



**Santa Clara Family
Health Plan™**

Provider Advisory Council

August 10, 2021

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

Tuesday, August 10, 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: 883 2806 0225

Passcode: PACAug10

<https://us06web.zoom.us/j/88328060225>

AGENDA

1. Roll Call / Establish Quorum	Dr. Padua, Chair	12:15	5 min
2. Public Comment Members of the public may speak to any item not on the agenda; two minutes per speaker. The Compliance Committee reserves the right to limit the duration of the public comment period to 30 minutes.	Dr. Padua, Chair	12:20	5 min
3. Meeting Minutes Review meeting minutes of the May 12, 2021 Provider Advisory Council Meeting. Possible Action: Approve May 12 , 2021 Provider Advisory Council Meeting Minutes	Dr. Padua, Chair	12:25	5 min
4. Chief Executive Officer Update Discuss SCFHP membership and current topics.	Ms. Tomcala	12:30	5 min
5. Pharmacy a. Review and discuss the current drug reports b. Pharmacy Updates	Dr. Huynh	12:35	10 min
6. Utilization Management (UM) a. UM Updates	Dr. Huynh	12:40	10 min
7. Quality a. Review and discuss HEDIS results b. Member Incentives 2021 c. Diabetes Self-Management and Medical Nutritional Therapy	Dr. Liu Ms. Baxter Ms. Baxter	12:50	25 min
8. Provider Network Operations Updates a. Provider Performance Program Update	Ms. Vielma	1:15	5 min

9. Old Business		1:20	5 min
10. New Business	Ms. Baxter	1:25	5 min
Introduce New Provider - Array			
11. Discussion/Recommendations	All	1:30	5 min
12. Adjournment	Dr. Padua, Chair	1:35	

Next Meeting: Wednesday, November 10, 2021

Notice to the Public—Meeting Procedures

- Persons wishing to address the Provider Advisory Council on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.
- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Rita Zambrano 48 hours prior to the meeting at (408) 874-1842.
- To obtain a copy of any supporting document that is available, contact Rita Zambrano at (408) 874-1842. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at www.scfhp.com.

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

Wednesday, May 12, 2021, 12:15 – 1:45 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES – Draft

Committee Members Present

Thad Padua, MD, Chair
Clara Adams, LCSW
David Mineta
Dolly Goel, MD
Michael Griffis, MD
Bridget Harrison, MD
Jimmy Lin, MD
Peter L. Nguyen, DO
Sherri Sager
Meg Tabaka, MD

Committee Members Absent

Pedro Alvarez, MD

Staff Present

Christine Tomcala, Chief Executive Officer
Laurie Nakahira, DO, Chief Medical Officer
Chris Turner, Chief Operating Officer
Dang Huynh, PharmD, Director, Pharmacy & Utilization
Management
Janet Gambatese, Director, Provider Network Operations
Brandon Engelbert, Manager, Provider Network
Operations
Rita Zambrano, Executive Assistant
Robyn Esparza, Administrative Assistant

Additional Staff

Tyler Haskell, Director, Government Relations
Tami Otomo, Clinical Pharmacist, Pharmacy
Karen Fadley, Analyst, Provider Network Operations
Natalie McKelvey, Manager, Behavioral Health
Lucille Baxter, Manager, Quality & Health Education
Claudia Graciano, Provider Network Associate, Lead,
Provider Network Operations

1. Roll Call/Establish Quorum

Thad Padua, MD, Chair, called the meeting to order at 12:20 pm. Roll call was taken and a quorum was established.

2. Meeting Minutes

The minutes of the February 10, 2021 Provider Advisory Council (PAC) meeting were reviewed.

It was moved, seconded, and the February 10, 2021 Provider Advisory Council (PAC) were unanimously approved.

Motion: Dr. Padua

Second: Dr. Griffis

Ayes: Dr. Lin, Ms. Adams, Dr. Goel, Dr. Harrison, Dr. Nguyen, Dr. Tabaka, Ms. Sager, Mr. Mineta,
Dr. Padua

3. Public Comment

There was no public comment.

4. Chief Executive Officer Update

Enrollment Summary:

Ms. Christine Tomcala, CEO, presented the May 2021 Enrollment Summary, noting total enrollment of 281,235, with 9,989 members in Cal MediConnect and 271,246 members in Medi-Cal.

Pharmacy Carve-out Update:

Ms. Tomcala advised the council that as Mr. Tyler Haskell, Director, Government Relations described at the last PAC meeting there was late breaking news on February 10, 2021 regarding the planned Pharmacy Cave-out that was to take effect April 1, 2021. She noted it may or may not take place. If it does happen, it will not be until January 2022.

COVID Update:

Ms. Tomcala updated the council on COVID vaccination efforts. She was happy the Plan was able to extend the use of our new Blanca Alvarado Community Center as a community vaccination site. She further noted that everyone is seeing a drop off in vaccination rates due to hesitancy issues.

Health Plan's Vision

Ms. Tomcala advised the council that the Plan has been going through the process for many months of refreshing our mission, vision and values, as well as our strategic plan, which were approved by the Board in March. She shared the new mission, vision and values of SCFHP. She noted it's always been our mission to improve the wellbeing of our members by addressing their health and social needs in a culturally competent manner, and partnering with providers and organizations in our shared commitment to the health of our community. While the mission is all about the work we do today, the vision is more of an aspirational statement and a place where we would like to be in maybe twenty years, and is something we can't necessarily accomplish on our own. SCFHP's new vision is 'health for all, a fair and just community, where everyone has access to opportunities to be healthy'. She also shared a new list of values. Finally, SCFHP updated our strategic plan for the next three years, which focuses on three primary goal categories: community health leadership, quality access and equity, and organizational excellence.

Mr. David Mineta, Momentum for Health asked at what point it was approved by the Board. Ms. Tomcala noted the development process started last fall. Ms. Sherri Sager, Stanford Children's Health, shared it was a really interesting process because the Executive Committee thought they had worked out all the details but when it was presented to the Board, it was pushed back with additional input, resulting in much discussion. Ms. Sager reported it was a very thorough process where all perspectives were brought into account to make sure that the final produce was something that reflected the diverse and inclusive communities and that equity provisions were represented throughout.

Dr. Padua inquired as to which stakeholders other than the Board and other groups assisted with the development. Ms. Tomcala responded that stakeholders included staff, community based organizations, community clinics, elected officials, provider groups, and IPAs.

Ms. Tomcala noted this information on the vision statement is just a preview and that new mission, vision and values will be distributed broadly in the near future. Copies will be shared with the council.

5. Quality

How to Improve Quality Measures Rates by Documentation:

Ms. Lucille Baxter, Manager, Quality and Health Education, gave an extensive presentation on 'How to Improve Quality Measure Rate by Documentation'. She provided examples of fall outs during chart review, for example, weight assessment (height, weight, BMI percentile), blood lead screening, immunization, controlling blood pressure, comprehensive diabetes care, cervical cancer and colorectal cancer screening, advanced directives, medical list and review, pain screening (except chest pain), discharge summary, medication reconciliation, and documentation. Dr. Padua inquired if a pattern or trend was identified and whether some clinics do better than others on Well Child Visit Weight Assessment. Ms. Baxter confirmed this, noting that some clinics measure BMI, rather than BMI percentile. Dr. Peter Nguyen noted that it would be beneficial for providers to be made aware of the fall outs. Ms. Baxter encouraged members of the council to take the information back and share with their providers. She also noted that SCFHP's Provider Network Operations team will be communicating the information to the provider network.

Dr. Laurie Nakahira, CMO, noted the Plan is trying to work with providers on improvements. There is an issue with providers using paper charts vs. EMRs (electronic medical records). When using EMR, the templates must be turned on to alert them to missing documentation. She noted that, as Ms. Baxter indicated, we are targeting some providers on documentation. We performed a survey of all of our providers to see who uses paper charts versus EMRs. This information will be reviewed and then start breaking it down to enlist support from our practice transformation

consultants, including two vendors, who will be assessing the EMR to see if templates need to be updated to turn on the percentiles versus just putting the BMI.

Dr. Michael Griffis, Physicians Medical Group (PMG) commented that as a delegate of SCFHP, PMG meets with Ms. Baxter and the Quality Team on a regular basis and has found the interactions to be very helpful in terms of helping them teach the providers about improving documentation.

6. Pharmacy

Standing Reports:

Dr. Dang Huynh, Director, Pharmacy and Utilization Management, presented the “2021 Q1 Top 10 Drugs by Total Cost” and the “Top 10 Drug Classes by Prior Authorization Volume” for reporting period of January 1, 2021 – March 31, 2021. For the Medi-Cal line of business, it was noted that prior authorizations for both Humira and Golytely had increased over the last quarter. For Cal MediConnect, prior authorization requests type and volume were similar to the previous quarter. There were increase in total utilization costs for Jardiance and Trulicity.

Pharmacy Updates:

Dr. Huynh advised the council SCFHP is working on increasing utilization of our 30-day supply to a 90-day prescription drug supply. Dr. Bridget Harrison, Stanford Health Care, inquired if this is a new process, as she believed it to be only 30-day supply for Medi-cal. Dr. Huynh noted opioid and other controlled drugs are limited, but maintenance drugs are billable for a 90-day supply. Oral contraceptives may be dispensed for up to a one-year supply. Dr. Laurie Nakahira noted fee-for-service (FFS) also allows for a one-year supply.

He noted updates from the March P&T Committee meeting including adding additional Vitamin D3 over-the-counter products, diclofenac 1% gel, and Movantik for opioid-induced constipation.

Dr. Huynh highlighted some medications in the pipeline that are coming on to market. Generic glucagon was approved in December. Generic Lyrica has been out on the market quite some time with the controlled-release recently approved in April. Bystolic’s generic pipeline approval in September of this year may be impactful for the plan.

7. Utilization Management:

Dr. Dang Huynh, Director, Pharmacy and Utilization Management (UM), provided the council with the following UM updates:

The Plan’s IT Department developed a prior authorization platform available on the provider portal for medical service prior authorization submission. It is currently being tested with selected providers. The online submission portal will save time, confusion, and a lot of fax papers. Dr. Huynh noted he will bring an update and statistics to the council when available.

Dr. Huynh advised that the UM Department is conducting additional delegation oversight activities of our delegates. The plan is taking a deep dive into UM program descriptions and identifying best practices.

In addition, the plan has partnered up with the Care Management Team at Connor, Regional, St. Louise, Good Samaritan, El Camino, Valley Medical Center and Stanford. The UM team meets with our hospital partners on a consistent basis to discuss complex cases, helping to provide proactive authorizations for timely and appropriate discharges to improve our quality metrics.

8. Provider Network Operation (PNO) Updates

Provider Network Access:

Ms. Karen Fadley, Provider Data Analyst, PNO, provided a presentation on a FY20/21 Plan Objective related to access and availability. She reviewed the following topics:

- We are expanding our Provider Network in Accordance with DHCS Standards which is at the overall network level. Next year it will be at the delegate/individual network level.
- DHCS Standards are run against SCFHP membership and anticipated membership using a Census File.
- We have a new analytics tool for this work called the QES Tool through Quest Analytics. She reviewed a dashboard, which broke out Independent Physicians, Physicians Medical Group of San Jose, Premier Care, and Valley Health Plan, noting the percentage of members within access stands time or distance.
- Our action plan for gaps: we are working with delegates to identify gaps and contracting accordingly.
- Annual Network Certification was completed and submitted to DHCS at the beginning of May. She noted improvements of HIV/AIDS/Infectious Disease gaps before and after the contracting efforts. The gap ultimately filled the Plan is now working on contracting with Endocrinology, Physical Therapy and Rehab providers.

