AGENDA
WHOLE CHILD MODEL CLINICAL ADVISORY COMMITTEE

DATE: Thursday, December 19, 2019
TIME: Noon – 12:10 p.m.: Call to Order and Catered Lunch
       12:10 – 1:00 p.m.: Meeting of the Committee
PLACE: In Santa Cruz County:
       Central California Alliance for Health Board Room
       1600 Green Hills Road, Suite 101, Scotts Valley, CA
In Monterey County:
       Central California Alliance for Health Board Room
       950 East Blanco Road, Suite 101, Salinas, CA
In Merced County:
       Central California Alliance for Health Board Room
       530 West 16th Street, Suite B, Merced, CA

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1. Call to Order by Chairperson Bishop. 12:00 p.m.
   A. Roll call.
   B. Supplements and deletions to the agenda.
   C. Catered lunch for Committee and Staff.

2. Oral Communications. 12:10 p.m.
   A. Members of the public may address the Committee on items not listed on today’s
      agenda that are within the jurisdiction of the Committee. Presentations must not
      exceed five minutes in length, and any individual may speak only once during Oral
      Communications.
   B. If any member of the public wishes to address the Committee on any item that is listed on
      today’s agenda, they may do so when that item is called. Speakers are limited to five
      minutes per item.

Consent Agenda Items: 12:15 p.m.
3. Approve WCMCAC meeting minutes of September 19, 2019.
   A. Reference materials: Minutes as above.

Regular Agenda Items: 12:20 p.m.
4. Old Business – Updates
   A. Grievance Update                                             S. Sanders
   B. Quality Update                                               H. Gillette-Walch, RN, MPH
   C. Care Coordination and CM Update                               M. Rager
      (CM under WC Model)
5. **New Business**  
   A. NICU and HRIF  
      M. Rager  
   B. Numbered Letters and Program Updates  
      B. Dimand, MD

6. **Open Discussion**  
   A. Committee may discuss any urgent items.  
      All

7. **Adjourn: 12:50 pm**

   The next Whole Child Model Clinical Advisory Committee meeting will take place on Thursday, March 19, 2020, from 12:00 – 1:00 p.m.  
   Locations: Videoconference from Alliance Offices in Scotts Valley, Salinas, and Merced.  

   Members of the public interested in attending should call the Alliance at (831) 430-2621 to verify meeting dates and locations prior to the meetings.
Whole Child Model Clinical Advisory Committee

Meeting Minutes  
Wednesday, September 19, 2019  
12:00 – 1:00 p.m.

In Santa Cruz County:  
Central California Alliance for Health  
1600 Green Hills Road, Suite 101, Scotts Valley, California

In Monterey County:  
Central California Alliance for Health  
950 East Blanco Road, Suite 101, Salinas, California

In Merced County:  
Central California Alliance for Health  
530 West 16th Street, Suite B, Merced, California

Committee Members Present:  
Gordon Arakawa, MD, PhD  
Jennie Jet, MD  
John Mark, MD  
Patrick Clyne, MD  
Robert Dimand, MD

Committee Members Absent:  
Amanda Jackson, MD  
Constance Caldwell, MD  
Karen Dahl, MD  
Liz Falade, MD  
Salem Magarian, MD

Staff Present:  
Dale Bishop, MD  
DeAnna Leamon, RN  
Hilary Gillette-Walch, RN, MPH  
Jennifer Mockus, RN  
Jordan Turetsky, MPH  
Lilia Chagolla  
Mary Brusuelas, RN  
Melanie Rager  
Michelle Stott, RN, MSN  
Navneet Sachdeva, PharmD  
Suzanne Skerness, RN

Hospital Representatives Present:  
Margi Dragomanovich  
Sheri Sager
1. **Call to Order by Chairperson Bishop.**

   Chairperson Bishop called the meeting to order at 12:01 p.m. He welcomed the committee and roll call was taken. Chairperson Bishop introduced the addition of a new member, Dr. Gordon Arakawa, Merced County Public Health Officer.

