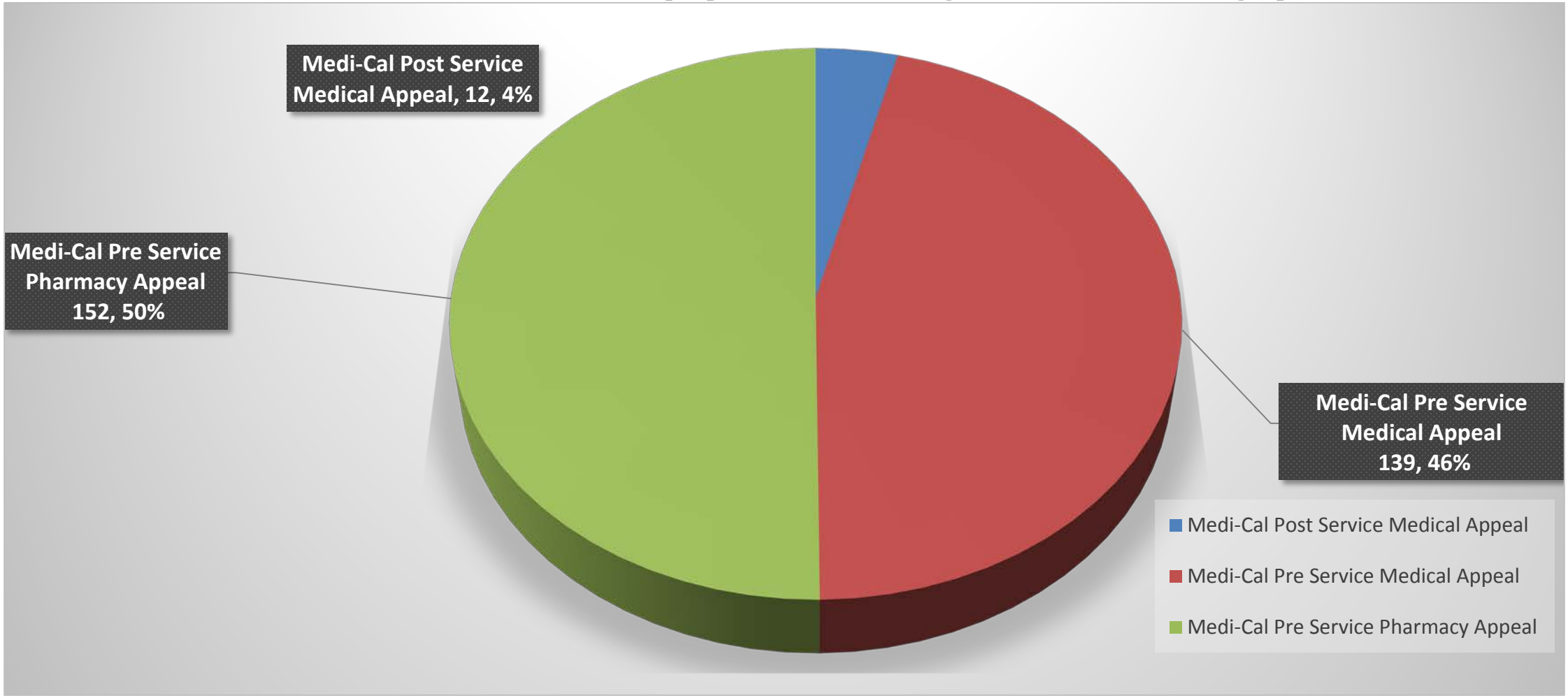


Q2 2021:Top 3 Medi-Cal Grievance Subcategories

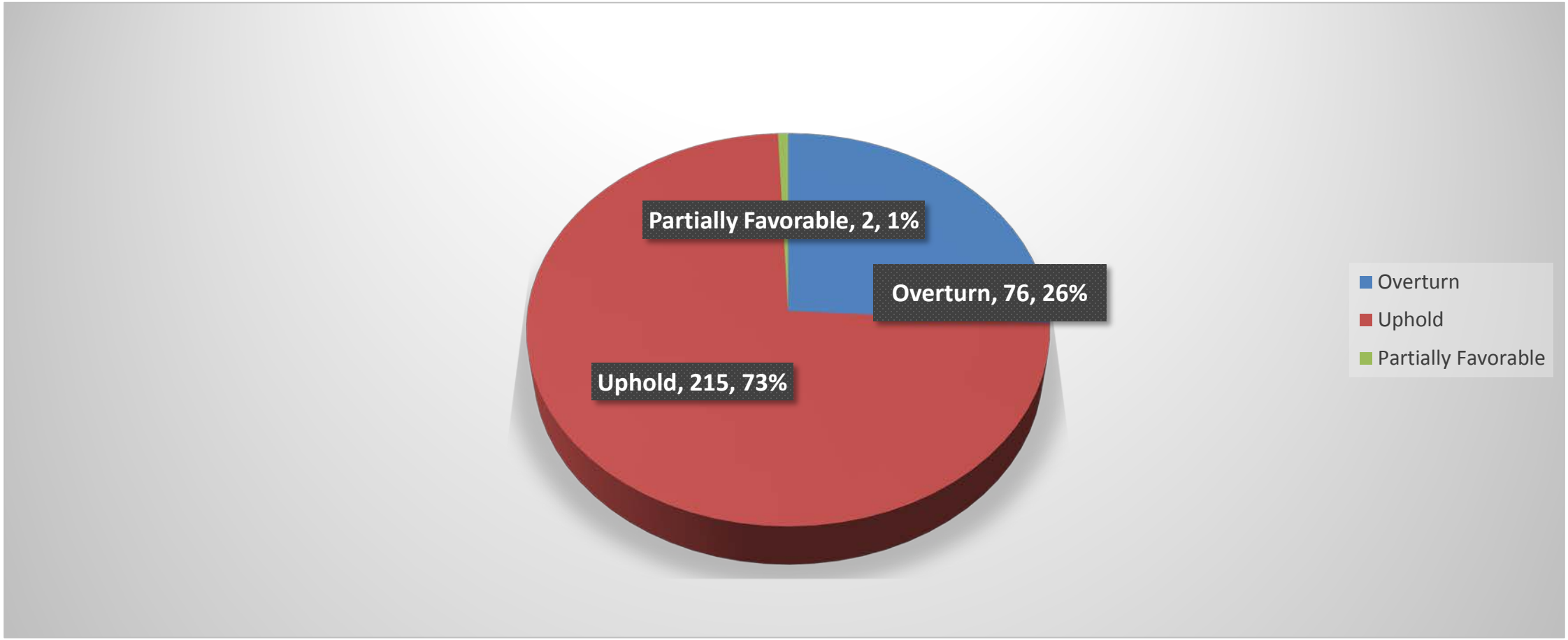


	Apr-21	May-21	Jun-21
QOS-Poor Provider/Staff Attitude	36	13	16
Access-Timely Access to PCP	20	12	17
QOC-Inappropriate Provider Care	18	12	26

