AGENDA

For a Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Wednesday, August 08, 2018, 6:30-8:30 PM
Santa Clara Family Health Plan, Sycamore
6201 San Ignacio Avenue, San Jose, CA 95119
and

VIA TELECONFERENCE AT:
3411 S. Conway Ct.
Kennewick, WA 99337

1.	**Introduction**	Dr. Paul	6:30	5 min.
2.	**Meeting Minutes** Review minutes of the May 9 and June 6, 2018 Quality Improvement Committee meeting. Possible Action: Approve 05/09 and 06/06/2018 minutes	Dr. Paul	6:35	5 min.
3.	**Public Comment** Members of the public may speak to any item not on the Agenda; two minutes per speaker. The Committee reserves The right to limit the duration of public comment period to 30 minutes.	Dr. Paul	6:40	5 min.
4.	**CEO Update** Discuss status of current topics and initiatives.	Ms. Tomcala	6:45	10 min.
5.	**Action Items**			
	a. Cultural Needs and Preferences Assessment Evaluation **Possible Action:** Approve Cultural Needs and Preferences Assessment Evaluation	Ms. Switzer	6:55	10 min.
	b. Availability of Practitioners Evaluation **Possible Action:** Approve Availability of Practitioners Evaluation	Ms. Switzer	7:05	10 min.
	c. Member Services Telephone Access Evaluation **Possible Action:** Approve Member Services Telephone Access Evaluation	Ms. Enke	7:15	10 min.

	d. Cultural and Linguistics Program Workplan **Possible Action:** Approve Cultural and Linguistics Program Workplan	Ms. Shah	7:25	10 min.
6.	**Discussion Items**		7:35	30 min.
	a. Annual Assessment of Member and Provider Experiences With UM Process	Ms. Carlson		
	b. HEDIS Results 2018	Ms. Chang		
	c. Initial Health Assessment (IHA) Quality Study 2nd Half '17	Ms. Chang		
	d. Timely Access Survey Results (VHP)	Ms. Switzer		
	e. Appeals and Grievances	Mr. Breakbill		
	f. Conflict of Interest Forms	Dr. Liu		
7.	Committee Reports			
	a. Credentialing Committee Review June 6, 2018 report of the Credentialing committee **Possible Action:** Approve Credentialing Committee report as presented.	Dr. Robertson	8:05	5 min.
	b. Pharmacy and Therapeutics Committee Review March 18, 2018 minutes of the committee meeting **Possible Action:** Approve Pharmacy and Therapeutics Committee minutes as presented.	Dr. Lin	8:10	5 min.
	c. Utilization Management Committee Review minutes of the April 18, 2018 UM committee meeting **Possible Action:** Approve Utilization Management Committee minutes as presented.	Dr. Lin	8:15	5 min.
	d. Compliance Report	Ms. Larmer	8:20	5 min.
	e. Quality Dashboard	Dr. Liu	8:25	5 min.
8.	Adjournment	Dr. Paul	8:30	

Notice to the Public—Meeting Procedures

- Persons wishing to address the Committee on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Caroline Alexander 48 hours prior to the meeting at 408-874-1835.
- To obtain a copy of any supporting document that is available, contact Caroline Alexander at 408-874-1835. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Avenue, San Jose, CA 95119.
- This agenda and meeting documents are available at www.scfhp.com

Meeting Minutes

SCCHA Quality Improvement Committee

Wednesday, May 09, 2018

Voting Committee Members	Specialty	Present Y or N
Nayyara Dawood, MD	Pediatrics	N
Jennifer Foreman, MD	Pediatrics	N
Jimmy Lin, MD	Internist	Y
Ria Paul, MD, Chair	Geriatric Medicine	Y
Jeff Robertson, MD, CMO	Managed Care Medicine	Y
Christine Tomcala, CEO	N/A	N
Ali Alkoraishi, MD	Adult & Child Psychiatry	Y
Jeffrey Arnold, MD	Emergency Medicine	N
Darrell Evora, Board Member	N/A	N

Non-Voting Staff Members	Title	Present Y or N
Johanna Liu, PharmD	Director of Quality and Pharmacy	Y
Lily Boris, MD	Medical Director	Y
Chris Turner	Chief Operating Officer	Y
Robin Larmer	Chief Compliance and Regulatory Affairs Officer	Y
Darryl Breakbill	Grievance and Appeals Operations Manager	Y
Sandra Carlson, RN	Director of Medical Management	Y
Carmen Switzer (via telephone)	Provider Network Access Manager	Y
Renee Rodriguez	Grievance and Appeals Supervisor	Y
Jamie Enke	Manager, Process Improvement	Y
Divya Shah	Health Educator	Y
Sherry Holm	Director of Behavioral Health	Y
Kim Engelhart	Quality Improvement Nurse	Y
Caroline Alexander	Administrative Assistant	N

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Introductions	Ria Paul, MD Chairman called the meeting to order at 6:05 p.m. Quorum was not established.			
Review and Approval of February 21, 2018 minutes	Review of the minutes of the February 21, 2018 Quality Improvement Committee Meeting was deferred due to lack of quorum.	Quorum not established. Bring to June 6th Ad Hoc meeting for approval.		
Public Comment	No public comment.			
CEO Update	Dr. Robertson presented the CEO update on behalf of Ms. Tomcala. Health Plan has been busy with audits. Mock NCQA audit took place during week of April 30th and went well. DHCS audit took place during the weeks of April 9th and April 16th. Received preliminary report of findings during exit conference. Four to six findings compared to twenty four findings last year. Dr. Robertson requested help with NCQA. Discussed increasing frequency of Quality Improvement committee meetings through end of year to every two months. Will create preliminary schedule and distribute to committee members. Move to new building will take place end of July. Question to committee members regarding time preference. Will the current meeting time continue to work for committee members or consider changing time to noon? Dr. Paul requesting discuss amongst committee members and decide on time. Proposing 7 pm. And will discuss time at next meeting. Dr. Robertson presented an update on membership. Membership has remained fairly flat at 265,000. Introduced Dr. Ria Paul as newest member of Governing Board.			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Action Items				
A. Review of QI Workplan	Deferred due to lack of quorum.	Present all actions items at June 6th Ad Hoc Quality Improvement Committee meeting		
B. Review of QI Program Evaluation 2017	Deferred due to lack of quorum.			
C. Review of Population Health Management Description	Deferred due to lack of quorum.			
D. Review of Case Management Program Evaluation 2017	Deferred due to lack of quorum.			
E. Review of Health Education Workplan	Deferred due to lack of quorum.			
F. Review of Health Education Program Evaluation 2017	Deferred due to lack of quorum.			
G. Annual Review of Quality Improvement Policies	Deferred due to lack of quorum.			
Discussion Items				
A. Access and Availability	Ms. Turner introduced Carmen Switzer, Provider Network Access Manager to the group. Ms. Switzer shared the results of the Provider Appointment Availability Survey (PAAS). Provider Network Management continues to monitor this through annual primary care physician appointment availability survey. For measurement year of 2017, unable to reach sample size required for provider groups listed. Required to administer survey May through December 2017. Administered later in the year. Did not include non-physician mental health.	Bring results of VHP study to next meeting Present action plan for improvement next meeting		

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
	Surveyed four networks (10-Individually Contracted Providers, 40-Palo Alto Medical Foundation, 50-Physicians Medical Group of San Jose, and 60-Premier Care). Rate of compliance-standard for Specialist urgent care is 96 hours from time of call. A total of 104 providers were surveyed and 45% were compliant. Standard for Specialists non-urgent appointment is within 15 business days. A total of 111 providers were surveyed and 51% were compliant. Standard for Primary Care urgent appointment is 48 hours from time of call. A total of 157 providers were surveyed and 71% were compliant. Standard for Primary Care non-urgent appointments is within 10 business days. A total of 155 providers were surveyed and 92% were compliant. Ancillary non urgent care services should be available within 15 business days. A total of 24 providers were surveys and 92% were compliant. Most providers answered positively regarding the Plan's language line assistance support, and most answered that they provide interpreter services to patients who require it. 137 CAP letters to providers. We believe most (not all) providers who resulted in non-compliance, may actually be compliant. It appears that when the surveys are completed, some call centers do not answer the questions correctly. A few providers who received CAP letters reported this as an issue..			
B. Appeals and Grievances	Mr. Breakbill presented the Appeals and Grievances update. Since July, have seen an increase in grievances. Trying to identify root cause. Q12018 majority of grievances for quality of service related to DME and transportation. Quality of care grievances related to ability to get supplies timely. Determinations have not really changed. Appeals upheld medical. Higher overturn rate in pharmacy appeals. Reviewed rates per 1000. Increase in appeals attributed to APL made member file appeals before state fair hearings. Have since decreased. All local plans have seen an increase in grievances. Attributed to the fact that regulators have been letting members know they can file grievance.			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
C. Initial Health Assessment (IHA) Quality Study	Dr. Liu presented the Initial Health Assessment (IHA) Quality Study from 1st half of 2017. Key to making sure new members get established to prevent any gaps in care. Rates are very low. DHCS expects plan to continue to pursue member after 120 days. Also inquiring about actions plan took for the non-compliant providers. Plan is doing provider education but no CAPs yet. Discussed new ideas to improve IHA compliance.			
Committee Reports				
A. Credentialing Committee	Not presented due to lack of quorum.			
B. Pharmaceutical and Therapeutics Committee	Not presented due to lack of quorum			
C. Utilization Management Committee	Not presented due to lack of quorum			
D. Consumer Advisory Board	Not presented due to lack of quorum			
E. Compliance Report	Not presented due to lack of quorum			
F. Quality Dashboard	Not presented due to lack of quorum			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Adjournment	Meeting adjourned by Dr. Ria Paul at _____ p.m.			
Next Meeting	Wednesday, June 06, 2018- 6:30 PM	Calendar and attend.	All	

Reviewed and approved by:

_____ Date _____

Ria Paul, MD
Quality Improvement Committee Chairperson

Meeting Minutes

SCCHA Quality Improvement Committee

Wednesday, June 06, 2018

Voting Committee Members	Specialty	Present Y or N
Nayyara Dawood, MD	Pediatrics	N
Jennifer Foreman, MD	Pediatrics	Y
Jimmy Lin, MD	Internist	Y
Ria Paul, MD, Chair	Geriatric Medicine	Y
Jeff Robertson, MD, CMO	Managed Care Medicine	Y
Ali Alkoraishi, MD	Adult & Child Psychiatry	Y
Jeffrey Arnold, MD	Emergency Medicine	Y
Christine Tomcala, CEO	N/A	N

Non-Voting Staff Members	Title	Present Y or N
Johanna Liu, PharmD	Director of Quality and Pharmacy	Y
Lily Boris, MD	Medical Director	Y
Robin Larmer	Chief Compliance and Regulatory Affairs Officer	Y
Sandra Carlson, RN	Director of Medical Management	Y
Jamie Enke	Manager, Process Improvement	Y
Divya Shah	Health Educator	Y
Caroline Alexander	Administrative Assistant	Y

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Introductions	Ria Paul, MD Chairman called the meeting to order at 6:35 p.m. Quorum was established at this time.			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Review and Approval of February 21, 2018 minutes	The minutes of the February 21, 2018 Quality Improvement Committee Meeting were reviewed. It was moved, seconded to approve minutes as written.	Minutes of the February 21, 2018 meeting were approved as presented.		
Follow up Items	Two follow up items regarding Access and Availability were to be presented at the May 9th Quality Improvement Committee meeting: • Bring results of VHP study to next meeting • Present action plan for improvement next meeting	Action items were not available and will be followed up on at August 8th QI Committee meeting	Carmen Switzer	August 8, 2018
Public Comment	No public comment.			
Action Items A. Review of QI Program Evaluation 2017	Dr. Liu presented the QI Program Evaluation for 2017. For Medi-Cal Measures: Childhood Immunization Status measure, performed well this year. Trending up from the last 5 years. Part of provider performance program as well as auto assignment measure. Well Child Visits decreased a bit. Part of provider performance program measure. Will continue to work on this measure. Pre natal and Postpartum care trending up. Increasing member incentives for each trimester to encourage members to seek care during each trimester. Question from Dr. Paul regarding if there has been a drop in pregnancy rate. Dr. Robertson mentioned fertility rate has dropped.	Approved as presented.		

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
	Cervical Cancer Screening is above MPL but below HPL. Also a provider performance measure. Blood Pressure Control, 2016 abbreviated medical record review, improved in 2017. For Cal Medi-Connect Measures: Lower is better. Improved from 2016 to 2017. All Cause Readmissions: Quality withhold measure on MediCare side. Improved in this measure. Follow up after hospitalization for Mental Illness: Improved in this measure from last year. Working closely with County Behavioral Health Services Department. Possible lack of data contributing to the low number. Potential Quality of Care Issues (PQI's): 233 PQI's reported in 2017: • 12 were level 0 • 184 were level 1 • 32 were level 2 • 5 were level 3 • 0 were critical incidents			
B. Review of QI Work plan 2018	Dr. Liu presented the QI Work plan 2018. Additions were around NCQA requirements. Tasks are across the organization but fall under Quality standards as part of NCQA standards. Many were carried over from 2017 for quality operations.	Approved as presented.		
C. Review of Case Management Program Evaluation 2017	Ms. Carlson presented the Case Management Program Evaluation for 2017. Program Goals and Objectives align with NCQA requirements. In November 2016, contracted with Optum for Disease Management and Case Management services. August 2017 Health Plan was notified by CMS organization failed to meet regulatory requirements for HRA completion. The Health Plan was put on a performance improvement plan. 32.9% HRA Completion rate in Q1 2017. November 2017 HRA completion rate was not met. Terminated contract with Optum. Building an internal case management	Approved as presented.		

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
	team. Timing coincided with Implementation of Essette, new case management program software. Reported weekly to CMS on progress and HRA completion rates. Over 2 month period, increased rate of HRA completion to above 90%, almost 100%. The Health Plan was removed from performance improvement plan. Increased staffing to a total of 21 team members. Have continued to develop Essette in order to enhance more of the regulatory requirements. Built in all of the NCQA requirements. Dr. Alkoraishi asked how CMS tracked our progress weekly on HRA completion. Per Ms. Carlson, weekly webinars were held with CMS to report out progress. Dr. Paul inquired about what methods are used to conduct an HRA. Dr. Robertson stated some are in person, most are done by phone.			
D. Review of Population Assessment Report 2018	Dr. Liu presented the Population Assessment Report for 2018. SCFHP did a comprehensive assessment of its population, using county-wide data as well as plan-specific data such as HEDIS and member self-reported Health Risk Assessments to analyze overall needs. Key indicators were identified and analyzed using factors such as age, ethnicity and gender. Based on the data analyzed in this report, SCFHP was able to form generalizations about the needs of member groups. The overall goal of this report was to identify needs and address them to better service SCFHP members. To do this, SCFHP reviewed data from many sources including the Santa Clara County Public Health Department, Centers for Medicare & Medicaid Services (CMS), and internal data such as HEDIS and responses form the SCFHP HRA. The data analyzed provided an overall picture of one's healthcare experience and the barriers that may exist to obtaining care and maintaining optimal health. It also provided insight on social determinants of health and the role they play in shaping a person's healthcare experience. Dr. Paul asked how frequently we present this report. Dr. Boris stated it is done annually and is an NCQA requirement to show plan is addressing the entire population health.	Approved as presented.		
E. Review of Population Health Management Strategy 2018/	Ms. Carlson presented the Population Health Management Strategy for 2018 and Population Health Activities and Resources. As a result of the population assessment done,	Approved as presented.		

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Population Health Activities and Resources	identified some of the groups that stood out as high numbers of people that needed help. Came up with specific populations of members with targeted specific needs: Type 2 diabetics, members with multiple uncontrolled chronic conditions, homeless members, severe mental illness, and high utilizers of Medi-Cal, including long term care members. Redesigned care coordination activities for each subpopulation. Reviewed and updated staffing needs to implement programs and coordinate community resources. Through the redesign of program resources, activities and staffing, developed and initiated implementation of a population health management strategy. Took population of 7500 individuals and developed criteria which puts members into tiers, within each tier there are subcategories of case management programs, resources, and staffing. NCQA will be reviewing case files for the Tier 1 Complex Case Management population. At the end of one year, will be looking at all Population Health program goals and measuring program effectiveness. Introduces transition of care, coordination between case management and utilization management to make sure members get care needed upon discharge from hospital. NCQA requires an annual evaluation of the Population Health Strategy. Dr. Paul had a question regarding how the tiers were developed. Was it mandated by NCQA or did health plan develop it? The health plan decided how to set up tiers. Followed guidelines by which program will be evaluated during survey to develop the tiers. Dr. Paul asked about diabetes. Is it type 2 diabetes we are looking it, uncontrolled or controlled? Are we specifying this in the tiers? Dr. Liu stated it is not spelled out specifically in the tiers, but placement in the tiers would depend on the results of the assessment done on them. Dr. Robertson stated this is more of a strategy document. Dr. Paul asked if we had a lot of homeless in Cal MediConnect population. Dr. Robertson indicated there are about 500 in Cal MediConnect. Dr. Lin asked which members are included in each tier of case management. Ms. Carlson stated every Cal MediConnect member will be in one of the tiers and enrolled into a case management program. Goal is to show that we are decreasing ER visits and hospitalizations and assisting with stabilizing members. Dr. Paul inquired as to what transitional care plan includes. Ms. Carlson stated that there is a transition of care post discharge assessment. Anyone discharged to home from acute care facility or hospital			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
	is followed up within 72 hours of discharge to make sure they received prescriptions, have a follow up appointment, transportation to appointment. Utilization Management nurse can automatically do a referral to case management after assessment. Medication reconciliation is also done at this time.			
F. Review of Health Education Program Evaluation 2017	Ms. Shah presented the Health Education Program Evaluation for 2017. Initial Health Assessment moved over to work plan. A few member incentives were closed out: Controlling Blood Pressure with 4.9% response rate, Diabetes Retinal Eye Exam 3.9% response rate, and Cervical Cancer Screening 1.3% response rate. Conducted class visits to all health education vendors. Started exploring new class options to add to current offerings.	Approved as presented.		
G. Review of Health Education Work Plan 2018	Ms. Shah presented the Health Education Work plan for 2018. Initial Health Assessment was added to Work Plan. Continuing Controlling Blood Pressure incentive. Launching new incentive program around Childhood Immunizations. Prenatal program is a three tier incentive program: first trimester, second trimester, third trimester. Working on renewing contracts with vendors for health education classes. Looking at adding new classes. Working with City of San Jose to expand fitness center options in Santa Clara County. Piloting a Healthy Living Day Camp for children.	Approved as presented.		
H. Annual Review of Quality Improvement Policies	Dr. Liu presented updated policies. QI.08 Cultural and Linguistically Competent Services modified Group Needs Assessment from every 3 years to every 5 years. QI.13 Comprehensive Case Management (CCM) added verbiage specific to NCQA and Population Health Management structure.	Approved policies QI.1 to QI.22 as written.		