   No changes to the agenda were made.

2. **Oral Communications.**

   Chairperson Bishop opened the floor for any members of the public to address the committee on items not listed on the agenda.

   No members of the public addressed the committee at this time.

3. **Approval of WCMCAC Meeting Minutes**

   Minutes from the June 20, 2019 meeting were reviewed. There were no changes to the minutes.

   M/S/A Minutes approved as written.

4. **Old Business – Updates**

   A. **Grievance Update**

      Chairperson Bishop presented on Whole Child Model (WCM) Grievances. The Alliance’s Staff Grievance Review Committee closely monitors and reviews trends of WCM Grievances. The one year anniversary of the Whole Child Model occurred in July. Inbound WCM grievances are closely monitored and trended by the Staff Grievance Review Committee. WCM Grievances increased in April 2019 (high of 19) followed by a stabilized reduction in May and June (under 10 per month). Recurring themes in appeals remain consistent with the majority filed about genetic testing and immunotherapy. The Alliance will continue to monitor recurring themes in appeals. WCM grievance category distribution includes: count of WCM grievance regarding provider, count of other, count of appeal, count of DME, count of transportation and count of timely access. Chairperson Bishop and Dr. Dimand discussed in detail the approval of genetic testing referrals. Chairperson Bishop also reviewed some sample grievance cases.

   B. **Quality Update**

      Hilary Gillette-Walch, RN, MPH, Clinical Decision Quality Manager, presented on proposed DHCS performance measures for the Whole Child Model. The Alliance continues to monitor the quality of care of the Whole Child Model population via these data metrics. The following metrics were reviewed:

      - Child and Adolescent Access to Primary Care Services 0-19 years of age
      - Ambulatory (AMB) Outpatient Care (PKPY)
      - Well-Child Measure
- Ambulatory Emergency Department Visits (PKPY)
- Total Inpatient Admissions (discharges per 1,000 member months)
- 30 Day Readmissions
- Mental Health Services Utilization
- Childhood Immunizations – Combo 3

The overall assessment consists of: primary care access is stable, emergency department utilization rates are unchanged, mental health services are also utilized at a consistent rate but rates vary significantly by county, inpatient data show increasing rate (PKPY) and only a season increase for 30-day readmissions.

Hilary informed the committee that this data shows a good implementation of the Whole Child Model program. Members are navigating our network successfully and accessing the services that they need. Chairperson Bishop informed the committee of the need to improve Well Child Care Visits from 3-6 years of age. He also informed the committee of the Quality Improvement efforts including: practice coaching, automated calls for immunizations/well-child visits, and continuous up to date data. Chairperson Bishop informed the committee of the Secret Shopper Survey that was conducted by Quality Improvement, and discussed the lack of access for primary care access in Merced.

Dr. Arakawa informed the committee that the Public Health Department will attempt to join efforts with the Alliance to increase access in Merced.

C. Care Coordination and Care Management (CM) Update
Melanie Rager, Care Management Director, provided an update on care coordination and care management. The 1 year Whole Child Model (WCM) milestone was reached and CM reached out to those members that transitioned through WCM. Care Management now has an understanding of where to be most effective and also in understanding the needs of this population. Care Management is identifying members that need case management by analyzing authorization data. Care Management hopes to have a software tool soon which will provide predictive analysis data. The Alliance continues to recognize the importance of referrals and building the provider network, particularly, the specialty network.

5. New Business

A. Referrals to Program
Melanie Rager, Care Manager Director, noted the county is seeing a decrease in referrals to CCS for variety of reasons. There are also fewer duplicates and fewer referrals from providers. Melanie stated the Alliance is open to feedback on how to get the message out to providers regarding the CCS program.

