Santa Clara Family Health Plan
The Spirit of Care

www.scfhp.com

Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Wednesday, November 08, 2017
6:00 PM - 8:00 PM
210 E. Hacienda Avenue
Campbell, CA 95008

AGENDA

1.	**Introduction**	Dr. Paul	6:00	5 min.
2.	**Meeting Minutes** Review minutes of the August 09, 2017 Quality Improvement Committee meeting. **Possible Action:** Approve 08/09/2017 minutes	Dr. Paul	6:05	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	6:10	5 min.
4.	**CEO Update** Discuss status of current topics and initiatives.	Ms. Tomcala	6:15	10 min.
5.	**Action Items**	Mr. Aguirre	6:25	5 min.
6.	**Discussion Items**		6:30	45 min.
	a. PIPS		Mr. Aguirre	
	b. Member Incentives		Mr. Aguirre	
	c. Access and Availability		Ms. Turner	
	d. Appeals and Grievances		Mr. Breakbill	
	e. HOS		Mr. Aguirre	
	f. CAHPS		Mr. Aguirre	

7.	**Committee Reports**			
	a. Credentialing Committee Review August 02, 2017 report of the Credentialing Committee. **Possible Action:** Accept August 02, 2017 Credentialing Committee Report as presented	Dr. Lin	7:15	5 min.
	b. Pharmacy and Therapeutics Committee Review minutes of the June 15, 2017 Committee Meeting. **Possible Action:** Accept June 15, 2017 Pharmacy and Therapeutics Committee minutes as presented	Dr. Lin	7:20	5 min.
	c. Utilization Management Committee Review minutes of the July 19, 2017 Committee Meeting. **Possible Action:** Accept July 19, 2017 Utilization Management Committee minutes as presented	Dr. Lin	7:25	5 min.
	d. Quality Dashboard Review Quality Metrics including Potential Quality Issues **Possible Action:** No action required.	Mr. Aguirre	7:30	10 min.
	e. Consumer Advisory Board **Possible Action:** No action required.	Ms. Andersen	7:40	10 min.
8.	**Adjournment** Next meeting: Wednesday, February 14, 2018 6 p.m.	Dr. Paul	7:50	

Notice to the Public—Meeting Procedures

Persons wishing to address the Quality Improvement 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.

The Quality Improvement Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.

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 210 E. Hacienda Avenue, Campbell.

This agenda and meeting documents are available at www.scfhp.com.

Meeting Minutes

SCCHA Quality Improvement Committee

Wednesday, August 09, 2017

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	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	Y