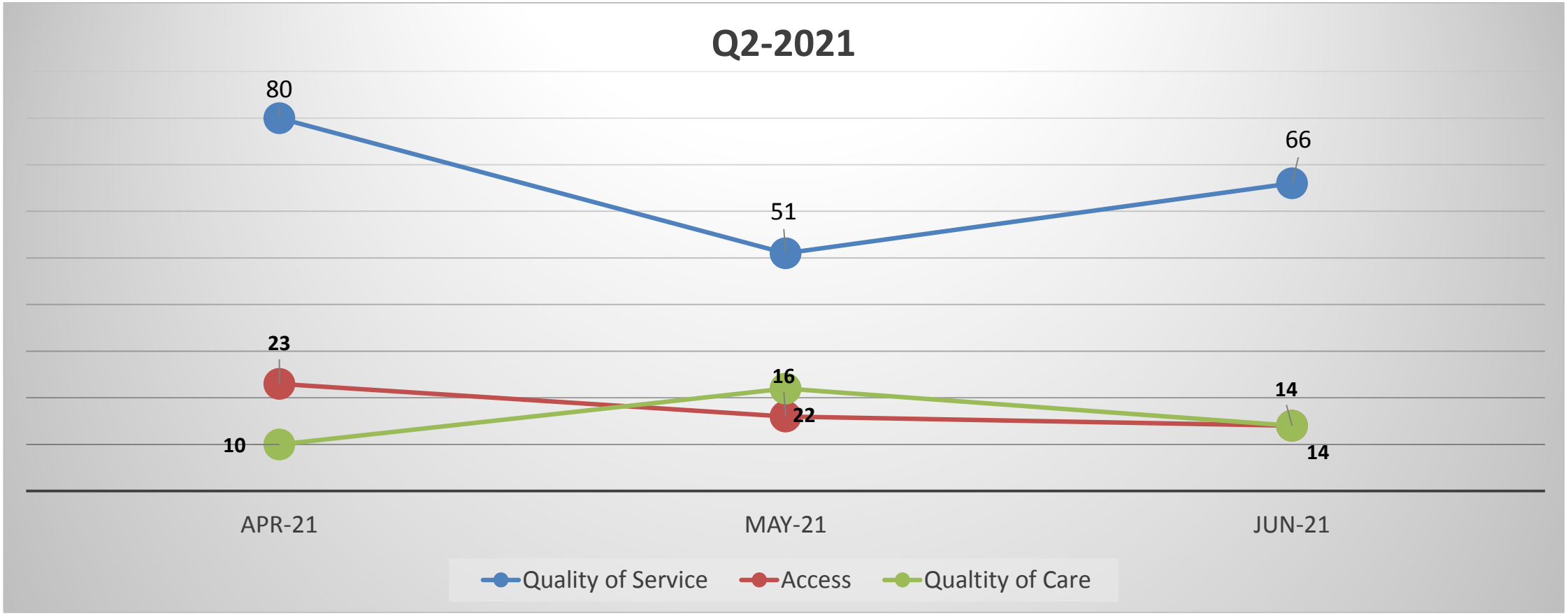
Q2 2021 Medi-Cal Appeals by Case Type



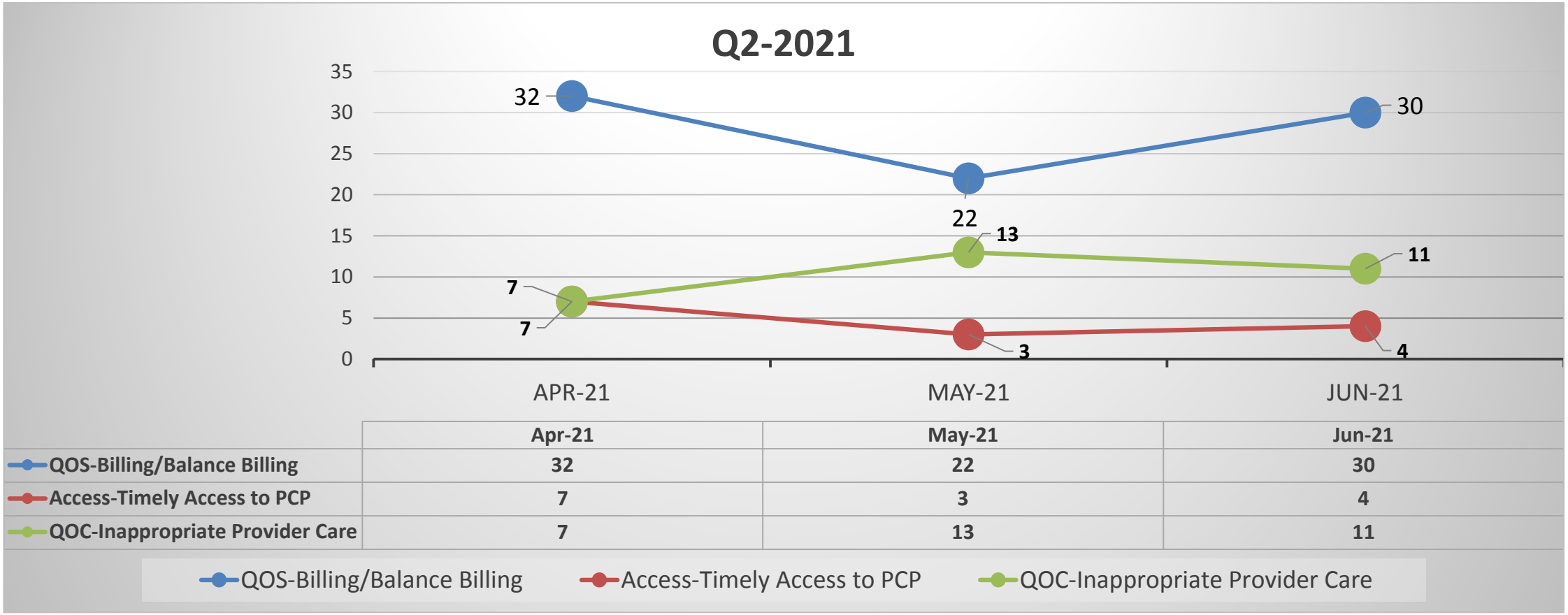
Q2 2021 MC Appeals by Disposition