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
	Included information about referrals to case management. Includes NCQA criteria CCM program is required to address. QI.14 Disease Management: propose retire this policy. Case Management (CM) and Disease Management (DM) were seen as separate bodies previously, now NCQA has retired having CM and DM as separate entities. Merged together under Population Health Management. QI.17 Behavioral Health Care Coordination edited to indicate plan defines processes for provision of Early, Periodic Screening, Diagnostic and Treatment services for members 0 to 21 years of age which includes medically necessary Behavioral Health Treatment services with or without an Autism diagnosis. QI.20 Information Sharing with SARC: continuing along state mandated coverage for autism. Coordinate with SARC to provide comprehensive assessment, diagnosis of autism versus developmental diagnosis. QI.21 Information Exchange Santa Clara Family Health Plan and County of Santa Clara Behavioral Services Department clarifies relationship with County Mental Health. QI.26 Continued Access to Care, informational only. Will convert to procedure. Facilitating notification to members about provider's termination and transition to another provider.			
Committee Reports				
A. Credentialing Committee	Dr. Robertson presented the February 7th and April 4th Credentialing Committee meeting minutes. No adverse action taken. No providers put on probation, suspended or terminated.	Minutes of the February 7th and April 4th, 2018 Credentialing Committee meeting were approved as presented.		
B. Pharmaceutical and Therapeutics Committee	Dr. Lin presented the December 14th Pharmaceutical and Therapeutics Committee meeting minutes. 100% compliance on turnaround time of 72 hours. Mavyret added to formulary with prior authorization. Added Vitamin D3 50,000 unit capsule to formulary. Added Tears Naturale PM to formulary. Added Shingrix with age limit of greater than or equal to 50 years old and quantity limit.	Minutes of the December 14, 2017 Pharmaceutical and Therapeutics Committee meeting were approved as presented.		

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
C. Utilization Management Committee	Dr. Lin presented the October 26th, 2017 and January 17th, 2018 Utilization Management Committee minutes. All preventive health services were removed from prior authorization grid, as well as colonoscopy. Note: Ad Hoc October 26th UM Committee minutes were not presented to UMC on time so presented at April UM Committee meeting. UM policies were reviewed. No prior authorization for urgent care. Financial incentives do not influence decisions on determinations. Changed long term care authorization to six months (previously one year). Made this change to determine who could be discharged to community resources.	Minutes of the October 26, 2017 and January 17, 2018 Utilization Management Committee meeting were approved as presented.		
Discussion Items				
A. Compliance Report	Ms. Larmer presented an update for Compliance. Will be presenting Brown Act training at each committee meeting. Reminder to committee members regarding establishing quorum. If not sure will attend meeting, indicate not attending so as not to be counted for quorum.	Add phone number to QI Committee invitation for committee members to call if running late to meeting	Caroline Alexander	
B. Quality Dashboard	Dr. Liu presented the Quality Dashboard. Initial Health Assessment (IHA) and Facility Site Review (FSR) completion rate tracked on dashboard. Number of IHA's completed within 120 days of enrollment has increased from January to March of 2018. During the first quarter of 2018, percentage of FSR's completed timely is 100%.			
C. Non Agenda Item	Discussed when next meeting should take place, in July or August. Recommend committee not convene in July, convene in August, October, and December. Change meeting time to 6:30 p.m. due to new location and traffic concerns.	Update invitations with new dates, times and location	Caroline Alexander	
Adjournment	Meeting adjourned by Dr. Ria Paul at 7:53 p.m.			
Next Meeting	Wednesday, August 8, 2018- 6:30 PM	Calendar and attend.	All	

Reviewed and approved by:

_____ Date _____

Ria Paul, MD

Santa Clara Family Health Plan
2018

Assessment of Member
Cultural and Linguistic Needs and Preferences

Cal MediConnect

(Dual Eligible Plan – Medicare/Medicaid)

Quality Improvement Committee

August 8, 2018

INTRODUCTION

Santa Clara Family Health Plan collects data on the cultural, ethnic, racial and linguistic needs and preferences of its membership and the availability of providers in the network with these same characteristics to determine the adequacy of the provider network to meet the needs of its members. SCFHP is committed to providing language services at no cost and equal access to services for members with hearing or language related needs. Oral Interpreters, signers, bilingual providers and provider staff are available at all key points of contact. These services are provided in all languages spoken by SCFHP members. This report includes a data analysis for line of business Cal-MediConnect and is exclusive to its members/enrollees.

A. DATA SOURCES AND COLLECTIONS:

To assess member needs, data is collected from multiple sources to include:

- 2010 US Census
- Statistical Atlas
- Fact Finder
- Provider Reports on languages from QNXT: January 1, 2018 – June 30, 2018
- Language Line/Translation Usage: January 1, 2018 – June 30, 2018
- Member Complaints: January 1, 2018 – June 30, 2018

B. DEMOGRAPHICS

Data Source: US Census

County:	Cities:	Population
Santa Clara County	ALL	1,938,153

Data Source (Language *only*): Statistical Atlas

Santa Clara County Race and Hispanic Origin	Percentage	Language other than English spoken at Home (Top 3)	Percentage
White alone, percent (a)	53.8%	Spanish	19%
Black or African American alone (a)	2.8%	Chinese	7.5%
American Indian and Alaska Native alone (a)	1.2%	Vietnamese	6.7%
Asian alone, percent (a)	37.5%		
Native Hawaiian and Other Pacific Islander alone (a)	0.5%		
Two or More Races, percent	4.1%		
Hispanic or Latino, percent (b)	25.6%		
White alone, not Hispanic or Latino	31.6%		

(a) Includes persons reporting only one race

(b) Hispanics may be of any race--are included in applicable race categories

Santa Clara County Age & Gender	Number/Percentage	Santa Clara County Health	Percentage
Persons under 5 years	6.1%	With disability, under 65	4.5%
Persons under 18 years	22.2%	Persons without Health Insurance	5.1%
Persons 65 years and over	13.14%		
Median Age	36		
Female persons	49.5%		
Male persons	50.5%		

C. SCFHP LINES OF BUSINESSES AND ENROLLMENT COUNTS (June 2018)

Data Source: ICAT

LINE OF BUSINESS	Enrollment Count
Cal MediConnect (CMC)	7,503

Description of SCFHP Lines of Businesses

Cal MediConnect is a dual eligible plan for members who qualify for both Medicare and Medi-Cal. Cal MediConnect members have access to case managers to help with transition of care, coordination of health services, community resources and other support.

D. MEMBER LANGUAGE ASSESSMENT / Year 2018

Table I: Member Languages Spoken at Home (Top 3)

Language	Member Count
English	2854
Spanish	1355
Vietnamese	947
Chinese	91
Other	2256

E. PROVIDER LANGUAGE ASSESSMENT / Year 2018

Table I: Provider Network (ALL)

Provider Type	# of Providers	Spanish	Vietnamese	Chinese
PCP	498	17	10	15
Specialist	2529	107	62	48
Behavioral Health	145	47	15	2

Table II: Primary Care Provider

Provider Type	# of Providers	Spanish	Vietnamese	Chinese
Family Practice	218	3	0	0
General Practice	15	2	2	0
Internal Medicine	260	12	8	15
Geriatrics	5	0	0	0

Table III: High Volume/Impact Specialists

Provider Type	# of Providers	Spanish	Vietnamese	Chinese
Cardiology	131	11	8	9
Ophthalmology	95	14	11	5
Gynecology	138	29	20	6
Hematology/Oncology	73	4	6	6

Table IV: Behavioral Health

Provider Type	# of Providers	Spanish	Vietnamese	Chinese
Psychiatrist	87	4	2	2
Clinical Social Worker	25	4	6	3
Family/Marriage Counselor	28	17	4	0
Addiction Medicine	3	0	0	0

F. LANGUAGE LINE OR TRANSLATION REQUESTS / YTD 2018

Table I: Member Language Line Requests – Top 10

Language	Total Members with Request	Total # of Calls	Total Duration	% of Member Requests
Spanish	801	1656	20084	10.7%
Chinese	631	1339	17895	5.7%
Vietnamese	397	832	10927	5.3%
Tagalog	114	240	2514	1.5%
Russian	88	183	2505	1.2%
Farsi	77	173	1878	1.0%
Punjabi	32	82	1007	0.4%
Hindi	26	58	473	0.3%
Korean	21	38	376	0.3%
Cambodian	18	38	326	0.2%

Table II: Member Face to Face Requests (All)

Translation Type	Total Members with Request	Total Duration	% of Member Requests
American Sign Language	2	6hrs, 34min	0.002%
Spanish	3	4hrs	0.003%
Chinese	2	2hrs	0.002%
Vietnamese	2	2hrs, 8min	0.002%

G. RESULTS-- Provider to Member Ratios, Percentage of Providers who Speak the Language (Top 3)

Table I: PCP, Specialists, Behavioral Health (ALL)

		Spanish			Vietnamese			Chinese		
Provider Type	Provider Count	Providers-Spanish	% of Providers	Provider to Member Ratio	Providers-Vietnamese	% of Providers	Provider to Member Ratio	Providers-Chinese	% of Providers	Provider to Member Ratio
Primary Care	498	17	3.4%	1:80	10	2.0%	1:95	15	3.0%	1:6
Specialist	2529	107	4.2%	1:13	62	2.5%	1:15	48	1.9%	1:2
Behavioral Health	145	47	32.4%	1:29	15	10.3%	1:63	2	1.4%	1:45

Table II: Primary Care Providers

		Spanish			Vietnamese			Chinese		
Provider Type	Provider Count	Providers-Spanish	% of Providers	Provider to Member Ratio	Providers-Vietnamese	% of Providers	Provider to Member Ratio	Providers-Chinese	% of Providers	Provider to Member Ratio
Family Practice	218	3	1.4%	1:452	0	0.0%	0	0	0.0%	0
General Practice	15	2	13.3%	1:678	2	13.3%	1:474	0	0.0%	0
Internal Medicine	260	12	4.6%	1:113	8	3.1%	1:118	15	5.8%	1:6
Geriatrics	5	0	0.0%	0	0	0.0%	0	0	0.0%	0

Table III: High Volume/Impact Providers

		Spanish			Vietnamese			Chinese		
Provider Type	Provider Count	Providers-Spanish	% of Providers	Provider to Member Ratio	Providers-Vietnamese	% of Providers	Provider to Member Ratio	Providers-Chinese	% of Providers	Provider to Member Ratio
Cardiology	131	11	8.4%	1:123	8	6.1%	1:118	9	6.9%	1:10
Ophthalmology	95	14	14.7%	1:96	11	11.6%	1:86	5	5.3%	1:18
Gynecology	138	29	21.0%	1:46	20	14.5%	1:47	6	4.3%	1:15
Hematology/Oncology	73	4	5.5%	1:338	6	8.2%	0	6	8.2%	1:15

Table IV: Behavioral Health Providers including High Volume

		Spanish			Vietnamese			Chinese		
Provider Type	Provider Count	Providers-Spanish	% of Providers	Provider to Member Ratio	Providers-Vietnamese	% of Providers	Provider to Member Ratio	Providers-Chinese	% of Providers	Provider to Member Ratio
Psychiatrist	87	4	4.6%	1:338	2	2.3%	1:473	2	2.3%	1:45
Clinical Social Worker	25	4	16.0%	1:338	6	24.0%	1:157	3	12.0%	1:30
Family/Marriage Counselor	28	17	60.7%	1:79	4	14.3%	1:236	0	0.0%	0
Addiction Medicine	3	0	0.0%	0	0	0.0%	0	0	0.0%	0

Available and free access to interpreter services for members is a foundational element of Medicare-Medicaid plans. This could take the shape of telephonic or face to face interaction with a qualified interpreter. SCFHP provides this service through a vendor. The plan also hires bilingual customer service representatives and routinely monitors their interpretation proficiency to further promote timely and quality access to interpretation. To further understand membership language diversity and potential barriers to care due to language barriers, SCFHP reviewed data from its interpreter service Language Line.

The data showed the range of languages spoken by SCFHP members. There were forty three (43) different languages where interpreter services were used; some of which are not frequently seen, such as Portuguese-Creole, Swahili, and Tigrinya.

The data also showed that the top 3 languages spoken by members other than English are Spanish, Vietnamese and Chinese. The language line and translation data was analyzed two different ways, one was through the duration of the calls, and second was frequency of language selected. The top three languages (Spanish, Vietnamese and Chinese) in both categories are largely the same and accounted for 70% of all interpreter services requests.

H. Complaints/Inquiries / YTD 2018

Year to date, there were no member complaints or reports on disatisfaction with provider by race, ethnicity or language.

Conclusion:

Santa Clara Family Health Plan SCFHP serves a very diverse membership. However, the languages spoken are heavily weighted on the top three languages, where 70% of interpreter service requests come from those three languages. The assessment showed that a substantial number of the high volume/impact provider types speak the top three languages. The assessment also showed that within some provider types, there were a small number to none that speak the top 3 languages; however, interpreter services are available for members utilizing services from those provider types, which concludes that member needs are being met.

At this time, all needs appear to be met with our current network and member diversity. Santa Clara Family Health Plan will continue to evaluate the needs of its members to ensure they receive the care and services they need in their preferred language.

PARTICIPANTS:

Provider Network Access Manager
Timely Access and Availability Work Group
Quality Improvement
Grievances and Appeals
Provider Relations

Santa Clara Family Health Plan
2018

Availability of Provider Network

Cal MediConnect

(Dual Eligible Plan – Medicare/Medicaid)

Quality Improvement Committee

August 8, 2018

INTRODUCTION

Providing a network with a sufficient number and distribution of providers in the service area for plan members/enrollees is a primary responsibility for any health plan that utilizes a select provider network. Santa Clara Family Health Plan uses established standards to measure the number of providers available to its members (provider to member ratio) and the geographic location of the providers to the members (driving distance to provider) to ensure members have providers available to meet their health care needs.

Santa Clara Family Health Plan measures at least annually its primary care providers, high volume specialists, high impact specialists, and behavioral health providers to ensure members have an adequate number of providers located in their area to meet their health care needs.

METHODOLOGY

Santa Clara Family Health Plan (SCFHP) measures the ratio of providers to members and geographic time and distance from member's home to provider offices, and compares results to Santa Clara Family Health Plan standards. Primary Care Providers (PCP) are defined as General Practice, Family Practice, Internal Medicine and Geriatrics.

High **Volume** Specialists (HVS) are identified by encounter data for a 12-month period, excluding non-physician specialists and hospital-based specialists (i.e. radiologists). The high volume analysis includes at minimum gynecology. The analysis includes an assessment of member complaints about access.

High **Impact** Specialists (HIS) are defined as specialists who treat conditions that have high mortality and morbidity rates and where treatment requires significant resources**.** High impact specialists are identified by encounter data for a 12-month period, excluding non-physician specialists and hospital-based specialists (i.e. radiologists). The high-impact analysis includes hematology/oncology. Data collection could include assessment of access to appointments through member and/or provider surveys and an analysis of member complaints about access.

High **Volume** Behavioral Health (BH) providers are defined as Behavioral Health providers located in a high-volume geographic area or in a high-volume specialty (or both), and are likely to provide services to a large segment of members. Behavioral health providers are defined as Psychiatrist, Psychologist, Licensed Clinical Social Worker and Marriage/Family Counselor. High volume behavioral health providers are identified by analyzing claims data for a 12-month period. Data collection could include assessment of access to appointments through member and/or provider surveys and an analysis of member complaints about access.

SCFHP identifies at least three (3) high-volume specialists, two (2) provider types and gynecology and two (2) high-volume behavioral health providers for the assessment. Encounter data collection to identify high volume/impact providers is through QNXT; a claims management system. The Provider Network Access Manager submits a report request to the Internal Systems & Technology (IS&T) department to include encounter data for a twelve (12) month period. The reports are used to identify high volume specialists and behavioral health providers by highest total of unique members seen. Upon identifying high volume specialists and behavioral health providers, the Provider Network Access Manager makes a request for our report analyst to run Network Access (Geo Access) reports through the Quest Analytics Program to determine compliance with SCFHP's availability standards. SCFHP generates a provider reconciliation report, which provides the data necessary to assess the number of provider types within our network and those available to accept new patients. The CMC member enrollment report is used to identify the number of members enrolled and the primary care provider groups and types they are assigned to.

For ongoing network management, monitoring and compliance, SCFHP recently transitioned to an updated provider data management system through Vistar eVIPs.

