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AGENDA
WHOLE CHILD MODEL CLINICAL ADVISORY COMMITTEE

DATE: Thursday, March 18, 2021

TIME: Noon – 12:10 p.m.: Call to Order
12:10 – 1:00 p.m.: Meeting of the Committee

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.

Join the meeting via the GoToMeeting information provided below:

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Meeting Participant:

- 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 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 December 17, 2020.

- A. Reference Materials: Minutes as above.
- B. Grievance Update S. Sanders

Regular Agenda Items: 12:20 p.m.

4. Old Business

- A. Referral/Case load follow-up D. Diallo, MD

5. Open Discussion

- A. Committee may discuss any urgent items. All

6. Adjourn: 12:50 pm

The next Whole Child Model Clinical Advisory Committee meeting will take place on
Thursday, June 17, 2021 from 12:00 - 1:00 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.



Whole Child Model Clinical Advisory Committee

Meeting Minutes

Thursday, December 17, 2020

12:00 p.m. 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:

Liz Falade, MD

Robert Dimand, MD

Gary Gray, DO

John Mark, MD

Provider Representative

Provider Representative

Board Representative

Provider Representative

Committee Members Absent:

Jennie Jet, MD

Amanda Jackson, MD

Salem Magarian, MD

Patrick Clyne, MD

Provider Representative

Provider Representative

Provider Representative

Provider Representative

Staff Present:

Dale Bishop, MD

Maya Heinert, MD

Dianna Diallo, MD

Jennifer Mockus

Lilia Chagolla

Mary Brusuelas, RN

Michelle Stott, RN

Sarah Sanders

Tammy Brass, RN

Dana Marcos

Angelique Milhouse

Ronita Margain

Tracy Neves

Chief Medical Officer

Medical Director

Medical Director

Community Care Coordination Director

Regional Operations Director

UM & Complex Case Management Director

Quality Improvement & Population Health Director

Grievance and Quality Manager

UM Manager - Prior Authorizations

Member Services Director

Provider Relations Liaison

Regional Operations Director

Clerk of the Committee

Hospital Representatives Present:

Vinyon Jackson

Hospital Representative

1. Call to Order by Chairperson Bishop.

Chairperson Dr. Dale Bishop called the meeting to order at 12:05 p.m.
Roll call was taken.

2. Oral Communications.

Chairperson Dr. Dale 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.

3. Consent Agenda Items.

A. Approval of WCMCAC Minutes

Minutes from the September 17, 2020 meeting were reviewed.

B. Grievance Update

Dr. Bishop reviewed the Grievance presentation with the Committee. There was a question regarding grievance turnaround time. Urgent grievance requests are completed within 48 hours and routine requests within 30 days.

M/S/A Consent agenda items approved.

4. Old Business

A. COVID-19

Dr. Bishop noted COVID has recently become more problematic for the hospitals, and asked the Committee about their experiences. Provider noted pediatric patients under 1 year of age and those with underlying conditions tend to have more issues. Packard has had some increase in admissions but most patients have come in and been released; overall only a slight increase but nothing critical. Dr. Bishop noted that members ages 24-54 served by the Alliance are at highest risk and experiencing exposures.

Provider noted their hospital has been full for a week with 3-4 patients remaining in the emergency room. Once beds are free, they are immediately filled with another patient. The hospital is at capacity. Some patients are coming in for surgical procedures, are asymptomatic, and testing positive for COVID. Dr. Bishop noted that the Alliance is setting-up coverage schedules to assist providers with discharge placement during this time.

5. New Business

A. Title V, CCS Evaluation & CCS Eligibility

Dr. Diallo noted there has been concerns expressed by the State CCS Advisory Group and DHCS about an observed decrease in Whole Child Model (WCM) referrals, when plan Whole Child programs are compared to County CCS programs. Meetings are taking place to address the issue and a root cause analysis was done by the Quality Improvement department. Dr. Diallo shared data received from DHCS with the Committee illustrating the percentage of decrease for each county.

Prior to WCM, the referrals included PCPs, subspecialists, hospitals and the Alliance.

