



Regular Meeting of the

## **Santa Clara County Health Authority Provider Advisory Council (PAC)**

Wednesday, February 9, 2022, 12:15 – 1:45 PM  
Santa Clara Family Health Plan – Teleconference  
6201 San Ignacio Ave, San Jose, CA 95119

# **MINUTES - APPROVED**

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### **Members Present**

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

### **Members Absent**

Jack Pollack

### **Staff Present**

Christine Tomcala, Chief Executive Officer  
Laurie Nakahira, DO, Chief Medical Officer  
Janet Gambatese, Director, Provider Network Operations  
Dang Huynh, PharmD, Director, Pharmacy & Utilization Management  
Johanna Liu, PharmD, Director, Quality & Process Improvement  
Brandon Engelbert, Manager, Provider Network Operations  
Karen Fadley, Manager, Provider Data, Credentialing and Reporting  
Claudia Graciano, Provider Network Program Manager  
Stephanie Vielma, Manager, Provider Performance Program  
Robyn Esparza, Administrative Assistant

### **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. Dr. Padua welcomed Dr. Ghislaine Guez as a new member of the Provider Advisory Council.

### **2. Public Comment**

There was no public comment.

### **3. Meeting Minutes**

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

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

**Motion:** Mr. Mineta

**Second:** Mr. Lin

**Ayes:** Ms. Adams, Dr. Harrison, Dr. Nguyen, Dr. Tabaka, Dr. Padua, Ms. Sager, Dr. Goel, Dr. Griffis

#### 4. Chief Executive Officer Update

Christine Tomcala, CEO, presented the February 2022 Enrollment Summary, noting a total enrollment of 295,422, with 10,251 members in Cal MediConnect (CMC) and 285,171 members in Medi-Cal (MC).

Ms. Tomcala shared a presentation on how SCFHP is addressing COVID-19 vaccine and health disparities. She reminded the Council that last year we undertook a significant effort to update our strategic plan, as well as our mission and values, and created a vision statement for the organization. The Board-approved mission is “To improve the well-being of our numbers 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,” and the longer-term vision is “Health for all—a fair and just community where everyone has access to opportunities to be healthy.” Ms. Tomcala further discussed her presentation.

#### 5. Quality

##### a. DHCS MCAS (Medi-Cal Managed Care Accountability Set) Measures 2022

Johanna Liu presented on the DHCS MCAS and reviewed findings in detail.

##### b. DHCS Comprehensive Quality Strategy 2022

Due to time constraints, this item was not presented and is deferred to the next meeting.

#### 6. Pharmacy Updates

##### a. Review and Discuss the Current Drug Reports

Dang Huynh, Director, Pharmacy and Utilization Management, presented the drug utilization reports for the top 10 drugs by cost and prior authorization volume for October 1, 2021 – December 31, 2021 (4th Quarter 2021).

For Medi-Cal (MC), Dr. Huynh noted cost for the reported timeframe was approximately \$39.5 million. There was an increase of roughly \$1 million from last quarter due to the increase of brand drug costs. For Cal MediConnect (CMC), cost and utilization were similar to the previously reported quarter. The total cost for the quarter was \$14.6 million.

For Medi-Cal Prior Authorization (PA) volume, there was not much change in terms of volume or contribution to the top 10. For CMC Prior Authorization (PA), there was a decrease in PA volume from about 620 down to 537 PAs.

Dr. Huynh noted that moving forward only the CMC Drug Report will be coming to the committee and may share data from the state for MC if available.

##### b. Medi-Cal RX

Dr. Huynh provided an update on the Medi-Cal RX transition. He mentioned that there have been a lot of issues since the health plan transitioned its pharmacy benefit to the Medi-Cal RX with Magellan (fee-for-service) on January 1, 2022, even with previous plan interventions such as proactive prior authorization, provider education, and member pharmacy transitions to Medi-Cal Rx participating mail-order pharmacies.

Pharmacies have reported that they are receiving non-meaningful denial messages. There is also a hierarchy of requirements for a drug to pay that was unclear. A prior authorization on file does not guarantee payment if the drug manufacturer is not a participating labeler. This restriction was not grandfathered. The biggest rejection issue so far is related to eligibility issues. A lot of these issues have been resolved. The plan meets weekly with DHCS, Magellan, and our local association. Last week, DHCS provided that the wait time on average for someone to call in is roughly about four (4) hours. DHCS agreed it was unacceptable and they plan to try to hire more individuals to help with the call center. DHCS also informed the plans that the prior authorization turnaround time is seven days. Grievances are redirected to Medi-Cal Rx per DHCS directive.