Santa Clara Family Health Plan™

A. DEMOGRAPHICS

Data Source: US Census

County:	Cities:	Population
Santa Clara County	ALL	1,938,153

Data Source (Language *only*): Statistical Atlas

Santa Clara County Race and Hispanic Origin	Percentage	Language other than English spoken at Home (Top 2)	Percentage
White alone, percent (a)	53.8%	Spanish	19%
Black or African American alone (a)	2.8%	Chinese	7.5%
American Indian and Alaska Native alone (a)	1.2%	Vietnamese	6.7%
Asian alone, percent (a)	37.5%		
Native Hawaiian and Other Pacific Islander alone (a)	0.5%		
Two or More Races, percent	4.1%		
Hispanic or Latino, percent (b)	25.6%		
White alone, not Hispanic or Latino	31.6%		

(a) Includes persons reporting only one race

(b) Hispanics may be of any race--are included in applicable race categories

Santa Clara County Age & Gender	Number/Percentage	Santa Clara County Health	Percentage
Persons under 5 years	6.1%	With disability, under 65	4.5%
Persons under 18 years	22.2%	Persons without Health Insurance	5.1%
Persons 65 years and over	13.14%		
Median Age	36		
Female persons	49.5%		
Male persons	50.5%		

B. SCFHP—LINE OF BUSINESS AND ENROLLMENT COUNT: CAL-MEDICONNECT (June 2018)

Data Source: ICAT

LINE OF BUSINESS	Enrollment Count
Cal MediConnect (CMC)	7,503

Description of Line of Business:

Cal MediConnect is a dual eligible plan for members who qualify for both Medicare and Medi-Cal. Cal MediConnect members have access to case managers to help with transition of care, coordination of health services, community resources and other support.

C. SCFHP CONTRACTED PROVIDERS

Table I: Primary Care Provider (PCP) – Cal MediConnect (CMC) Open/Close

Provider Group	Family Practice	Open	General Practice	Open	Internal Med	Open	Geriatrics	Open	Total Providers	Total Open	% Open	% Closed
Independent Physicians	22	20	0	0	10	3	0	0	**32**	23	72%	28%
** LPCH*												
** Stanford*												
Valley Health Plan	64	47	3	3	66	37	4	3	**137**	90	66%	34%
Palo Alto Medical Foundation	95	0	1	1	116	0	0	0	**212**	1	0%	100%
Physicians Medical Group of San Jose	30	25	6	6	53	33	1	1	**90**	65	72%	28%
Premier Care	7	5	5	4	15	9	0	0	**27**	18	67%	33%
Total	218	97	15	14	260	82	5	4	**498**	197	40%	60%

Table II: Specialists – Cal MediConnect (CMC) / June 2018

Provider Group	Total CMC Specialist	Open	% Open	% Closed
Independent Physicians	178	165	93%	7%
Stanford	1052	806	77%	23%
** LPCH*				
Valley Health Plan	425	230	54%	46%
Palo Alto Medical Foundation	448	368	71%	29%
Physicians Medical Group of San Jose	333	243	73%	27%
** Premier Care*	93	9	10%	90%
Totals	**2529**	**1821**	**72%**	**28%**

Tables C I, II and/or III:

*****LPCH:*** *Lucille Packard Children's Hospital contractual agreement with SCFHP includes mostly pediatric specialists. SCFHP does not have a PCP contract with LPCH.*

*****Stanford:*** *Contractual agreement with SCFHP includes Specialists only.*

*****Premier Care:*** *There are no BH providers.*

Table II-A
High Volume Specialist Availability – Open/Close

High Volume Provider	# of Providers	Open	% Open
Cardiologist	131	**130**	99%
Ophthalmology	95	**93**	98%
Gynecologist	138	**126**	91%

Table II-B
High Impact Specialist Availability – Open/Close

High Impact Provider	# of Providers	Open	% Open	% Closed
Hematologist /Oncologist	73	**73**	100%	0%

Table III: Behavioral Health – Cal MediConnect (CMC) Open/Close

Provider Group	Psychiatrist	Open	Psychologist	Open	Adiction Medicine	Open	Family/Marriage Counseling	Open	Clinical Social Worker	Open	Total Providers	Total Open	% Open	% Closed
Independent Physicians	34	34	2	2	1	1	28	28	22	22	**87**	86	99%	1%
** LPCH*														
** Stanford*														
Valley Health Plan	44	44	2	2	2	2	0	0	1	1	**49**	47	96%	4%
Palo Alto Medical Foundation	8	7	0	0	0	0	0	0	0	0	**8**	7	88%	12%
Physicians Medical Group of San Jo	1	1	0	0	0	0	0	0	0	0	**1**	1	100%	0%
** Premier Care*														
Total	**87**	86	**4**	4	3	3	**28**	28	**23**	23	**145**	144	99%	1%

Table IV: High Volume Behavioral Health

High Volume Provider	# of Providers	Open	% Open	% Closed
Psychiatrist	87	86	99%	1%
Clinical Social Worker	23	23	100%	0%

D. MEASURE – PROVIDER TO MEMBER RATIOS

Table I: Primary Care Provider

Provider Type (PCP)	Measure	Standard	Performance Goal
Family Practice	Family Practice Provider to Member	1:2000	100%
General Practice	General Practice Provider to Member	1:2000	100%
Internal Medicine	Internal Medicine Provider to Member	1:2000	100%
Geriatrics	Geriatric Provider to Member	1:2000	100%

Table II: High Volume Specialist (HVS) and/or High Impact Specialist (HIS)

Provider Type	Measure:	Standard	Performance Goal
Cardiology	Cardiology Provider to Member	1:1200	100%
Gynecology	Gynecology Provider to Member	1:1200	100%
Ophthalmology	Ophthalmology Provider to Member	1:1200	
Hematology/Oncology	Hematology/Oncology Provider to Member	1:1200	100%

Table III: Behavioral Health Provider

Provider Type	Measure:	Standard	Performance Goal
Psychiatrist	Psychiatrist Provider to Member	1:1200	100%
Licensed Clinical Social Worker (LCSW)	LCSW Provider to Member	1:1200	100%
Psychologist	Psychologist Provider to Member	1:1200	100%
Family/Marriage Counseling	Family/Marriage Counselor to Member	1:1200	100%
Addiction Medicine	Addiction Medicine to Member	1:1200	100%

E. MEASURE – GEOGRAPHIC DISTANCE

Table I: Primary Care Provider

Provider Type (PCP)	Measure: Miles or Minutes	Performance Goal
Family Practice	One within 10 miles (DHCS) / 15 miles (DHCS) or 30 minutes	100%
General Practice	One within 10 miles (DHCS) / 15 miles (DHCS) or 30 minutes	100%
Internal Medicine	One within 10 miles (DHCS) / 15 miles (DHCS) or 30 minutes	100%
Geriatrics	One within 10 miles (DHCS) / 15 miles (DHCS) or 30 minutes	100%

Table II: High Volume Specialist (HVS) and/or High Impact Specialist (HIS)

Provider Type	Measure: Miles or Minutes	Performance Goal
Cardiology	15 miles or 30 minutes	100%
Gynecology	15 miles or 30 minutes	100%
Ophthalmology	15 miles or 30 minutes	100%
Hematology/Oncology	15 miles or 30 minutes	100%

Table III: Behavioral Health Provider

Provider Type	Measure: Miles or Minutes	Performance Goal
Psychiatrist	15 miles or 30 minutes	100%
Licensed Clinical Social Worker (LCSW)	15 miles or 30 minutes	100%
Psychologist	15 miles or 30 minutes	100%
Family/Marriage Counseling	15 miles or 30 minutes	100%
Addiction Medicine	15 miles or 30 minutes	100%

F. RESULTS: The results demonstrate the Provider network availability as of June 30, 2018.

Table I: PROVIDER TO MEMBER RATIOS

Provider Type	Provider-- Member	Measure	Standard	Goal	Met/Not Met
Primary Care Provider					
Family Practice	**218—7,503**	**1:34**	1:2000	100%	**Met**
General Practice	**15--7,503**	**1:500**	1:2000	100%	**Met**
Internal Medicine	**260—7,503**	**1:28**	1:2000	100%	**Met**
Geriatrics	**5--7,503**	**1:1500**	1:2000	100%	**Met**
High Volume Specialist					
Cardiology	**131—7,503**	**1:57**	1:1200	100%	**Met**
Gynecology	**138—7,503**	**1:54**	1:1200	100%	**Met**
Ophthalmology	**95--7503**	**1:78**	1:1200	100%	**Met**
High Impact Specialist					
Hematology--Oncology	**73—7,503**	**1:102**	1:1200	100%	**Met**
High Volume Behavioral Health Providers					
Psychiatrist	**87--7,503**	**1:86**	1:1200	100%	**Met**
Clinical Social Worker	**23--7,503**	**1:326**	1:1200	100%	**Met**

Table II: GEOGRAPHIC DISTANCE

Provider Type	Members with Access	Members without Access	Standard	Goal	Met/Not Met
Primary Care Provider					
Family Practice	**7,503**	**0**	10 miles/15 miles or 30 min	100%	**Met**
General Practice	**7,503**	**0**	10 miles/15 miles or 30 min	100%	**Met**
Internal Medicine	**7,503**	**0**	10 miles/15 miles or 30 min	100%	**Met**
Geriatrics	**6,753**	**750**	10 miles/15 miles or 30 min	100%	**Not Met**
High Volume Specialist					
Cardiology	**7,503**	**0**	15 miles or 30 min	100%	**Met**
Ophthalmology	**7,503**	**0**	15 miles or 30 min	100%	**Met**
Gynecology	**7,503**	**0**	15 miles or 30 min	100%	**Met**
High Impact Specialist					
Hematology--Oncology	**7,503**	**0**	15 miles or 30 min	100%	**Met**
High Volume Behavioral Health Providers					
Psychiatrist	**7,503**	**0**	15 miles or 30 min	100%	**Met**
Clinical Social Worker	**7,203**	**300**	15 miles or 30 min	100%	**Not Met**

Quantitative Analysis:

Santa Clara Family Health Plan (SCFHP) under the Cal Medi-Connect (CMC) product line carries contracts with a large number of independent providers and provider groups. The provider open/close analysis demonstrates that the majority of providers are open to new patients. The high volume specialists and behavioral health network providers are open to new members at 91% (lowest) to 100%. There are one hundred thirty one (131) Cardiologist, of which one hundred and thirty (130) are open to new patients, which concludes that the provider to member ratio is met at 1:57. There are one hundred thirty eight (138) Gynecologist, of which one hundred twenty six (126) are open to new patients, which concludes that the provider to member ratio is met at 1:59. There are eighty seven (87) Psychiatrist, of which eighty six (86) are accepting new patients, which concludes that the provider to member ratio is met at 1:87.

There are twenty three (23) Clinical Social Workers, of which all are open to new patients, which concludes that the provider to member ratio is met at 1:326. The high impact providers are open at 100%; there are seventy three (73) Hematologist/Oncologist, all of which are accepting new patients, which concludes that the provider to member ratio is met at 1:102.

The analysis showed that the standards for geographic time or distance were not met for Geriatrics in the cities of Gilroy, Morgan Hill, Mountain View, San Martin and Palo Alto. Further analysis showed that the city of Gilroy has three hundred and thirteen (313) members with access to seven (7) Family Practice, three (3) Internal Medicine and one (1) General Practice in the city of Gilroy, which concludes that the members who reside in Gilroy have access to a total of eleven (11) primary care providers that practice within geographic time or distance standards. The provider to member ratio is also met at 1:28. The city of Morgan Hill has one hundred and seventy (170) members with access to three (3) Internal Medicine providers in the city of Morgan Hill, which concludes that the members who reside in Morgan Hill have access to a total of three (3) primary care providers that practice within geographic time or distance standards. The provider to member ratio is also met at 1:56. The city of Mountain View has two hundred sixty seven (267) members with access to twenty five (25) Family Practice and thirty three (33) Internal Medicine in the city of Mountain View, which concludes the members who reside in Mountain View have access to a total of fifty eight (58) primary care providers that practice within geographic time or distance standards. The provider to member ratio is also met at 1:4. The city of San Martin has thirty three (33) members and there are no Primary Care providers in the city of San Martin. However, the members that reside in San Martin have access to primary care providers in the cities of Gilroy and Morgan Hill. The city of Gilroy is 5.8 miles from San Martin and the city of Morgan Hill is 8.4 miles from San Martin, which concludes that members that reside in San Martin have access to seven (7) Family Practice, six (6) Internal Medicine and one (1) General Practice, which concludes that the members who reside in San Martin have access to a total of fourteen (14) primary care providers that practice within geographic time or distance standards. The provider to member ratio is also met at 1:2. The city of Palo Alto has three hundred one (301) members that have access to thirty four (34) Family Practice, forty three (43) Internal Medicine

and one (1) General Practice in the city of Palo Alto, which concludes that the members who reside in Palo Alto have access to a total of seventy eight (78) primary care providers that practice within geographic time or distance standards. The provider to member ratio is also met at 1:3. Although the disparity of Geriatrics providers is significant over the other primary care provider types, the analysis concludes that all CMC members, including those in the cities of Gilroy, Mountain Hill, San Martin and Palo Alto have adequate access to primary care providers.

The analysis on Behavioral Health providers showed that the standards for geographic time or distance were not met for Clinical Social Workers (CSW) in the cities of Gilroy and San Martin. SCFHP contracts with a total of twenty five (25) Clinical Social Workers and the average distance to a CSW from Gilroy is 28.5 miles or 29.5 minutes and the average distance from San Martin is 22.8 miles or 24.2 minutes. The data showed that the standards for geographic time or distance and provider to member ratios were not met for Addiction Medicine providers in the cities of Gilroy, Morgan Hill and San Martin. SCFHP contracts with a total of three (3) Addiction Medicine providers and the average distance to a provider from Gilroy is 34.7 miles or 43.7 minutes, the average distance from Morgan Hill is 25 miles or 25.9 minutes and the average distance from San Martin is 29.2 miles or 39.1 minutes.

Year to date**,** there were a total of eleven (11) member complaints on access. Review of member complaints showed that there were none reported relevant to Geriatrics, Addiction Medicine, Clinical Social Workers (HVP) or any other high volume/impact providers. A total of three (3) members reported timely appointment access issues with specialists; Urologist (1) and Physical Therapists (2). The member seeking an appointment with a Urologist resides in the city of Sunnyvale, where there are no Urologist providers. However, the distance to the closest Urologist from Sunnyvale is 5.8 miles or 4.53 minutes in the city of Mountain View, where there are a total of eight (8) Urologists, and the farthest from the distance standard is 14.5 miles or 12.8 minutes in the city of San Jose, where there are a total of ten (10) Urologists. SCFHP has thirty five (35) Urologist, of which thirty four (34) are open to new patients. The provider to member ratio is met a 1:214. The members seeking an appointment with a Physical Therapist (PT) reside in San Jose, where there are six (6) PT providers, all of which are open to new patients. Follow up with the PT providers confirmed an approximate wait of sixty (60) days for a new patient appointment. The provider to member ratio is met a 1:682. The data showed that standards for geographic time or distances was met for Physical Therapist. The other complaints were relevant to Primary Care timely appointments, office wait times and the desire to be assigned to a primary care provider closed to new patients.

Qualitative Analysis:
Overall the analysis demonstrates that SCFHP standards for specialist availability are realistic for the communities and delivery system within Santa Clara County. The majority of the members dwell in an urban environment and a small fraction of the members reside in the cities of Gilroy, Morgan Hill and San Martin located in the south east area of Santa Clara County. Rural communities often face challenges maintaining an adequate provider network, making it difficult for health plans to meet geographic time or distance and provider to member ratios. A study of mental health shortages in California by the Office of Statewide Health Planning and Development (OSHPD) indicated mental health shortages across many rural areas of the state. Additionally, according to data from the California Employment Development Department, demand for mental health and substance abuse social workers, and substance abuse and behavioral disorder counselors shortages has grown by 22.8 percent through 2017. The same study indicated that California had only 38.6 physical therapists per 100,000 persons compared to 56.8 physical therapists per 100,000 persons nationwide. Results from a California Hospital Association survey came to similar conclusions. According to that study, vacancies in Physical Therapy have a negative impact on hospital efficiency and access to care.

As a result, recruitment challenges and provider shortages could be the root cause for the deficiencies shown in this analysis. SCFHP contracting will assess and monitor recruitment activities and contractual opportunities in the south east area of Santa Clara County and other areas of the county as necessary to ensure CMC members have adequate access to health care providers. SCFHP continues to re-direct members to network specialists and behavioral health providers as needed to ensure timely access standards of care are met.

Conclusion:
Santa Clara Family Health Plan is able to demonstrate its ability to meet standards relevant to provider to member ratios and geographic distances across the high volume, high impact specialists, primary care providers and behavioral health providers that were identified within the data reports, with the exception of Geriatrics, Clinical Social Workers and

Addiction Medicine providers in the North West and/or South East areas of Santa Clara County. SCFHP contracting efforts are across all provider types that members experience access issues.

PARTICIPANTS:
Provider Network Access Manager
Timely Access and Availability Work Group
Quality Improvement
Grievances and Appeals
Provider Relations
Customer Service

Santa Clara Family Health Plan (SCFHP)
Member Access to Telephone Services
2017-2018 Analysis

Member Access to Telephone Services

Santa Clara Family Health Plan (SCFHP) monitors member access to telephone services on a regular basis to ensure that SCFHP is providing access to members and meeting member expectations for service.

Member access to telephone service is one of the multiple measures SCFHP uses to assess member satisfaction with the health plan and the services provided. Customer Service Telephone Data captures member calls into our Customer Service Call Center. To ensure that our member's questions are answered in a timely manner, we monitor Average Speed of Answer, Average Hold Time, Abandoned Rate and Service Level Rate.

Goals:

All metrics and goals specified below are required by SCFHP's contract with CMS and DHCS for the Customer Service Call Center.

- Average Speed to Answer (ASA) in Seconds: The average amount of time caller waits in a queue before the call is answered by a Customer Service Representative (CSR).
    - Goal: ≤30 Seconds.

- Member Average Hold Time (AHT) in Seconds: The average amount of time that a caller is placed on hold during the body of a call by a CSR.
    - Goal: ≤120 Seconds

- Abandonment Rate: The percentage of calls that get connected to the Automatic Call Distributer (ACD), but get disconnected by the caller before reaching a Customer Service Representative (CSR) or before completing a process within the Interactive Voice Recognition (IVR) .
    - Goal: ≤ 5%

- Service Level Rate: The percentage of incoming calls that are answered live by a CSR in an established amount of time.

