



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

Wednesday, May 11, 2022, 12:15 – 1:45 PM
Santa Clara Family Health Plan – Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - Approved

Members Present

Thad Padua, MD, Chair
Clara Adams, LCSW
Michael Griffis, MD
Ghislaine Guez, MD
Bridget Harrison, MD
Jimmy Lin, MD
Peter L. Nguyen, DO
Jack Pollack, MD
Sherri Sager
Meg Tabaka, MD

Members Absent

Pedro Alvarez, MD
Dolly Goel, MD
David Mineta
Hien Truong, MD

Staff Present

Christine Tomcala, Chief Executive Officer
Christine Turner, Chief Operating Officer
Laurie Nakahira, DO, Chief Medical Officer
Janet Gambatese, Director, Provider Network Operations
Dang Huynh, PharmD, Director, Pharmacy & Utilization Management
Angela Chen, Director, Case Management & Behavioral Health
Brandon Engelbert, Manager, Provider Network Operations
Ashley Kerner, Manager, Administrative Services
Amy O'Brien, Administrative Assistant
Robyn Esparza, Administrative Assistant

1. Roll Call/Establish Quorum

Thad Padua, MD, Chair, called the meeting to order at 12:19 pm. Roll call was taken and a quorum was established.

2. Public Comment

There was no public comment.

3. Meeting Minutes

The minutes of the February 9, Provider Advisory Council (PAC) meeting were reviewed.

It was moved, seconded, and the February 9, 2022, Provider Advisory Council (PAC) minutes were unanimously approved.

Motion: Dr. Peter Nguyen

Second: Dr. Jimmy Lin

Ayes: Ms. Adams, Dr. Guez, Dr. Griffis, Dr. Harrison, Dr. Lin, Dr. Nguyen, Dr. Padua, Dr. Pollack, Ms. Sager, Dr. Tabaka

4. Chief Executive Officer Update

Christine Tomcala, CEO, presented the May 2022 Enrollment Summary, noting she was happy to announce that the plan just tipped the scales, having over 300,000 members with a total enrollment of 301,262, with 10,334 members in Cal MediConnect (CMC) line of business and 290,928 members in Medi-Cal (MC) line of business. Ms. Tomcala noted that this volume is a temporary state as, more than likely, when the public health emergency ends, the State and the County will re-start the redetermination process, and it is expected that the membership will dip back down. But for the moment, we're over 300,000 members, which is something to celebrate.

Ms. Tomcala informed the council that the Health Plan officially passed the NCQA Medicare renewal survey, a three-year accreditation cycle. She appreciated the Health Plan's team members and the physicians who contributed to the accomplishment. She noted that the Health Plan is actively working on obtaining the NCQA accreditation for the Medi-Cal line of business.

5. Pharmacy Updates

a. Review and Discuss the Current Drug Reports

Dr. Dang Huynh, Director, Pharmacy and Utilization Management, advised the council that prior authorization and claims data related to the Medi-Cal will no longer be brought to this committee, as it has been carved out to fee-for-service Medi-Cal. Upon availability of data and reports will be shared with this council upon availability.

Dr. Huynh presented the 2022 Q1 Top 10 Drugs by Total Cost and Prior Authorization (PA) Volume for 01/01/22 – 03/31/22. He noted that for Q4 2021 to Q1 2022, there was a slight increase in drug costs of roughly \$125,000 and that the Plan typically sees an increase at the beginning of the calendar year. Utilization and the top ten pharmaceutical utilization have roughly been the same, with Xeljanz at #10 replacing Lantus Solostar. Dr. Huynh reviewed Prior Authorizations by volume and ranked in the top ten. As mentioned at previous meetings, any increase in requests will shift the ranking due to the low PA request levels. For this report, there was nothing notable for discussion.

b. Medi-Cal Rx

Dr. Huynh informed the council that DHCS announced they would not be terminating the grandfather logic. They will continue allowing historical PAs or historical claims until further notice. The DHCS will be making a phase-in approach for Medi-Cal Rx PAs that are terminating or not on their contracted drug list. He noted that DHCS sent out a notification to clarify coverage regarding continuous glucose monitors (CGMs). He explained that there are two types of CGMs: therapeutic and non-therapeutic. Therapeutic CGMs are Dexcom G6 and FreeStyle Libre, which Medi-Cal Rx would cover with prior authorization for Diabetes Type 1. Non-therapeutics CGMs, such as Medtronic, are not covered.

CMC and CGMs are covered under Medicare Part B and are coverable for Type 1 and Type 2 Diabetes. The Plan is currently covering Part B CGMs through a DME vendor but looking to expand access through the PBM. For any requests that Medi-Cal Rx does not cover, the Plan will be reviewed for medical necessity and potentially covered through the prior authorization process.

6. Utilization Management (UM) Updates

Expiring Continuity of Care Authorizations

The UM Department is working on notifying members and providers of expiring continuity of care authorizations. Notices will advise members of the COC requirements for continued care for a non-contracted provider.

Provider Portal

The UM Department is also working on updating and implementing new templates to make the Provider Portal more user-friendly and is hoping to have some enhancements in the next few months. Dr. Huynh encouraged the providers to try to use the Provider Portal, and to feel free to reach out to himself or Mr. Brandon Englebert, Manager, Provider Network Operations, and either would be more than happy to help get them set up. Dr. Huynh noted that feedback is greatly welcomed during the refining of the online portal.