Dr. Peter Nguyen, Physicians Medical Group, inquired about referrals to behavioral health, noting it can take a month. Ms. Natalie McKelvey noted this is currently being addressed. Rather than routing calls directly to the Call Center, SCFHP is working on getting calls routed directly to a contracted provider. She noted, she is excited about Array/Inpathy, a behavioral health telehealth provider being contracted, who have Psychiatrists, MFTs and Social workers. Ms. Adams noted that council should feel free to contact her and she will do her best to reach out to Ms. Webber.

Provider Training:

Mr. Brandon Engelbert, Manager, Provider Network Operations, encouraged the council to let him know of any initiatives or education needs they are interested in learning about, either by way of presentations or personal training.

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 the two previous providers who planned to provide CME are unable to because they are inundated with patients. She noted the plan is to continue to provide a CME within the fiscal year.

10. New Business

Chief Medical Office Update:

• **Appropriate ED Utilization**

Dr. Laurie Nakahira, CMO, presented information on Low Acuity and Non-Emergent (LANE) Clinical Efficiency to the council. Dr. Nakahira informed the council instances of LANE, which includes low acuity of non-emergency services; potentially preventable ER visits for conditions that can be addressed in an ambulatory or primary care setting, and quantifies potential cost savings if the services were delivered in a more appropriate level of care. The presentation identified which ED visits are considered LANE, SCFHP Top 15 Grouped LANE Diagnosis Codes, California LANE visits by dates of the week, and Strategies to reduce LANE visits, which include working on script for WEB, newsletter and education, identifying qualification for urgent vs PCP visits, and strategies to reduce LANE visits.

• **Trauma Screening / Family Therapy Benefit**

Ms. Natalie McKelvey, Manager, Behavioral Health, provided a presentation on the Trauma Screening/Family Therapy Benefit, noting she is working on a new initiative related to trauma screening. She noted ongoing trauma effecting health and the need to understand trauma screening. She reminded the council that Medi-Cal providers can complete the 2-hour training via ACEs Aware and that they need to attest to completing the training on the DHCS website at www.medi-cal.ca.gov/TSTA/TSTAattest.aspx. Providers receive \$100 incentive from SCFHP if training and attestation is completed by June 30, 2021.

Ms. McKelvey voiced her interest in hearing from the council members of their trauma screening barriers. She wants providers to know they can learn how to be trauma informed and that there is a resource available for them on the SCFHP provider portal. She noted that with regard to Family Therapy benefits, the extension of outpatient treatment still does not include treatment for couples. With regard to ACEs or Trauma risk factors, she noted if a score of 4+ or any risk factor to go ahead and refer. She noted COVID is not on the list, as well as gender identity. Additional information related to trauma screening details, screening tools, barriers known to completing screening, possible interventions, family therapy eligibility, family therapy risk factors, ongoing needs and concerns, as well as her contact information can be found in detail in the presentation.

• **Governmental Affairs**

CalAIM

Mr. Tyler Haskell, Director, Government Relations, briefed the council on CalAIM, a set of changes to Medi-Cal that includes the following: Enhanced Care Management, In Lieu of Services, a carve-in of major organ transplants, new mandatory managed care populations, a requirement to implement a population health management program, the transition from Cal MediConnect to a D-SNP, regional capitation rates, and a new NCQA accreditation requirement for delegated health plans.

11. Discussion / Recommendations

There were no further discussions and/or recommendations.

12. Adjournment

The meeting adjourned at 2:05 p.m. The next meeting is scheduled for Tuesday, August 10, 2021.

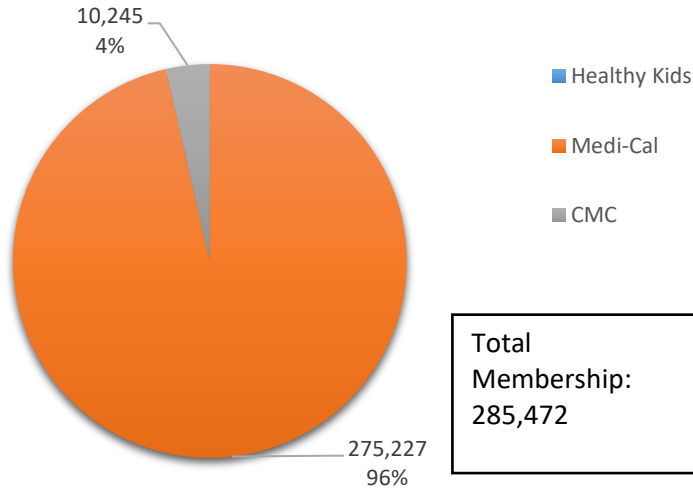
Dr. Thad Padua, Chair

Date

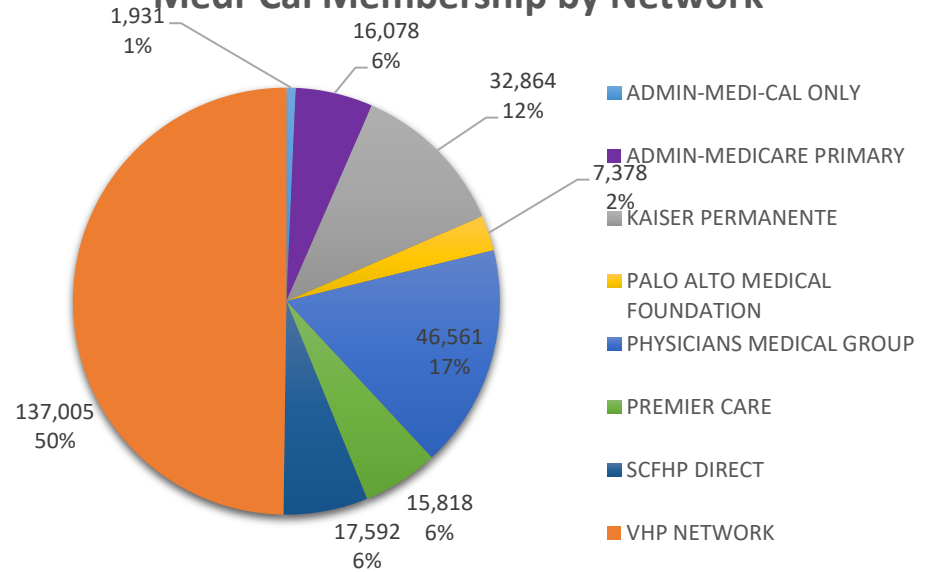
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ENROLLMENT SUMMARY
Aug. 2021

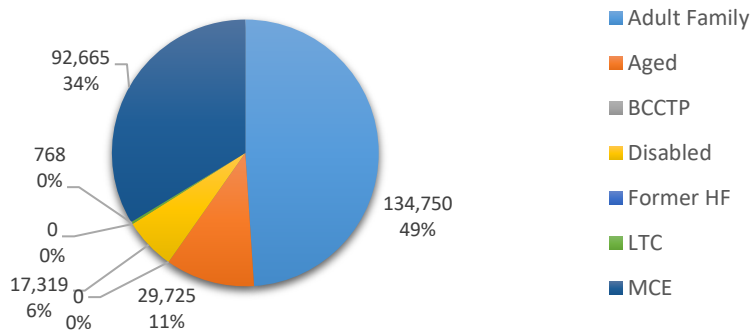
Membership by Line of Business



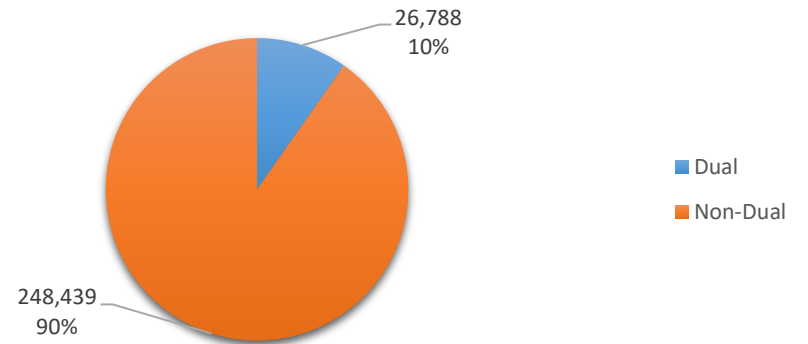
Medi-Cal Membership by Network



Medi-Cal Membership by Aid Category

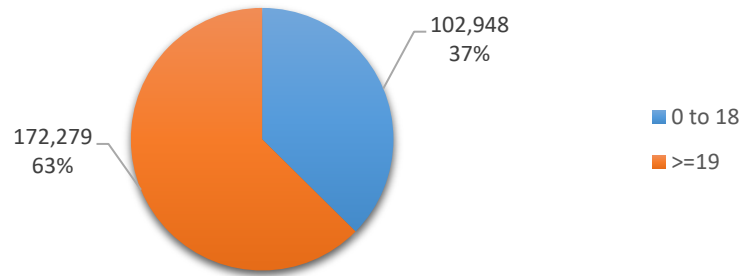


Medi-Cal Membership by Dual Status

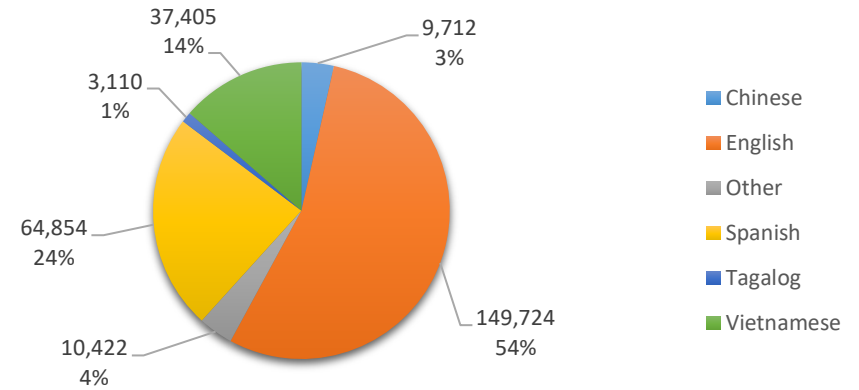


ENROLLMENT SUMMARY
Aug. 2021

Medi-Cal Membership by Age Group



Medi-Cal Membership by Language





Medi-Cal Membership by Age Group and Network
Aug. 2021

Age Group	SCFHP Direct	VHP	Kaiser	PAMF	PMG	Premier Care	Admin-Medicare Primary	Admin-Medi-Cal Only	Total	%
0 to 6	1,705	13,745	4,409	531	5,896	933		214	27,433	10.0%
18 to 34	5,113	38,450	8,120	1,495	10,572	3,817	227	669	68,463	24.9%
35 to 44	1,739	13,093	2,971	544	3,231	1,360	292	152	23,382	8.5%
45 to 54	1,463	11,372	2,593	586	4,001	2,339	440	201	22,995	8.4%
55 to 64	1,471	14,729	2,744	739	4,512	2,688	875	334	28,092	10.2%
6 to 17	5,445	32,081	9,273	1,738	16,509	4,086		240	69,372	25.2%
65 to 74	320	7,567	1,146	356	1,122	446	6,261	70	17,288	6.3%
75 to 84	271	4,318	988	811	593	122	5,151	35	12,289	4.5%
>= 85	65	1,650	620	578	125	27	2,832	16	5,913	2.1%
Grand Total	17,592	137,005	32,864	7,378	46,561	15,818	16,078	1,931	275,227	100.0%
Percentage	6.4%	49.8%	11.9%	2.7%	16.9%	5.7%	5.8%	0.7%	100.0%	