Q2 2021:Top 3 Cal MediConnect Grievance Categories

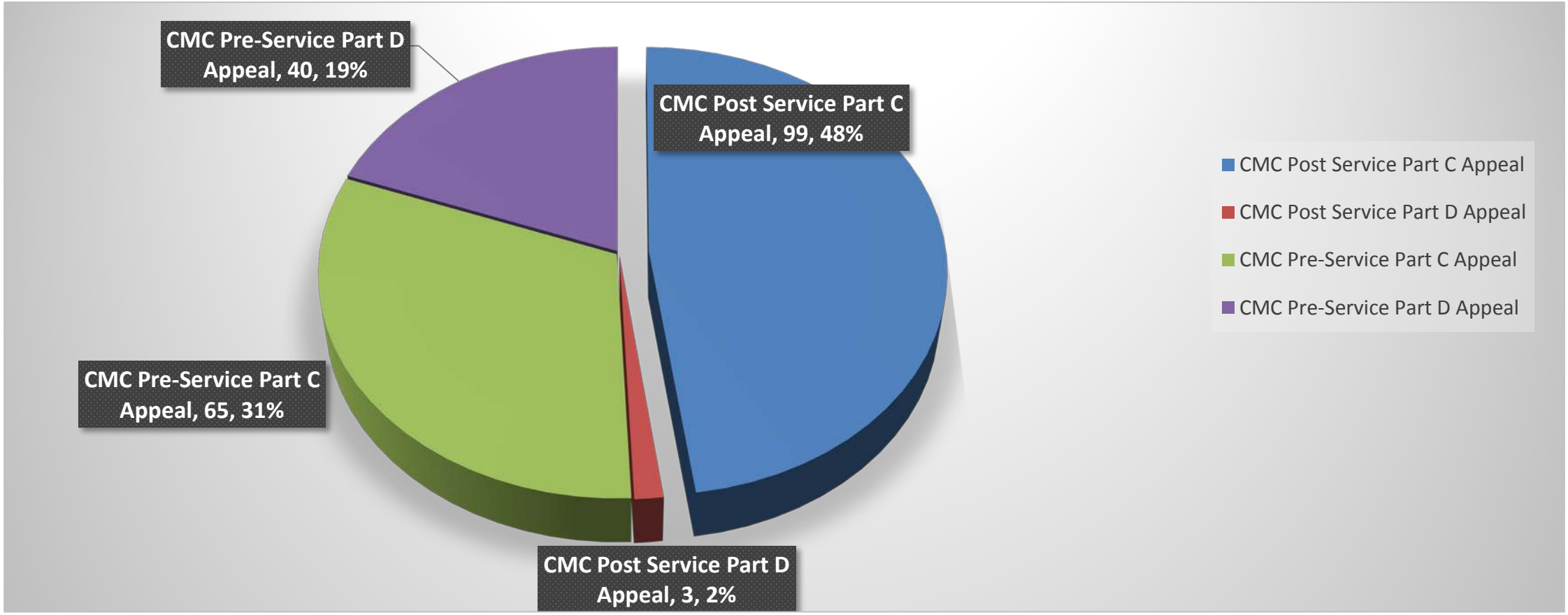


Q2 2021:Top 3 Cal MediConnect Grievance Subcategories

