AGENDA
PHYSICIANS ADVISORY GROUP

DATE: Thursday, December 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 September 3, 2020.**
   A. Reference materials: Minutes as above.

**Regular Agenda Items: 12:20 p.m.**
4. **Old Business**
   A. Care Based Incentive Updates (CBI) D. Bishop, MD, D. Diallo, MD

5. **New Business**
   A. COVID-19 Coordination with Public Health M. Heinert, MD
   B. Pharmacy Carve-Out Update N. Sachdeva, Pharm D.
   C. Member Outreach & Communication M Stott, RN

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 March 4, 2021 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.
Physicians Advisory Group

Meeting Minutes
Thursday, September 3, 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 Provider Representative
Dr. Scott Prysi Provider Representative
Dr. Misty Navarro Provider Representative
Dr. Patrick Clyne Provider Representative
Dr. Shirley Dickinson Provider Representative
Dr. Caroline Kennedy Provider Representative
Dr. Devon Francis Provider Representative
Dr. Amy McEntee Provider Representative

Group Members Absent:
Dr. James Rabago Provider Representative
Dr. Casey Kirkhart Provider Representative
Dr. Barry Norris Provider Representative
Dr. Allen Radner Provider Representative
Dr. Anjani Thakur Provider Representative
Dr. Chuyen Trieu Provider Representative
Dr. Kenneth Bird Provider Representative

Staff Present:
Dr. Dale Bishop Chief Medical Officer
Dr. Gordon Arakawa Medical Director
Dr. Maya Heinert Medical Director
Dr. Dianna Diallo Medical Director
Ms. Jordan Turetsky Provider Services Director
Ms. Hilary Gillette-Walch Clinical Decision Quality Manager
Ms. Michelle Stott Quality Improvement Director
Ms. Navneet Sachdeva Pharmacy Director
Ms. Tammy Brass Utilization Management/CCM Manager
Ms. Lila Chagolla Regional Operations Director
Mr. Jim Lyons Provider Relations Manager
Ms. Ronita Margain  
Regional Operations Director
Ms. Kristen Presleigh  
Quality Improvement Advisor
Ms. Tracy Neves  
Clerk of the Advisory Group

Public Representatives Present:
Ms. Becky Shaw  
Public Representative
Ms. Vanessa Chavez  
Public Representative
Ms. Shelly Barker  
HIP Representative

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 June 4, 2020 Physicians Advisory Group (PAG) minutes.

Minutes approved as written.

4. Old Business - Updates

A. Cares Based Incentives (CBI) Updates
Dr. Bishop reviewed CBI 2020 and 2021 updates. For CBI 2020, due to the public health emergency, DHCS temporarily suspended the requirement for initial health assessments (IHA) to be completed within 120 days of member enrollment. The Alliance recommendation is provider’s eligible for this measure (five eligible population members) in the population should receive full points instead of being scored and performance improvement measure for IHA will remain the same.

In May, the American Academy of Pediatrics (AAP) released Guidance on the Necessary Use of Telehealth during the COVID-19 pandemic. Pediatric provider noted that they conducted some telehealth well visits in clinic for ages 5 and under. Another provider noted they only conduct telehealth for those that live far away or for mental health issues. Noted was the difficulty the member population has with telehealth visits. Provider noted protocols for in-office visits include; sterilized rooms, limited family members and use of masks. Monterey County conducts visits on 2 days with 50 % telehealth and 50% in-person.
For Well Child Visits, DHCS encourages providers to:
• Follow the AAP guidance.
• Encourages pediatric providers to discuss with members/parent caregivers the benefits of attending a well-child visit in person, in addition, to services received via telehealth.
• For components of the well-child visit provided in-person that continue a virtual/telephonic service; the provider should only bill for one encounter/visit.

For CBI 2021, there is a pending legislative amendment impact to exploratory measure Lead Screening in Children. The measure includes:
• Case management monitoring system.
• Quarterly reminders to providers on periodic health assessments and oral and written anticipatory guidance.
• Quarterly monitoring on children without a blood lead screening test.
• Identify children under 6 years of age who have missed a required blood lead screening.

In summary, provider’s eligible for IHA measure should receive full points instead of being scored, and performance improvement measure for IHA will still be calculated based upon performance. Telehealth visits will be incorporated into CBI well-child visits and a provider portal report will be added that tracks lead screening in children under 6 years of age.

