AGENDA
PHYSICIANS ADVISORY GROUP

DATE: Thursday, September 3, 2020

TIME: Noon - 12:10 p.m.: Call to Order
12:10 - 1:30 p.m.: Meeting of the Group

PLACE: Pursuant to Governor Newsom’s Executive Order N-29-20 to minimize the spread of COVID-19, this will be a teleconference meeting and we will not be offering physical location.

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Meeting Participants:
• Limit the background noise (i.e. shuffling of paper, cell phone calls, etc.).
• Mute your phone when you are not speaking to eliminate background noise.
• If joining after the meeting has started, wait for the conference leader to ask who joined.
• When speaking, please state your name and your organization, followed by your comment and or question.
1. **Call to Order by Chairperson Bishop. 12:00 p.m.**  
   A. Roll call.  
   B. Supplements and deletions to the agenda.

2. **Oral Communications. 12:10 p.m.**  
   A. Members of the public may address the Advisory Group on items not listed on today’s agenda that are within the jurisdiction of the Advisory Group. 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 Advisory Group 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 PAG meeting minutes of June 4, 2020.**  
   A. Reference materials: Minutes as above.

**Regular Agenda Items: 12:20 p.m.**

4. **Old Business**  
   A. Care Based Incentive Updates (CBI) 2020 and 2021  
      D. Bishop, MD

5. **New Business**  
   A. Resuming Care & Evolving Environment  
      M. Heinert, MD  
   B. Telehealth Discussion  
      D. Bishop MD  
   C. Continuing Medical Education (CME) Planning  
      S. Barker

6. **Open Discussion: 1:20 p.m.**  
   A. Group may discuss any urgent items.

7. **Adjourn: 1:30 p.m.**

The next Physicians Advisory Group meeting will be held on Thursday, December 3, 2020  
12:00-1:30 p.m.  
**Locations:** Via GoToMeeting.

Members of the public interested in attending should call the Alliance at (831) 430-5556 to verify meeting dates and locations prior to the meetings.

The Physicians Advisory Group is a public meeting governed by the provisions of the Ralph M. Brown Act. As such, items of discussion and/or action must be placed on the agenda prior to the meeting.
Meeting Minutes  
Thursday, June 4, 2020  
12:00 - 1:30 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

Group Members Present:  
Dr. Jennifer Hastings  
Dr. Scott Prysi  
Dr. Misty Navarro  
Dr. Patrick Clyne  
Dr. Shirley Dickinson  
Dr. James Rabago  
Dr. Caroline Kennedy  
Dr. Devon Francis

Group Members Absent:  
Dr. Casey Kirkhart  
Dr. Barry Norris  
Dr. Allen Radner  
Dr. Amy McEntee  
Dr. Anjani Thakur  
Dr. Chuyen Trieu  
Dr. Kenneth Bird

Staff Present:  
Dr. Dale Bishop  
Dr. Gordon Arakawa  
Dr. Maya Heinert  
Ms. Jordan Turetsky  
Ms. Hilary Gillette-Walch, RN  
Ms. Michelle Stott  
Ms. Navneet Sachdeva  
Ms. Angel Baltazar  
Ms. Heather Perko  
Ms. Marina Owen  
Ms. Jennifer Mockus  

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1. Call to Order by Chairperson Dr. Bishop.

Group Chairperson Dr. Dale Bishop called the meeting to order at 12:00 p.m. Roll call was taken.

No supplements or deletions were made to the agenda.

2. Oral Communications.

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

No members of the public addressed the Group.

Consent Agenda

3. The group reviewed the March 5, 2020 Physicians Advisory Group (PAG) minutes.

Minutes approved as written.

4. Old Business - Updates

A. Cares Based Incentives (CBI)

Dr. Bishop reviewed the Board approved CBI 2021 measures with the Group. There were some additional measures and changes.