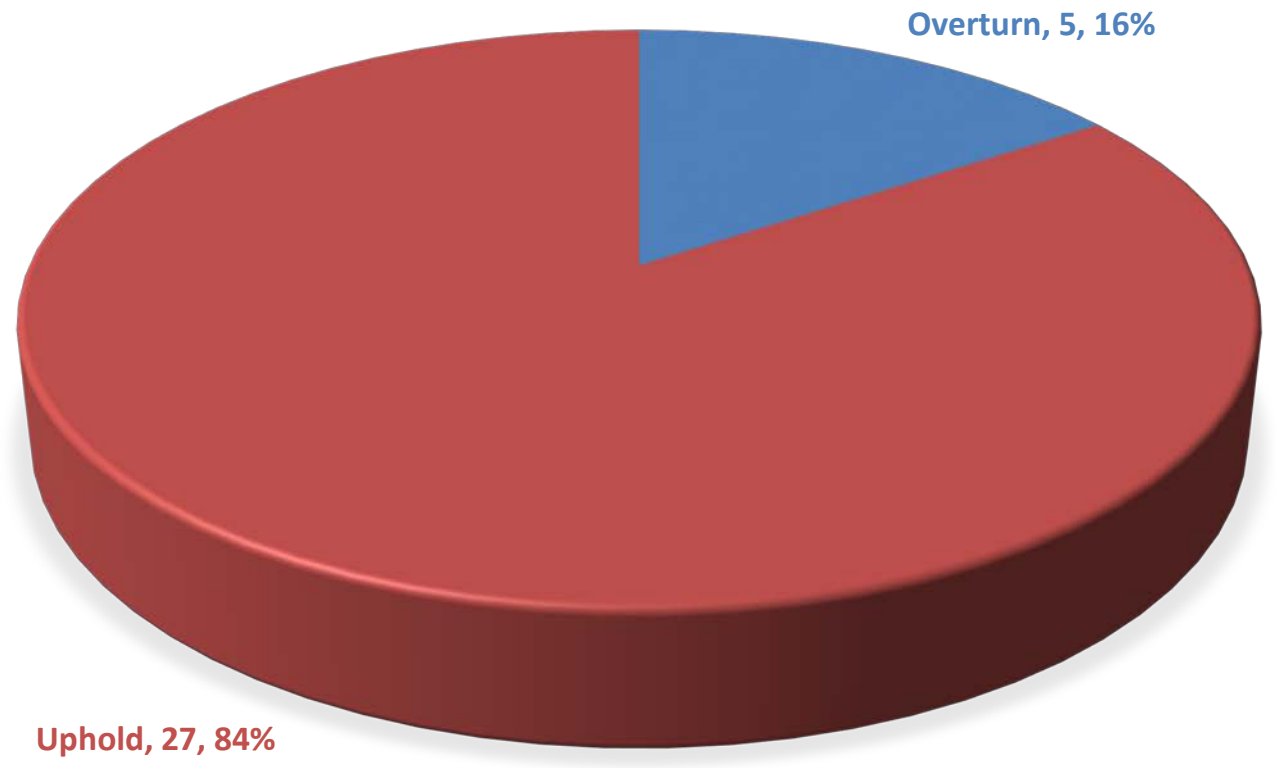


	Apr-21	May-21	Jun-21
QOS-Billing/Balance Billing	32	22	30
Access-Timely Access to PCP	7	3	4
QOC-Inappropriate Provider Care	7	13	11