5. **New Business**

A. Resuming Care & Evolving Environment
Dr. Heinert presented outreach efforts. COVID emergency outreach efforts began in April, and outreach occurred in waves with emerging issues. Resuming Care outreach began on July 1st and encouraged members to visit their PCP for well visits and immunizations. In June, there was outreach conducted to Merced members regarding a water shut-off. Additional outreach was conducted to Santa Cruz and Monterey regarding the wildfires and air quality hazards. There was targeted outreach based on risk, some of the criteria included: vulnerable age bands, chronic diseases, respiratory conditions, rural or isolated members, and polypharmacy or denied pharmacy claims.

Community resources depending on member needs included locations for emergency food and supplies and emergency shelter. Almost 13,000 members were contacted by several Alliance departments. The Alliance received positive feedback from members regarding the outreach efforts. Dr. Bishop noted that outreach efforts were conducted in conjunction with Provider Services outreach.

Provider noted the outreach was much appreciated and the Alliance did an outstanding job. Provider also noted she loves working with the Alliance, and the Alliance is a great organization.

B. Health Improvement Partnership Continuing Medical Education (HIP CME)
Shelly Barker gave a presentation on the proposed speakers and topic of the next CME Session. The proposed CME would be an early morning October session and the topic is equity. One proposed speaker is Dr. Marissa Raymond-Flesch, MD, MPH. Dr. Raymond-Flesch is an Assistant Professor in the Philip R. Lee Institute for Health Policy Studies (IHPS) and the Division of Adolescent and Young Adult Medicine within the Department of Pediatrics. Dr.
Raymond-Flesch’s research focuses on access to care for adolescents and young adults with a particular interest in improving reproductive health access for minority and border communities. She is especially interested in using community-based participatory research to bring health care and health education into these underserved communities. Dr. Raymond-Flesch presented at HIP’s on “Racism and Xenophobia: Impacts on Youth and the Providers Who Serve Them.”

The proposed agenda below will be further developed to incorporate primary care examples of policies and programs:
- Shifting United States Demographics
- Minority Health Outcomes
- Defining Racism
- Experiences of Racism
- Case Study: Impact of Immigration Policy on Youth
- Racism in Medicine

Another proposed speaker is Dr. Tony Iton, MD, JD, MPH. Dr. Iton is the Senior Vice President for Healthy Communities at The California Endowment. He is also a Lecturer of Health Policy & Management at UC Berkeley’s School of Public Health. In the fall of 2009, Dr. Iton began to oversee the California Endowment's 10-Year, multimillion-dollar statewide commitment to advance policies and forge partnerships to build healthy communities and a healthy California. Dr. Iton presented at HIP’s Community Forum: “Policy Violence: The Root Cause of Health Inequity.” Presentation argues: Health is political, health is not health care, and health is an investment in the U.S. that is subject to policy violence.

Additional considerations include; Social and Political Determinants of Health, Health Equity and Accountability Act, California Breastfeeding Coalition- Baby Friendly Hospitals Map, and CinnaMoms a breastfeeding support program.

Provider suggested it would be helpful if the CME is recorded for those that are not able to attend on the scheduled day and time. It was noted that all CMEs are recorded.

C. Telehealth Discussion

Dr. Bishop shared new guidance in telehealth services with the Group. The guidelines may remain in place for some time, if not, permanently. 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. Guidelines for telephonic and video visits and billing codes were shared with the Group.

Provider noted they appreciated telehealth is inclusive of telephone as well as video. There was a question regarding behavioral health inclusion of telephone visits with therapists. Jordan Turetsky noted the allowance does extend to behavioral health and information will be posted on the Alliance website. Also noted, there is legislation for changes to be instituted beyond the
state of emergency; and Provider Services is tracking legislative updates. Provider noted telehealth visits have been very important for their patients and conducting visits over the phone helpful. Dr. Bishop noted behavioral health access has improved with telehealth visits.

6. **Open Discussion**

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

No topics for open discussion.

Dr. Bishop thanked the Group for their input and participation.

The meeting adjourned at 1:30 p.m.