Counties opened CCS cases for a 3-month diagnosis period, and there were duplications from referral sources. After WCM, some confusion existed around providers being aware that they still needed to refer patients to CCS. Also, as a result, there were minimal duplicate referrals, inconsistencies around opening for diagnostic work-ups and delineation of responsibilities on referral processes. Per the Tri-County Quarterly meeting, there was a decrease in trauma/neonatal intensive care unit (NICU) referrals. Dr. Diallo presented a timeline that included the number of caseloads by health plans from 2015 to 2019. Some important dates noted included provider fax blasts, go-live, and referral clarifications made by DHCS. The Alliance is doing the following to increase referrals:

- Education of providers to resume CCS referrals through Joint Operational Committees.
- Quick reference guide for diagnoses.
- Provider outreach to panel targeted providers.
- Monthly meetings with counties to facilitate the referral and enrollment processes.
- Claims data, authorization, and pharmacy report reviews to capture diagnoses.

The Alliance is working to identify gaps by working with the counties, conducting monthly meetings, evaluation of the referral process and the Alliance’s role in supporting those referrals. Some improvements made include risk stratification and ICP process improvement, age-out transition plans and eligibility.

Dr. Diallo noted UCSF family health outcomes project released the findings of the Title V Needs Assessment in March 2020. Based on the Alliance’s WCM demographic data, compared to the state of California, Alliance members are more medically complex; predominately Hispanic; have less educational attainment; and require interpreting services more often.

Some Key Findings from Title V Needs Assessment:

ASSESSMENT TOPIC	CCAH	STATE
Family Effort:		
20+ hours per week family coordinating care	33%	14%
20-30 hours per week family provides care for medical condition	20%	7%
70+ hours per week family provides care for medical condition	14%	19%
Family needs to decrease work hours or leave job because of child's health	72%	53%
Health care provider helps link with support:		
Yes	43%	36%
No	27%	33%
Not Sure	31%	32%
Type of social/emotional support would help:		
Online or Tele-Support Group	20%	19%
In Person Support Group	40%	23%
Parent Mentor or Partner	22%	11%

Some key takeaways from the Title V Needs Assessment include the need for improved communication and education around resources, enhanced orientation/welcome written information, WCM webpage on the Alliance website and workshops targeting larger topics.

Next steps include; continue focus on increasing paneled providers and provider education on CCS referral process, continue to work with DHCS and counties to identify the gaps and work to close those gaps and target identified responses to the need's assessment.

Provider noted it might be helpful to reach out to other providers to see what are the barriers and how we can assist with referrals. Another provider noted the variability with the diagnostic referrals and the variability county by county.

Dr. Bishop noted the Alliance received new data through June and there has been an increase in Alliance Whole Child case eligibility suggesting that referrals have been increasing, the work the Alliance is doing seems to be working and progress is being made. The data through June will be shared at the next WCMCAC meeting. Dr. Bishop encouraged the Committee to reach out to the Alliance with any suggestions regarding how we can improve and better serve providers.

6. Open Discussion

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

Dr. Mark noted patients that need transportation to appointments have encountered issues with Uber and Lyft. Once the driver arrives and is made aware the appointment is at Packard, they leave and the member is unable to make it to his/her appointment. Another situation is the patient is transported to the appointment and the driver leaves, causing the patient to wait several hours for a ride home. Assistance is needed with member transportation in Greenfield, Salinas, and South County. Dana Marcos, Member Services Director, noted she is currently looking at the vendors and has implemented new practices. **Action:** Dana will connect with Dr. Mark to receive more information regarding the situation.

No further discussion.

The meeting adjourned at 12:50 p.m.

Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Committee

The Whole Child Model Clinical Advisory Committee is a public meeting.