1. Programmatic Measures:
   - **Add**: Application of Fluoride Varnish to Access Measures.
   - **Change**: 30-Day Readmission to Plan All Cause Readmissions.
   - **Change**: Preventable Emergency Visits to reduce urgent visit counts by half.
   - **Change**: Alcohol Misuse Screening and Counseling population to include adolescents.

2. Exploratory Measures:
   - **Add**: Lead Screening in Children and Latent Tuberculosis Infection Screening.

3. Quality of Care Performance Adjustment:
   - Measures performing below the 50th will result in a reduced CBI payment.
• 1-3 Metrics between 25<sup>th</sup> -50<sup>th</sup> and no measures <25<sup>th</sup> will result in a CBI payment reduction of 25%.
• ≥4 measures between 25<sup>th</sup> and 50<sup>th</sup> and no measures <25<sup>th</sup> will result in a CBI payment reduction of 50%.
• 1-3 measures <25<sup>th</sup> will result in a CBI payment reduction of 75%.
• ≥4 measures <25<sup>th</sup> will result in no CBI payment.
• Penalty would only impact measures that are achievable i.e. through telemedicine or brief encounters.

Dr. Bishop noted measures are to motivate providers above the 50th percentile. Quality Improvement can work with providers to assist in achieving measures even with the current challenges of COVID. Providers will not be penalized for metrics that cannot be achieved. NCQA to include telehealth visits with possible substitutes for CBI. There are possible changes for this year due to increased telehealth. Provider suggested a mid-year CBI check-in would be helpful.

5. New Business

A. Network Adequacy & Provider Payment: Current State and Future Considerations

Jordan Turetsky reviewed the objectives and agenda for the presentation. The primary objective was to engage PAG in discussion related to network adequacy in light of operational changes.

The Alliance provider network includes:
• Hospitals (H).
• Primary Care Providers (PCPs).
• Specialists (SP).
• Ancillary Providers which includes non-hospital facilities and services such as SNF, labs, Speech, Occupational, and Physical Therapy.

Market share is high in all 3 counties and the Alliance is regularly adding new providers on a monthly basis. The Alliance is required to ensure access to care within regulatory standards.

The Department of Health Care Services (DHCS) and the California Department of Managed Health Care (DMHC) oversee compliance with access standards regularly. The Alliance also monitors access to care through ongoing activities, including the collection of member and provider feedback.

Also reviewed was the Alliance framework for monitoring and measuring access to care, which includes network adequacy, member needs, consumer experience and realized access (did the member have an appointment with provider). Each benchmark informs the Alliance whether there is an adequate network. Shared with the Group were the indicators DHCS and DMHC utilize to monitor access to care and the Alliance’s performance.
The objective of the upcoming operational change is alignment with industry standard payment. This will be done by reimbursing specialty providers using the current Medicare Fee Schedule, and remaining current with Medicare. Why current Medicare? Current Specialty payment at the Alliance is locked into 2015 Medicare rates; 5 years behind industry standard. Medicare rates are updated regularly and established based on:

- Professional time/skills required.
- Technical factors (e.g. equipment cost).
- Professional liability.
- Geographic locality adjustment.
- Medicare is often preferred by providers to Medi-Cal.

Impact overview was reviewed for 2015 to 2019 Medicare covering 34 specialties. Group-level impact varies based on service and provider type. The majority of specialties are expected to see an increase in payment. Some will see a decrease. The impact analysis is intended to inform in what specialty areas network adequacy could change.

Jordan solicited input from providers regarding the upcoming changes and their potential impact to network adequacy. One PAG member noted an opportunity to ensure that PCPs providing specialty services are reimbursed accordingly. **Action:** Jordan noted that Provider Services will follow-up regarding this concern.

PAG member inquired and had a concern regarding potential access impacts to GI services as a result of the payment change. Provider noted GI access is limited in Salinas and continues to present a challenge. Noted was the Alliance is contracted with the majority of GI providers in the service area.

