

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

Wednesday, December 9, 2020, 6:00 PM – 8:00 PM  
Santa Clara Family Health Plan, Teleconference  
6201 San Ignacio Ave, San Jose, CA 95119

## Minutes - Approved

### Members Present

Ali Alkoraishi, MD  
Nayyara Dawood, MD  
Jennifer Foreman, MD  
Jimmy Lin, MD  
Laurie Nakahira, D.O.,  
Chief Medical Officer  
Christine Tomcala, Chief  
Executive Officer

### Members Absent

Ria Paul, MD, Chair  
Jeffery Arnold, MD

### Specialty

Adult & Child Psychiatry  
Pediatrics  
Pediatrics  
Internist

Emergency Medicine  
Geriatric Medicine

### Staff Present

Chris Turner, Chief Operating Officer  
Laura Watkins, Vice President , Marketing and  
Enrollment  
Tyler Haskell, Interim Compliance Officer  
Johanna Liu, PharmD, Director, Quality &  
Process Improvement  
Raman Singh, Director, Case Management  
Tanya Nguyen, Director, Customer Service  
Lucile Baxter, Manager, Quality & Health  
Education  
Jamie Enke, Manager, Process Improvement  
Jayne Giangreco, Manager, Administrative  
Services  
Charlene Luong, Manager, Grievance and  
Appeals  
Natalie McKelvey, Manager, Behavioral Health  
Carmen Switzer, Manager, Provider Network  
Access  
Theresa Zhang, Manager, Communications  
Victor Hernandez, Grievance & Appeals  
Quality Assurance Program Manager  
Tiffany Franke-Brauer, Social Work Case  
Manager Lead, Behavioral Health  
Neha Patel, Quality Improvement, RN  
Lan Tran, Quality Improvement, RN  
Nancy Aguirre, Administrative Assistant

### 1. Roll Call

Laurie Nakahira, D.O., Chief Medical Officer, Santa Clara Family Health Plan (SCFHP), called the meeting to order at 6:03 pm, in Ria Paul's absence. Roll call was taken and a quorum was established.

### 2. Public Comment

There were no public comments.

### 3. Meeting Minutes

Minutes of the October 21, 2020 Quality Improvement Committee (QIC) meeting were reviewed.

**It was moved, seconded and** the minutes of the October 21, 2020 meeting were **unanimously approved.**

**Motion:** Dr. Alkoraishi

**Second:** Dr. Dawood

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

**Absent:** Dr. Arnold, Dr. Paul

#### 4. CEO Update

Christine Tomcala, Chief Executive Officer, reported the current Plan membership is approximately 271,000 members. Of which, approximately 10,000 are Cal MediConnect (CMC) members and 261,000 are Medi-Cal members. This reflects an 11.8% increase from last year. However, a lot of these members are not new members, but rather members whose redeterminations are on hold due to the public health emergency.

Ms. Tomcala noted the SCFHP staff continue to primarily work remotely from home, as Santa Clara County is in the purple tier. Discussions regarding COVID-19 vaccine distributions are underway, and SCFHP is anxious to participate with the County as well as the State in terms of distribution plans to our members.

Ms. Tomcala briefly mentioned the Medi-Cal RX transition delay. The transition has been extended to April 1, 2021. The Pharmacy Team will discuss this further in the meeting.

This concludes Ms. Tomcala's update. No questions were asked.

#### 5. Provider Accessibility Assessment

Carmen Switzer, Manager, Provider Network Access, reviewed the Provider Accessibility Assessment for 2020. Ms. Switzer noted Valley Health Plan (VHP) is included in the survey for 2020, but was not included in previous years.

Ms. Switzer reviewed SCFHP's survey goals, objectives, methodologies, and results of each of the following reporting sections: Provider Appointment Availability Survey, After Hours Survey, CAHPS, and Member Grievance. No questions were asked.