Whole Child Model Grievances

Whole Child Model, Clinical Advisory Committee; WCMCAC

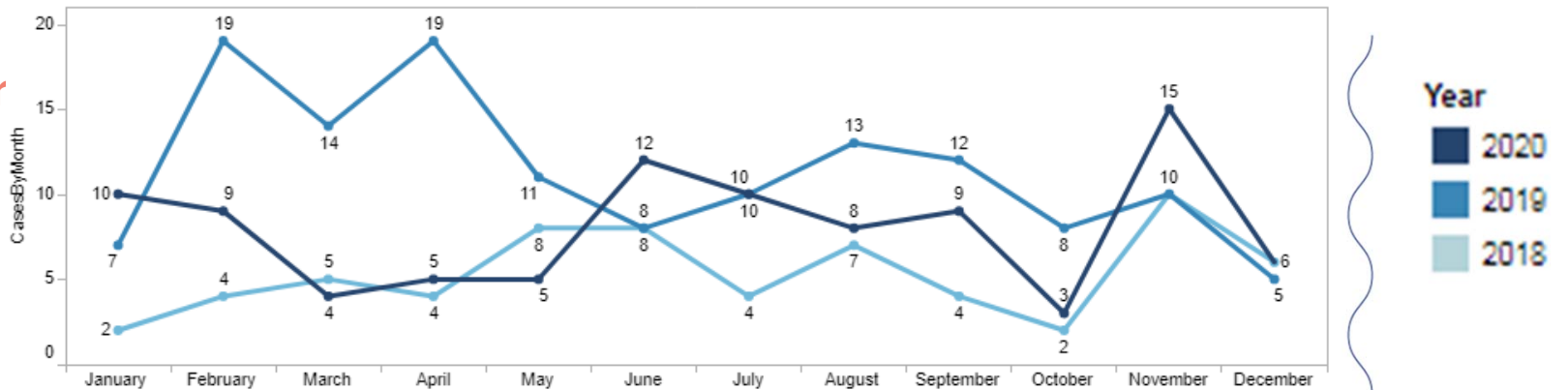
Prepared by: Sarah Sanders, Grievance and Quality Manager

3/18/2021

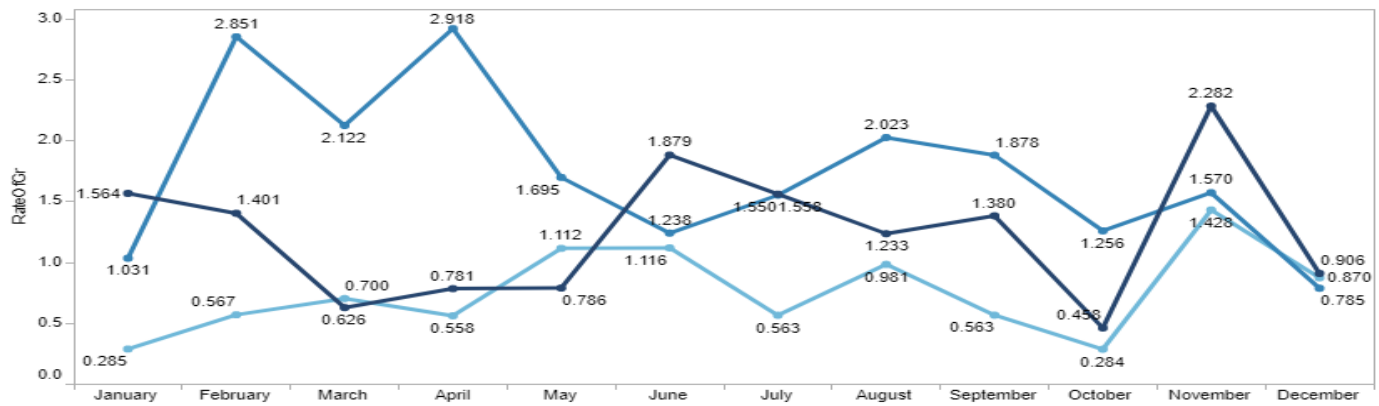


WCM GRIEVANCE RATE: Per thousand WCM/CCS Members Per Month (PKPM)