    - Goal: To answer 80% of Customer Service Calls in ≤30 Seconds

Methodology:

The Call Center uses Cisco Unified Intelligence Center to collect, store and calculate telephone data. Data included in this analysis was captured from July 1, 2017 through June 30, 2018.

ASA: This is the cumulative total length of calls in queue or ringing before being answered by a CSR, divided by the total number of calls answered.

AHT: The cumulative sum total of all hold time, divided by the number of calls placed on hold for the period measured.

Abandonment Rate: The measure is calculated by dividing the number of callers that are abandoned by the total number of calls received.

Member Service Level: The measure is calculated by dividing the number of calls answered within 30 seconds compared to total calls answered.

Quantitative Analysis

Results Table

Member Access to Telephonic Services

NCQA Analysis - CMC LOB

Results Table

Measure	Goal	Q3-2017	Q4-2017	Q1-2018	Q2-2018
ASA (seconds)	≤ 30	96	105	72.3	32
AHT (seconds)	≤120	74	65.7	70.3	51.3
Abandonment Rate	≤ 5%	7.5%	7.3%	4.9%	2.5%
Service Level Rate	80.0%	50.1%	43.7%	56.4%	80.0%
Total # Calls Represented	*NA*	5476	5474	6935	6601
Total # Calls Handled	*NA*	4956	4997	6573	6390
Total # Abandon Calls	*NA*	416	401	343	171
Total # Calls Answered within 30 Seconds	*NA*	2664	2314	3937	5272

Goal Met
Goal Not Met

Analysis Participants: Analysis was conducted at a Multi Departmental meeting on July 31, 2018, which included representation from: Customer Service, Health Services, Quality Improvement, Pharmacy, Information Technology and Operations.

The quantitative quarterly data analysis for Q3 2017 through Q2 2018 indicates that:

- The ASA goal of ≤30 Seconds was not met in any of the measured quarters but significantly improved in Q1 2018 and came within 2 seconds of being met in Q2 2018.
- The AHT goal of ≤120 Seconds was met in every measured quarter.
- The abandonment rate goal of <5% was not met in Q3 2017 and Q4 2017 but was met in Q1 2018 and Q2 2018.

- The service level rate goal of 80% in <30 Seconds was only met in Q2 2018.

Qualitative Analysis:

- **AHT**: Goals were met in all quarters measured, therefore no further action required at this time.

- **Abandonment Rate**: Goals were not met in Q3 and Q4 2017, but no further action is required at this time because goals were met in Q1 and Q2 2018. Goals have been met in 2018 due to implementation of the following interventions:
    - Adjusted staff coverage during peak hours
    - Cross- trained additional Customer Service Representatives on CMC line of business
    - Reconfigured telephone system routing, and
    - Provided a real time expert hub (Cisco Real Time Desktop Monitoring) to support and as a resource for the CSR's

- **Service Level Rate**: Goals were not met in Q3 and Q4 2017, or in Q1 2018. Goals were met in Q2 2018, therefore an action plan is not required at this time. Goals have been met in 2018 due to implementation of the following interventions:
    - Adjusted staff coverage during peak hours,
    - Crossed trained additional Customer Support
    - Reconfigured telephone routing, and
    - Provided a real time expert hub (Cisco Real Time Desktop Monitoring) to support and as a resource for the CSR's

- **ASA**: Goals were not met in any of the quarters measured.
    - A root cause analysis was conducted by a cross functional workgroup on 7/31/2018.
    - Issues identified during the this time frame that could have led to certain barriers to meet the goal are as follows:
        - Management staff shortage in April 2018 leading to lack of real time supervision
        - Lack of training resources due to only one trainer budgeted until July 2017
        - Customer Service staff shortages due to:
            - Inefficient hiring and recruitment practices
            - Spike in positive (promotional) and negative turnover in Q2-3 of 2017
        - Ongoing issues of staff absenteeism (not specific to any time period) combined with low training resources leading to lack of specific subject matter experts on hand to handle certain calls.
        - High volume of calls from members at beginning of the calendar year (Q1 2018) due to:
            - Questions regarding benefits going in to the new year
            - Expired medical and pharmacy authorizations
            - Transition from case management using a vendor to in-house case management in Q4 2017 (November)
            - Member notice distributed in Q1 2018 (February) explaining expanded transportation benefits for members
            - Issues with ID Cards in Q1 2018 (January) due to major internal system conversion
        - A summary of the barriers, interventions, and action plan are noted in the following Key Driver Diagram and Table:

SCFHP's action plan to improve ASA results includes:

Barrier	Opportunity	Intervention	Selected for 2018	Date Initiated
Staff Shortages and Absenteeism	There is an opportunity to evaluate recruitment practices in order to minimize the number of open positions	1. Changed recruitment process to better anticipate staffing needs 2. Cross training curriculum developed and conducted to increase available resources when staff shortages occur.	Y	1. April 2018
Training	There is an opportunity to evaluate training practices in order to increase number of resources available to answer calls.	1. Added 2 additional Trainers to Training team 2. Implemented new training strategy and curriculum	Y	1. July 2017 2. February 2018
Call Increases	There is an opportunity to identify root causes of call increases to eliminate or minimize call spikes.	1. Telephone reconfiguration 2. Service level rate goals added to companywide bonus program and measured in Operations and Compliance Dashboard. 3. Customer Service Workgroup to begin meeting quarterly to conduct deep-dive of ongoing issues impacting call volumes and service levels	Y	1. February 2018 2. June 2018 3. August 2018
Real Time Management	There is an opportunity to improve real time monitoring practices in order to make operational adjustments in real time.	1. Implement customer service support software 2. Fill open Call Center Supervisor position	Y	1. March 2018 – Present 2. August 2018

Reporting

Approving Committee	Date of Approval	Recommendations
Quality Improvement Committee		

SANTA CLARA FAMILY HEALTH PLAN (SCFHP) CULTURAL & LINGUISTICS (C&L) SERVICES WORKPLAN 2018

Program Objectives	Activities (Steps to measure compliance/ achieve objective)	Timelines
Comply with state and federal guidelines related to caring for LEP and sensory impaired members.	• GNA update for DHCS • Submit to DHCS one copy of materials provided to new members for each threshold language • Language assistance program Policy & Procedure (Title 28, Sec.1300.67.04) has standards for: o Enrollee assessment o Providing language assistance services o Staff training o Compliance monitoring	Ongoing
Improve the quality of health care services for all SCFHP members at medical and non-medical points of contact.	• Distribute "Quick Guide" for accessing interpreter services to all providers • Promote interpreter services at no charge to members and providers • Use the CAC for advice and feedback on CLAS and procedures • Use available C&L member reports, e.g. grievance and appeals, to identify interventions to improve quality • Include C&L as agenda item at Joint Operation Committee meetings with delegates as appropriate • Include C&L Compliance, including training, in all Delegation Oversight Audits • Include C&L Training in new provider and sub-contractor orientations • Include resources in training related to gender, sexual orientation or gender identity • Provide ongoing training for all SCFHP staff members	Ongoing
Promote a culturally competent health care and work environment for the SCFHP	• New employees complete an on-line training when hired • Culturally relevant materials and event notices made available to employees • Review and revise staff training module to incorporate information related to disabilities, and regardless of gender, sexual orientation or gender identity	Ongoing
Promote CLAS "best practices" for implementation by	• Participate in CLAS focused plan, community, state/federal organizations, partnerships, and projects • Use a strategy of interdepartmental collaboration to identify and	On going

Program Objectives	Activities (Steps to measure compliance/ achieve objective)	Timelines
SCFHP, as well as network providers and subcontractors.	promote CLAS best practices in all areas	
Use outcome, process and structure measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities.	• Design oversight mechanisms that monitor for CLAS and cultural competency • Use the delegated audit process to identify subcontractor compliance with CLAS; work with providers to improve compliance • Monitor grievances and appeals to identify areas of improvement and forward data to appropriate department(s) • Monitor interpreter issues identified by internal staff, e.g. no-show interpreters • Work with IT to implement QNXT process for logging standing alternate language and format (braille, audio, large print) requests	Ongoing

2017 CULTURAL AND LINGUISTICS (C&L) PROGRAM EVALUATION

Program Objectives:

1. Comply with state and federal guidelines related to caring for limited English proficiency (LEP) and sensory impaired members.
2. Improve the quality of health care services for all SCFHP members medical and non-medical points of contact.
3. Promote a culturally competent health care and work environment for SCFHP.
4. Promote CLAS "best practices" for implementation by SCFHP, as well as network providers and subcontractors.
5. Use outcome, process and structure measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities.

OBJECTIVE 1: Comply with state and federal guidelines related to caring for limited English proficiency (LEP) and sensory impaired members.

Activities:

1. GNA update for DHCS
2. Submit to DHCS one copy of materials provided to new members for each threshold language
3. Language assistance program policy & procedure (Title 28, Sec. 1300.67.04) has standards for:
    a. Enrollee assessment
    b. Providing language assistance services
    c. Staff training
    d. Compliance monitoring

Progress:

1. 2017 C&L Program Description updated to include Section 1557
2. Policy QI.08 updated to include Section 1557 requirements
3. Trained all internal staff regarding standing alternate language and format requests 1Q2017
4. Failed CMS test call for French Interpreter using current language vendor. As a result, initiated search for new interpreter services vendor 3Q2017

OBJECTIVE 2: Improve the quality of health care services for all SCFHP members medical and non-medical points of contact.

Activities:

1. Distribute "Quick Guide" for accessing interpreter services to all providers
2. Promote interpreter services at no charge to members and providers
3. Use the Consumer Advisory Committee (CAC) for advice and feedback on CLAS and procedures.
4. Use available C&L member reports, e.g. grievance and appeals, to identify interventions to improve quality
5. Include C&L as agenda item at Joint Operations Committee meetings with delegates as appropriate

6. Include C&L Compliance, including training, in all Delegation Oversight Audits
7. Include C&L Training in new provider and sub-contractor orientations
8. Include resources in training related to gender, sexual orientation or gender identity

Progress:

1. Completed 11 provider and delegate audits in 2017
2. Used vendor invoices to monitor interpreter phone line use among provider network
3. Used vendor invoices to monitor in-person and phone interpreter use among SCFHP members

OBJECTIVE 3: Promote a culturally competent health care and work environment for SCFHP

Activities:

1. New employees complete an online C&L training as part of new hire orientation and retake it on an annual basis as required by C&L Program
2. New bilingual employees are tested for language proficiency and retested on an annual basis as required by C&L Program
3. Culturally relevant materials and event notices are made available to employees
4. Review and revise staff training module to incorporate information related to disabilities, and regardless of gender, sexual orientation, or gender identity.

Progress:

1. HR to update policies to commence annual language proficiency re testing for bi lingual staff in July of 2017

OBJECTIVE 4: Promote CLAS "best practices" for implementation by SCFHP, as well as network providers and subcontractors

Activities:

1. Participate in CLAS focused plan, community, state/federal organizations, partnerships, and projects.
2. Use a strategy of interdepartmental collaboration to identify and promote CLAS best practices in all areas

OBJECTIVE 5: Use outcome, process, and structure measures to monitor and continuously improve SCFHP's activities aimed at achieving cultural competence and reducing health care disparities

Activities:

1. Design oversight mechanisms that monitors for CLAS and cultural competency
2. Use the delegated audit process to identify subcontractor compliance with CLAS; work with providers to improve compliance
3. Monitor grievances and appeals to identify areas of improvement and forward data to appropriate department(s)

Progress:

1. Monitor all interpreter issues identified by internal staff and provider offices, e.g. no show interpreters.

Santa Clara Family Health Plan™

Assessing Experience with the UM Process

2018 NCQA Requirement QI4 Element G

July 18, 2018

Experience with the UM Process

Overview

- SCFHP monitors experience with the utilization management (UM) process to ensure that adequate member and provider satisfaction is achieved. Annually, SCFHP completes an analysis which incorporates practitioner & member survey questions, member complaint categories related to processes for UM, and CAHPS data (if available).
- This analysis allows the organization to formulate an action plan addressing low member and provider satisfaction with (UM) functions within SCFHP.

Provider Satisfaction with UM Processes

Methodology

- SCFHP monitors Practitioner Satisfaction with the UM Processes through the performance of a satisfaction survey.
- Providers were chosen from a random sample of 50 members that had a completed authorization received in the month of June 2018.
- SCFHP Personal Care Coordinators administered a phone survey to both PCP and Specialty Practitioners during the month of July 2018. All practitioners were called at least twice.
- 28 unique providers successfully completed the survey for a total of 34 authorizations

Provider Satisfaction with UM Processes

Survey Questions

- The denominator for the survey is the number of responses received for each question for each authorization. The numerator for the survey is calculated for each question as follows:
- **Question 1:** Rate your level of satisfaction with obtaining precertification and/or authorization for requested services for Health Plan members.
  - Numerator: The number of providers who answered that they were “Completely satisfied” or “Partially satisfied” for each authorization they were surveyed on
- **Question 2:** Did you receive a determination letter for this authorization within the appropriate timeframe? (14 days with routine requests, 72 hours for Expedited requests)
  - Numerator: The number of providers who answered that answered “Yes” for each authorization they were surveyed on
- **Question 3:** Are you familiar with where to find SCFHP’s prior authorization grid for Cal MediConnect members?
  - Numerator: The number of providers who answered that answered “Yes” for each authorization they were surveyed on
- **Question 4:** If applicable for a denial determination, were you able to understand the information included to explain SCFHP’s Appeal process?
  - Numerator: The number of providers who answered that answered “Yes” for each authorization they were surveyed on

Provider Satisfaction with UM Processes

Results

Provider Response Rates					
	Reponses Received	Refused	Unable to Contact	Total	Response Rate
# of Auths	34	25	6	65	52%
Distinct Providers	28	6	27	61	46%

Measurement Year & Practitioner Type	Numerator	Denominator	Performance Rate	Performance Goal	Goal Met? (y/n)
Satisfaction with process for obtaining pre-certification/referrals/authorization information	33	34	97%	90%	Y
Timeliness of obtaining pre-certification/referrals/authorization information	30	34	88%	90%	N
Familiarity with SCFHP's prior authorization guidelines/grid	28	34	82%	90%	N
Ease of understanding SCFHP's appeal process after a denial determination	25	34	74%	90%	N
Overall Satisfaction	29	34	85%	90%	N

Provider Satisfaction with UM Processes

Quantitative Analysis/Summary:

- Timeliness of obtaining pre-certification: CMS protocols include a turn-around time (TAT) of 14 days for routine authorization requests as compared to Medi-Cal regulations which specify a 5 day TAT. These survey findings reflect that Providers selecting the choice of “Unsure” resulted in lower performance rates for this measure. All four of these authorizations were actually completed within 72 hours of receipt of the request.
- Provider familiarity with SCFHP’s prior auth guidelines: Additional network provider education is warranted
- Ease of understanding SCFHP’s appeal process after a denial determination: Additional network provider education is warranted, to include Peer to Peer review processes with SCFHP’s medical directors.

Provider Satisfaction with UM Processes

DISCUSSION

- General Discussion with our QIC Providers:
  - Any additional barriers to consider for Providers?

    Potential known barriers: Provider office staff responding to survey call may not be familiar with SCFHP UM Auth submission or Required Prior Auth processes (PA Grid).
  - Any opportunities for improvements to UM Processes?
  - Any potential interventions QIC providers would like to see implemented?

Member Satisfaction with UM Processes

Methodology: Member Complaints about the UM Process

- SCFHP collects and tracks member complaints across the organization. To help measure member satisfaction with the UM process, we looked at member complaints from July 1, 2017 – June 30, 2018 regarding Utilization Management and classified them into the two categories shown below:

NCQA Category	Type	Sub-Type
Billing and Financial Issues	Grievance, Part C	Organization Determination/Reconsideration Process
Billing and Financial Issues	Grievance, Part D	Coverage Determination/Redetermination Process

Member Satisfaction with UM Processes

Results: Member Complaints about the UM Process

Complaint Category	MY Jul 2017 – Jun 2018*	Goal	Goal Met Y/N
Org Determination /Reconsideration Process	2.26 per 1,000	< 3 per 1,000	Y
Cov Determination /Reconsideration Process	0.80 per 1,000	< 3 per 1,000	Y

**Measure is calculated as complaints per 1,000.*
Calculation:
7,532 (Total CMC Membership)/1,000 = 7.532
# of complaints/7.532 = Complaints per 1,000

			2017						2018						
NCQA Category	Type	Subtype	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Billing and Financial Issues	Grievance, Part C	Org Determination /Reconsideration Process	2	1	0	0	2	1	0	2	3	3	1	2	17
	Grievance, Part D	Coverage Determination /Reconsideration Process	0	0	0	0	0	0	0	0	2	1	1	2	6
Grand Total			2	1	0	0	2	1	0	2	5	4	2	4	23

Member Satisfaction with UM Processes

Member Complaints - Quantitative Analysis/Summary:

- Additional information needs to be considered to determine more precise root causes of these member complaints to include whether the complaint is billing-related or authorization decision-related

Member Satisfaction with UM Processes

Methodology: Member Satisfaction Survey

- SCFHP conducts a member satisfaction survey regarding experience with the UM process.
- 50 random members were chosen from all authorizations received in the month of June 2018. The survey was conducted in July 2018.
- The members were called at least twice.
- Of the 50 members contacted, 19 distinct members provided responses, providing a 38% response rate. Only 2 members refused to answer the survey, and 29 members were unable to be contacted after two outreach call attempts.