**Santa Clara Family
Health Plan™**

Pharmacy Updates

August 10, 2021

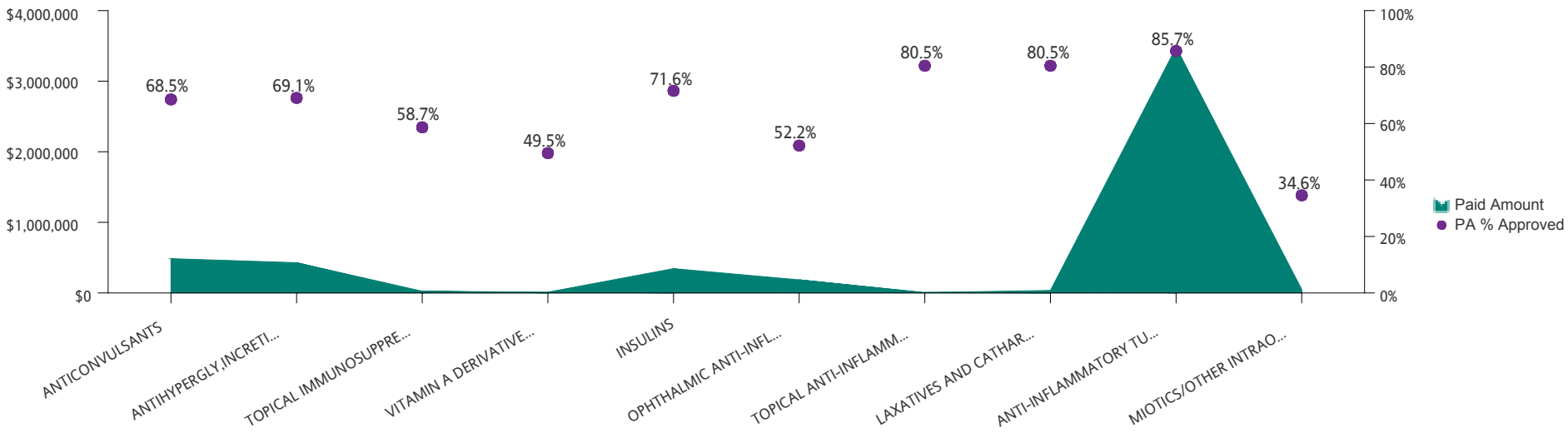


Therapeutic PAs

SAC01 - Medi-Cal

Report Period: 04/01/2021 to 06/30/2021
 Comparison Period: 04/01/2020 to 06/30/2020

Top Drug Classes by PA Volume



Top Drugs by PA Volume

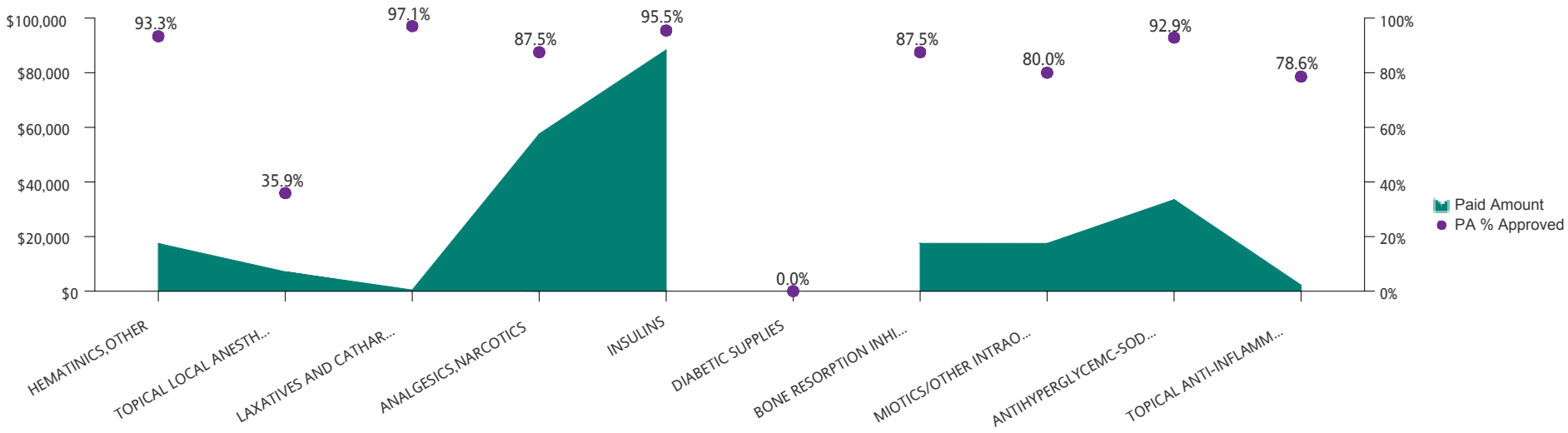
Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per Rx
1	1	TRETINOIN	94	51.1%	84	\$13,016.73	\$154.96
2	11	TACROLIMUS	94	61.7%	97	\$18,140.19	\$187.01
3	15	TRULICITY	93	74.2%	296	\$300,863.04	\$1,016.43
4	2	DICLOFENAC SODIUM	93	75.3%	181	\$4,741.26	\$26.19
5	4	RESTASIS	54	59.3%	213	\$137,912.00	\$647.47
6	3	ELIQUIS	48	79.2%	217	\$143,191.07	\$659.87
7	23	JARDIANCE	47	80.9%	146	\$127,496.04	\$873.26
8	13	GABAPENTIN	42	69.0%	96	\$1,456.16	\$15.17
9	5	ENTRESTO	41	73.2%	165	\$129,441.43	\$784.49
10	6	HUMIRA PEN	39	97.4%	272	\$1,730,158.88	\$6,360.88
Totals for Top 10			645	69.8%	1,767	\$2,606,416.80	\$1,475.05
Totals for All			3,795	58.5%	10,088	\$18,524,134.63	\$1,836.25

Therapeutic PAs

SAC06 - Cal MediConnect

Report Period: 04/01/2021 to 06/30/2021
 Comparison Period: 04/01/2020 to 06/30/2020

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	RETACRIT	57	98.2%	23	\$11,611.76	\$504.86
2	2	LIDOCAINE	33	39.4%	49	\$4,786.05	\$97.67
3	274	GOLYTELY	19	94.7%	17	\$197.46	\$11.62
4	107	PROLIA	16	87.5%	14	\$17,462.48	\$1,247.32
5	274	INVOKANA	14	92.9%	20	\$18,416.10	\$920.80
6	63	TRETINOIN	13	100.0%	6	\$652.50	\$108.75
7	274	NULYTELY	12	100.0%	12	\$188.64	\$15.72
8	10	XIFAXAN	11	81.8%	52	\$122,749.40	\$2,360.57
9	6	BUPRENORPHINE	10	80.0%	40	\$14,299.48	\$357.49
10	274	TRESIBA FLEXTOUCH U-200	9	88.9%	18	\$21,824.91	\$1,212.50
Totals for Top 10			194	84.5%	251	\$212,188.78	\$845.37
Totals for All			693	69.8%	1,896	\$3,930,877.26	\$2,073.25

Santa Clara Family Health Plan 2021 Q2 Top 10 Drugs by Total Cost

Fill date: 4/1/2021 – 6/30/2021

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	HUMIRA PEN 40 MG/0.8 ML	\$1,973,760	\$0.00	\$1,973,760	5.3%	0.0%	309	0.1%	0.0%	\$228.50	\$6,387.57
2	TRULICITY 1.5 MG/0.5 ML PEN	\$1,465,253	\$0.00	\$1,465,253	3.9%	0.0%	1,435	0.3%	0.0%	\$31.36	\$1,021.08
3	FREESTYLE LITE TEST STRIP	\$1,033,889	\$0.00	\$1,033,897	2.8%	0.0%	7,189	1.5%	0.0%	\$2.86	\$143.82
4	BASAGLAR 100 UNIT/ML KWIKPEN	\$892,207	\$0.00	\$892,207	2.4%	0.0%	3,270	0.7%	0.0%	\$7.98	\$272.85
5	JARDIANCE 25 MG TABLET	\$888,144	\$0.00	\$888,144	2.4%	0.0%	896	0.2%	0.0%	\$18.59	\$991.23
6	TRULICITY 0.75 MG/0.5 ML PEN	\$818,987	\$0.00	\$818,987	2.2%	0.0%	840	0.2%	0.0%	\$31.66	\$974.98
7	TAGRISSO 80 MG TABLET	\$767,872	\$0.00	\$767,872	2.1%	0.0%	47	0.0%	0.0%	\$544.59	\$16,337.71
8	STELARA 90 MG/ML SYRINGE	\$675,554	\$0.00	\$675,554	1.8%	0.0%	29	0.0%	0.0%	\$414.45	\$23,294.96
9	JARDIANCE 10 MG TABLET	\$671,473	\$0.00	\$671,473	1.8%	0.0%	796	0.2%	0.0%	\$18.80	\$843.56
10	XARELTO 20 MG TABLET	\$611,476	\$0.00	\$611,476	1.6%	0.0%	794	0.2%	0.0%	\$16.88	\$770.12
Totals for Top 10		\$9,798,615	\$0.00	\$9,798,623	26.3%	0.0%	15,605	3.3%	0.0%	\$14.48	\$627.92
Totals for SAC		\$37,326,429	\$0.00	\$37,326,500	100.0%	22.9%	473,973	100.0%	90.1%	\$2.05	\$78.75

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	JANUVIA 100 MG TABLET	\$420,861	\$1,426	\$419,435	3.0%	0.0%	420	0.4%	0.0%	\$15.37	\$998.65
2	BIKTARVY 50-200-25 MG TABLET	\$391,809	\$19	\$391,790	2.8%	0.0%	119	0.1%	0.0%	\$110.18	\$3,292.35
3	TRULICITY 1.5 MG/0.5 ML PEN	\$331,434	\$958	\$330,476	2.4%	0.0%	288	0.3%	0.0%	\$28.55	\$1,147.49
4	FREESTYLE LITE TEST STRIP	\$317,955	\$0.00	\$317,955	2.3%	0.0%	2,083	2.2%	0.0%	\$2.54	\$152.64
5	INVEGA SUSTENNA 234 MG/1.5 ML	\$311,235	\$84	\$311,151	2.2%	0.0%	103	0.1%	0.0%	\$108.49	\$3,020.89
6	STELARA 90 MG/ML SYRINGE	\$256,592	\$0.00	\$256,592	1.9%	0.0%	11	0.0%	0.0%	\$443.93	\$23,326.54
7	XTANDI 40 MG CAPSULE	\$256,218	\$8	\$256,210	1.8%	0.0%	22	0.0%	0.0%	\$388.20	\$11,645.90
8	HUMIRA PEN 40 MG/0.8 ML	\$237,571	\$16	\$237,555	1.7%	0.0%	35	0.0%	0.0%	\$242.40	\$6,787.29
9	JARDIANCE 25 MG TABLET	\$229,244	\$706	\$228,538	1.6%	0.0%	221	0.2%	0.0%	\$17.09	\$1,034.11
10	RESTASIS 0.05% EYE EMULSION	\$212,744	\$1,132	\$211,612	1.5%	0.0%	301	0.3%	0.0%	\$18.78	\$703.03
Totals for Top 10		\$2,965,664	\$4,350	\$2,961,314	21.4%	0.0%	3,603	3.7%	0.0%	\$15.02	\$821.90
Totals for SAC		\$13,886,464	\$27,423	\$13,858,875	100.0%	10.5%	96,248	100.0%	84.1%	\$2.76	\$143.99