Number
Rec'd



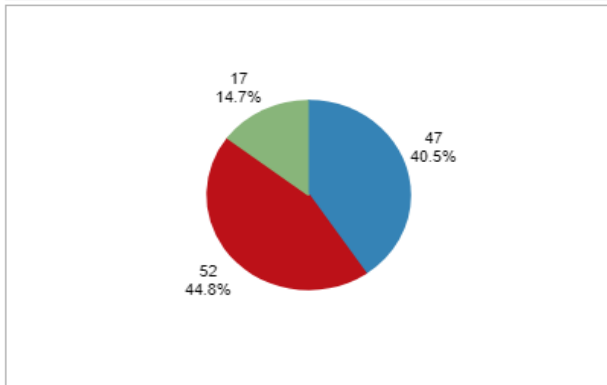
RATE



Q4 2020 WCM GRIEVANCES by LOCATION

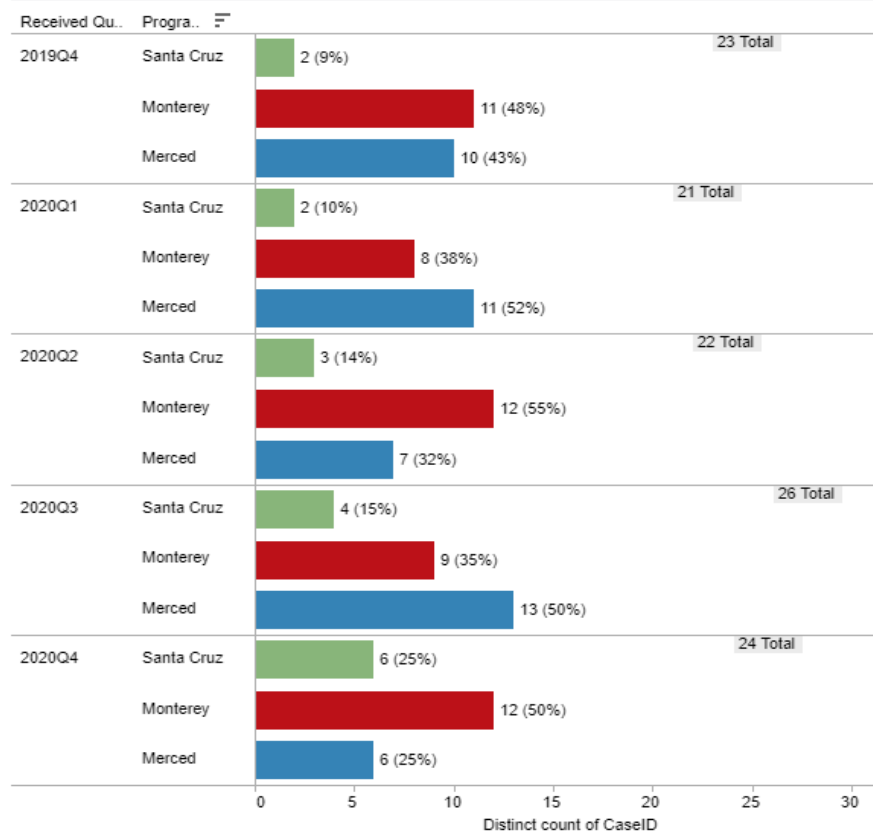
WCM Grievances by Member Location

Last update: 3/5/2021 6:13:11 AM



WCM Grievances by Member Location by Quarter

Last update: 3/5/2021 6:13:11 AM

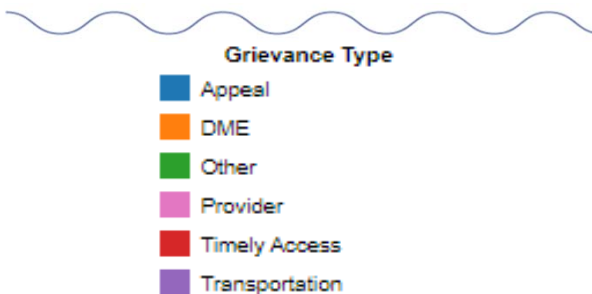
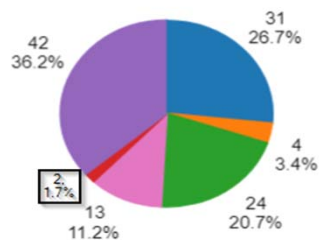
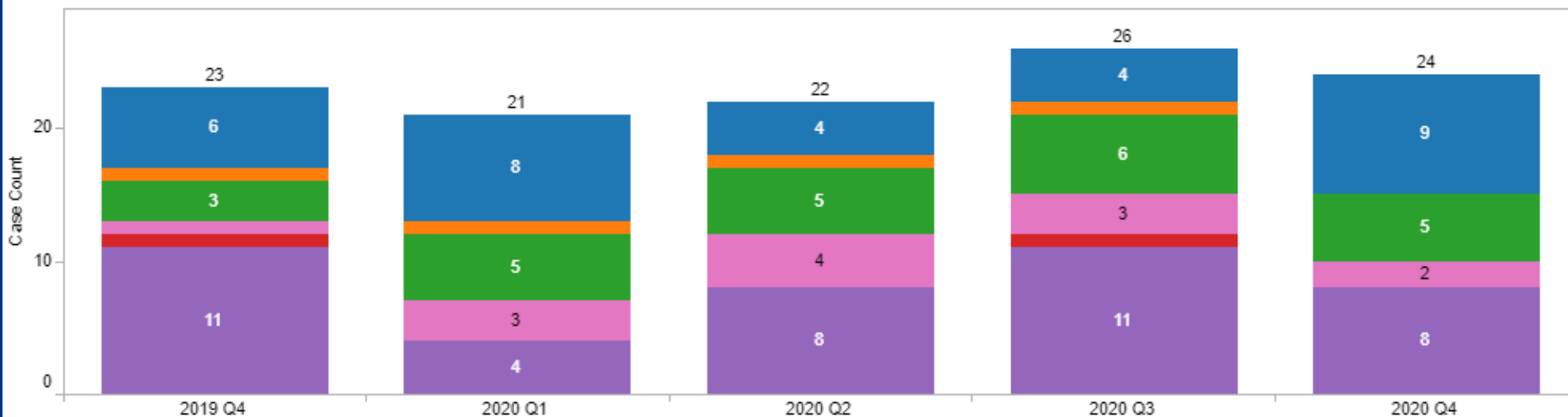


- Santa Cruz
- Monterey
- Merced



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WCM Q4 2019 through Q4 2020 GRIEVANCES by TYPE





WCM Review

Q4 2020 TRENDS

REVIEW and TRENDS:

1. WCM Grievances closely monitored and trended by the Staff Grievance Review Committee (SGRC)
2. WCM Grievances **STABLE**
3. Recurring themes include:
 - ❖ Transportation
 - ❖ Genetic Testing
 - ❖ Provider Billing

WCM GRIEVANCE **CASE REVIEW**

WCM Case Review #1

- Parent notified of provider bill from 2019
- Provider billing error as CCAH was not billed correctly
- Provider Services requested that account be removed from patient responsibility and our PS department encouraged the provider to rebill correctly (corrected claim)

WCM Case Review #2

- Grandparent requested an appeal for genetic testing
- The provider submitted additional medical records to support an Epilepsy Gene Panel as the results would impact treatment
- The authorization was approved during the appeal based on the new information received

WCM Case Review #3 NMT

- Vendor drove family to an additional location after doctor visit which caused an extended delay back to residence
- Vendor confirmed a scheduling dispatch error occurred and the provider rec'd a substantiated formal complaint.
- Member added to CTC Case Monitoring to prevent disruptions



WCM **GRIEVANCE** Next Steps



- Monitor Emerging issues
- Aim to intervene quickly to prevent adverse events
- Proactively connect during COVID-19 and environmental impact (power outages) to support WCM Members



Questions?

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WHOLE CHILD MODEL CLINICAL ADVISORY COMMITTEE MEETING CALENDAR FOR 2021

Thursday, March 18	12:00 PM to 1:00 PM
Thursday, June 17	12:00 PM to 1:00 PM
Thursday, September 16	12:00 PM to 1:00 PM
Thursday, December 16	12:00 PM to 1:00 PM

All meetings will be held via GoToMeeting