Provider suggested the Alliance evaluate pediatric subspecialties and potential access impact. How will patients continue to access pediatric specialties which have mainly been at Stanford? Pediatric population specialties are difficult to find locally. Marina noted that pediatrics is very important and given much consideration due to the Whole Child Model (WCM). Also suggested was consideration of the impacts on providers due to COVID.

The Alliance will communicate with certain providers in advance of the June Board meeting at which the payment change will be considered, and the change will take effect in January 2021, if approved by the Alliance Board.

6. **Open Discussion**

Chairperson Bishop opened the floor for the Group to have an open discussion.

Provider inquired about COVID testing and noted they have been conducting testing with members. Depending on their provider linkage, Alliance members may be required to go to several different testing sites although they are in the same household/family.

Dr. Bishop noted the Resuming Care Task Force is working on how to accomplish testing with a non-linked provider so all members of the same family can get tested at the same time. Members need to be tested. **Action:** The Alliance will work on testing details further.
Provider inquired about alternative housing for members. Lilia noted she is the contact for Santa Cruz and Monterey and is working closely on coordinating services for medically fragile members. Merced county staff is also collaborating regarding services. Provider noted in addition to homeless and mentally ill populations, there are agricultural families in need of medical oversight.

Provider noted there have been issues with members released from the hospital. The counties, clinics and plan need to increase communication. **Action:** Lila noted the Alliance has shared a list of contacts with providers but can follow-up on the communication.

Provider having issues getting member care transferred from one county to another. **Action:** Provider Services will follow-up with provider.

Provider noted there have been issues with member medications and the pharmacies. **Action:** Navneet will follow-up with provider.

The meeting adjourned at 1:30 p.m.
Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Group

The Physicians Advisory Group is a public meeting governed by the provisions of the Ralph M. Brown Act. As such, items of discussion and/or action must be placed on the agenda prior to the meeting.
For the Alliance Provider Network:
Guidance on Telehealth Services

The Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) have issued new guidance regarding the provision of telehealth services during the COVID-19 pandemic. In order to support social distancing and ensure the safety of members and providers, Alliance providers must take steps to allow members to obtain health care via telehealth when medically appropriate to do so.

**Telephonic or Video Visits:** Any clinician eligible to bill for office visits may conduct a telephone or video visit with a patient in lieu of an office visit by way of a HIPAA compliant platform that supports provider to patient communication for patient care. Such visits must last at least 5 minutes, must be documented in the patient’s medical record and are subject to oral or written consent by the patient. Per DHCS guidance, FQHCs and RHCs are allowed to count video visits and telephone visits the same as in-office visits for the purpose of prospective payment.

**Required Codes for Telehealth Services**

- Existing face-to-face codes apply when a Medi-Cal provider/clinician is billing the Alliance for video/telephonic visits. Example codes for the PCP Setting: 99201-99204, 99212-99214
- **The CPT or HCPCS code(s) must be billed using:**
  - Place of Service Code “02”
  - Use appropriate telehealth modifiers
    - **Synchronous**, interactive audio and telecommunications systems: Modifier 95
    - **Asynchronous** store and forward telecommunications systems: Modifier GQ

**Important Clarification:** Last week, the Alliance issued guidance for providers to bill 99441-99443 and 98966-98968 for telehealth visits. Due to the updated guidance from DHCS and DMHC, as detailed above, please re-bill for these services using the applicable face-to-face code and indicated place of service and modifier.

Alliance Provider Services and Claims staff are available to assist with questions. Please contact 831-430-5504 to speak with a Provider Relations Representative.

**Please note:** not all services are appropriate for telehealth (for example, benefits or services that require direct visualization or instrumentation of bodily structures). The Alliance will communicate any new or additional guidance to allowable telehealth services as it becomes available.
PHYSICIANS ADVISORY GROUP MEETING
CALENDAR FOR 2020

Thursday, March 5    12:00 PM to 1:30 PM
Thursday, June 4      12:00 PM to 1:30 PM
Thursday, September 3 12:00 PM to 1:30 PM
Thursday, December 3  12:00 PM to 1:30 PM