Member Satisfaction with UM Processes

Member Satisfaction Survey Questions

- The denominator for the survey is the number of responses received for each question. The numerator for the survey is calculated for each question as follows:
- **Question 1:** In the last 6 months, how often was it easy to get the care, tests or treatment you needed?
  - Numerator: The number of members who answered that it was “always easy” for them to get the care they needed
  - **Note**: A sub-question of Question 1 was asked of members that stated it was never or sometimes easy to get the care needed. This question gave three options to respond why it was not easy. There are no benchmarks for this question, as it is informational only.
- **Question 3:** In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?
  - Numerator: The number of members who answered “Usually” or “Always”
- **Question 4:** How easy is it for you to understand the approval or denial letter for the authorization decisions which you received from Santa Clara Family Health Plan?
  - Numerator: The number of members who answered “Usually” or “Always”

Member Satisfaction with UM Processes

Results – Member Satisfaction Survey

Survey Question	MY 2018	Goal	Goal Met Y/N
Q1: Ease of getting needed care, tests or treatment	58%	90%	N
Q3: How often did patient get appointment as soon as needed	84%	90%	N
Q3: Ease of understanding approval or denial letters from authorization decisions	74%	90%	N

Member Satisfaction with UM Processes

Quantitative Analysis/Summary: Member Satisfaction Survey

- The low member response rate could may have increased the odds of not meeting goals for these measures; we will expand the sample size in Measurement Year 2018
- Ease of members obtaining care they need (58%): This is an area which will require further interventions involving SCFHP's Access and Availability team.
- Were members able to get an appointment to see a specialist as soon as they needed (84%): This is an area which will require further interventions involving SCFHP's Access and Availability team.
- Member ability to understand approval and denial letters received (74%): UM team is currently undergoing initiatives to train staff to complete these letters with more member-friendly verbiage.

Member Satisfaction with UM Processes

DISCUSSION

- General discussion with QIC Providers:
  - Any additional barriers to accessing care, to consider for our members?

    Potential known barriers may include members literacy levels understanding determination letters and appeal rights for denied services. Additional barriers may include educating members of the need for prompt appointments and encouraging the use of SCFHP's NAL for screening of medical issues.
  - Any opportunities for improvements to UM Processes?
  - Any potential interventions QIC providers would like to see implemented?

Santa Clara Family Health Plan™

Questions?

Contact Jamie Enke, Manager of Process Improvement or Sandra Carlson, Director of Health Services

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HEDIS 2018 Results

Quality Improvement

Reporting

Challenges

- Missing claims files
- Patient Level Detailed file for Medi-Cal
- Challenges with vendor software syncing medical record chart data
- Shortened timelines for Medical Record Review
- New HEDIS data files

Reporting

Achievements

- Cleaned up HEDIS database repository – clean data
- CMC: Met Quality Withhold threshold requirements
- Medical Record Retrieval Rate was high (92.2%)
- 100% Valley Health EMR Abstraction

Opportunities

- One Medi-Cal measure fell below MPL

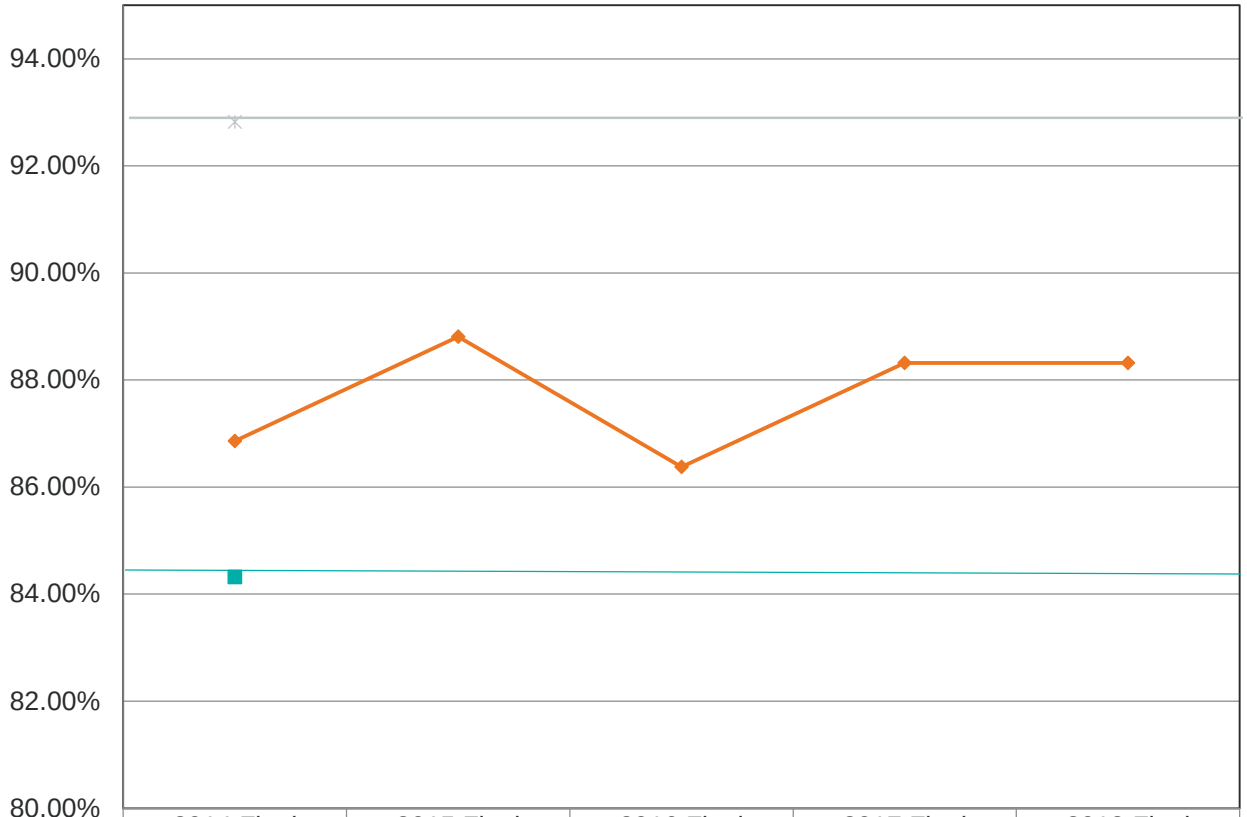
Measure Statistics

Measure Statistics for Medi-Cal	2017	2018
# of measures in the 90th percentile	0	1
# of measures in the 75th percentile	8	7
# of measures in the 50th percentile	11	11
# of measures in the 25th percentile	2	1
# of measures in the 10th percentile	0	0
# of measures below the 10th percentile	0	1
# of measures moved up at least 1 percentile	8	5
# of measures moved up at least 2 percentiles	4	1
# of measures moved down at least 1 percentile	6	8

MCAL – Cervical Cancer Screening (CCS)

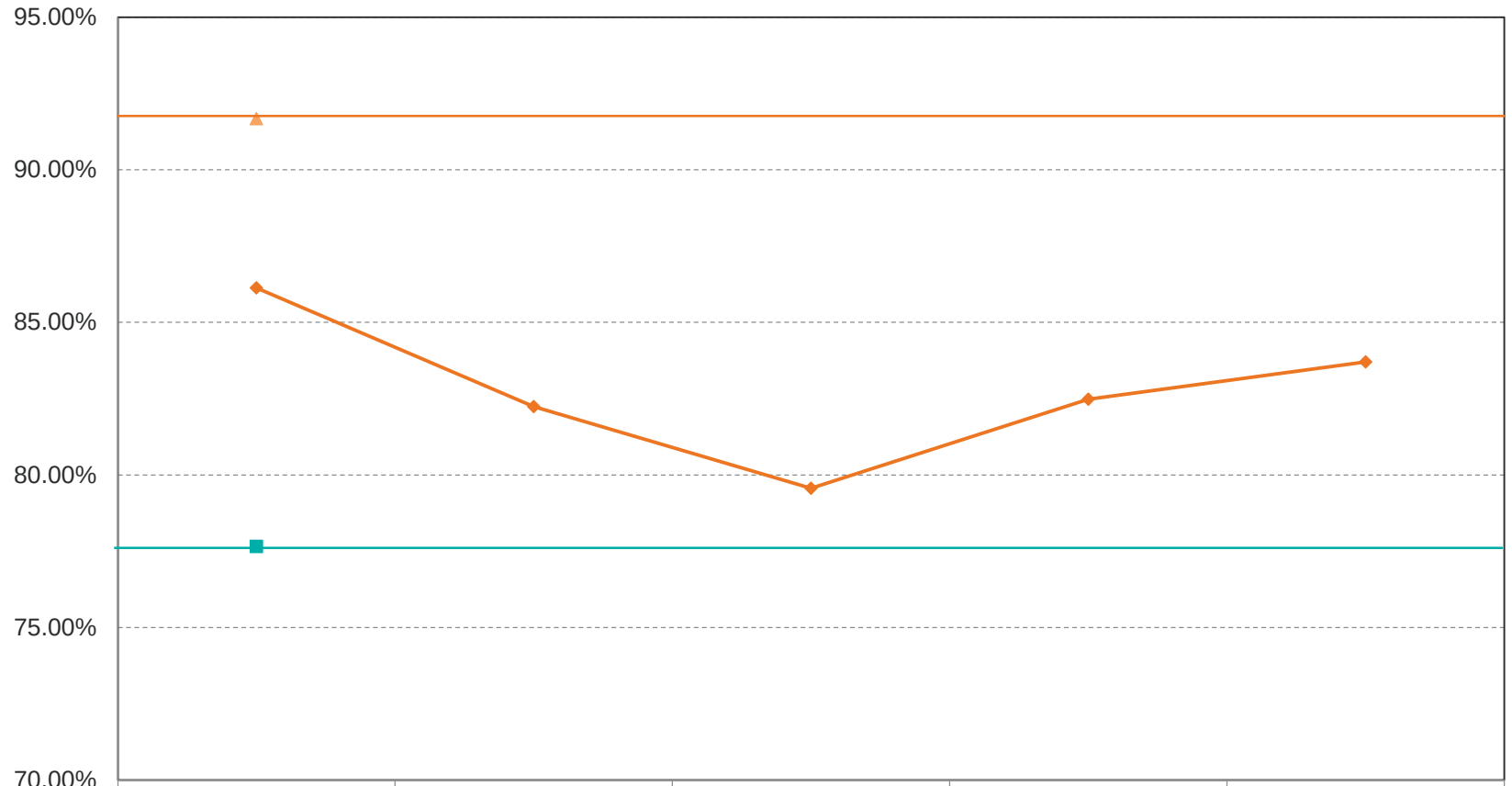
	2014 Final Rates	2015 Final Rates	2016 Final Rates	2017 Final Rates	2018 Final Rates
CCS Cervical Cancer Screening	67.40%	57.18%	50.36%	57.42%	54.26%
2018 MPL	51.88%				
2018 HPL	70.80%				

MCAL – HbA1c Testing (CDC-HT)



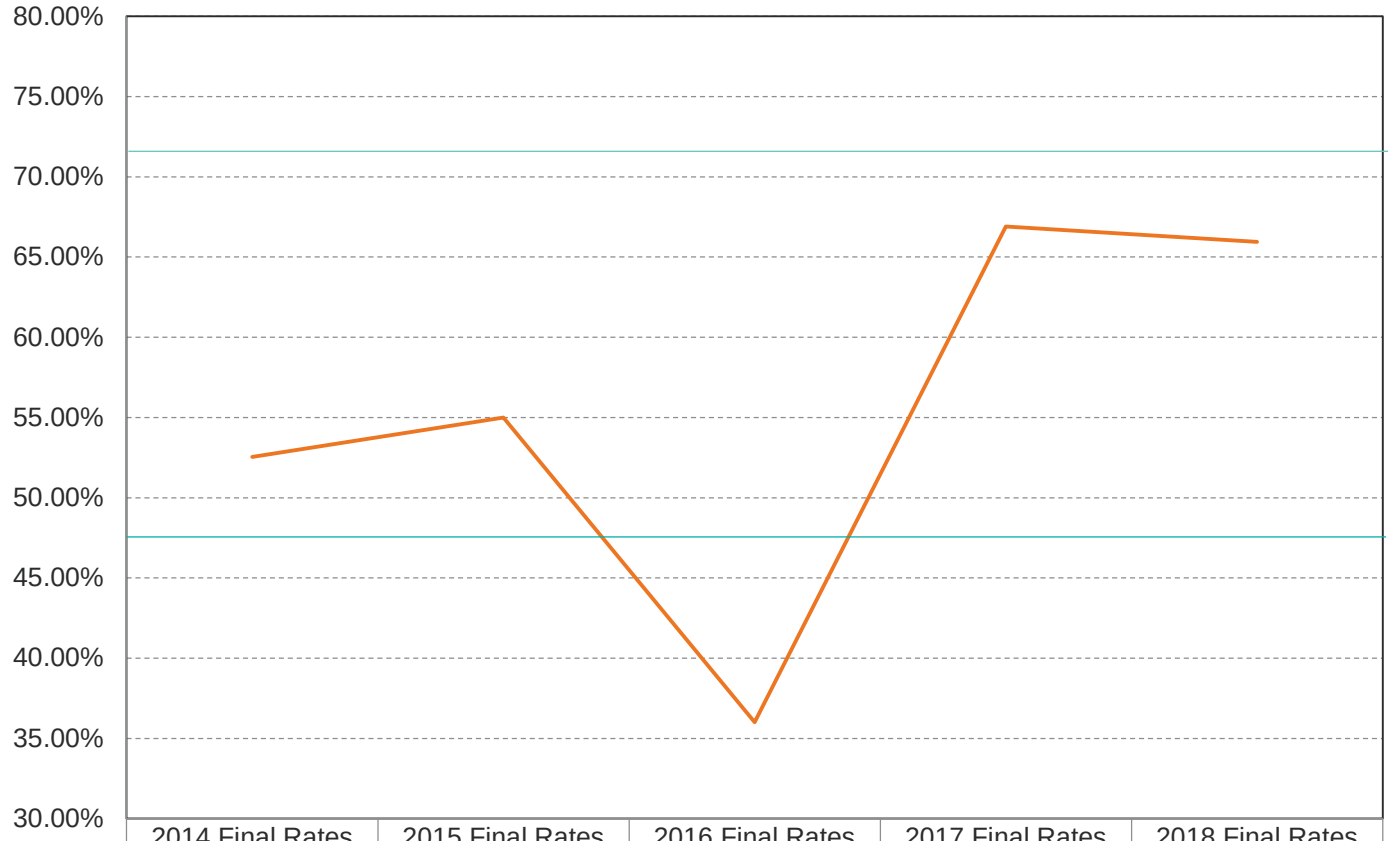
	2014 Final Rates	2015 Final Rates	2016 Final Rates	2017 Final Rates	2018 Final Rates
CDC-HT Comprehensive Diabetes Care - HbA1c Testing	86.86%	88.81%	86.37%	88.32%	88.32%
2018 MPL	84.32%				
2018 HPL	92.82%				

MCAL – Timeliness of Prenatal Care (PPC)



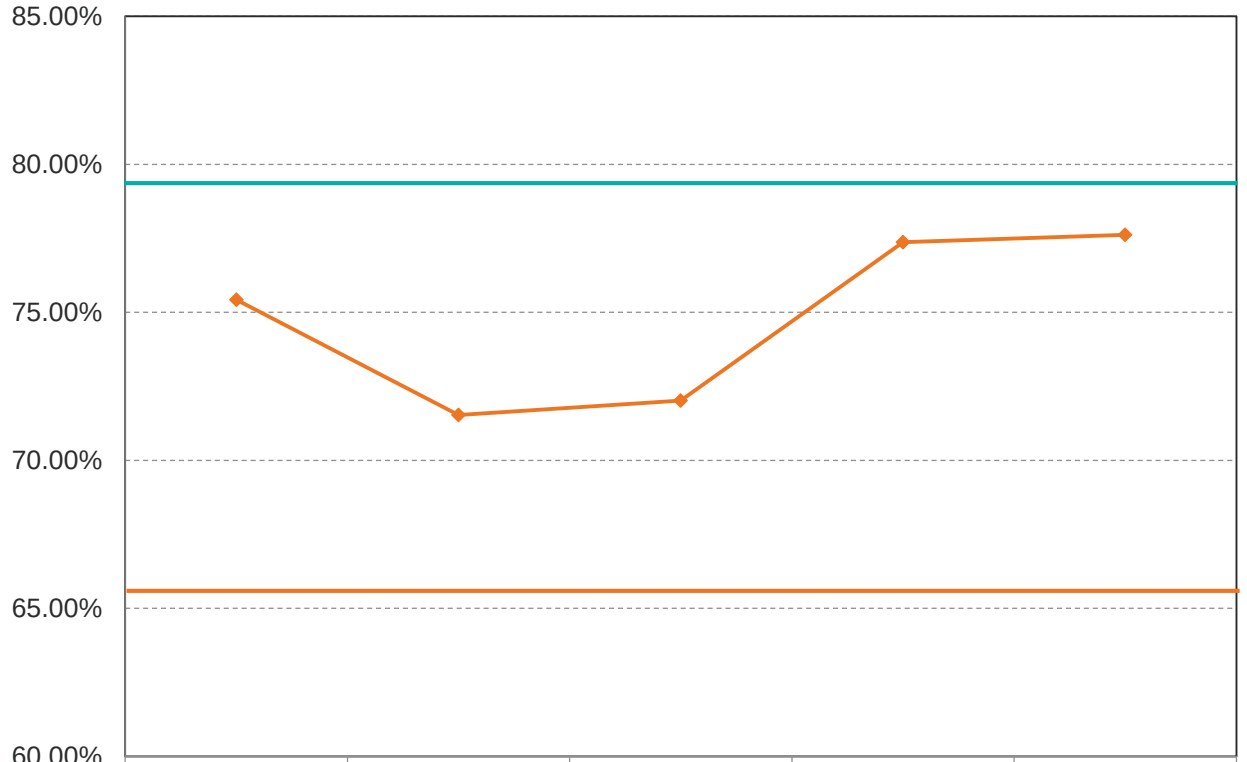
	2014 Final Rates	2015 Final Rates	2016 Final Rates	2017 Final Rates	2018 Final Rates
PPC-Pre	86.13%	82.24%	79.56%	82.48%	83.70%
2018 MPL	77.66%				
2018 HPL	91.67%				

MCAL – Controlling High Blood Pressure (CBP)