Non-Voting Staff Members	Title	Present Y or N
Johanna Liu, PharmD	Director of Quality and Pharmacy	Y
Andres Aguirre, MPH	Quality Improvement Manager	Y
Lily Boris, MD	Medical Director	N
Jennifer Clements	Director of Provider Operations	N
Darryl Breakbill	Grievance and Appeals Operations Manager	N
Sandra Carlson, RN	Director of Health Services	N
Dawn Davis	Grievance and Appeals Consultant	Y
Lori Andersen	Director of LTSS	N
Sherry Holm	Director of Behavioral Health	N
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 6:20 p.m. Quorum was not established at this time. Quorum was established at 6:35 p.m. with the arrival of Dr. Lin.			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Review and Approval of May 10, 2017 minutes	The minutes of the May 10, 2017 Quality Improvement Committee Meeting were reviewed. It was moved, seconded to approve minutes as written.	Minutes of the May 10, 2017 meeting were approved as presented.		
Public Comment	No public comment.			
CEO Update	Dr. Robertson presented the CEO update. Move to repeal and replace Affordable Care Act did not happen. Reduction in membership from 280,000 to 271,000 (5,000 in the last month). Many members not renewing for fear of immigration issues. The company had a major initiative to convert all its membership claims and history from Xpress onto QNXT. System migration occurred in beginning of July. Had NCQA survey for initial accreditation and received preliminary results. Plan scored 46 out of 50 points. Report has to go to finalization committee of NCQA before being released.			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Action Items A. Review of Quality Improvement Policies	Eight policies were presented to the committee: QI.13 Comprehensive Case Management QI.14 Disease Management QI.15 Transitions of Care QI.16 MLTSS Care Coordination QI.17 BH Care Coordination QI.18 Sensitive Services, Confidentiality, Rights of Adults and Minors QI.19 Care Coordination Staff Training QI.20 Information Sharing with SARC	Quality Improvement policies were approved as written.		
Discussion Items A. Access and Availability	Deferred until 4th Quarter. Still aggregating data.			
B. Appeals and Grievances	Ms. Davis presented the Grievance and Appeals report for the 2nd Quarter of 2017. For Medi-Cal: Number of Medical Appeals increased from 36 in April to 44 in June. Pharmacy Appeals increased from 11 in April to 16 in June. State Fair Hearings increased from 3 in April to 7 in June. Access to Care Grievances decreased from 64 in May to 49 in June. Quality of Service/Customer Service Grievances increased from 20 in April to 39 in June. 56% of Medi-Cal Medical Appeals were upheld and 33% were overturned. 55% of Pharmacy Appeals were upheld and 41% were overturned. For Cal MediConnect: Number of Part C Appeals Reconsiderations decreased from 10 in April to 8 in June. Part D Redeterminations remained steady at 8 in April to 8 in June. Access to Care Grievances increased from 13 in April to 15 in June. Quality of Service/Customer Service Grievances increased from 1 in April to 5 in June. Part C Determinations Breakdown was as follows: 35% Overturned, 4% in process, 22% Upheld; 31% Withdrawn and 4% dismissed. Part D Redeterminations Breakdown was as follows: 50% Overturned, 34% Upheld, 8% Withdrawn, 4% dismissed, 0% in process.			
C. HOS	Deferred until 4th Quarter.			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
D. HEDIS Reporting	Mr. Aguirre presented the HEDIS report. Outstanding HEDIS year. Challenges around missing claims files. One of the builds did not have all the Pharmacy data, so created another data warehouse to get a more accurate picture. Patient level detail files are new. Provider Specialty mapping around CMC line: dived into deeper. Some gaps in Behavioral Health measures. Provider was not mapped to the correct provider type. New measure Health Care Associated infection. Each hospital had a CMS identification that had to be mapped to. Remote access to Valley Medical Center was a plus, as well as Palo Alto Medical Foundation remote access. Medical Record Retrieval rate was at 86%. CMC Quality Withhold measures had a 10% increase in performance. Eight measures went up 1 percentile from previous year; four measures went up 2 percentile, three measures went up 3 percentile. Cervical Cancer Screening measure: turned this measure around. Worked with Foothill Clinic and rolled out member incentive across the whole plan. Hemoglobin testing: dropped in prior years, increased this year. Prenatal care: Increase this year. Will be targeting for a Health Education program this year. Controlling High Blood Pressure: No ICD codes that could be used. Increased the most in percentiles. Member incentive on controlling hypertension. Quality Nurse did 100% over read of all measures. Vendor is informed of any discrepancies. Will continue to be a performance improvement project. Childhood Immunization Status: relies on claims and supplemental data from registry and medical records. Well Child visits: Claims driven, not much of increase from 2016 to 2017. Diabetic Retinal Screening: focus of a performance improvement project. Member incentive around this measure. . CMC: Quality Withhold measures Controlling Blood Pressure: Three stars on this measure All Cause Readmissions: readmission within 30 days; decrease in this measure. Qualified for improvement factor of 10% from previous year. Follow up after hospitalization for Mental Illness within 30 days of discharge: did not meet benchmark, but qualified for improvement factor of 10% from previous year. Next steps: • Improvement Plans – MCAL			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE

	- Childhood Immunization Status – Combo 3
	  - Performance Improvement Project – Disparate Group
	  - Target Vietnamese Members
	  - Controlling High Blood Pressure
	  - Performance Improvement Project
	  - Prenatal Care
	  - Member incentive
	  - Texting Campaign for all Auto-Assignment Measures
	• Cal Medi-Connect
	  - Call campaign for the following measures:
	  - Controlling High Blood Pressure
	  - Cervical Cancer Screening
	  - CDC – HbA1c			