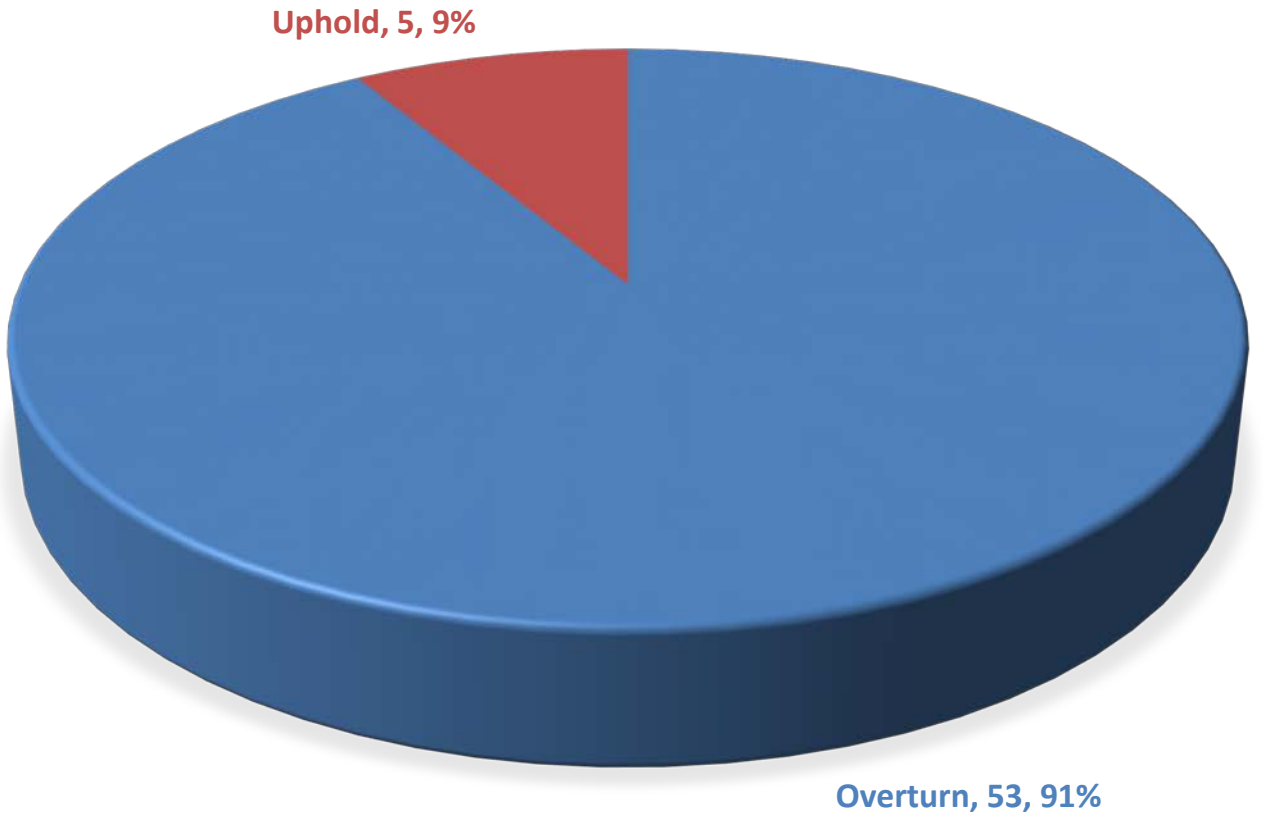
Q2 2021 CMC Appeals by Case Type



Q2 2021 CMC Pre-Service Appeals by Disposition



Q2 2021 CMC Post-Service Appeals by Disposition



Santa Clara Family Health Plan™

Quality Improvement Committee

Q2 2021 Grievance & Appeals Data

Compliance Activity Report

October 12, 2021

- **Department of Health Care Services (DHCS) Medi-Cal Managed Care Audit**
  Our 2021 annual DHCS Medi-Cal audit occurred between March 8 and March 19, covering a review period of March 2020 through February 2021. In July we received the final audit report, which included three findings relating to delegate oversight, utilization management, and transportation vendor enrollment. Last year's audit included six findings, one of which was the same finding related to transportation vendor enrollment. The Plan has submitted corrective action plans and supporting documentation to DHCS.

- **Department of Managed Health Care (DMHC) Medi-Cal Managed Care Audit**
  Also in March, the Plan underwent a follow-up audit of our 2019 DMHC audit. The scope of the audit was limited to the outstanding deficiencies in our 2019 audit final report, which related to delegate oversight of utilization management and providing proof of a response for post-stabilization care requests within the required timeframe. We recently received the final audit report, which indicated that we have corrected the deficiency related to post-stabilization care requests, but have not corrected the deficiency related to delegate oversight. The report indicated that our delegates' authorization denial letters did not consistently meet DMHC requirements and that we did not demonstrate evidence of effective delegate monitoring during the review period.

- **Medicare Data Validation**
  The Plan has completed its annual Medicare data validation audit. SCFHP engaged Advent Advisory Group to validate data reported to CMS during calendar year 2020. The audit validates data submitted for the Part D program, specifically for Appeals & Grievances, Coverage Determinations, Medication Therapy Management, and Improving Drug Utilization Review Controls. After conducting a virtual interview at the end of April to review our overall reporting process, Advent then reviewed our source documentation and submitted final results to CMS in late June. We achieved 100% compliance in all four categories.