**It was moved, seconded and** the Provider Accessibility Assessment was **unanimously approved.**

**Motion:** Dr. Lin

**Second:** Dr. Foreman

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

**Absent:** Dr. Arnold, Dr. Paul

#### 6. QI.30 Private Duty Nursing Policy

Raman Singh, Director, Case Management, presented the QI.30 Private Duty Nursing Policy. Ms. Singh reviewed the eligibility for Private Duty Nursing, the responsibilities of the Case Management and Utilization Management Departments, as well as the APL expectations.

Dr. Dawood asked what the qualifications for a Private Duty Nurse are. Ms. Singh explained any Medi-Cal members under the age of 21, who are Early and Periodic Screening, Diagnostic and Treatment Services (EPSDT) eligible. Ms. Singh added Private Duty Nursing is utilized for Home Health Services, appropriate evaluations for vision and dental needs, as well as developmental screenings.

Dr. Lin asked who qualifies for Case Management. Dr. Nakahira clarified the criteria for eligibility for Case Management is separate from eligibility for Private Duty Nursing. Ms. Raman added within the organization, there is currently one (1) member who qualifies for Private Duty Nursing.

**It was moved, seconded and** the QI.30 Private Duty Nursing Policy was **unanimously approved**.

**Motion:** Dr. Lin

**Second:** Dr. Alkoraishi

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

**Absent:** Dr. Arnold, Dr. Paul

## 7. Annual Continuity and Coordination between Medical Care and Behavioral Healthcare Analysis

Tiffany Franke-Brauer, Behavioral Health Social Work Case Manager Lead, presented the Annual Continuity and Coordination between Medical Care and Behavioral Healthcare Analysis. Ms. Franke-Brauer noted the report measures 6 areas of collaboration between medical and behavioral health providers. Measures selected by SCFHP are Exchange of Information:

1. Medical Record Review has been replaced with a PCP Questionnaire/Survey to evaluate the exchange of information;
2. Depression is an area of concern for our membership and the HEDIS Antidepressant Medication Management measure is used to assess diagnosis, treatment and referral of behavioral health disorder commonly seen in primary care;
3. Use of adjunct therapy for members prescribed an anti-depressant medication by a PCP;
4. A1C testing for members with Schizophrenia and Diabetes;
5. Screening with the PHQ9; and
6. LDL screening for members with Severe and Persistent Mental Illness (SPMI) and Cardiovascular disease

Two of the six measures were selected for intervention: Appropriate use of psychotropic medications and LDL Screening for members with SPMI and Cardiovascular disease.

Ms. Franke-Brauer reviewed the methodologies, affected populations, goals, barriers, and results of Factors 1 -6. Interventions were identified and discussed in the BH Workgroup for Factor 4 and Factor 6. Two (2) interventions were implemented for Factor 4, Management of Co-Existing Medical and Behavioral Disorders. The first was a letter to providers, followed by (three) 3 outgoing calls to members to remind them of the need for an AIC test. At this time, it is inconclusive as to whether or not the implemented interventions were effective.

Ms. Franke-Brauer reviewed the two (2) interventions implemented for Factor 6 – Special Needs of Members with Severe and Persistent Mental Illness. The first intervention were three (3) outgoing calls to members who had not had an LDL C and needed to complete testing(s). The second intervention was a faxed letter to providers.

Although no effectiveness could be identified during analysis extending specifically from these interventions, SCFHP plans to improve timing of data collection and implementation of interventions.

**It was moved, seconded and** the Annual Continuity and Coordination between Medical Care and Behavioral Healthcare Analysis and recommendations were **unanimously approved**.

**Motion:** Dr. Lin

**Second:** Dr. Foreman

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

**Absent:** Dr. Arnold, Dr. Paul

## 8. Annual Cal Medi-Connect (CMC) Continuity and Coordination of Medical Care Analysis (2020)

Neha Patel, Quality Improvement Nurse, reviewed the Annual CMC Continuity and Coordination of Medical Care Analysis (2020). Ms. Patel reviewed four (4) measures: Transition of Care – Medication Reconciliation, Comprehensive Diabetes Care (CDC) Eye Exam Rate, PCP Follow-up After 30 Days of Discharge, and Plan All-Cause Readmissions (PCR). Ms. Patel noted all measures compared measurement year 2019 with the baseline data from 2017 and 2018.