B. Numbered Letters and Program Updates
Dr. Robert Dimand, Medical Director, provided an update and highlights included:
- No new CCC numbered letters released since Mid-2018.
- Previous NL website evolving and now again active:
  https://www.dhcs.ca.gov/services/ccs/Pages/CCSNL.aspx
• The last 2018 additions included; Neuromuscular Medicine SCC, CCS SCC definitions, Continuous Glucose Monitoring, Cochlear Implant, etc.
• Now 7 formal draft numbered letters released for comment, Dated 5, 7, 8/2019.
• Two additional under consideration: PA in NICU and Epilepsy medical eligibility.
• Still evolving: WCM Evaluation, EPSDT (Court Settlement), Case Management, and Out of State.

6. Open Discussion

Chairperson Bishop opened the floor for Committee to have open discussion.

No topics were presented for open discussion.

Dr. Bishop thanked everyone for their attendance and participation.

Next quarter’s meeting will be held on December 19, 2019.

The meeting adjourned at 1:00 p.m.

Respectfully submitted,

Mr. Oscar Sanchez & Ms. Tracy Neves
HS Administrative Assistants

The Whole Child Model Clinical Advisory Committee is a public meeting.
Total Number of Grievance and Appeals Rec'd

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
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</thead>
<tbody>
<tr>
<td>Value</td>
<td>5</td>
<td>17</td>
<td>14</td>
<td>19</td>
<td>10</td>
<td>8</td>
<td>10</td>
<td>13</td>
<td>12</td>
<td>8</td>
</tr>
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</table>

Rate of Grievance and Appeals

<table>
<thead>
<tr>
<th>Month</th>
<th>Jan</th>
<th>Feb</th>
<th>March</th>
<th>April</th>
<th>May</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
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</thead>
<tbody>
<tr>
<td>Value</td>
<td>0.79</td>
<td>2.78</td>
<td>2.31</td>
<td>3.15</td>
<td>1.66</td>
<td>1.33</td>
<td>1.69</td>
<td>2.21</td>
<td>2.08</td>
<td>1.4</td>
</tr>
</tbody>
</table>
Q3 WCM GRIEVANCES BY LOCATION

WCM Grievances All Counties

- 2019 Q1: 37
- 2019 Q2: 32
- 2019 Q3: 35

Santa Cruz WCM Grievance Data

- 2019 Q1: 7
- 2019 Q2: 5
- 2019 Q3: 7

Merced WCM Grievance Data

- 2019 Q1: 17
- 2019 Q2: 15
- 2019 Q3: 16

Monterey WCM Grievance Data

- 2019 Q1: 13
- 2019 Q2: 15
- 2019 Q3: 13
• WCM Grievances closely monitored and trended by the Staff Grievance Review Committee.
• WCM Grievances increased in April 2019 (high of 19)
• Stabilized reduction in the following months (under 13)
• One WCM/CCS member filed multiple Grievances against resolution outcomes and dissatisfaction with Plan procedures
• Recurring Appeal themes remain consistent:
  ◆ Genetic Testing
  ◆ Immunotherapy
WCM Case Review #1
- MBR upset by poor CS from OrthoNorCal and perception of delayed referral.
- Review of records indicate MRI at office denied. Mbr followed up for covered MRI center. Rec’d prompt approval.

WCM Case Review #2
- Admin. error w/ CTC reservation date in system.
- Mom paid neighbor and requested reimbursement.
- Advised of Member Reimbursement process.

WCM Case Review #3
- Member disagreed with timeframe and administrative process to receive medical records.
- Member educated about record request process.
- Member records were delivered timely.
WHOLE CHILD MODEL: PROPOSED DHCS PERFORMANCE MEASURES

Hilary Gillette-Walch, RN, MPH, CPH
Clinical Decision Quality Manager
Whole Child Model Clinical Advisory Committee
December 19, 2019
Child and Adolescent Access to Primary Care Services 0-19 years of Age (No Benchmark)

Santa Cruz
Baseline (Q2 2018) 97.81%
Q3 2018 98.39%
Q4 2018 97.93%
Monterey
Q1 2019 98.10%
Q2 2019 96.12%
Q3 2019 95.91%
Merced