- **CMS Disclosure**
  The Compliance Department recently disclosed to CMS an issue the Plan discovered that was preventing providers from receiving information about transitions of care, interdisciplinary care team (ICT) meetings, and individual care plans (ICP). Unbeknownst to staff since August 2018, a bug fix deployed by our case management software inadvertently disabled our fax capability through that system. Since faxes were the primary means of transmitting certain information to providers, 33,450 provider faxes were impacted, relating to 13,150 members. Since reestablishing fax capability, the Plan has re-faxed transitions of care letters generated since May 1, 2021 and ICP letters generated in the last 12 months for

members who are still assigned to the same SCFPH primary care physician (3,895 individuals).

- **Performance Measure Validation**
  The Plan was selected by CMS's external quality review organization to participate in the 2021 performance measure validation audit. The audit focuses on 2020 reporting of data sets used to demonstrate compliance with two Cal MediConnect requirements: members with an initial health risk assessment and members with an initial care plan completed within 90 days of enrollment. A review session took place on August 19 and a draft report is anticipated in early December.

Santa Clara Family Health Plan™

Pharmacy & Therapeutics Committee

Meeting Minutes

September 16, 2021

Regular Meeting of the

Santa Clara County Health Authority
Pharmacy & Therapeutics Committee

Thursday, September 16, 2020, 6:00 PM – 8:00 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Minutes (Open) - Draft

Members Present
Jimmy Lin, MD, Chair
Ali Alkoraishi, MD
Xuan Cung, PharmD
Laurie Nakahira, DO, Chief Medical Officer
Judy Ngo, PharmD
Peter Nguyen, DO
Jesse Parashar-Rokicki, MD

Members Absent
Dang Huynh, PharmD, Director of Pharmacy and UM
Dolly Goel, MD

Staff Present
Duyen Nguyen, PharmD, Clinical Pharmacist
Tami Otomo, PharmD, Clinical Pharmacist
Nancy Aguirre, Administrative Assistant

Others Present
Amy McCarty, PharmD, MedImpact

1. Roll Call

Jimmy Lin, MD, Chair, called the meeting to order at 6:04 pm. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Open Meeting Minutes

The 2Q2021 P&T Committee open meeting minutes were reviewed.