Ms. Patel explained a cross-functional work group comprised of representatives from Case Management (CM), Utilization Management (UM), Behavioral Health (BH), Long Term Services and Support (LTSS), and Quality Improvement (QI) Departments reviewed the barriers analysis of each measure. Ms. Patel reviewed the results and interventions implemented in the previous years and the plan for next year for each measure.

Ms. Patel explained the results of the interventions in previous years to the CDC Eye Exam Rate, PCP Follow-Up After 30 Days of Discharge, and Plan all-cause readmissions (PCR) measures. The recommendation to maintain performance goals that were met was due to the impact COVID-19 is expected to have on the metrics in 2020. Many members have postponed preventive services and the impact to the hospitals and readmissions is of concern.

**It was moved, seconded, and** the Annual CMC Continuity and Coordination of Medical Care Analysis (2020) and recommendations were **unanimously approved**.

**Motion:** Dr. Lin

**Second:** Dr. Alkoraishi

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

**Absent:** Dr. Arnold, Dr. Paul

## 9. Personalized Information on Health Plan Services

Tanya Nguyen, Director, Customer Service, presented Personalized Information on Health Plan Services. SCFHP has a responsibility to provide access to accurate, quality personalized health information via the SCFHP website and the telephone. Ms. Nguyen reviewed the methodology used, SCFHP goals, qualitative analysis, and the results.

Ms. Nguyen concluded all established measures applied to the website and telephone met the goal of 100% on accuracy and quality. No deficiencies were identified for this audit period.

**It was moved, seconded, and** the Annual CMC Continuity and Coordination of Medical Care Analysis (2020) was **unanimously approved**.

**Motion:** Dr. Lin

**Second:** Ms. Tomcala

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

**Absent:** Dr. Arnold, Dr. Paul

## 10. Pharmacy Benefit Information

Ms. Nguyen presented the Pharmacy Benefit Information. SCFHP has a responsibility to ensure that members can contact the organization via telephone and receive accurate, quality pharmacy benefit information such as, drugs, coverage, and cost.

Ms. Nguyen reviewed the results of the audit conducted from 07/01/19 through 06/30/20. For accuracy of information, SCFHP met the goal of 100% on all measures, with the exception of one, Factor 2 (Exceptions Process). The turn-around time for the Exception process was not provided to members. For quality of information, SCFHP met the goal of 100% on all measures, with the exception of Factor 2, measures 1 & 2 (Exceptions Process). Customer Service Representatives (CSR) did not fully explain the restrictions for a medication or the next step when an exception was submitted.

Refresher trainings will be provided to remind CSRs to take the appropriate actions in these areas of deficiency.

**It was moved, seconded, and** the Pharmacy Benefit Information was **unanimously approved**.

**Motion:** Dr. Lin

**Second:** Dr. Alkoraishi,

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

**Absent:** Dr. Arnold, Dr. Paul

## 11. Grievance and Appeals Member Experience Analysis 2019

Victor Hernandez, Grievance and Appeals Quality Assurance Program Manager, reviewed the Grievance and Appeals Member Experience Analysis 2019. Mr. Hernandez noted the data in this analysis was captured in calendar year 2019 (January 1 – December 31).

The Grievance and Appeals (G&A) Department utilizes an internal code set to categorize G&As. The data collected for the entire SCFHP CMC population is aggregated into the following five (5) categories: Quality of Care, Access, Attitude/Service, Billing/Financial, and Quality of Practitioner Office Site.

Mr. Hernandez reviewed the goals for each category as well as the Qualitative Analysis for two (2) categories: Attitude/Service and Billing/Financial. Corrective actions for the opportunities identified were discussed and agreed upon. SCFHP will monitor and follow up with individual transportation vendors as well as the two (2) identified hospitals to resolve the billing issues.

Further discussion of the Behavioral Health Member Satisfaction Survey was deferred to the next meeting.