Santa Clara Family
Health Plan™

HEDIS MY 2020 Results

Quality Improvement

Agenda

- Challenges
- Achievements
- MCAL: Auto Assignment Measures
- CMC: Quality Withhold Measures
- Action Taken

HEDIS Reporting

Challenges

- Limited staff at provider offices
- Limited remote Electronic Medical Record (EMR) access
- Provider offices/sites slow to respond to medical record requests sometimes receive no response

HEDIS Reporting

Achievements

- Pushed PPC-Post and WCC-BMI to desired percentile
- In collaboration with medical record retrieval vendor achieved a retrieval rate of 95%
- Reviewed and overread over 7k charts
- Utilized all in house medical records (i.e. QNXT, Risk-Adjustment, MedImpact)
- Achieved HEDIS medical record review milestones ahead of scheduled timeline

Medi-Cal MCAS Measures CY 2020

Measure	Measure Description	HEDIS CY 2018 Final Rate	HEDIS CY 2019 Final Rate	HEDIS CY 2020 Final Rate	% Difference from MY 2019 to MY 2020	Current Percentile	CY 2020 MPL
WCC*	BMI Percentile	Did not report	89.29	80.54	-8.75	50th	80.50
WCC*	Counseling for Nutrition	72.75	N/A	74.21	New Reporting	50th	71.55
WCC*	Counseling for Physical Activity	65.94	N/A	72.26	New Reporting	50th	66.79
CIS*	Combination 10	Did not report	66.91	57.97	-8.94	95th	37.47
IMA*	Combination 2	48.91	46.72	43.31	-3.41	75th	36.86
CBP*	Controlling High Blood Pressure	56.93	62.04	57.42	-4.62	25th	61.80
CCS*	Cervical Cancer Screening	61.07	52.07	59.85	7.78	25th	61.31
CDC*, ¹	HbA1c Poor Control (>9%)	43.31	31.87	34.31	2.44	50th	37.47
PPC*	Timeliness of Prenatal Care	86.86	93.19	92.70	-0.49	50th	89.05
PPC*	Postpartum Care	71.78	85.16	84.67	-0.49	90th	76.40
AMR	Asthma Medication Ratio	64.87	62.31	64.25	1.94	50th	62.43
BCS	Breast Cancer Screening	64.21	66.72	59.78	-6.94	50th	58.82
CHL	Chlamydia Screening	Did not report	59.19	57.43	-1.76	25th	58.44
SSD	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Did not report	N/A	74.08	New Reporting	5th	82.09
APM	Metabolic Monitoring for Children and Adolescents	Did not report	N/A	45.15	New Reporting	75th	35.43
AMM	Acute Phase Treatment	Did not report	63.57	64.15	0.58	75th	53.57
AMM	Continuation Phase Treatment	Did not report	49.87	50.40	0.53	90th	38.18

* Hybrid measure

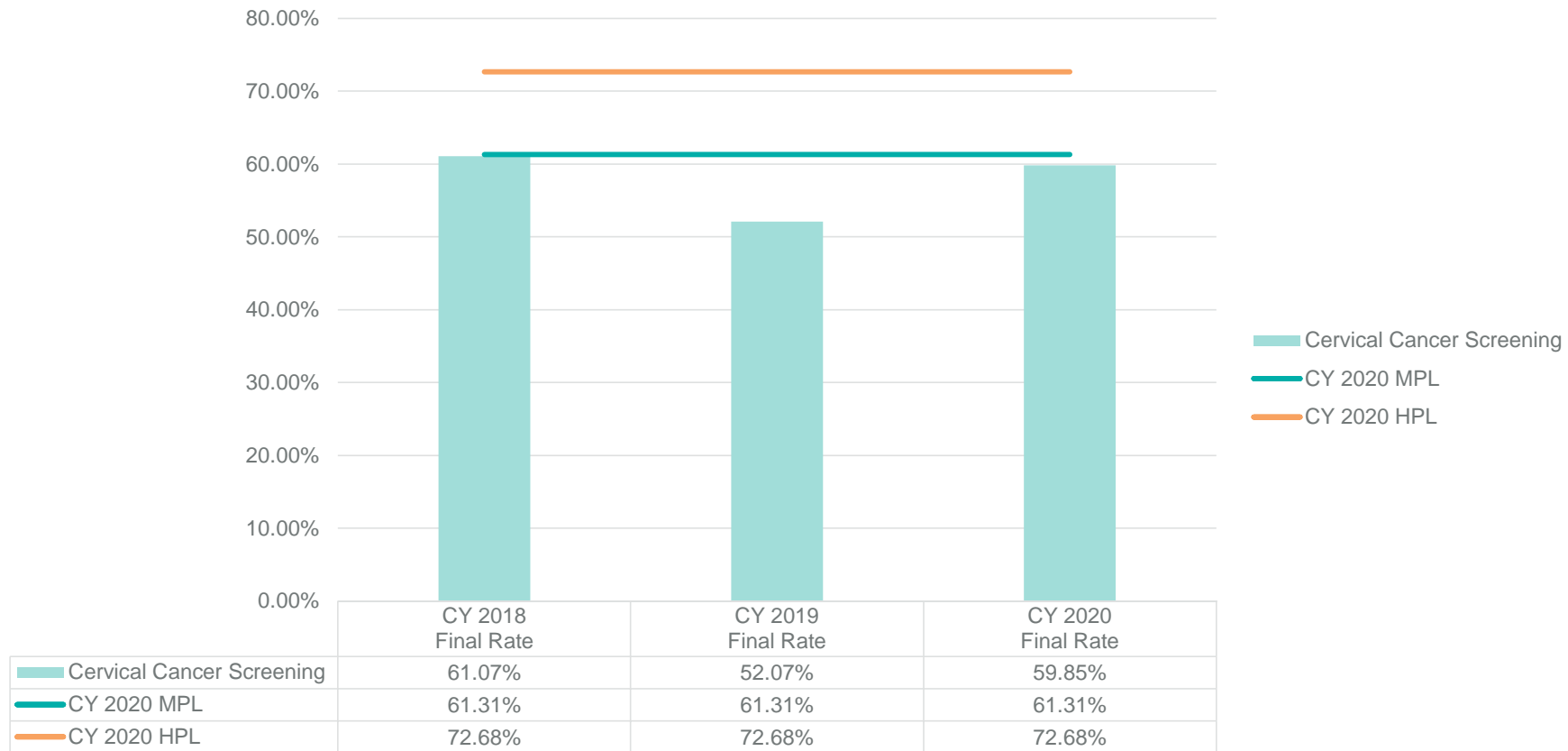
¹ Reverse measure, lower is better

MPL - Minimum Performance Level 50th percentile

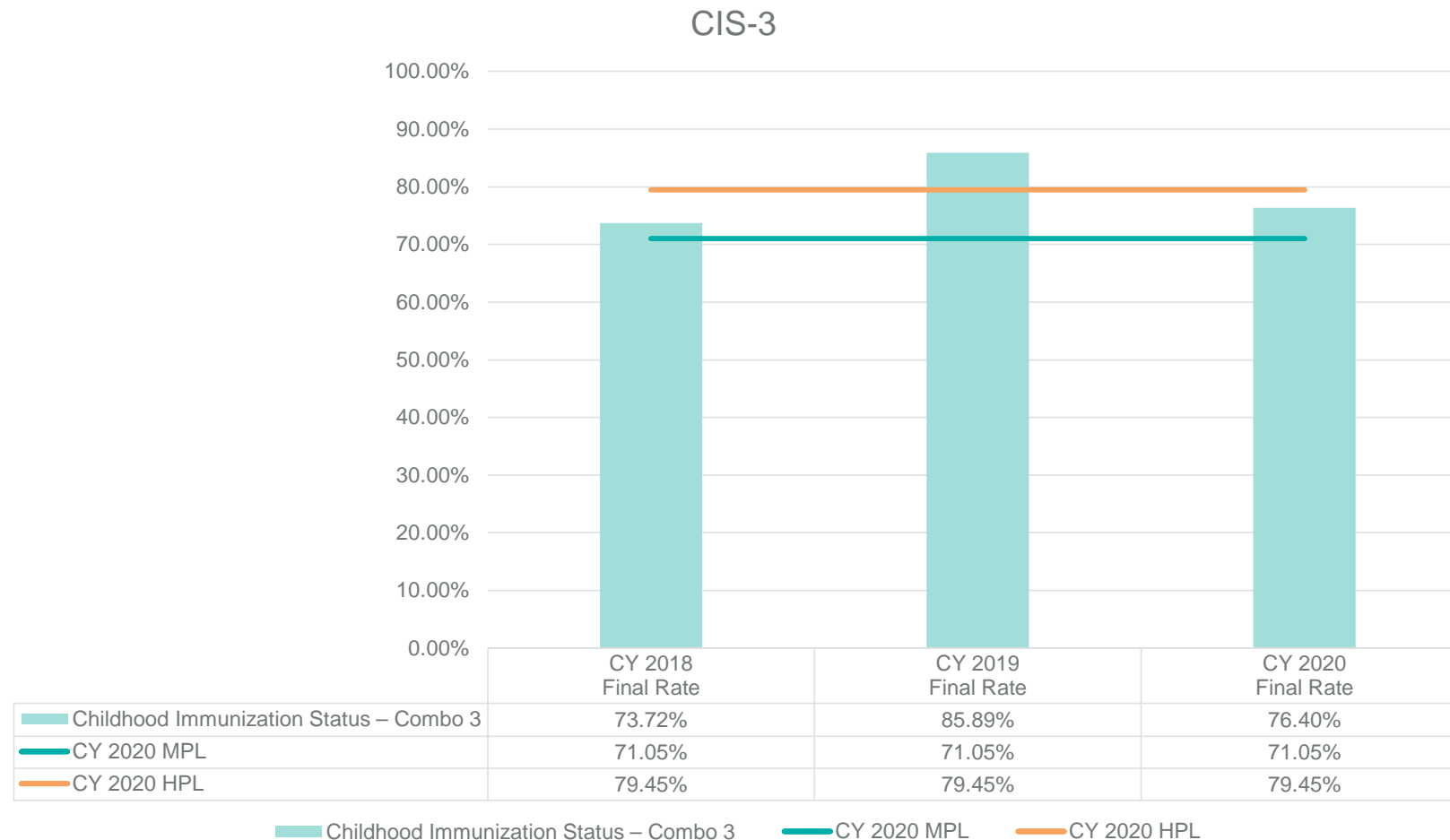
Note: MPL is based on the performance from the previous year (i.e. CY20 based on CY19 performance)