The plan has access to Clinical Liaisons at Medi-Cal Rx to help assist in resolving issues. Dr. Huynh advised the

council that they may contact [pharmacy@scfhp.com](mailto:pharmacy@scfhp.com) for urgent issues especially hospital discharge delays or potential member harm due to inability of getting medications.

**c. COVID-19 Vaccination Initiatives**

Dr. Huynh updated the council that the health plan connected and executed contracts with three independent pharmacies and will be reaching out to roughly 507 members. There are also a couple of other pharmacies pending contracting to do member outreach and education on COVID-19 vaccinations.

**d. COVID-19 Self-Testing Kits**

Dr. Huynh noted the COVID-19 Self Testing Kits are covered by Medi-Cal RX. Medicare released the guidance that they'll start covering it in early spring.

**7. Utilization Management Updates**

**a. Community Based Adult Services (CBAS)**

Dr. Huynh advised the council that the CBAS face-to-face requirement process has changed to match the DHCS policy. Face-to-face is only required if the request does not meet the requirements for approval. Review of CBAS has moved into the UM Department.

**b. Prior Authorization Grid**

Dr. Huynh noted the Prior Authorization (PA) Grid has been updated. Nasal endoscopy no longer requires prior authorization.

**8. Provider Network Operations**

**a. Updates on Major Organ Transplants (MOT) Contracting**

Janet Gambatese, Director, Provider Network Operations (PNO), provided an update on major organ transplant (MOT) contracting. Beginning January 1, 2022, DHCS requires health plans to cover major organ transplants for adults. Therefore, SCFHP updated its contract with Stanford to include all transplants. DHCS doesn't recognize Stanford as an approved Center of Excellence for kidney and pancreas transplants, so SCFHP is working to get a contract with University of California, San Francisco Medical Center. Until we can get a contract with them, they will entertain Letter of Agreements (LOAs).

**b. Discuss Provider Satisfaction Survey**

Ms. Gambatese said that one of the plan's objectives this year is that we want to delve into understanding provider satisfaction beyond the annual survey that we do for regulatory purposes. At the last meeting, we asked the council for ideas on how would the plan get better participation from our provider network to answer questions about provider satisfaction? She indicated it was a robust discussion, noting council brought up some ideas like having an online survey such as Survey Monkey, understanding the best time of year to do conduct the surveys, like not doing them around the end of the year when providers are busy, possibly breaking a survey into multiple surveys versus one big long survey, and maybe doing some focus groups or one-on-ones for smaller practitioners.

Ms. Gambatese noted that PNO met with a vendor who has experience doing focus groups, interviews. She queried the council asking how can PNO focus in and narrow down to get a good cross representation of participation from all providers, as our network is made up of direct providers, Independent Practice Associations, and clinics. She further inquired if the council has any ideas and encouraged thinking of current practices and strategies to engage the group.

Dr. Padua noted his office has six pediatrics. It would be nice to get a visit and maybe do a lunch hour meeting, target smaller offices for reaching out to different offices with high membership.

**c. Update on the 2022 Provider Performance Program**



Stephanie Vielma, Manager, Provider Performance Program, gave an update on the Provider Performance Program in 2022. She reviewed the retired and new measures of the program. She explained the timeline for PPP documentation and reporting for final rates of PPP 2021 and rates for quarter 1 2022. The gaps in care lists for 2022 will be available at the end of each month, and supplemental data is due by the sixth of each month and the data will be included in the next month's PPP report card. Finally, she noted that she included the Frequently Asked Questions (FAQs) weblink in her presentation.

Ms. Vielma also provided a presentation on Practice Transformation 2021 Year-End Summary, where she reviewed achievements of the provider groups that engaged in practice transformation, and discussed the practice transformation CY2022 goals.

**d. Discuss SCFHP and Timely Access**

Karen Fadley, Manager, Provider Data, Credentialing and Reporting, provided a presentation on SCFHP Provider Availability. She noted the Provider Appointment Availability Survey Methodology is developed by the Department of Managed Health Care and is a regulation in accordance with Government Code Section 11342.600. Ms. Fadley reviewed data related to urgent appointments, non-urgent appointments, and also the barriers and opportunities to timely access to care.

**9. Old Business**

There was no old business discussed.

**10. New Business**  
**Discuss DSNP**

Due to time constraints, this item was not discussed and it will be deferred to the next meeting.

**11. Discussion / Recommendations**

There were no further discussions and/or recommendations.

**12. Adjournment**

The meeting adjourned at 1:55 p.m. The next meeting is scheduled for Wednesday, May 11, 2022.

DocuSigned by:

A handwritten signature in black ink, appearing to read "Thad Padua".

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Thad Padua, Chair

5/25/2022

Date