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Ambulatory (AMB) Outpatient Care (PKPY)

<table>
<thead>
<tr>
<th></th>
<th>Santa Cruz</th>
<th>Monterey</th>
<th>Merced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline (Q2 2018)</td>
<td>379.19</td>
<td>396.87</td>
<td>343.31</td>
</tr>
<tr>
<td>Q3 2018</td>
<td>552.68</td>
<td>566.23</td>
<td>371.86</td>
</tr>
<tr>
<td>Q4 2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q1 2019</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Q2 2019</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Q3 2019</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Total Inpatient Admissions (Number of Discharges per 1,000 Member Months)

<table>
<thead>
<tr>
<th>Region</th>
<th>Q2 2018</th>
<th>Q3 2018</th>
<th>Q4 2018</th>
<th>Q1 2019</th>
<th>Q2 2019</th>
<th>Q3 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Santa Cruz</td>
<td>21.28</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Monterey</td>
<td></td>
<td>20.69</td>
<td></td>
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<tr>
<td>Merced</td>
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<td>20.01</td>
<td></td>
<td></td>
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</table>
**HOSPITAL METRICS**

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Inpatient Admissions PKPY</th>
<th>30 Day Readmission Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3 2018</td>
<td>263</td>
<td>11.6%</td>
</tr>
<tr>
<td>Q4 2018</td>
<td>271</td>
<td>13.5%</td>
</tr>
<tr>
<td>Q1 2019</td>
<td>284</td>
<td>16.8%</td>
</tr>
<tr>
<td>Q2 2019</td>
<td>299</td>
<td>11.1%</td>
</tr>
<tr>
<td>Q3 2019</td>
<td>290</td>
<td>13.60%</td>
</tr>
</tbody>
</table>
Percent of Mental Health Services Utilization by Age Group, County and Quarter
Investigate drop-off of well-child visits in Merced County;

Explore opportunities to improve access to outpatient mental health services in Monterey and Merced Counties; and

Assess readmissions data to determine if there is any opportunity for intervention.
QUESTIONS?

Hilary Gillette-Walch, RN, MPH, CPH
Clinical Decision Quality Manager
P: 831-430-2511
E: hwalch@ccah-alliance.org
HRIF & NICU-INTERVENTION ELIGIBILITY

Melanie Rager, Care Management Director

WCM Clinical Advisory Committee
December 19, 2019
ALLIANCE RESPONSIBILITY

• Under WCM, DHCS clarified that the Health Plans hold responsibility for making eligibility determinations for HRIF and NICU-Intervention cases.

• This allows the Alliance to make an appropriate and timely determination through our inpatient review process, and to compensate hospital providers appropriately for CCS-eligible NICU care.

• DHCS requires that these cases be entered into CMSNet by County CCS so that eligibility can be appropriately tracked.
### CCS ELIGIBILITY- NICU CARE

<table>
<thead>
<tr>
<th>CCS Program Eligibility</th>
<th>High-Risk Infant Follow-Up (HRIF)</th>
<th>NICU Intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Member has a Title 22 diagnosis(es).</td>
<td>• Member is at risk of developing a CCS-eligible diagnosis.</td>
<td>• Member’s NICU stay met CCS criteria.</td>
</tr>
<tr>
<td>• Eligibility is determined by County CCS.</td>
<td>• Eligibility is determined by the Alliance through inpatient review.</td>
<td>• Eligibility is determined by the Alliance through inpatient review.</td>
</tr>
<tr>
<td>• CCS eligibility is inclusive of all care related to treatment of the qualifying condition(s).</td>
<td>• CCS eligibility is limited to diagnostic HRIF services up to age 3.</td>
<td>• CCS eligibility is restricted to coverage of the qualifying NICU stay.</td>
</tr>
</tbody>
</table>
The Alliance authorizes HRIF or NICU-I stays for our members as part of the inpatient review process.