MC Auto-Assignment – Cervical Cancer Screening (CCS)

CCS

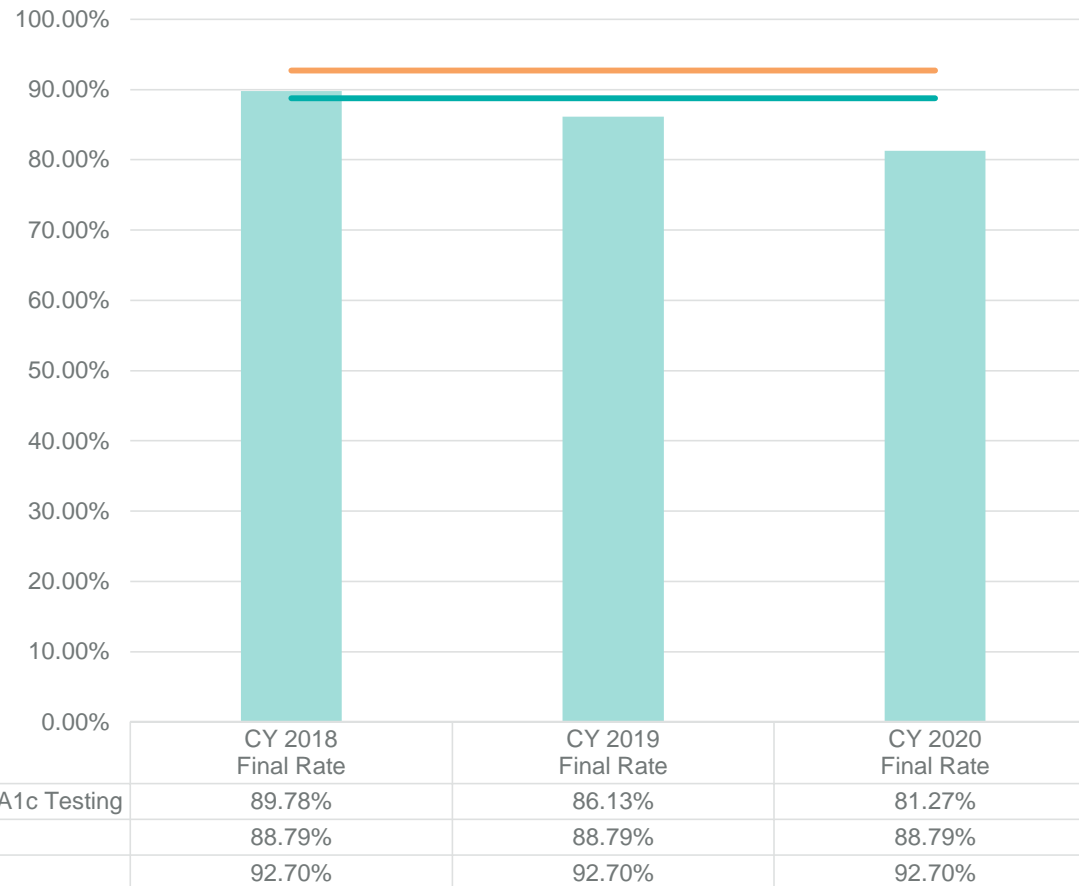


MC Auto-Assignment – Childhood Immunization Status – Combo 3 (CIS-3)



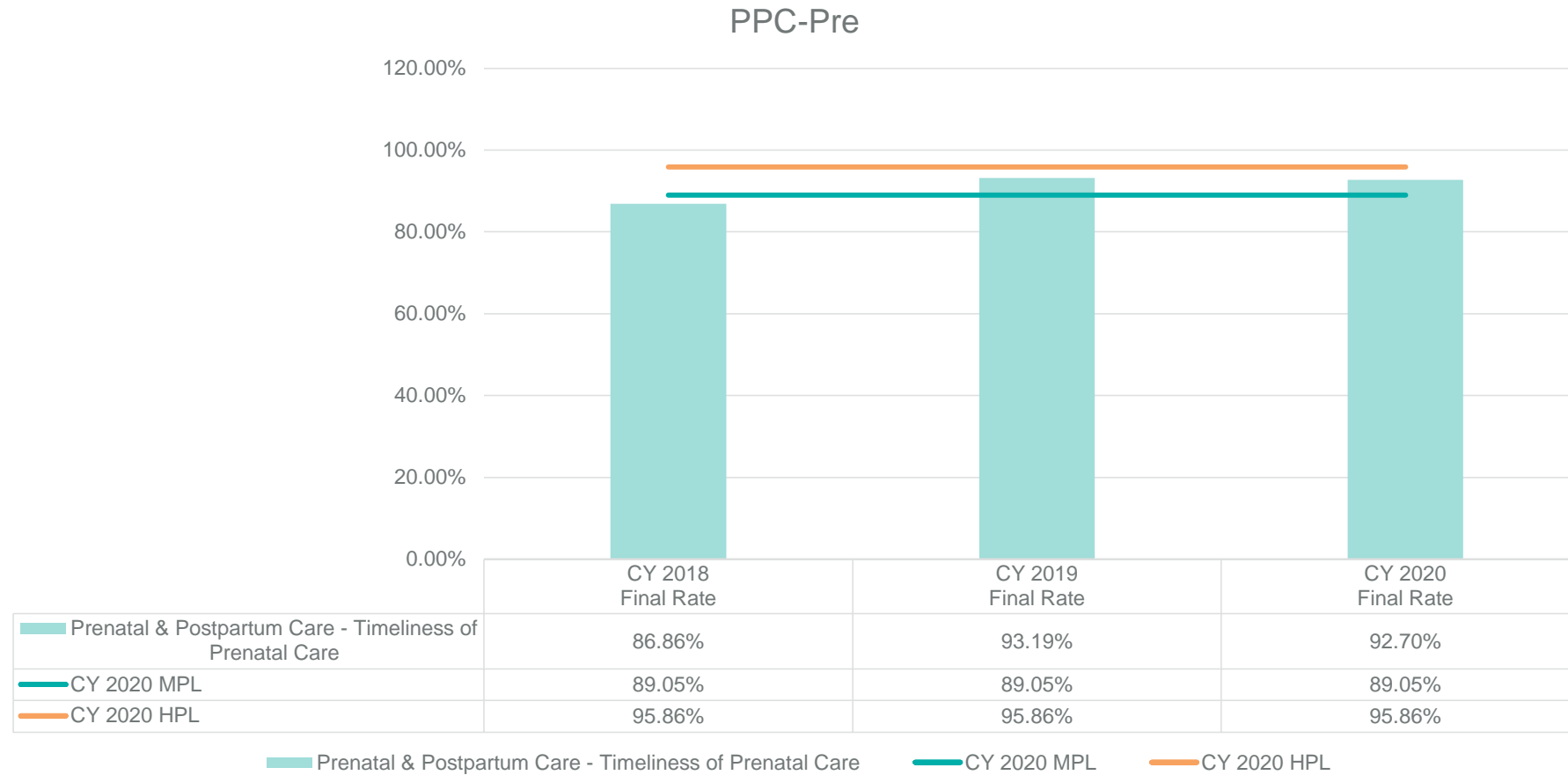
MC Auto-Assignment – HbA1c Testing (CDC-HT)

CDC-HT



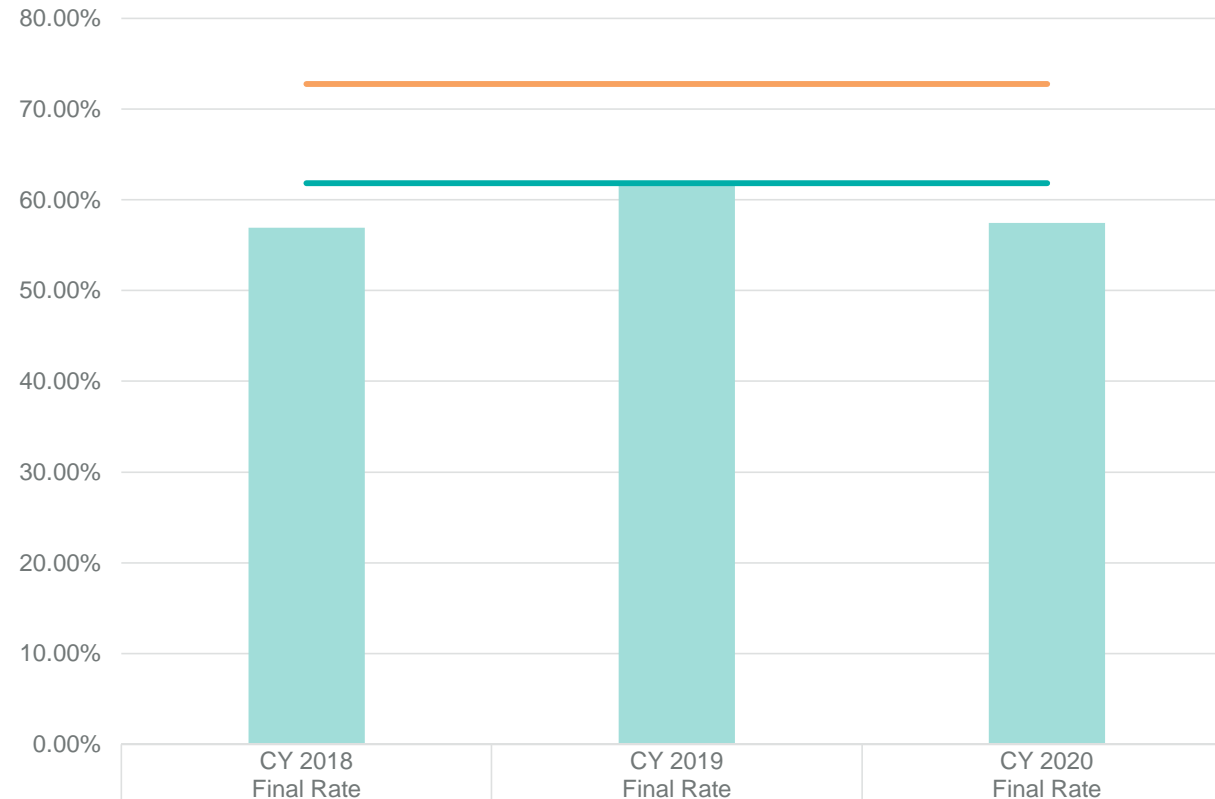
Comprehensive Diabetes Care - HbA1c Testing	89.78%	86.13%	81.27%
CY 2020 MPL	88.79%	88.79%	88.79%
CY 2020 HPL	92.70%	92.70%	92.70%

MC Auto-Assignment – Timeliness of Prenatal Care (PPC-Pre)