## 12. Grievance and Appeals Report Q3 2020

Charlene Luong, Manager, G&A, and Mr. Hernandez presented the G&A Report Q3 2020. Mr. Hernandez noted there was a decrease in Grievances in 2020.

Mr. Hernandez reviewed the MC Grievances by Network, Categories, Subcategories, Provider Staff Attitude, Vendor (Transportation), and Reason. The greatest Grievance reason was transportation. Late Pick-Up followed by No Show and Driver Attitude were the top contributors. Ms. Luong reviewed the 270 MC Appeals by Network and Disposition. Ms. Luong noted about 70% of the MC Dispositions were upheld. The rationale for the majority of overturns was due to Medical Necessity.

Mr. Hernandez reviewed the top three (3) CMC Grievances: Access, Quality of Care, and Quality of Service. Also reviewed were the top three (3) CMC Grievance Subcategories: Inappropriate Provider Care, Access (Provider Telephone Access and Timely Access to PCP), and Billing/Balance Billing. Ms. Luong reviewed the CMC Appeals by Case Type. Ms. Luong noted the majority Case Type was Post-Service Part C. In terms of CMC Appeals by Disposition, data shows 62% of appeals were overturned. The rationale for the majority of overturns was due to Medical Necessity.

This concludes the presentation. No questions were asked.

## 13. Quality Dashboard

Johanna Liu, PharmD, Director, Quality and Process Improvement, presented the Quality Dashboard. Dr. Liu reviewed the Potential Quality of Care Issues (PQI) investigation and noted there was a 98.1% on-time closure rate from September – November, 2020.

Dr. Liu reviewed the Member Incentives for Wellness appointments related to Asthma, Breast Cancer Screening (BCS), Well Child Visits in the first 15 months of life (W15), Adolescent Well Care Visits (AWC), Cervical Cancer Screening (CCS), Well Child Visits (3-6 years of age), Comprehensive Diabetes Care (CDC), and Prenatal Care (PPC). Members who received service(s) became eligible for a gift card.

Dr. Liu highlighted the new Outreach Call Campaign, designed to close gaps in care by helping members schedule wellness appointments. Over 4,000 outreach calls were made to members. The Outreach Call Campaign focused on W15, Asthma Medication Ratio (AMR), Controlling High Blood Pressure (CBP), CDC, and AWC.

Dr. Liu shared a total of 680 members have verbally consented into Health Homes as of November 25, 2020. Dr. Liu noted Facility Site Reviews (FSR) were not conducted due to COVID-19. Extensions have been approved by DHCS. Virtual FSRs will be soon introduced to new sites.

#### 14. Compliance Report

Tyler Haskell, Interim Compliance Officer, presented the Compliance Report. Mr. Haskell reviewed the recent and ongoing audit activity. Mr. Haskell announced SCFHP has officially closed out the CMS Program Audit Revalidation (Revalidation Audit). SCFHP received a letter from CMS which recognized SCFHP sufficiently corrected all 31 of the Program Audit findings.

Mr. Haskell noted SCFHP is currently in the Compliance Program Effectiveness (CPE) Audit, an annual CMS requirement for Medicare health plans. The CPE Audit evaluates the effectiveness of SCFHP's Medicare Compliance Program through an internal audit. A review session with auditors will take place next week.

Additionally, two (2) State regulatory agencies have reached out to SCFHP to schedule audits. Both audits will take place in March, 2021. The Entrance Conference for the annual DHCS Audit will take place on March 8, 2021. A follow-up audit for DMHC will also be taking place in March, 2021.

#### 15. Credentialing Committee Report

Dr. Nakahira reviewed the Credentialing Committee Report for October 7, 2020. There were no questions asked.

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

**Motion:** Dr. Lin

**Second:** Dr. Dawood

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

**Absent:** Dr. Arnold, Dr. Paul

#### 16. Adjournment

The next QIC meeting will be held on February 9, 2021. The meeting was adjourned at 7:44 pm.

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Ria Paul, MD, Chair

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Date