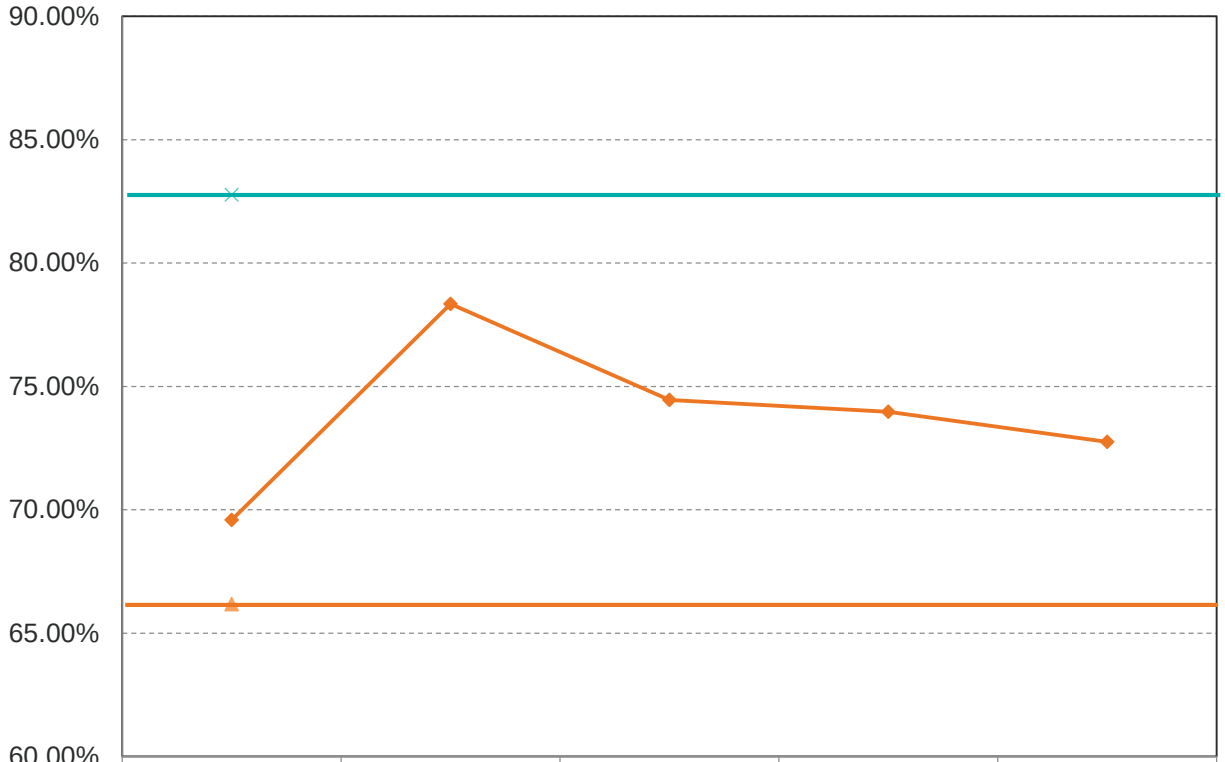
	2014 Final Rates	2015 Final Rates	2016 Final Rates	2017 Final Rates	2018 Final Rates
Controlling High Blood Pressure	52.55%	54.99%	36.01%	66.91%	65.94%
2018 MPL	47.69%				
2018 HPL	71.69%				

MCAL – Childhood Immunization Status – Combo 3 (CIS-3)



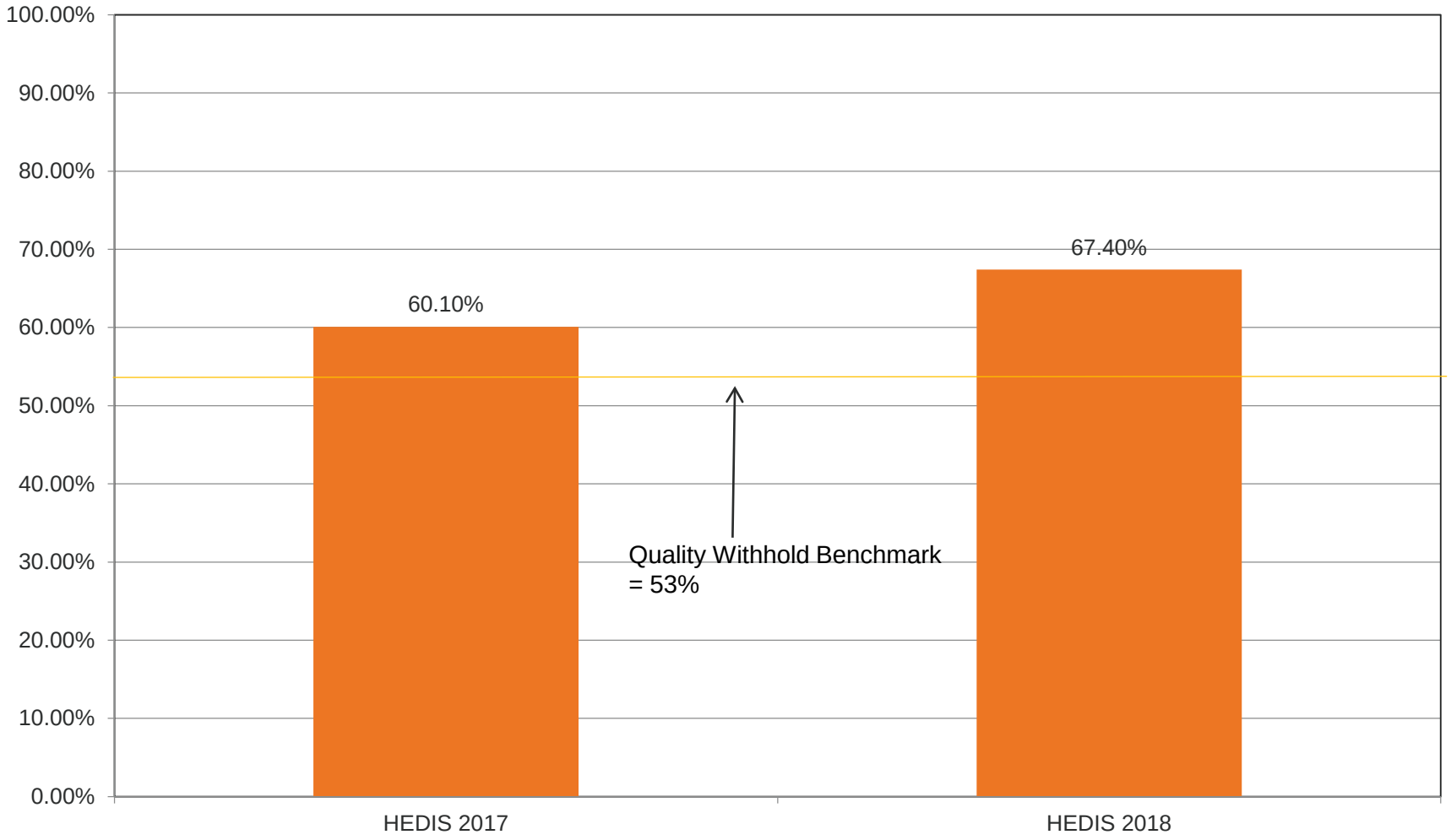
	2014 Final Rates	2015 Final Rates	2016 Final Rates	2017 Final Rates	2018 Final Rates
CIS-3 Childhood Immunization Status – Combo 3	75.43%	71.53%	72.02%	77.37%	77.62%
2018 MPL	65.25%				
2018 HPL	79.32%				

MCAL – Well Child Visits 3-6 Years of Life (W34)

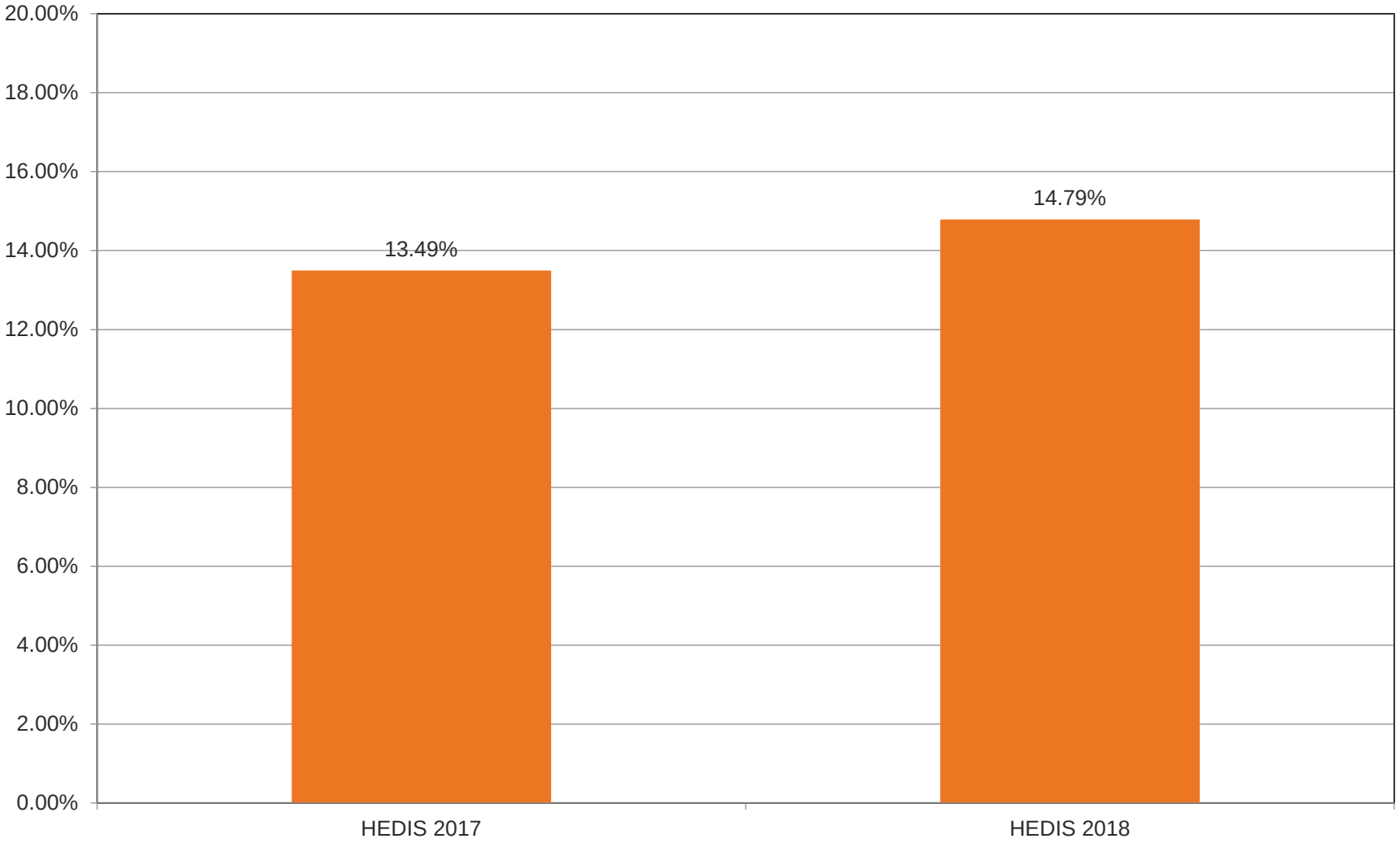


	2014 Final Rates	2015 Final Rates	2016 Final Rates	2017 Final Rates	2018 Final Rates
W-34 Well-Child Visits in the 3rd, 4th 5th & 6th Years of Life	69.59%	78.35%	74.45%	73.97%	72.75%
2018 MPL	66.18%				
2018 HPL	82.77%				

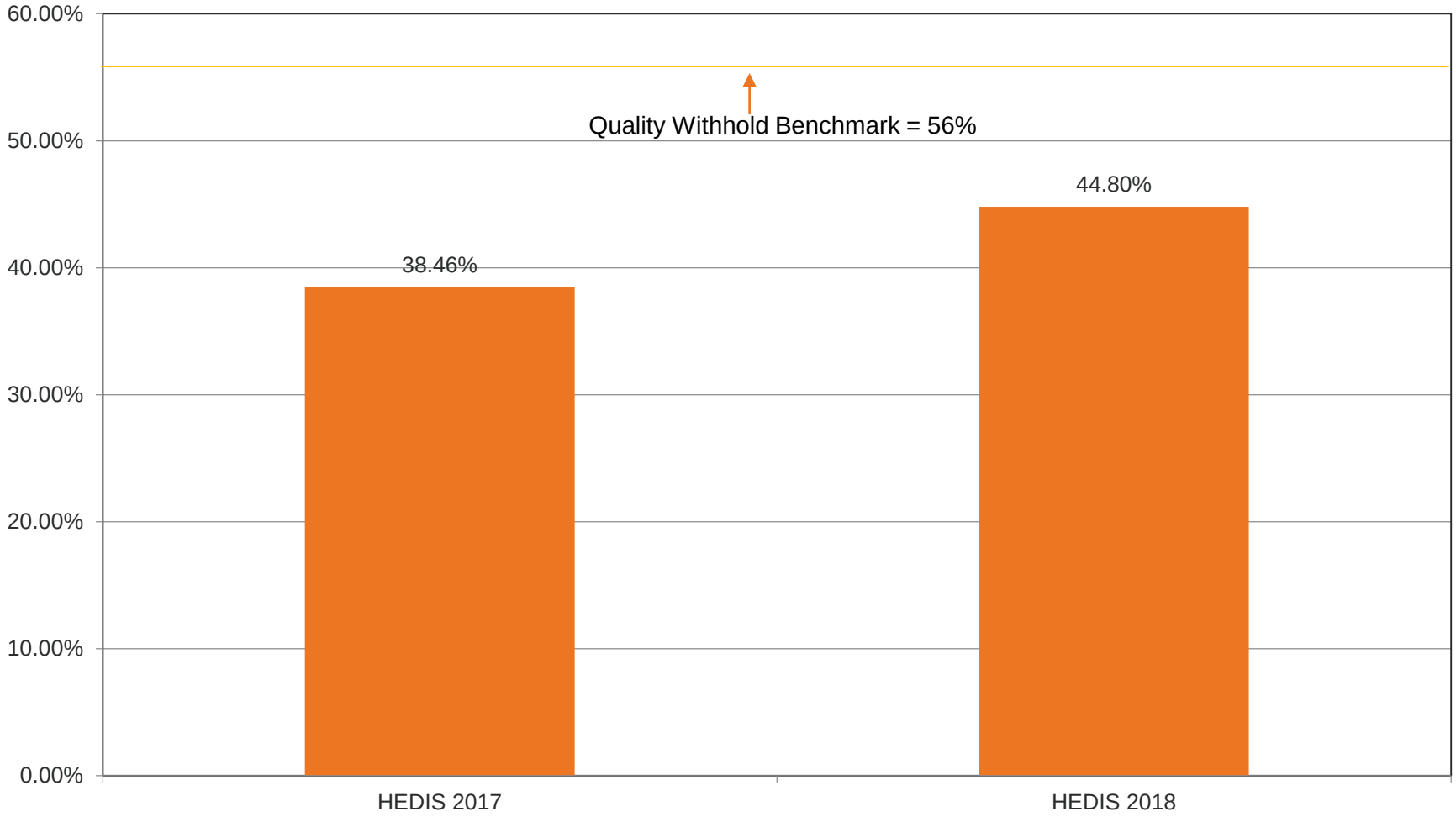
CMC – Controlling High Blood Pressure (CBP)



CMC – Plan All Cause Readmissions (PCR)



CMC – Follow up After Hospitalization for Mental Illness – 30 day follow up (FUH)



Next Steps

Improvement Plans:

- MCAL
  - Comprehensive Diabetes Care – Medical Attention for Nephropathy
  - Comprehensive Diabetes Care – HbA1c Test
  - Texting Campaign for all Auto-Assignment Measures
- Cal Medi-Connect
  - Comprehensive Diabetes Care – HbA1c Test
  - Call Campaign for targeted measures (we need to discuss)

Santa Clara Family Health Plan™

Questions?

Santa Clara Family Health Plan
Initial Health Assessment
Medical Record Review Audit Report
Quarters 3 & 4 2017

Overview

The California Department of Health Care Services requires Medi-Cal providers to complete an Initial Health Assessment (IHA) within 120 days of joining Santa Clara Family Health Plan (SCFHP). SCFHP provider compliance rates show opportunities for improvement as assessed by sampling random provider medical records. Barriers to compliance identified include provider-related and system-related issues, such as lack of awareness and/or documentation of the required elements, lack of awareness of new members and coding issues. SCFHP is working to improve provider education and reduce barriers in order to increase rates of compliance in the coming year.

Background

SCFHP monitors IHA compliance by performing a Medical Record Review Audit on a quarterly basis for five criteria:

1. Comprehensive history
2. Administration of preventive services
3. Comprehensive physical and mental status exam
4. Diagnosis and plan of care
5. Staying Healthy Assessment (SHA) Questionnaire

Methodology

SCFHP used two different methodologies for Q3 and Q4 2017.

- Method Q3: Ten medical records were requested from at least 5 providers. Of that sample, four PCPs returned 46 medical records.

- Method Q4: As a result of discussions with DHCS, the methodology for Q4 was changed. One to two medical records were requested from 25 randomly selected providers. Of that sample, 23 providers returned 25 medical records.

Medical Records were scored one point for each of four elements:

1. Element A – History of present illness, past medical history, social history, and systems review
2. Element B – Preventative services
3. Element C – Complete exam, diagnosis, and plan
4. Element D – Staying Health Assessment (SHA) questionnaire

Please note that IHA Criteria 1 (Comprehensive History) and 3 (Comprehensive Physical and Mental Status Exam) were combined into Element A.

Findings

The total number of compliant charts identified was twice as large in Q3 (28) as in Q4 (14). This most likely reflects the change in methodology between the two quarters, which also resulted in almost twice as many charts being reviewed in Q3 as Q4 (46 vs 25). Due to the change in methodology, it is not possible to trend Q3 with Q4.