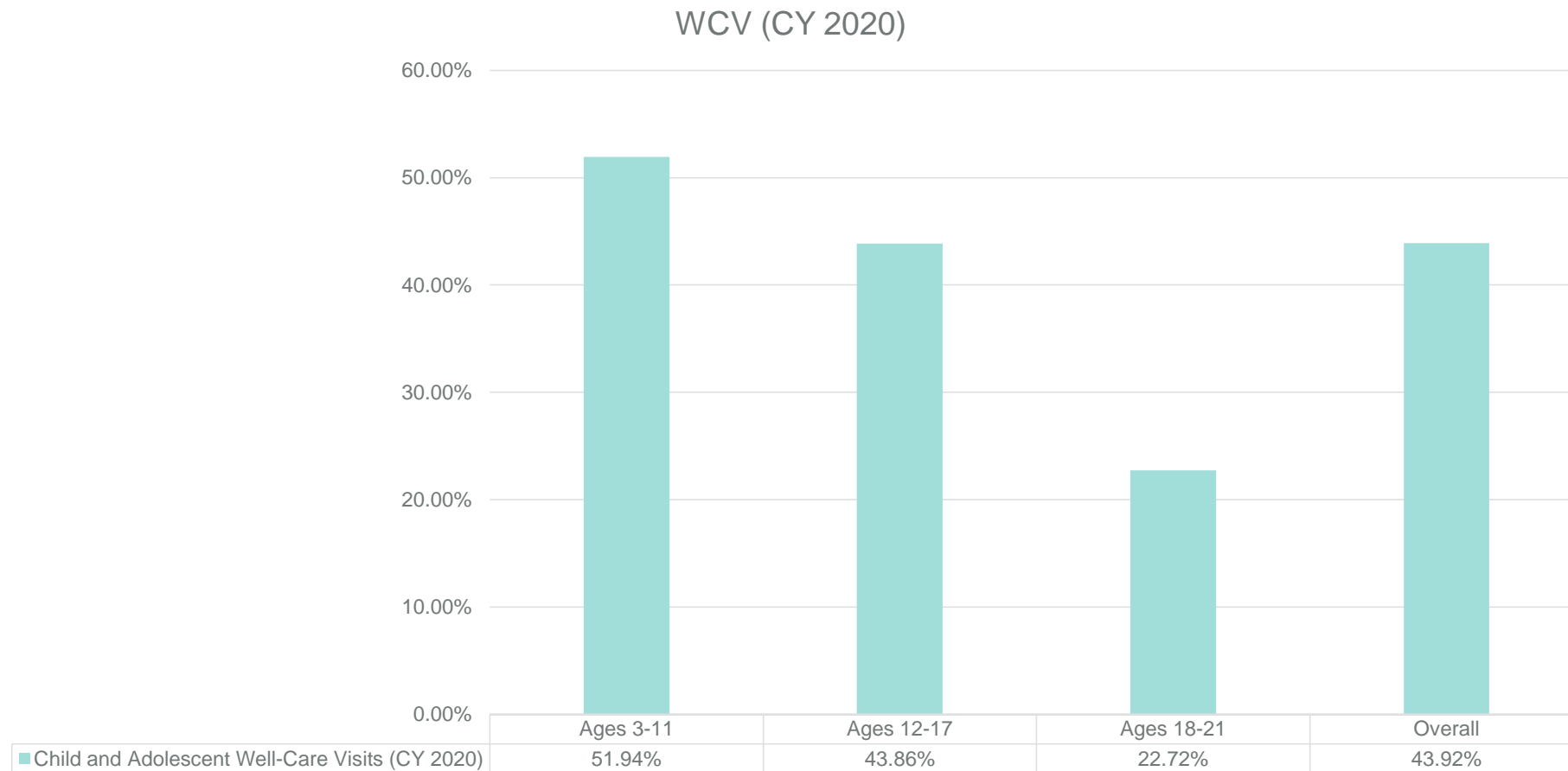
MC Auto-Assignment / MCAS Below MPL – Controlling High Blood Pressure (CBP)

CBP

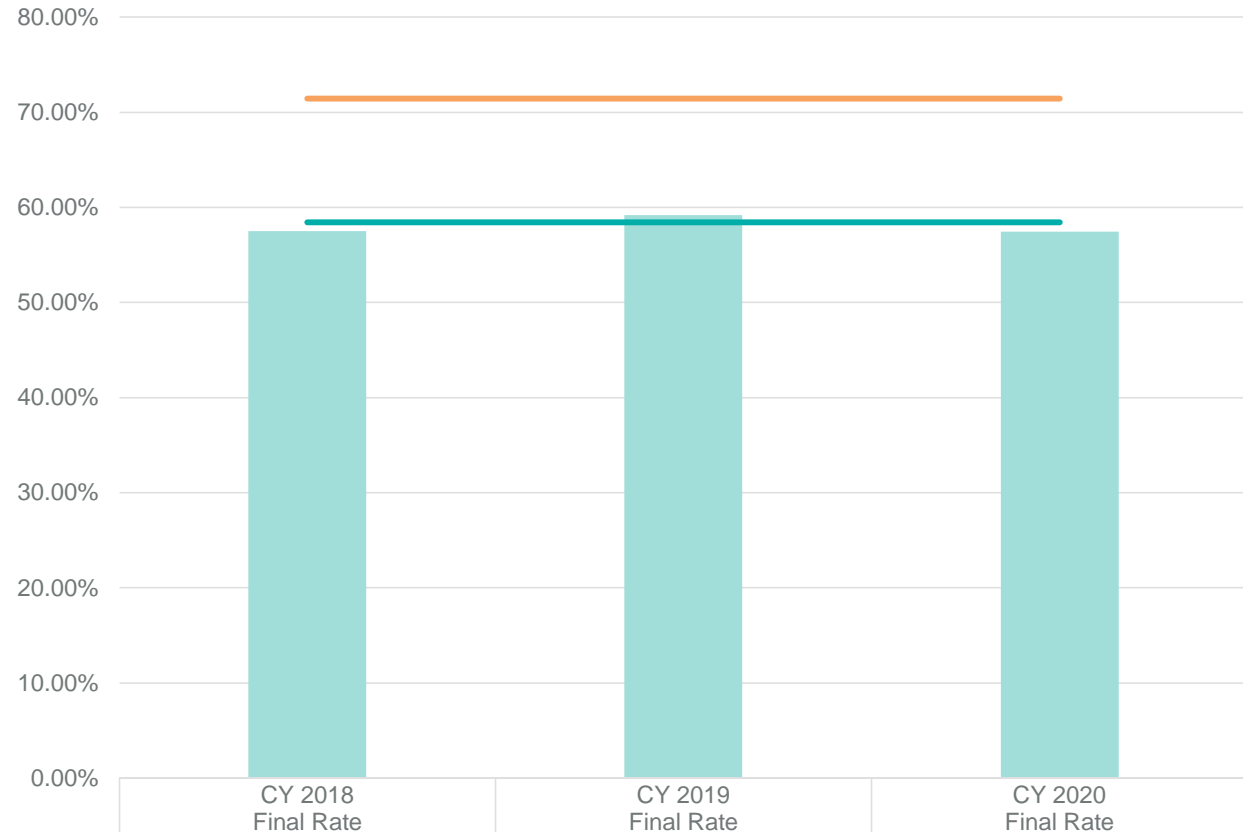


Controlling High Blood Pressure	56.93%	62.04%	57.42%
CY 2020 MPL	61.80%	61.80%	61.80%
CY 2020 HPL	72.75%	72.75%	72.75%

MCAS Below MPL – Child and Adolescent Well-Care Visits (WCV)



MCAS Below MPL – Chlamydia Screening in Women (CHL)



	CY 2018 Final Rate	CY 2019 Final Rate	CY 2020 Final Rate
Chlamydia Screening in Women	57.47%	59.19%	57.43%
CY 2020 MPL	58.44%	58.44%	58.44%
CY 2020 HPL	71.42%	71.42%	71.42%

Medi-Cal MCAS* Performance Trend

Point Value	Percentile	Measures Held to Minimum Performance Level (MPL)			
		CY 2017	CY 2018	CY 2019	CY 2020
4	≥ 90th	1	1	5	3
3	75th	7	3	5	3
2	50th	11	11	4	7
1	25th	1	4	3	3
0	< 25th	1	0	1	1
Total Measures		21	19	18	17
Average Point Value		2.29	2.05	2.56	2.24

*MCAS = Managed Care Accountability Set

Medicare Star Rating HEDIS Measures CY 2020

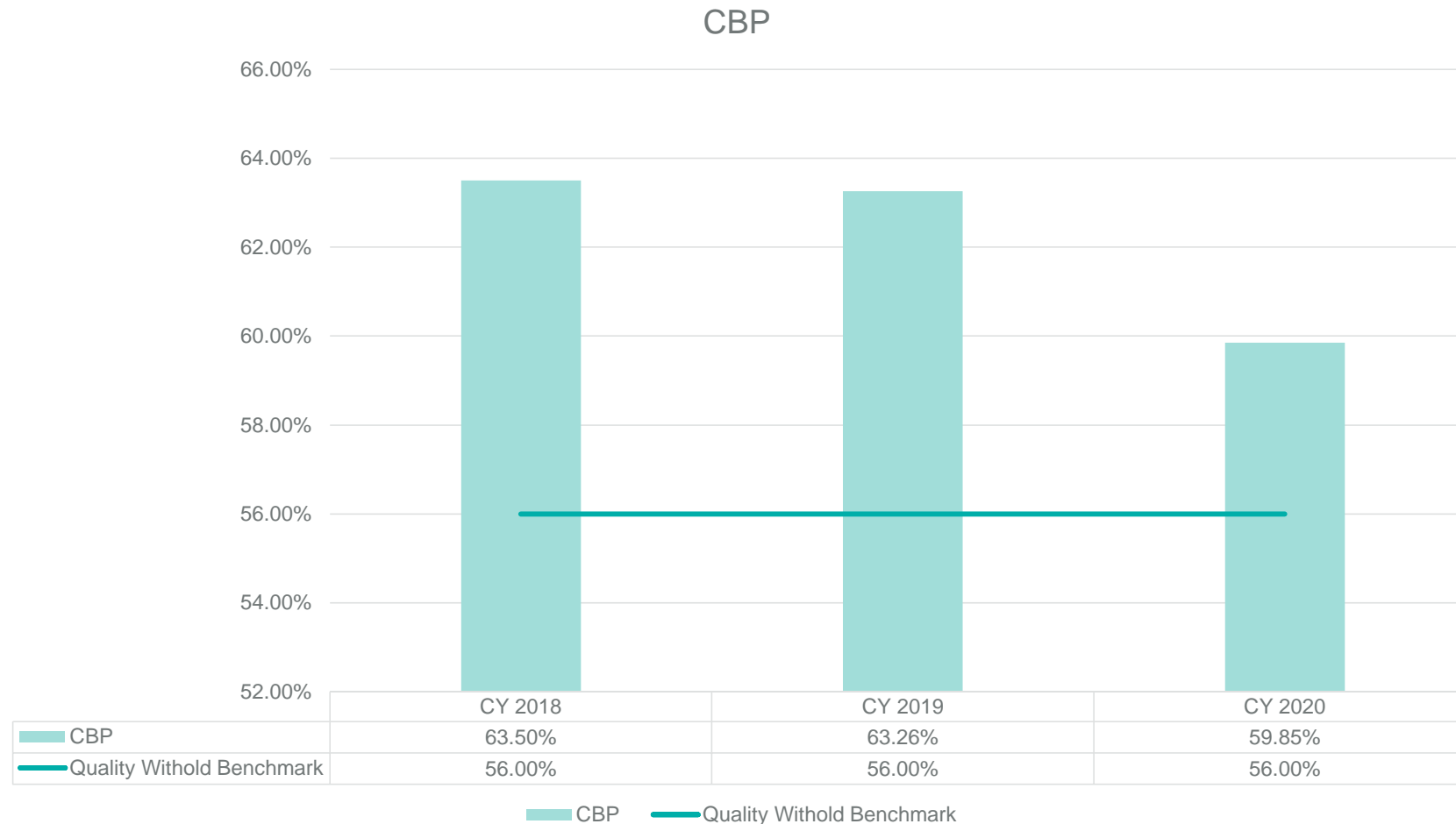
Measure	Measure Description	HEDIS CY 2018 Final Rate	HEDIS CY 2019 Final Rate	HEDIS CY 2020 Final Rate	Current NCQA National Percentile	CY 2020 Projected CMS Star Score*
COA	Care for Older Adults: Medication Review	71.78	89.78	84.67	10th	3
COA	Functional Status Assessment	56.20	57.91	43.07	Below 5th	1
COA	Pain Assessment	70.07	88.32	82.97	5th	3
COL	Colorectal Cancer Screening	62.04	64.72	60.34	10th	2
CBP	Controlling High Blood Pressure	63.50	63.26	60.10	10th	-
CDC ¹	HbA1c Poor Control (>9%)	29.93	25.55	28.71	10th	3
CDC	Eye Exam	77.86	79.81	77.13	50th	4
CDC	Attention for Nephropathy	91.73	92.46	88.32	Below 5th	3
TRC	Transitions of Care: Medication Reconciliation	45.74	65.94	54.99	50th	2
OMW	Osteoporosis Management in Women Who Had a Fracture	33.33	30.00	42.86	25th	3
BCS	Breast Cancer Screening	65.63	68.81	65.01	10th	2
SPC	Statin Therapy for Patients With Cardiovascular Disease - Statin Therapy	83.23	91.62	83.19	50th	4