Authorization is provided for either the infant (if he/she has a unique CIN) or via the Mother’s Alliance coverage.

If authorization is made under the Mother’s coverage, the Alliance submits documentation to County CCS for entry into CMSNet once the infant has his/her CIN.
PROVIDER IMPACT

• Alliance members who *only* meet HRIF or NICU- Intervention criteria *do not* need to be sent to County CCS for review by providers. The Alliance will send these referrals, based on our eligibility determination.

• ALL infants who have a potentially-eligible Title 22 diagnosis *do* need to be sent to County CCS for review by providers.
QUESTIONS?
<table>
<thead>
<tr>
<th>Number</th>
<th>Release Date</th>
<th>Index Category</th>
<th>Title (Subject) of Letter</th>
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<tbody>
<tr>
<td>12-1119</td>
<td>11-18-19</td>
<td>Benefits</td>
<td>Palliative Care Options for CCS Eligible Children</td>
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<tr>
<td></td>
<td></td>
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<td>Note: Supersedes CCS N.L. 16-1218</td>
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<tr>
<td>11-1119</td>
<td>11-21-19</td>
<td>Benefits</td>
<td>Cerilponase Alfa (Brineura) - Authorization Criteria (Revised)</td>
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<tr>
<td>10-1119</td>
<td>11-21-19</td>
<td>Benefits</td>
<td>Voretigene Neparvovec-rzyl (Luxturna) - authorization Criteria</td>
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<tr>
<td>09-1119</td>
<td>11-18-19</td>
<td>Benefits</td>
<td>Authorization of Out of State Service Requests</td>
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<tr>
<td>08-1119</td>
<td>11-7-19</td>
<td>Benefits</td>
<td>GHPP policy on Palynziq (pegvaliase-pqpz)</td>
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<tr>
<td>07-1019</td>
<td>10-31-19</td>
<td>Benefits</td>
<td>Tisagenlecleucel (Kymriah) - REVISED</td>
</tr>
<tr>
<td>06-1019</td>
<td>10-22-19</td>
<td>Benefits</td>
<td>Cystic Fibrosis Transmembrane Conductance Regulator Modulator Drug Therapies</td>
</tr>
<tr>
<td>05-1019</td>
<td>10-18-19</td>
<td>Program Administration</td>
<td>Program Requirements for Physician Assistants Providing Patient Care in Neonatal Intensive Care Units</td>
</tr>
<tr>
<td>04-1019</td>
<td>10-18-19</td>
<td>Benefits</td>
<td>Central Precocious Puberty</td>
</tr>
<tr>
<td>03-1019</td>
<td>10-18-19</td>
<td>Medical Eligibility</td>
<td>Kawasaki Disease</td>
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<td>02-0919</td>
<td>09-30-19</td>
<td>Benefits</td>
<td>California Children's Services Program and Genetically Handicapped Persons Program Policy on Epidiolex (Cannabidiol) -REVISED</td>
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<tr>
<td>01-0819</td>
<td>08-12-19</td>
<td>Benefits</td>
<td>Authorization of Restricted Treatment Drugs for Bleeding Disorders</td>
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</table>
QUESTIONS?
WHOLE CHILD MODEL CLINICAL ADVISORY COMMITTEE
MEETING CALENDAR FOR 2020

Thursday, March 19       12:00 PM to 1:00 PM
Thursday, June 18   12:00 PM to 1:00 PM
Thursday, September 17     12:00 PM to 1:00 PM
Thursday, December 17  12:00 PM to 1:00 PM

All meetings will be held via video conference at the Alliance offices listed below:

**Alliance Main Office:** 1600 Green Hills Road, Suite #101, Scotts Valley, CA 95066

**Alliance Salinas Office:** 950 East Blanco Road, Suite #101, Salinas, CA 93901

**Alliance Merced Office:** 530 West 16th Street, Suite B, Merced, CA 95340