Figure 1: Number of Compliant Charts

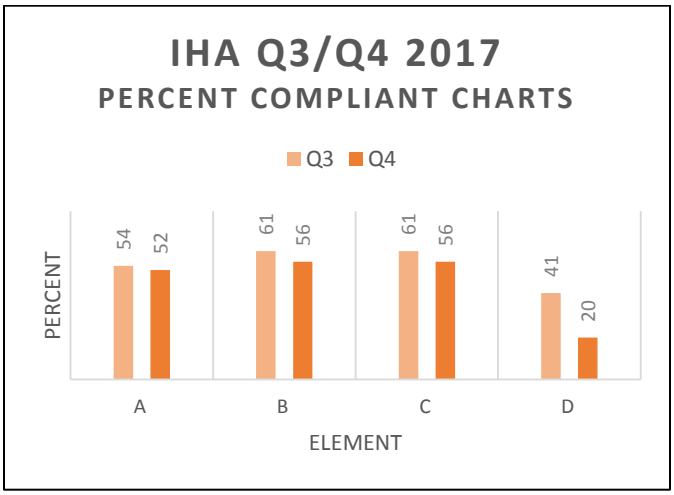
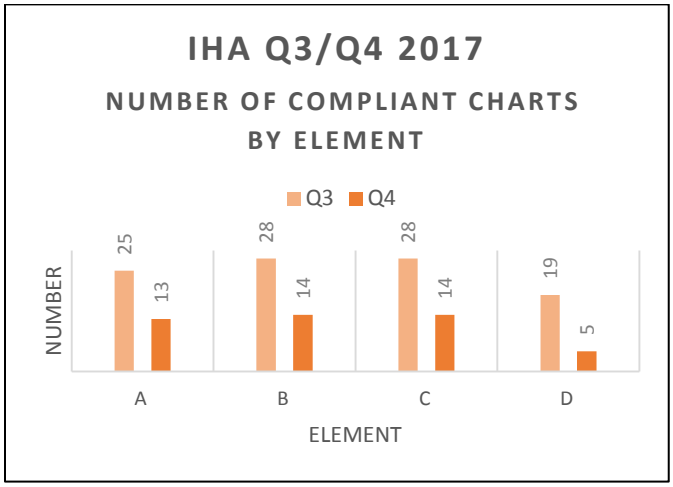


Figure 2: Compliance by Element

In Element A, social history assessment was missed most frequently in both quarters.



2017 Results

The increasing trend through the first 3 quarters of 2017 likely reflects both improving review skills by the reviewer as well as the effect of provider outreach, education and resources to providers.

Figure 3: Percent compliant charts by element

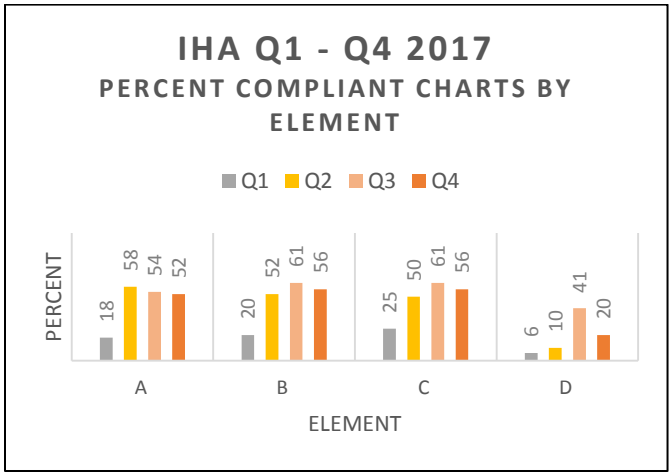
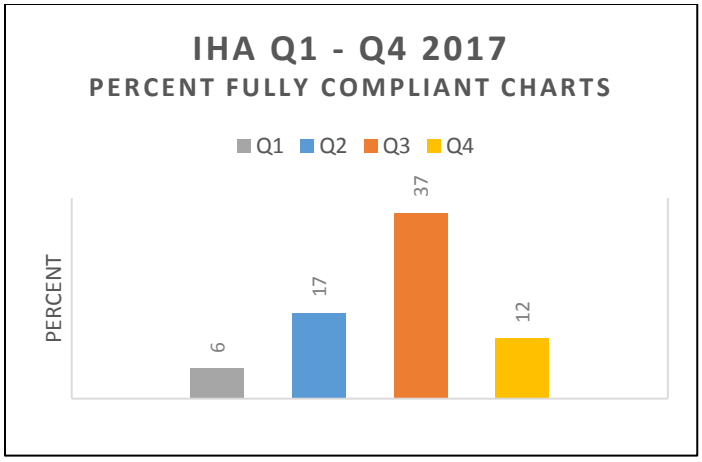


Figure 4: Percent Fully Compliant Charts, Q1 – Q4 2017



Barriers

Provider barriers:

Providers do not:

- check the SCFHP portal on a regular basis for newly assigned members
- document attempted contacts to schedule appointments for new members
- use the required SHA questionnaires or other state approved forms during IHAs

System barriers:

- Discrepancies in IHA codes used for office visits within the 120 day timeframe
- Difficulty reaching MediCal members to schedule appointments
- Members changing providers in the first 120 days
- Completing the SHA is time consuming and does not easily integrate with EMR systems.
- Lack of training about all IHA requirements

Next Steps

Overall IHA compliance is less than SCFHP expects providers to achieve. A number of barriers have been identified as contributing to the current rates. Some barriers are provider related, others are system related.

Provider-related barriers

It is expected that educating providers about the IHA, providing current lists of new members and those who have not yet completed the IHA, and ongoing monitoring of medical records will increase the rate of overall compliance in coming months. In addition, SCFHP has posted the components of the IHA and appropriate codes on our website.

SCFHP continues to educate providers directly during Facility Site Reviews as well as at individually scheduled training visits. We also meet with delegates monthly to coordinate efforts to increase awareness and compliance among providers.

System Barriers

Coding has been and continues to be a challenge. SCFHP released a provider memo with IHA codes in May 2018. The codes are also available on our website.

The SHA was recently redesigned with provider concerns incorporated to try to make it easier to use. However, it remains a paper-only form. Providers can apply to have an EMR version approved by SCFHP and DHCS, but it is a time consuming process. SCFHP will continue to encourage and require providers to complete the SHA and include it in the medical record.

Conclusion

Going forward, SCFHP expects to see a gradual increase in IHA compliance rates over the coming months as a result of SCFHP's strong efforts to educate providers and improve communication between providers and SCFHP in in 2017. The Quality Improvement Department will evaluate medical record review as a method to assess provider compliance with IHA requirements and continue to research other ways to assess compliance. Our ongoing efforts and results will be reported to the SCFHP Quality Improvement Committee.

Santa Clara
Family Health Plan
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Provider Appointment & Availability, Provider Satisfaction and Member Surveys
Summary of Results
Plan: Valley Health Plan (VHP)
Measurement Year: 2017
County: Santa Clara

Pursuant to section 1300.67.2.2 of Title 28, California Code of Regulations; Valley Heath Plan (VHP) filed an amendment to its license on or before March 31, 2018 disclosing compliance with the timely access requirements of this section. VHP conducted surveys associated with timely access regulations. A summary of results are included in this report:

Provider Appointment Availability Survey:

Ancillary

Ancillary	Responded	# met non-urgent appt within 15-days	MY2017 Rate of Compliance	MY2016 Rate of Compliance	% Points Change MY2017
Mammogram	0	0	0	0	No Change
MRI	0	0	0	0	No Change
Physical Therapy	4	3	75%	0	+75%

PCP—Primary Care Providers

Standard	Responded	# Compliant	MY2017 Rate of Compliance	MY2016 Rate of Compliance	% Points Change MY2017
Urgent Care Appt within 48hrs	270	224	83%	65%	+18%
Non-Urgent Care Appt within 10-days	272	258	95%	65%	+30%

Specialists-Cardiology

Standard	Responded	# Compliant	MY2017 Rate of Compliance	MY2016 Rate of Compliance	% Points Change MY2017
Urgent Care Appt within 96hrs	16	11	69%	16.7%	+52.3%
Non-Urgent Care Appt within 15-days	16	11	69%	16.7%	+52.3%

Specialists-Endocrinology

Standard	Responded	# Compliant	MY2017 Rate of Compliance	MY2016 Rate of Compliance	% Points Change MY2017
Urgent Care Appt within 96hrs	4	2	50%	Not noted	N/A
Non-Urgent Care Appt within 15-days	4	2	50%	Not noted	N/A

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Specialists-Gastroenterology

Standard	Responded	# Compliant	MY2017 Rate of Compliance	MY2016 Rate of Compliance	% Points Change MY2017
Urgent Care Appt within 96hrs	14	5	36%	Not noted	N/A
Non-Urgent Care Appt within 15-days	15	11	73%	Not noted	N/A

Specialists-Child & Adolescent Psychiatry

Standard	Responded	# Compliant	MY2017 Rate of Compliance	MY2016 Rate of Compliance	% Points Change MY2017
Urgent Care Appt within 96hrs	1	1	100%	100%	No change
Non-Urgent Care Appt within 15-days	1	1	100%	100%	No change

Specialists- Psychiatry

Standard	Responded	# Compliant	MY2017 Rate of Compliance	MY2016 Rate of Compliance	% Points Change MY2017
Urgent Care Appt within 96hrs	6	2	33%	0.0%	+33%
Non-Urgent Care Appt within 15-days	7	5	71%	0.0%	+71.0%

Non-Physician Mental Health (NPMH)

Standard	Responded	# Compliant	MY2017 Rate of Compliance	MY2016 Rate of Compliance	% Points Change MY2017
Urgent Care Appt within 96hrs	18	11	89%	80%	+9%
Non-Urgent Care Appt within 15-days	21	17	81%	40%	+41%

Provider Satisfaction Survey:

Responses	Access to urgent care	Access to non-urgent care	Access to non-urgent specialty services	Access to non-urgent ancillary services	If applicable, access to the referral and/or prior authorization process for covered services	2017 Overall rating average
26	**4.30**	**4.10**	**3.70**	**4.10**	**3.80**	**4.00**

MY2017 overall results showed that for securing appointments either on an urgent or non-urgent basis, VHP met the target goal of 90% compliance for two measures:

- Non-urgent appointment within10 days for PCPC
- Both Urgent and non-urgent appointments with Child and Adolescent Psychiatry Specialists

All other measures fell short of the goal of 90% compliance.

Overall Satisfaction with VHP Services

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Overall Satisfaction with VHP Services	Responses	Very Satisfied/ Satisfied **2017**	Very Satisfied/ Satisfied **2016**	Change from 2016
PCP	98	79%	70%	+12.86%
Specialists	30	63%	N/A	N/A
Behavioral Health	68	88%	N/A	N/A
Total	196		70.45%	+8.55%

The aggregated 2017 percentage of 79% Very Satisfied/satisfied is a marked improvement from the 70.45% level in 2016 (8.55% percentage point improvement).
-In 2016, VHP did not breakout providers as to being PCPs, Specialists or Behavioral Health Practitioners.

Overall Satisfaction Comparison with Authorization Process for 2017 from 2016

Question	Provider Type	Very Satisfied/ Satisfied	Dissatisfied/Very Dissatisfied	Not Applicable/No Experience
Utilization Management	PCP	90%	10%	0%
	Spec	97%	3.2%	0%
	BH	82%	18%	0%
Authorization Process/Treatment Plans	PCP	80%	20%	0%
	Spec	71%	29%	0%
	BH	79%	21%	0%
Complaints/Claims	PCP	65%	19%	15%
	Spec	55%	19%	0%
	BH	29%	50%	21%
Materials: Health promotion and Patient Education Material	PCP	57%	8%	35%
	Spec	45%	13%	42%
	BH	N/A	N/A	N/A
Customer Services Staff	PCP	72%	16%	11%
	Spec	58%	29%	13%
	BH	74%	7.4%	19%
UM Staff	PCP	69%	18%	12%
	Spec	64%	26%	9.7%
	BH	81%	2.9%	16%
Provider Relations Staff	PCP	67%	16%	15%
	Spec	58%	19%	23%
	BH	62%	25%	13%

Overall provider satisfaction of 80% and satisfaction on the part of PCPs of 70%, the first goal was not met, as the overall satisfaction rating was 79%. However, the PCP satisfaction level goal of 70% was exceeded with an outcome of 80%.

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Member Satisfaction Survey:

Member Satisfaction in Access

Question	Responses	Always and Usually	Sometimes and Never	Change from 2016
Got urgent care as soon as needed	67	70.15%	29.85%	+28.32%
Got check-up or routine appointment as soon as needed	152	58.55%	41.45%	-1.66%
Easy of getting needed care, tests or treatments	150	71.33%	28.67%	-0.40%
Got appointment to see a specialist as soon as needed	84	55.95%	44.05%	-3.12%

Overall, the survey results in both categories "Getting Care Quickly" and "Getting Needed Care" from the QHP adult Marketplace enrollees slightly decreased in 2017 compared to 2016. Except for the "Got urgent care as soon as needed (Q4)" which significantly increased by 28.32%, the remaining questions "Got check-up or routine appointment as soon as needed (Q6)", "Easy of getting needed care, tests or treatments (Q11)", and "Got appointment to see a specialist as soon as needed (Q33)" decreased by 1.66%, 0.4%, and 3.12% respectively.

Language Assistance Program:

Coordination of appointments w/ interpreter	# Responded	Total # of Compliant	% Compliance
PCP	283	268	95%
Specialty	45	43	96%
NPMH	30	30	100%
Ancillary Appointment	0	0	0%

In excess of 90% of the respondents have an interpreter available to assist members in coordinating the scheduling of an appointment.

End of Report

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity: Credentialing Committee

Monitoring or Meeting Period: June 6, 2018

Areas of Review or Committee Activity

Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

Initial Credentialing (excludes delegated practitioners)		
Number initial practitioners credentialed	12	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	11	
Number practitioners recredentialed within 36-month timeline	11	
% recredentialed timely	100%	100%
Number of Quality of Care issues requiring mid-cycle consideration	0	
Percentage of all practitioners reviewed for ongoing sanctions or licensure limitations or issues	100%	100%
Terminated/Rejected/Suspended/Denied		
Existing practitioners terminated with cause	0	
New practitioners denied for cause	0	
Number of Fair Hearings	0	
Number of B&P Code 805 filings	0	
Total number of practitioners in network (excludes delegated providers) as of 05/31/2018	215	

	Stanford	**LPCH**	**NT 20**	**NT 40**	**NT 50**	**NT 60**
Total # of Initial Creds	22	17	38	45	14	1
Total # of Recreds	185	95	36	261	36	9
(For Quality of Care ONLY)	**Stanford**	**LPCH**	**NT 20**	**NT 40**	**NT 50**	**NT 60**
Total # of Suspension	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	0	0
Total # of Resignations	0	0	0	0	0	0
Total # of practitioners	665	909	697	705	378	107

Note: This is a count of single providers in their credentialed networks. A provider belonging to multiple networks will be counted for each network once.

Actions Taken

1. All current network practitioners and providers were monitored on an ongoing basis for licensing issues, sanctions, validated quality of care issues and opt-out exclusion. No currently credentialed practitioner or provider had an identified issue on any of the exclusion lists or licensing boards.
2. Staff education conducted regarding the recredentialing of practitioners within the required 36-month timeframe. Procedure review of mailing pre-populated recredentialing applications six months prior to due date reviewed.

Outcomes & Re-measurement

Weekly re-measurement will be conducted on recredentialing applications to measure compliance

Note: This is a count of single providers in their credentialed networks. A provider belonging to multiple networks will be counted for each network once.