¹ Reverse measure, lower is better

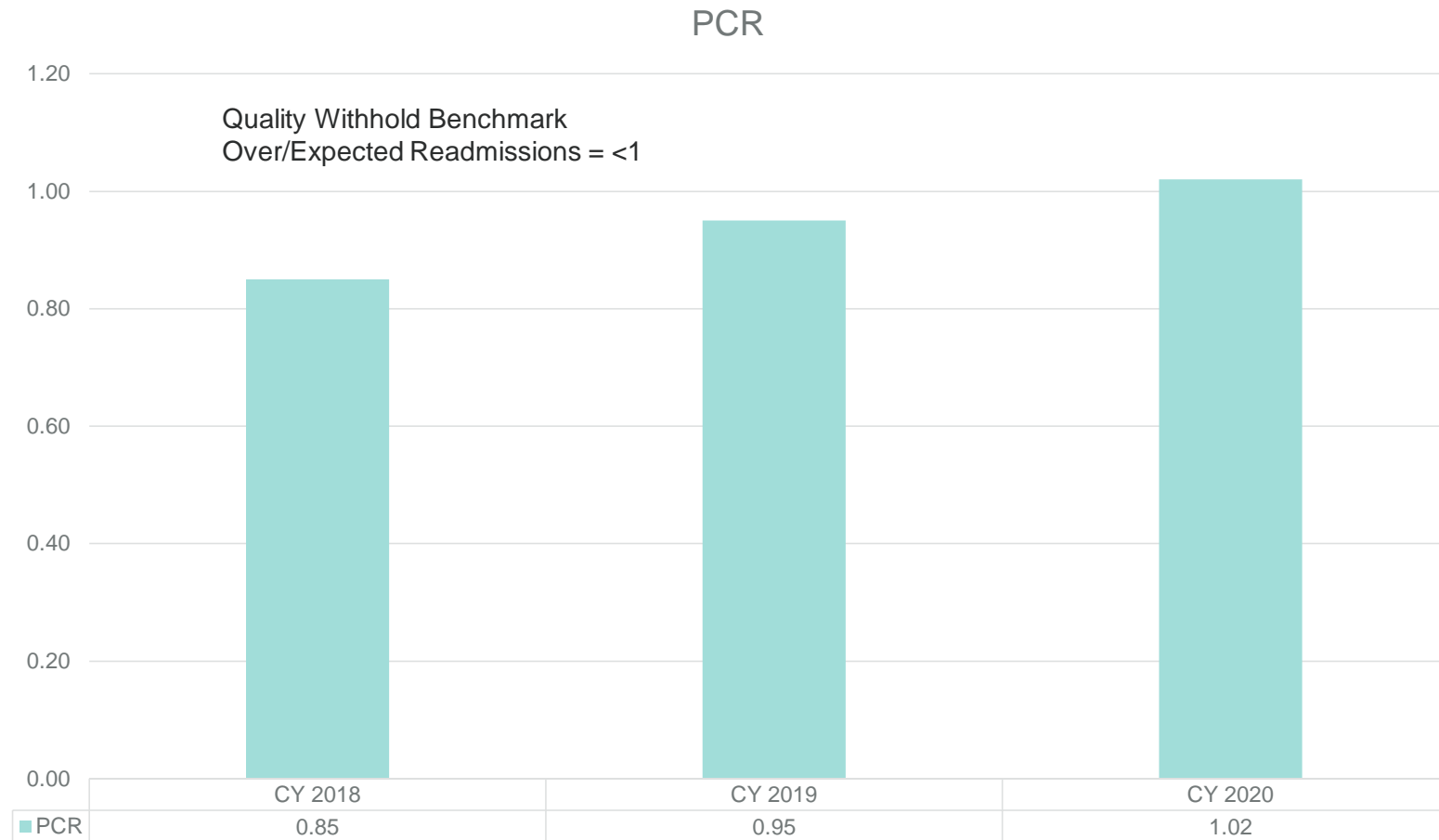
* Based on previous year cut points

Note: Measures highlighted in red are those with a projected CMS star score of 1 or 2

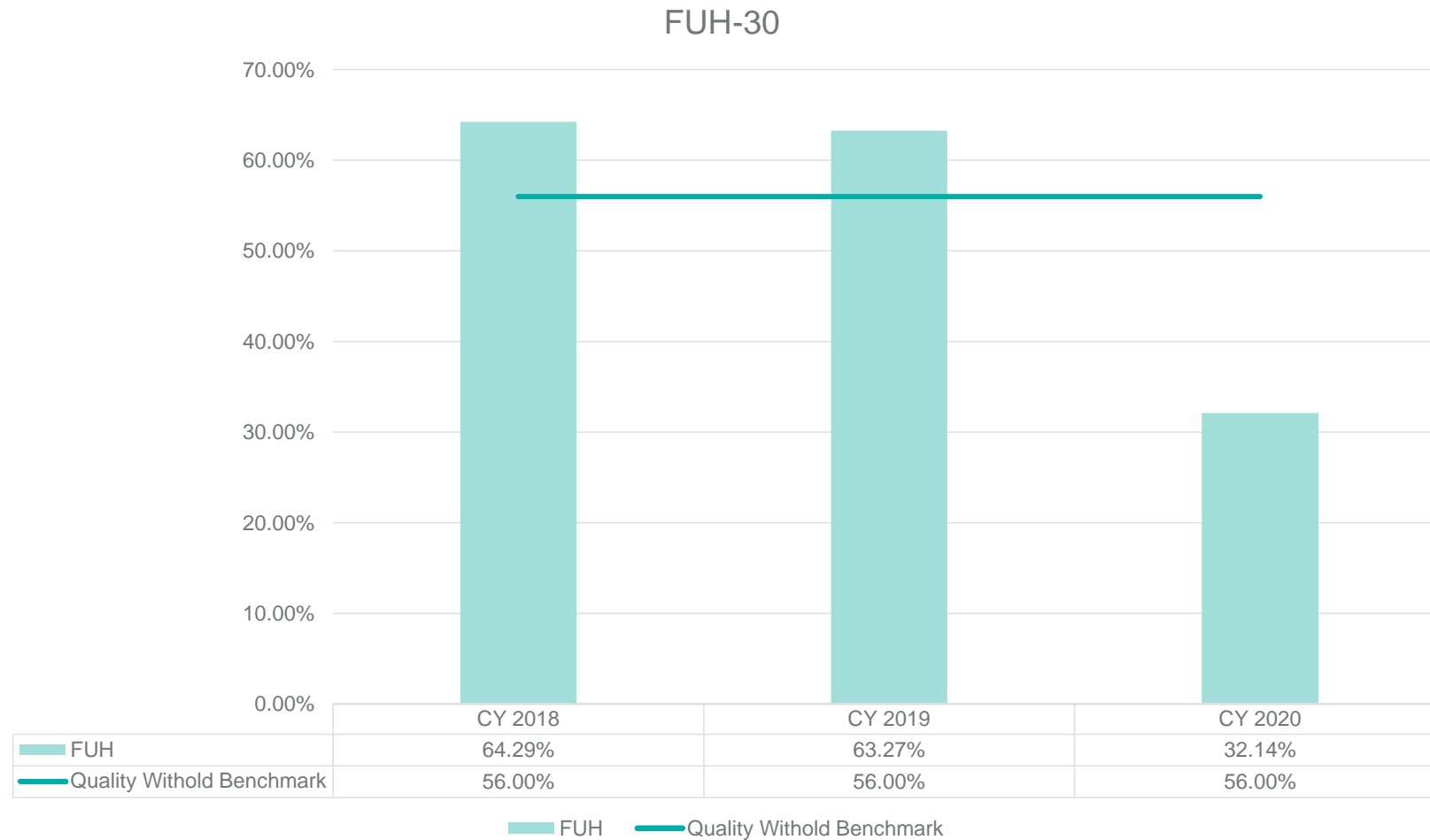
CMC Quality Withhold Measure – Controlling Blood Pressure (CBP)



CMC Quality Withhold Measure – Plan All Cause Readmissions (PCR)



CMC Quality Withhold Measure – Follow up After Hospitalization for Mental Illness – 30 day follow up (FUH-30)



Current Interventions

Member

- Newsletter Article
- Incentive Mailing
- Gaps in Care Inbound Reminder
- On-hold Messaging
- Outreach Calls by bilingual staff

Provider

- Fax memo
- Provider E-News
- Provider Performance Program
 - Gaps in Care Lists in the Provider Portal
 - Report Cards in the Provider Portal

Action Items

Additional Interventions for groups with greater gaps

Network

- Targeted Provider Education to all networks that perform below the MPL
 - Coding best practice
 - Supplemental data submission
 - Member health education
 - Member and provider incentives available
- Collaboration on interventions

Ethnicity, Language Spoken & Age

- Targeted Member Phone Outreach by bilingual staff to groups that perform below MPL to offer health education classes/materials and increase awareness of member incentives
- Conduct interviews and best practices literature search to determine further root causes
- HEDIS medical record review to identify root causes for member noncompliance