It was moved, seconded and the open minutes of the 1Q2021 P&T meeting minutes were **unanimously approved.**

Motion: Dr. Nguyen
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Cung, Dr. Nguyen, Dr. Parashar-Rokicki
Absent: Dr. Huynh, Dr. Goel, Dr. Ngo

4. Standing Agenda Items

a. Chief Medical Officer Health Plan Updates

Laurie Nakahira, DO, Chief Medical Officer (CMO), presented the CMO Health Plan Updates. Dr. Nakahira reported the current Plan membership is approximately 286,552 members, reflecting a 9.1% increase over the last year, September 2020.

Dr. Nakahira announced the NCQA Cal MediConnect (CMC) Resurvey is coming up on January 31st - February 2nd, 2022. In addition, Cal AIM, Enhanced Care Management (ECM), and In Lieu of Services (ILOS) will begin on January 1st, 2022.

Currently, the Plan has placed a hold on returning to office, as the Delta variant continues to increase. The Committee Meetings will continue to be held via teleconference.

The Department of Health Care Services (DHCS) has initiated an incentive program to address the disparities of vaccines within the county. Approximately 56.9% of Medi-Cal (MC) members are fully vaccinated and 5.7% are partially vaccinated. Approximately 75.8% of CMC members are fully vaccinated and 4.5% are partially vaccinated.

Dr. Nakahira noted the Community Resource Center will be doing an opening kick-off on October 2nd, 2021. Vaccinations continue to be administered at the CRC.

Judy Ngo joined the meeting at 6:12p.m.

b. Medi-Cal Rx Update

Tami Otomo, PharmD, Clinical Pharmacist, noted the Medi-Cal (MC) Rx Carve Out will be implemented on January 1, 2022. Starting on this date, the pharmacy benefit for MC will be carved back into the state. DHCS will send a 60 day notice to members and the Plan will send a 30 day notice to members.

c. Plan/Global Medi-Cal Drug Use Review

i. Drug Utilization Evaluation Update

Tami Otomo, PharmD, Clinical Pharmacist, shared the results from SCFHP's quarterly retrospective Drug Use Evaluation (DUE) program. For Q3 2021, the focus was Asthma, specific to members receiving four or more prescriptions for an asthma medication over a 12-month period, who are not on a controller medication.

Adjourned to Closed Session at 6:21p.m.
Pursuant to Welfare and Institutions Code Section 14087.36 (w)

5. Closed Meeting Minutes

The 2Q2021 P&T Committee closed meeting minutes were reviewed.

It was moved, seconded and the closed minutes of the 2Q2021 P&T meeting minutes were **unanimously approved**.

Motion: Dr. Nguyen
Second: Dr. Alkoraishi
Ayes: Dr. Cung, Dr. Lin, Dr. Nakahira, Dr. Ngo, Dr. Parashar-Rokicki
Absent: Dr. Huynh, Dr. Goel

6. Metrics and Financial Updates

a. Membership Report

The Membership Report was presented by Dr. Nakahira during the CMO Update.

b. Pharmacy Dashboard

Dr. Otomo reviewed the Pharmacy Dashboard.

c. Pharmacy Member Portal Stats – 1H 2021
Dr. Otomo reviewed the Pharmacy Member Portal Stats – 1H 2021.

d. Drug Utilization & Spend – 1Q 2021
Amy McCarty, PharmD, MedImpact, presented the Drug Utilization and Spend for 1Q2021.

7. Discussion and Recommendations for Changes to SCFHP's Cal MediConnect Formulary & Coverage Determination Criteria

a. Pharmacy Benefit Manager 2Q 2021 P&T Minutes
Dr. McCarty referenced the Pharmacy Benefit Manager 2Q 2021 P&T Minutes included in the meeting packet.

b. Pharmacy Benefit Manager 3Q 2021 P&T Part D Actions
Dr. McCarty reviewed the Pharmacy Benefit Manager 3Q 2021 P&T Part D Actions.

It was moved, seconded and the MedImpact Minutes and Actions were **unanimously approved**.