Santa Clara Family Health Plan

Regular Meeting of the
Santa Clara County Health Authority d.b.a. Santa Clara Family Health Plan
OPEN SESSION - **Pharmacy & Therapeutics Committee**
Thursday, March 15, 2018
6:00 PM - 8:00 PM
210 E. Hacienda Avenue Campbell, CA 95008

MINUTES

Voting Committee Members	Specialty	Present (Y or N)
Jimmy Lin, MD	Internal Medicine	Y
Hao Bui, BS, PharmD	Community Pharmacy (Walgreens)	N
Minh Thai, MD	Family Practice	Y
Amara Balakrishnan, MD	Pediatrics	Y
Peter Nguyen, MD	Family Practice	Y
Jesse Parashar-Rokicki, MD	Family Practice	Y
Narinder Singh, PharmD	Health System Pharmacy (SCVMC)	N
Ali Alkoraishi, MD	Adult & Child Psychiatry	Y
Dolly Goel, MD	VHP Chief Medical Officer	Y
Xuan Cung, PharmD	Pharmacy Supervisor (VHP)	N
Johanna Liu, PharmD, MBA	SCFHP Director of Quality and Pharmacy	Y
Jeff Robertson, MD	SCFHP Chief Medical Officer	Y

Non-Voting Committee Members	Specialty	Present (Y or N)
Lily Boris, MD	SCFHP Medical Director	N
Caroline Alexander	SCFHP Administrative Assistant, Medical Management	N
Tami Otomo, PharmD	SCFHP Clinical Pharmacist	Y
Duyen Nguyen, PharmD	SCFHP Clinical Pharmacist	Y
Dang Huynh, PharmD	SCFHP Pharmacy Manager	Y
Amy McCarty, PharmD	MedImpact Clinical Program Manager	Y
Tiffanie Pham, CPhT	SCFHP Pharmacy Coordinator	Y

	Topic and Discussion	Follow-Up Action
1	**Introductions**	
	The meeting convened at 6:09 PM.	
2	**Public Comment**	
	No public comment.	
3	**Past Meeting Minutes**	
	The SCFHP 4Q2017 P&T Minutes from December 14, 2017 were reviewed by the Committee as submitted.	Upon motion duly made and seconded, the SCFHP 4Q2017 P&T Minutes from December 14, 2017 were approved as

		submitted and will be forwarded to the QI Committee and Board of Directors.
4	**Plan Updates**	
	Health Plan Updates Dr. Robertson presented the slow, but steady decline in Medi-Cal members possibly due to the actions of immigration rates. The annual DHCS audit will be held next month from 4/9-4/20 at the health plan. Dr. Peter Nguyen asked if the steady decline was affecting the Medicare or Medi-Cal line of business. Dr. Robertson clarified that this is affecting the Medi-Cal line of business, and Medicare line of business is increasing.	
	Appeals & Grievances Dr. Huynh presented the Appeals & Grievances report Q4 2017. There was a decline in Medi-Cal appeals after a short increase due to a change in process. Q4 2017 53% overturn rate, 27% upheld, 5% withdrawn. For CalMediConnect (CMC), Q3-Q4 Part C&D redeterminations have remained steady. Redeterminations Q4, 39% overturned, 56% upheld, 0% withdrawn. Dr. Peter Nguyen asked if the percentages are normal compared to other health plans, and Dr. Robertson clarified that SCFHP does not have available data to benchmark our results to.	
	SCFHP Pharmacy Dept. Policies: Dr. Huynh presented the Pharmacy Dept. Policies as followed: 1. PH01 Pharmacy and Therapeutics Committee 2. PH02 Formulary Development and Guideline Management 3. PH03 Prior Authorization 4. PH04 Pharmacy Clinical Programs and Quality Monitoring 5. PH05 Continuity of Care for Pharmacy Services 6. PH06 Pharmacy Communications 7. PH07 Drug Recalls 8. PH08 Pain Management Drugs for Terminally Ill 9. PH09 Medications for Members with Behavioral Health Conditions – *Revised* 10. PH10 Cal MediConnect Part D Transition 11. PH11 340B Program Compliance 12. PH14 Medications for Cancer Clinical Trial	Upon motion duly made and seconded, the Pharmacy Dept. Policies were approved as presented.
	Adjourn to Closed Session Committee adjourned to closed session at 6:20 p.m. to discuss the following items: Membership Report, Pharmacy Dashboard, Drug Use	

	Evaluation Results, Drug Utilization & Spend, Recommendations for Changes to SCFHP Cal MediConnect Formulary and Prior Authorization Criteria, Recommendations for changes to Medi-Cal and Healthy Kids Formulary and Prior Authorization Criteria, DHCS Medi-Cal CDL Updates & Comparability, and New Drugs.	
5	**Metrics & Financial Updates**	
	Membership Report Dr. Robertson presented the membership report.	
	Pharmacy Dashboard Dr. Otomo presented the Pharmacy Dashboard.	
	Drug Utilization & Spend Review Dr. McCarty presented the Drug Use Evaluation Results.	
	Drug Utilization & Spend Review Dr. McCarty presented the Spend and Trend Overview.	
6	**Discussion and Recommendations for changes to SCFHP Cal MediConnect Formulary & Prior Authorization Criteria**	
	Dr. Huynh presented an overview of the MedImpact 4Q2017 P&T minutes as well as the MedImpact 1Q2018 P&T Part D Actions.	Upon motion duly made and seconded the MedImpact 4Q2017 P&T Minutes, and MedImpact 1Q2018 P&T Part D Actions were approved as submitted.
7	**Discussion and Recommendations for Changes to SCFHP Medi-Cal & Healthy Kids Formulary & Prior Authorization Criteria**	
	Formulary Modifications Dr. Otomo presented the formulary changes since the last P&T meeting.	Upon motion duly made and seconded, formulary modifications were approved as presented.
	DHCS Medi-Cal CDL Updates & Comparability Dr. McCarty presented DHCS Medi-Cal CDL Updates & Comparability.	Upon motion duly made and seconded, prior authorization criteria were approved as requested.
	Prior Authorization Criteria Dr. Duyen Nguyen presented the following PA criteria for approval by the committee: 1. Zetia 2. Glatiramer acetate	Upon motion duly made and seconded, prior authorization criteria were approved with the requested deletion from the Oncology PA criteria.

	3. Oncology 4. Quantity Limit	
	New Drugs and Class Reviews Dr. McCarty presented the following new drug reviews: 1. Diabetes Update SGLT-2 inhibitors, Rapid Acting Insulin. 2. Hemlibra. 3. Psoriasis Update – Tildrakizumab.	Upon motion duly made and seconded, all recommendations were approved as presented.
	Reconvene in Open Session Committee reconvened to open session at 7:44 p.m.	
8	**Discussion Items**	
	Update on New Drugs and Generic Pipeline Dr. McCarty presented the generic pipeline for 1Q2018. High impact drugs: ProAir HFA, Tracleer, Byetta, Sensipar and medium/low impact drugs: Forfivo, XL, Viread, Solodyn, Treximet, Zortress, and Sustiva.	
9	**Adjournment at 7:49 PM**	

Santa Clara Family Health Plan

The Spirit of Care

MINUTES
UTILIZATION MANAGEMENT COMMITTEE
April 18, 2018

Voting Committee Members	Specialty	Present Y or N
Jimmy Lin, MD, Chairperson	Internal Medicine	Y
Ngon Hoang Dinh, DO	Head and Neck Surgery	Y
Indira Vemuri, MD	Pediatrics	N
Dung Van Cai, MD	OB/GYN	Y
Habib Tobaggi, MD	Nephrology	Y
Jeff Robertson, MD, CMO	Managed Care	N
Ali Alkoraishi, MD	Adult and Child Psychiatry	Y

Non-Voting Staff Members	Title	Present Y or N
Christine Tomcala	CEO	Y
Lily Boris, MD	Medical Director	Y
Jana Castillo	Utilization Management Manager	Y
Sandra Carlson	Health Services Director	Y
Caroline Alexander	Administrative Assistant	Y
Lori Andersen	MLTSS Operations Director	Y
Joan McKay	Nurse Consultant, CCS	Y
Andrea Smith	Utilization Review and Discharge Planning Nurse	Y

ITEM	DISCUSSION	ACTION REQUIRED
I. /II. Introductions Review/Revision/Approval of Minutes	Meeting was started with a Quorum at 6:07 PM. There was a motion to approve the October 26, 2017 and January 18, 2018 minutes.	Minutes approved as presented.
III. Public Comment	No public comment.	
IV. CEO Update	Christine Tomcala , CEO discussed the following items: Membership as of April, down about 1,300 members, at 262,569 total. Slight increase in Cal MediConnect membership. Healthy Kids increased as well. Continue to see Medi-Cal drop in our	Poll committee members regarding changing meeting time to lunchtime when move to the new building.

ITEM	DISCUSSION	ACTION REQUIRED
	county overall. In the middle of second week of DHCS audit. Closing conference will take place on Friday, April 20th. Different set of auditors than last year. Areas of deficiency worked on to correct. Data Validation Audit is currently taking place April 19th. We are submitting universes and data for DMHC audit for June 2018 now as well. Health Plan will be moving to the new location in South San Jose late July.	
V. Discussion Items/Follow Up Items	a. CCS Summary Ms. McKay presented an overview of California Children's Services (CCS) to the committee. Originally known as California Crippled Children's Society in 1927 and evolved into California Children's Services in 1978. Provides services to children under 21 years of age including diagnostic and treatment services, case management, physical and occupational therapies. DHCS governs implementation of CCS services. Mandates California counties to seek out eligible children to be recipients of expert sources for diagnosis and treatment. Services are not limited to Medi-Cal beneficiaries. The value of Santa Clara Family Health Plan/CCS Relationship is: • CCS determines program eligibility • Authorizes care with any provider or facility that participates in the Medi-Cal program (facilitates billing process) • CCS is payment source for all care authorized by the CCS program Treat about 200,000 children annually, 80% are Medi-Cal. Becomes carve in under Whole Child in 2021. b. UM Program Description Update-Assessment of New Technology Ms. Castillo presented an update on the UM Program Description. UM Program Description was presented to the UM Committee for approval in January 2018. The new technology section is corrected to state that the health plan would be reviewing any new technology requests by using the up to date website.	
VI. Action Items	a. UM Program Evaluation CY 2017 Ms. Castillo presented the UM Program Evaluation CY 2017. Did not find any negative findings on the goals submitted for evaluation. After motion duly made, seconded, UM Program Evaluation CY 2017 was approved as presented. b. UM Workplan CY 2018 Ms. Castillo presented the UM Work plan CY 2018. SCFHP is adding the current positions as the responsible party for each area. New technology policy added and will monitor until next year on Program Evaluation. After motion duly made, seconded, UM Work plan CY 2018 was approved as presented.	

ITEM	DISCUSSION	ACTION REQUIRED
	c. HS.14 LTC Authorization Review Policy Ms. Andersen presented a new LTC Authorization Review policy for approval. New policy developed as a separate policy for long term care authorization. Policy covers bed holds and addresses re-authorization versus initial authorization for LTC. Describes documentation required to be submitted with prior authorization request. It was recommend that verbiage be added to item II. D. This is because LTC is not a benefit outside of Santa Clara County. After motion duly made, seconded, HS. 14 LTC Authorization Review policy was approved with recommended edits. d. Medi-Cal Prior Authorization Grid 2018 Ms. Castillo presented the Medi-Cal Prior Authorization Grid 2018. SCFHP is adding Palliative Care benefit to the PA Grid. Palliative care became a benefit recently and in order to follow patient use we are recommending an admin auth be created. Medi-Cal which will require prior authorization. Non-Emergency Medical Transportation (NEMT) will not require prior authorization. Ground transportation from facility to facility and from hospital to home will not require prior authorization. After motion duly made, seconded, proposed additions to Medi-Cal Prior Authorization Grid 2018 were approved as presented.	

ITEM	DISCUSSION	ACTION REQUIRED
VII. Reports	a. Membership Presented during CEO Update. b. UM Reports 2018 i. Dashboard Metrics Ms. Castillo presented the Dashboard Metrics report. Monitoring compliance based on turnaround time. Divided by lines of business. For CMC line of business, at 99% of compliance for routine requests, 90% compliant for expedited/urgent requests, 100% compliant for retro requests. Developed better reporting mechanisms and monitoring of requests coming to UM fax. For Medi-Cal line of business, 96.7% compliant for routine, urgent 96.7%, retro 95.4%. Abandonment rate has been low, at 4%. ii. Standard Utilization Metrics Data is for January 1 to December 31, 2017. For MediCal/non SPD, discharges per thousand have been stable at 3.66, with average length of stay 3.55. For Medi-Cal SPD discharges per thousand are at 14.46. Average length of stay 4.92. For CMC population 5.93 days average length of stay. Discharges per thousand 266.4. For NCQA Medicaid Benchmark Comparisons, Non SPD fall at less than 10%, SPD falls at greater than 90%. Combined total is 50th percentile ranking for average length of stay. Medi-Cal SPD's 173 discharges per thousand, CMC is at 266 per thousand. Average length of stay is 4.92 for Medi-Cal SPD and 5.93 for CMC. Inpatient Readmissions Medi-Cal Non SPD is at 14.06. Goal is around 11 to 12% for Non SPD population. SPD Inpatient Readmissions for Medi-Cal overall average of 22%. Readmissions on CMC lower at 14.44%. NCQA Benchmark comparison for CMC Readmissions: Ages 18 to 64 readmission rate of 14.08%; Ages 65+ readmission rate of 14.54%. For age 18 to 64, greater greater than 50th percentile ranking, age 65+, less than 50th percentile ranking. (Lower rate indicates better performance). Frequency of selected procedures: Back Surgery comparison to benchmark, lower. Mastectomy higher in females age 15 to 44, lower age 45-64. Bariatric surgery higher in females age 20 to 44. Medi-Cal Behavioral Health Metrics based on 3 areas: ADHD Medication, Antidepressant Medication Management, Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia. Initiation phase and continuation maintenance phase for ADHD Medication is at less than 25th percentile rank. Antidepressant Medication Management Acute Phase Treatment and Continuation Phase Treatment is at	Three child psychiatry facilities in the county. Consider working with them on the Medi-Cal Behavioral Health metrics (follow up for children with ADHD/Initiation and continuation of treatment) Consider a "CareMore" type of program for inpatient admits/readmits in Cal MediConnect

ITEM	DISCUSSION	ACTION REQUIRED
	greater than 75th percentile rank. Cardiovascular Monitoring for People with Cardiovascular Disease & Schizophrenia is at greater than 90th percentile. c. Interrater Reliability: Medical and Behavioral Health Dr. Boris presented the Interrater Reliability report for Behavioral Health. In accordance with Policy HS.09, Santa Clara Family Health Plan (SCFHP) UM staff scheduled and completed the first of two required Bi-Annual IRR testing sessions. The second IRR testing session is expected to be completed within the second half of calendar year 2018. A total of 10 random UM authorizations are selected for testing purposes for all of the Utilization Management staff, including non-licensed Care Coordinators, licensed professional staff, and Medical Directors (MD). In the first testing in 2018, 95% or 20/21 of the staff were found to be proficient while the remaining 5% or 1/21 were not proficient and will require remediation. 100% of Utilization Management staff completed the IRR testing including CMO, Medical Director, Licensed staff and Coordinators. Identified common findings were as follows: • Improper identification of required turnaround time for inpatient concurrent review • Lack of understanding for specific Care Coordinator Guidelines Corrective action plan after identifying the coming findings are: • Remedial training was planned for staff that failed IRR but was incomplete due to voluntary transfer to another department • Continue regular staff training with emphasis on care coordinator guidelines and regulatory turnaround times • Change of staff assignments for more experience with different lines of business and regulatory requirements For the Behavioral Health team, 100% or 3/3 of staff were found to be proficient during this review. 100% of Behavioral Health staff who complete authorizations completed the IRR testing. Identified common findings were as follows: • Staff who are authorized to review/approve BH services through SCFHP express comfort in knowing the process/where to go to for clarification Corrective action plan after identifying the common findings would be: • Mandatory remedial training with post testing for all non-proficient staff (should this be required-not needed at this time) • Mandatory bi-annual review of guidelines and criteria, as well as biannual testing, will continue to be scheduled.	

ITEM	DISCUSSION	ACTION REQUIRED
	d. HS 04.01 Reporting Quality Monitoring of Plan Auths, Denials, etc. (Q1 18) Ms. Castillo presented the Q1 2018 Quality Monitoring Report. Santa Clara Family Health Plan (SCFHP) completed the 1st quarter review for timely, consistent, accurate and understandable notification to members and providers regarding adverse determinations. For the 1st Quarter review of 2018, the findings are as follows: A. For the dates of services and denials for January, February and March of CY 2018 were pulled in the 1st quarter sampling year. a. 30 unique authorizations were pulled with a random sampling. i. 83% or 25/30 Medi-Cal LOB and 17% or 5/30 CMC LOB ii. Of the sample 100% or 30/30 were denials iii. Of the sample 27% or 8/30 were expedited request; 67% or 20/30 were standard request, 6% or 2/30 were retroactive request. 1. 100% or 8/8 of the expedited authorizations met regulatory turnaround time of 72 calendar hours 2. 95% or 2/2 retroactive request met regulatory turnaround time of 30 Calendar days. iv. 67% or 20/30 are medical denials, 33% or 10/30 are administrative denials v. 100% or 30/30 of cases were denied by MD or pharmacist. vi. 100% were provided member and provider notification. vii. 90% or 28/30 of the member letters are of member's preferred language. 2 letters that were not in member's language were outside of 5 regulatory language threshold and were written in English instead. viii. 100% of the letters were readable and rationale for denial was provided, although 7% or 2/30 letters were found to be too clinical and not written in a member specific language. ix. 83% or 25/30 letters included criteria or EOB in the letter. x. 100% of the letters included IMR information, interpreter rights and instructions on how to contact CMO or Medical Director.	

ITEM	DISCUSSION	ACTION REQUIRED
	Manager of Utilization Management and Director of Health Services reviewed the findings of this audit and recommendations from that finding presented to UMC are as follows: • Continue to improve on denial verbiage matrix including member specific language • Provide staff education to re-read denial letters for letter quality • Continue QA report monitoring process e. Referral Tracking Ms. Castillo presented the Annual Specialty Referral Tracking report. New system for reporting. Required to have a twelve month rolling report for any authorizations that does not have a claim attached. Need to follow up on why service was not rendered if no claim attached. Number of authorizations without a claim is 4,321. Three month lag for claims. Exclude the last three months of authorized services and focus on services before those three months. Pull 10% of authorizations that do not have claim attached. Up to 50%, will do outbound calls to members and providers to find out more detail. Will be presenting this data quarterly but new system will allow to look at data monthly. 60 to 70% of authorizations have services rendered, drops off in February due to claims lag. Will also present an annual report. f. Nurse Advice Line Stats Ms. Carlson presented the Nurse Advice Line Stats. In November 2017, switched to vendor Care Net to handle Nurse Advice Line calls. Medi-Cal received 1645 calls, Healthy Kids 75 calls, Cal MediConnect calls 116 during the first quarter of 2018. For Medi-Cal the highest number of dispositions rendered was to see provider within 24 hours. Second highest was referral to home care. For Cal MediConnect, told to see provider within 24 hours or go to Emergency. For Medi-Cal, general information, for pediatrics, cold and cough.	Consider adding to the procedure for "referral tracking" auth tracking
VIII. Adjournment	Meeting adjourned at 7:15 PM	
NEXT MEETING	The next meeting is scheduled for Wednesday, July 18, 2018, 6:00 PM	

Prepared by:

Caroline Alexander
Administrative Assistant

Date 7/18/18

Reviewed and approved by:

Jimmy Lin, M.D.
Committee Chairperson

Date 7/18/18

	2017	2018						
Quality & Case Management	**YTD**	**Jan**	**Feb**	**Mar**	**Apr**	**May**	**Jun**	**YTD**
Initial Health Assessment								
# of members eligible for an IHA	**48,934**	2,766	2,839	3,013	2,967	4,177	3,298	**19,060**
# of IHA completed within 120 days of enrollment	**18,558**	1,284	1,245	1,315	1,259	1,600	1,422	**8,125**
Facility Site Reviews								
# of Facilities Due for FSR within the month	**29**	1	3	4	3	5	2	**18**
# of FSRs completed	**29**	1	3	4	3	5	2	**18**
# of FSRs that passed	**27**	1	3	4	2	5	2	**17**
# of FSRs with corrective action	**27**	1	3	4	3	5	2	**18**
% of FSRs completed timely	**100%**	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	**100%**