Community-Based Adult Services (CBAS) and Temporary Alternative Services (TAS)

Dr. Huynh noted that CBAS, which allows CBAS centers to provide remote services through TAS allowance, is expiring at the end of June. The recommendation is that members go back into the physical CBAS centers; however, the Department of Aging is working on a policy, which they coined ERS or Emergency Remote Services, to allow for remote CBAS services. Policies are being worked on right now with the Department of Aging, DHCS, and CMS.

7. Quality

DHCS Comprehensive Quality Strategy 2022

Dr. Laurie Nakahira, COO, provided an in-depth overview of the 2022 DHCS Comprehensive Quality Strategy (CQS), a 10-year vision for Medi-Cal. Dr. Nakahira expressed that these quality measures are the standard of care to ensure measures are accomplished. She noted that Well Child Visits are recommendations from the American Academy of Pediatrics, Family Practice, Internal Medicine, and the US Task Force and should be done regularly. The Plan is internally working with the providers in the community. A practice transformation and provider education campaign to try and help with provider performance is being conducted by the Plan. Dr. Nakahira noted that although many providers are doing a great job, some providers need a little more assistance with accountability. We are here to support the providers and help with improving the process and assuring that the Members are getting the standard of care.

8. Provider Network Operations

Update on Provider Satisfaction Survey

Ms. Janet Gambatese, Director, Provider Network Operations (PNO), provided an update on Provider Satisfaction Survey, reminding the council of the previous discussions at the last couple of PAC meetings, including asking for council's feedback on how we can make the survey better which would result in more provider participation. It's a plan objective to develop a new provider satisfaction survey to understand what we are doing well and where there are areas for opportunity. PNO has been working with a vendor to help craft and execute the study. The online survey was launched on April 29th and took approximately eight to ten minutes to complete. The survey includes areas of checkboxes for preferred selection and also a free text box for comments.

Once the survey closes, focus groups will be conducted where providers and their office staff can give additional information during breakfast or lunch meetings. There will be an incentive for the provider and the office staff to participate. Once all the information has been collected and shared with providers/delegates, action plans will be put in place. Ms. Gambatese encouraged the council to take the survey if they had not yet completed it. The online survey will be open thru May 20th. PCPs, specialists, and anyone in their offices can achieve it.

9. Case Management / Behavioral Health

a. Student Behavioral Health Incentive Program

Ms. Angela Chen, Director, Case Management & Behavioral Health, provided a presentation on an overview of the Student Behavioral Health Incentive Program. More information can be found at <https://www.dhcs.ca.gov/studentbehavioralheathincentiveprogram>.

10. Old Business

There was no old business discussed.

11. New Business

a. Discuss Dual Special Needs Plan (D-SNP)

Ms. Chris Turner, COO, presented the SCFHP's D-SNP efforts. The updates included information on the CalAIM Requirements, Differences between CMC and D-SNP, Key Milestones / Deadlines, and Current Focus Areas.

Ms. Gambatese updated the council on the D-SNP contracting efforts. She noted that D-SNP is a major contracting endeavor the Plan is undertaking and are in constant communication with providers to execute and return the D-SNP contracts. The PNO Department is diligently working with providers and encouraging them to sign and return them as soon as possible, as the Plan's goal is to have 100% of network adequacy by the end of this month.



b. Update on FY22 Disparity and Equity Initiatives:

Ms. Tomcala, CEO, provided an update on the Vaccine Incentive Program to Close the Vaccination Gaps between SCFHP and County Rates. She presented updated COVID vaccination graphs, including age group, ethnicity, and booster status data. There is an 11% gap between SCFHP members (74%) and overall Santa Clara County (85%) residents who have received at least one COVID vaccine dose.

Ms. Tomcala referred to a CalMatters article, "California backs away from COVID vaccine mandates for kids." She shared that beyond the State's incentive program, SCFHP continues working with community-based organizations and offers COVID-19 clinics at the Blanca Alvarado Community Resource Center (CRC) and funding incentives. This program looked at ages 12 and up; currently, 78% of SCFHP members have received one vaccination, up from 65% last August, a 13% increase.

We continue to work with COVID-19 black outreach to the African ancestry community (63%), which continues to trail percentage-wise, and we continue to participate with the Catholic Charities' COVID-19 outreach and education project.

SCFHP membership continues in second place of all the medical plans in terms of the vaccination status.

12. Discussion / Recommendations

Dr. Laurie Nakahira, CMO, informed the council that the Plan is starting Continuing Medical Educations (CMEs) again. She noted that a virtual CME session would be on May 17th, 19th, and 24th. The topic of discussion is The Prevention of Childhood Lead Poisoning: Why Physicians Should Counsel on Lead and Screen for Lead Exposure. By attending and completing the class, providers can earn 1.5 AAFP prescribed Continuing Medical Education (CME) credits on Lead Poisoning and Preventive Care. The presenter will be Dr. Jean Woo, M.D., MPH, MBA, Public Health Medical Officer, California State Childhood Lead Poisoning Prevention. The first 150 providers registered will receive \$50 for completing a session and evaluation, plus an additional \$40 in DoorDash credit.

13. Adjournment

The meeting adjourned at 1:43 p.m. The next meeting is scheduled for Wednesday, August 10, 2022.

DocuSigned by:

Thad Padua, Chair

Date