Motion: Dr. Nguyen
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Cung, Dr. Nakahira, Dr. Ngo, Dr. Parashar-Rokicki,
Absent: Dr. Huynh, Dr. Goel

8. Discussion and Recommendations for Changes to SCFHP's Medi-Cal Formulary & Prior Authorization Criteria

a. Old Business/Follow-Up
Dr. Otomo reviewed a follow up of SGLT2i and SGLT2i combination products.

b. Formulary Modifications
Dr. Otomo reviewed the formulary changes.

It was moved, seconded and the Formulary Modification were **unanimously approved**.

Motion: Dr. Nguyen
Second: Dr. Alkoraishi
Ayes: Dr. Cung, Dr. Lin, Dr. Nakahira, Dr. Ngo, Dr. Parashar-Rokicki,
Absent: Dr. Huynh, Dr. Goel

c. Fee-for-Service Contract Drug List Comparability
Dr. McCarty reviewed the Fee-for-Service (FFS) Contract Drug List (CDL) Comparability.

It was moved, seconded and the FFS Contract Drug List Comparability was **unanimously approved**.

Motion: Dr. Nguyen
Second: Dr. Alkoraishi
Ayes: Dr. Cung, Dr. Lin, Dr. Nakahira, Dr. Ngo, Dr. Parashar-Rokicki,
Absent: Dr. Huynh, Dr. Goel

d. Prior Authorization Criteria
Dr. Nguyen reviewed the Prior Authorization Criteria.

ii. <u>New or Revised Criteria</u>
1. Vfend

iii. <u>Annual Review</u>
1. Compound Medications
2. Duragesic
3. Emend
4. Enablex

5. Enbrel
6. Insulin Pens
7. Myrbetrig
8. Nicotrol
9. Off-label
10. Opioid Safety Edits
11. Penlac
12. Quantity Limit
13. Retacrit
14. Taltz
15. Trintellix
16. Xelpros
17. Zyvox

It was moved, seconded and the Prior Authorization Criteria was **unanimously approved.**

Motion: Dr. Nguyen
Second: Dr. Cung
Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Ngo, Dr. Parashar-Rokicki
Absent: Dr. Huynh, Dr. Goel

9. New Drugs and Class Reviews

a. Pneumococcal vaccines
Reviewed by Dr. McCarty.

b. Heart Failure Update – Jardiance & Entrensto
Reviewed by Dr. McCarty.

c. Granulocyte Colony- Stimulating Factors (GCSF)
Reviewed by Dr. McCarty.

d. Xyrem & Xyway
Reviewed by Dr. McCarty.

e. Dupixent
Reviewed by Dr. McCarty.

f. New Entities & Combinations – Brexafemme, Accrufer, Azstarys
Reviewed by Dr. McCarty.

g. New Indications – Zeposia
Reviewed by Dr. McCarty.

h. COVID-19 Treatment - Sotrovimab
Reviewed by Dr. McCarty.

It was moved, seconded and the recommendations for New Drugs and Class Reviews were **unanimously approved.**

Motion: Dr. Nguyen
Second: Dr. Cung
Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Ngo, Dr. Parashar-Rokicki
Absent: Dr. Huynh, Dr. Goel

Reconvene in Open Session at 7:51 p.m.

10. Discussion Items

a. New and Generic Pipeline

Dr. McCarty reviewed the New and Generic Pipeline. There were no notable generic drugs to review at this time.

11. Adjournment

The meeting adjourned at 7:54p.m. The next P&T Committee meeting will be on Thursday, December 16, 2021.

_____ _____

Jimmy Lin, MD, Chair Date

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity: Monitoring or Meeting Period:

Credentialing Committee 08/04/2021

Areas of Review or Committee Activity

Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

Initial Credentialing (excludes delegated practitioners)		
Number initial practitioners credentialed	22	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	33	
Number practitioners recredentialed within 36-month timeline	33	
% recredentialed timely	100%	100%
Number of Quality of Care issues requiring mid-cycle consideration	0	
Percentage of all practitioners reviewed for ongoing sanctions or licensure limitations or issues	100%	100%
Terminated/Rejected/Suspended/Denied		
Existing practitioners terminated with cause	0	
New practitioners denied for cause	0	
Number of Fair Hearings	0	
Number of B&P Code 805 filings	0	
Total number of practitioners in network (excludes delegated providers) as of 07/31/2021	318	

(For Quality of Care ONLY)	**Stanford**	**LPCH**	**VHP**	**PAMF**	**PMG**	**PCNC**
Total # of Suspension	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	0	0
Total # of Resignations	0	0	0	0	0	0
Total # of practitioners	1338	1072	772	799	408	148

Note: This is a count of single providers in their credentialed networks. A provider belonging to multiple networks will be counted for each network once.