**Santa Clara Family
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Questions?



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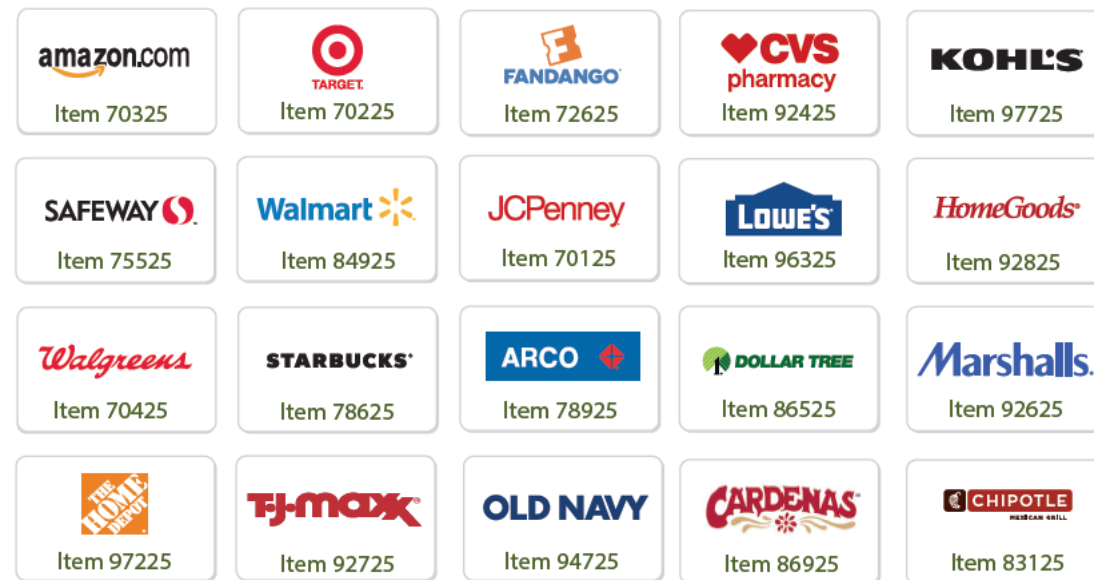
Quality Member Incentives 2021

Lucille Baxter, Quality & Health Education Manager

Member Incentives 2021

- Well Child/Adolescent Visits
- Well-Woman Screenings
- Diabetes Care
- Pregnancy – Prenatal & Postpartum

<https://www.scfhp.com/for-members/wellness-rewards/>



SCFHP Landing Page

Santa Clara Family Health Plan (SCFHP) rewards its Medi-Cal members for completing select routine health exams!



Why are check-ups important?

Regular health exams and tests can help find problems before they start. They also can help to improve your health. By getting the right health services, screenings, and treatments, you are taking steps that help your chances for living a longer, healthier life.

How does SCFHP reward my health care?

Your health is important to us. Below is a list of rewards we offer for completing routine health exams in 2021.

SCFHP sends information to eligible members to remind them to schedule their routine health exam(s). Transportation is available to medical appointments. Even if you have not received a reminder, see the list below to learn if you're eligible:

Health Exam/Test	SCFHP Medi-Cal Member Eligibility*	Rewards
 Children's Health	Well-care visits, ages 0-15 months: Complete six (6) visits with doctor before 15 months old in 2021	\$30 gift card
	Well-care visits, ages 16-30 months: Complete blood lead screening before second birthday AND two or more visits with doctor before 30 months old in 2021	\$30 gift card
	Well-care visits, ages 18-21: Complete one visit with primary care provider in 2021	\$50 gift card
 Women's Health	Prenatal visit: Complete one visit in first trimester (between week 1 and 12 of pregnancy) AND attend SCFHP's virtual baby shower in 2021	Co-sleeper (sleep pod)
	Postpartum visit: Complete one visit 7 to 84 days after delivery in 2021	\$40 gift card

Gift Card Redemption

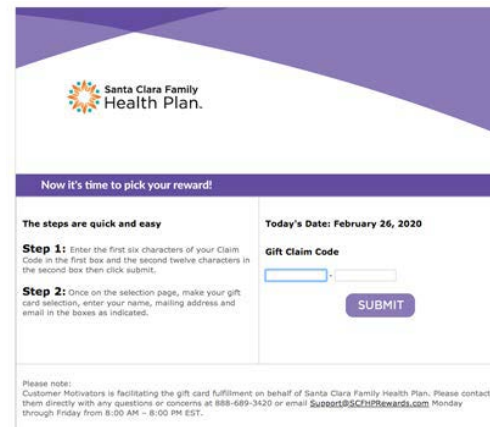
1

Return Postcard mailer with redemption code



2

SCFHPrewards.com and enter redemption code

A screenshot of the SCFHPrewards.com redemption form. The form is titled "Now it's time to pick your reward!" and includes instructions for redemption. It features a "Gift Claim Code" field with a "SUBMIT" button. The form also displays the date "Today's Date: February 26, 2020" and a "Please note" section at the bottom.

3

Call 888-689-3420 and provide redemption code



Well Child Visit – 0 -15 months old

Health Goal: Complete 6 or more well visits

- 6 Well child visits in first 15 months of life
- \$30 Gift Card

Well visits schedules from 0 – 15 months

3-5 days	By 1 mo	2 mo	4 mo	6 mo	9 mo	12 mo	15 mo
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Well Child Visit – 16 – 30 months old

Health Goal: Well visits & Blood lead screening

- 2 Well child visit between 16 – 30 months of life
AND
Blood Lead Screening before 24 months of life
- \$30 Gift Card

Well visits schedules from 16 – 30 months		
18 mo	24mo	30 mo

Adolescent Well Visits

Health Goal: Well visit

- Aged 18 – 21
- 1 Adolescent Well Visit
- \$50 Gift Card

Diabetes Care

Health Goal: Diabetes Self Management & Behavior Change

- Diabetic members ages 18-75 with hemoglobin A1C test result greater than 9
- Attended Diabetes Self Management Education/Therapy (DSME/DSMT) by Certified Diabetic Educator

OR

Medical Nutrition Therapy by Registered Dietitian

- \$20 Gift Card (max \$40)

Diabetes Care

Health Goal: A1C Testing

- CARE GAP only
- Diabetic members ages 18-75 who did not have A1C test from 10/1/2021 – 12/31/2021
- \$20 Gift card

Best Practice:

- ✓ A1C test every 3 – 6 months
- ✓ A1C result ~ 7
- ✓ Testing prior follow-up visit
- ✓ Standing order Review test result during follow-up visit
- ✓ Set A1C goal with member
- ✓ Adherence to hypoglycemic medication/insulin
- ✓ Refer to Endocrinologist, DSME, MNT

Well Woman Cancer Screenings

Health Goal – Mammogram & Pap Smear & hrHPV

- CARE GAP only
- Female members aged 50 – 64 years old who are missing BOTH breast cancer and cervical cancer screenings from 10/1/2021 – 12/31/2021
- \$15 Gift Card(max \$30)

Best Practice:

- ✓ Standing order for Mammogram at Mammography Center
- ✓ Refer to GYN if PCP not performing pap smear

Healthy Moms Healthy Babies – Part I

Health Goal: Early Prenatal Visit

- Aged 16+ Pregnant Members
- Prenatal Visit at week 1 – 12 of pregnancy & participated in SCFHP Virtual Baby Shower
- Sleep Pod



Healthy Moms Healthy Babies – Part II

Health Goal: Postpartum Visit

- Aged 16+ Pregnant Members
- Attended Postpartum Visit between 7 – 84 days after delivery
- \$40 Gift Card

Virtual Baby Shower

<https://www.scfhp.com/healthcare-plans/medi-cal/programs/healthy-moms-healthy-babies/>

Healthy Moms, Healthy Babies

Congratulations on your pregnancy!

SCFHP cares about you and your baby! That's why we created the Healthy Moms, Healthy Babies program to connect Medi-Cal members to more community resources and support.

SCFHP members who are currently pregnant are invited to attend SCFHP's virtual baby shower. The baby shower is a fun event to learn more about keeping yourself and your baby healthy. You can register for the virtual baby shower through this [webform](#).

Learn about:

- SCFHP plan benefits, like prenatal class, breast pumps, and transportation
- Preventing problems during pregnancy
- What to expect at your prenatal and postpartum visits
- Newborn care and safety
- Community resources (diapers and formula giveaway**)
- And more!

Diabetes Self Management Education (DSME)

Code: G0108 (Individual) and G0109 (Group)

- Up to 10 hours of diabetes-related training within a consecutive 12-month period following the submission of the first claim for the benefit which includes:
 - One hour for either a group or individual assessment;
 - Nine hours for group-only diabetes education;
 - Up to 2 hours of follow-up training each year after the initial 12-month period;
 - The training can be performed in any combination of 30 minute increments.
- Service has to be referred by a physician provider or qualified non-physician provider. DSME has to be rendering by the provider who is accredited by one of these organizations - American Diabetes Association's Education Recognition Program (ERP) and the American Association of Diabetes Educators' Diabetes Education Accreditation Program (DEAP).

Medical Nutrition Therapy (MNT)

CPT Code	Description
97802	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97803	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes re-assessment and intervention, individual, face-to-face with the patient, each 15 minutes
97804	Medical nutrition therapy; initial assessment and intervention, individual, face-to-face with the patient, each 15 minutes group (2 or more individuals), each 30 minutes

Frequency Restrictions

Frequency is limited to three hours for the first calendar year and two hours per calendar year in each subsequent year.

Authorization

Claims with additional number of hours are to be billed with a TAR, CSS/GHPP stamp, or CCS SAR.

Billing

CPT codes 97802 thru 97804 may not be billed on the same date of service as HCPCS codes G0108 and G0109.

- Service has to be referred by a physician provider or qualified non-physician provider. MNT has to be rendering by Registered Dietitian.



Santa Clara Family Health Plan™

Q&A

HealthEd@scfhp.com



Santa Clara Family Health Plan™

Provider Performance Program Update

Stephanie Vielma, Provider Performance Program Manager

August 10, 2021

Provider Performance Program (PPP)

PPP 2021 mid-year update

- Provider education & training
- Enhanced provider engagement in practice improvement
- Supplemental Data

Provider Performance Program (PPP)

How to improve your PPP rates

Resources:

Quality Improvement Program: <https://www.scfhp.com/for-providers/quality-improvement-program/>

Provider Performance Program Guide:

<https://res.cloudinary.com/dpmykpsih/image/upload/santa-clara-site-299/media/6cffb3e6867b462f86c069bc37264a4f/ppp-program-guidepdf.pdf>

To watch training [click here](#)

Questions email: ProviderPerformance@scfhp.com



**Santa Clara Family
Health Plan™**

Behavioral Health with Telehealth: Array

2021

Telebehavioral Health for You

Types of Services:

1

Psychiatric Assessments

- * For difficult or lengthy history of mental illness,
- * Need a diagnosis
- * Referred by your primary doctor or therapist

2

Medication Management

- * Psychiatry includes medication as a part of your treatment plan;
- * Check-ins to find the right medication dose.

3

Talk Therapy

- * When experiencing stress, worry, sadness, relationship issues,
- * An inability to focus or other potentially long-term problems

Telebehavioral Health for You

Array At Home

- Newly contracted Medi-Cal telehealth provider for mild to moderate behavioral health treatment (as of 8/1/21)
- Serving ages 5 years and older who are not currently in crisis or suicidal
- No prior authorization request is required for behavioral health services

Telebehavioral Health for You

Services

Sessions are generally available within 3-10 days

- Initial medication management
- Follow-up medication management
- Initial therapy
- Follow-up therapy

Types of Clinicians

- Adult psychiatrists
- Child & adolescent psychiatrists
- Psychiatric nurse practitioners
- Licensed therapists, counselors and social workers

Telebehavioral Health for You

1

Care Navigator

- * 800-442-8938
- * Mon-Thur 9am-10pm ET
- * Friday 9am-8pm ET
- * Saturday 9am-3pm ET

2

Online Appointment

www.arraybc.com/patients

Appointments are available:
Monday-Sunday 7am-11pm, local
time

3

SCFHP Case Management

877-590-8999