Respectfully submitted,

Ms. Tracy Neves  
Clerk of the Advisory Group

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Updates to CBI 2020 and 2021

- Initial Health Assessments (IHA) can be completed through virtual visits

- Provider news sent November 17th, 2020 to Primary Care Provider’s distribution list
Possible CBI 2022 Changes

• Programmatic Measures
  – Add: Breast Cancer Screening, Controlling High Blood Pressure
  – Modify: Antidepressant Medication Management for Screening for Depression and Follow-up Plan
  – Retire: Body Mass Index Assessment: Children & Adolescents, Maternity Care: Post-Partum Care, Maternity Care: Prenatal

• Exploratory Measures
  – Add: Health Disparity Measure
Questions?
Pharmacy Carve Out
Physicians Advisory Group

Navneet Sachdeva, Pharm D.
Pharmacy Director
December 3, 2020
TOPICS:

1. Medi-Cal Rx Benefit
2. Preparation and Planning
3. Implementation
   • Member Outreach & Engagement
   • Provider Awareness & Training
   • Operational Readiness and Transition Period
4. Summary
Medi-Cal Rx Benefit

• Originally January 1, 2021, now delayed to April 1, 2021. Medi-Cal Rx will deliver the outpatient prescription benefit through Magellan Medicaid Administration Inc.

• Includes outpatient drugs, supplies and enteral nutrition products.

• No changes to medical and/or institutional claims as they remain Plan responsibility.

• Members will be able to continue all current medications for 180 days.

• Provision for some common chronic conditions (asthma, COPD, hypertension and diabetes) to continue current medications for up to 5 years.
Preparation and Transition Planning

• External stakeholder meetings among DHCS, Magellan and Plans
  – Medi-Cal Rx Advisory Workgroup
  – DHCS Managed Care
    Pharmacy Carve-Out Workgroup
  – Magellan Technical Support Workgroup

• Internal Alliance Project Subgroup meetings
IMPLEMENTATION

• Member Outreach & Engagement.
• Provider Awareness & Training.
• Operational Readiness and Transition Period.
Member Outreach/Engagement

- Member notice (90/60 day-DHCS)
- Communication modalities:
  - Educational Flyer, Website landing page,
  - Newsletter, Social Media posts
- Member Services Advisory Group (MSAG) discussions
- Special notices for mail order and compounding
- Updated Member Handbook.
- Identifying and intervening on pharmacy panel gaps
- Direct care management outreach
- Outreach to High Risk CCS Members on Specialty Drugs and Specialty Care Centers
- Member Notice + Member ID Card (30 day Alliance)
Provider Awareness and Training

- DHCS has sent out notices to providers and pharmacies.
- Training through DHCS portal
- Alliance/Provider meetings
  - JOC, CJOC
  - CQIC
- Provider Bulletin and Website landing page
- Updated Provider Manual
- Magellan Portal sign-up
- Network Pharmacy outreach
Additional Alliance’s Readiness Efforts

- Training and updating impacted Alliance departments
  - Pharmacy Team Table Top Scenarios
  - Update internal documentation
  - Employee newsletter, speaking points and FAQs
- Submission of required deliverables
  - Updates to policies, procedures and contracts
  - Updated member ID cards
- Interface development and testing cycles
- Oversight of claims data exchange from Alliance PBM (MedImpact) to Magellan
- Magellan Portal sign up and Alliance Clinical Liaison training for designated users
- Care coordination workflow development
- Specialty care management contingency plan
- Continued closure of formulary gaps with DHCS
Open Issues Remaining

- Magellan Portal Sign up and training for providers
- Specialty Pharmacy case management
- Pharmacy immunization procedure payments
- CDL gap analysis and reduction
- Magellan operational readiness for claim processing.
- Magellan Clinical Liaison roles and functions
- Pharmacy Provider Network Adequacy
Post Implementation Activities

• Track all member and provider inquiries, monitor and intervene.
• Review daily data feeds from Magellan to monitor for denials and determine access issues.
• Review any Medi-Cal claims submitted to MedImpact and intervene.
• Utilize Magellan Clinical Liaison for care coordination.
• Implement Clinical programs such as Med Rec, MTM or Medication Adherence.
Summary

• Medi-Cal Rx results in significant, potentially disruptive changes for members, providers and Plans.

• Preparation, communication, monitoring, problem solving and contingency planning are critical to ensure a successful transition for Alliance members.
QUESTIONS?

ACE Site: http://ace/PCS/PharmacyCarveOut/default.aspx
### PHYSICIANS ADVISORY GROUP

#### MEETING CALENDAR FOR 2021

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<tr>
<td>Thursday, June 3</td>
<td>12:00 PM to 1:30 PM</td>
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<tr>
<td>Thursday, September 2</td>
<td>12:00 PM to 1:30 PM</td>
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<tr>
<td>Thursday, December 2</td>
<td>12:00 PM to 1:30 PM</td>
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Meetings will be held via GoToMeeting