E. Initial Health Assessment	Mr. Aguirre presented a summary of Initial Health Assessment. The Initial Health Assessment (IHA) is a comprehensive assessment that is completed during the member's initial encounter(s) with a selected or assigned primary care physician (PCP), appropriate medical specialist, or non-physician medical provider and must be documented in the member's medical record. The IHA enables the PCP to assess and manage the acute, chronic, and preventive health needs of the member. The IHA is a Medi-Cal requirement for all new member to SCFHP that must be completed within 120 calendar days of enrollment. Medical record review was an opportunity to do two things; one, validate the methodology that SCFHP uses to identify the provision of IHA services, and two, provide feedback to network providers on what a complete IHA visit is. SCFHP conducted a randomized review of 13 contracted clinics in Santa Clara County. Medical records were reviewed and assessed for complete IHAs during the 120 day timeframe requirement. Clinics did have compliant medical records, but not all the records for any clinic were 100% compliant Element B and C had the highest compliance rate, with 55% of the records reviewed having Preventive services and complete exam, diagnosis and plan. 43% of records reviewed had history			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
	of present illness, past medical history, social history and systems review (Element A). Within Element A, the social history assessment was frequently missing from the charts reviewed. Administration of the SHA (Element D) was the lowest performing element with a compliance rate of 15%. The overall compliance rate was 11%, with only 7 of 53 reviewed charts having completed the IHAs within the 120 day timeframe. Other findings: a few of the clinics reported that at least one of the members on the list was not their patient. Health Plan systems do show the members were assigned to the clinic during the measurement period. Based on the findings, the majority of SCFHP contracted PCPs are not providing a complete IHA for new members within the 120 day required timeframe. This may be due to providers not using the required SHA questionnaires or other state approved forms during their office visits with new patients, providers not checking the SCFHP portal on a regular basis for newly assigned members, and lack of training about the IHAs. This was the first medical record review of the health plan's IHA methodology and it resulted in a lot of actionable data. Going forward, the plan will continue to do the medical record review on an annual basis, with the final report going to the plan's Quality Improvement Committee. The plan has also posted information about the components of the IHA to the plan's external website as a reference for network providers. The plan will also do more in-depth training to providers on the importance of completing the IHA, in addition to following-up on a regular basis, may help increase compliance rates. This training will happen using multiple methodologies including in person training as well as provider newsletter articles alerting providers to requirements as well as educational resources available.			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Committee Reports A. Credentialing Committee	Dr. Robertson presented the June 07, 2017 Credentialing Committee Report. First provider termination from network for billing irregularities, reported to Medical Board of California. It was moved, seconded to approve Credentialing Committee report as presented.	Credentialing Committee report was approved as presented.		
B. Pharmaceutical and Therapeutics Committee	Dr. Lin presented the 1st Quarter 2017 Pharmacy and Therapeutics Committee minutes. OTC cough and cold medications were put back on formulary. Procrit removed from formulary. Proposed adding alogliptin and alogliptin/metformin to formulary with quantity limits and same step therapy as Januvia and Janumet. It was moved, seconded to approve Pharmaceutical and Therapeutics Committee minutes as presented.	1st Quarter 2017 Pharmacy and Therapeutics Committee minutes were approved as presented.		
C. Utilization Management Committee	Dr. Lin presented the April 19, 2017 Utilization Management Committee minutes. Using MCG as standard criteria. It was moved, seconded to approve Utilization Management Committee meeting minutes as presented. Addendum: Credentialing Committee, Utilization Management Committee and Pharmacy Committee will now be subject to the Brown Act. Exception when discussing Peer Review items. Credentialing Committee will adjourn to private session. Any discussions involving proprietary pricing during Pharmacy Committee will also adjourn to private session.	April 19, 2017 Utilization Management Committee minutes were approved as presented.		
D. Dashboard	Ms. Liu presented the 2nd Quarter Dashboard report, including data through July 2017. Twelve facility site reviews performed. 41 Level 1 PQI's: No quality issue determined. 9 Level 2 PQI's: Opportunity for improvement. 2 Level 3 PQI's. No Level 4 PQI's were identified. Initial Health Assessment Rate for 2nd Quarter was only available for April 2017 and was 37%. Quality Improvement Activities included Member Incentives for the following: • Cervical Cancer Screening • Retinal Eye Exam • Hypertension			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
	Return rates were low for member incentives, ranging from 2% to 5%.			
E. Consumer Advisory Report	Deferred until 4th Quarter.			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Adjournment	Meeting adjourned by Dr. Ria Paul at 7:50 p.m.	Calendar and attend.	All	
Next Meeting	Wednesday, November 8, 2017- 6:00 PM			

Reviewed and approved by:

_____ Date _____

Ria Paul, MD
Quality Improvement Committee Chairperson

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Santa Clara Family Health Plan (SCFHP) 2017-2018 Mandated Quality Improvement Projects

Quality Department

Fall 2017

Types of Mandated Quality Improvement Projects

- The California Department of Health Care Services(DHCS) - Process Improvement Projects (PIP's) are required per contract for the Medi-Cal Line of Business.
- Center for Medicare and Medicaid Services (CMS) – Quality Improvement Projects (QIP's) are required per contract for the MediConnect line of business.

DHCS PIP's

- Short term, rapid cycle 18 month projects.
- Plans are required to conduct two projects at the same time.
- One is called a collaborative project meaning that all participating plans are required to work on a designated subject/measure that is chosen by DHCS.
- The other is called an individual plan project in which each plan works on a measure that requires improvement based on its HEDIS results.
- There are 5 separate submissions that are done over the 18 month period. Each submission must be validated by Health Services Advisory Group (HSAG).

CMS QIP's

- Long term 3 year projects.
- Plans work on one project at a time.
- The topic/measure to be targeted is chosen by CMS.
- Progress submissions are done once a year and validated by CMS.

Do, Study, Act Cycle

In general, both types of projects follow the Plan, Do, Study, Act Cycle:

- **Plan:** Plan ahead for change. Analyze and predict the results.
- **DO:** Carry out the change or test, collect data and begin analysis
- **STUDY:** Complete the analysis of data (quantitative and qualitative.) Summarize what was learned.
- **ACT:** Are we going to ADOPT (keep), ADAPT (modify), or ABANDON the change?

SCFHP's Current DHCS PIP's

- In August of 2017, DHCS announced the topics available for the new 18 month cycle to begin on January 1, 2018.
- Plan's were notified that the collaborative PIP must target a health care disparity.
- Plan's were notified that for the individual Plan PIP, the Plan could choose between Controlling Blood Pressure (CBP), Comprehensive Diabetes Care(CDC) or Prenatal and Postpartum Care-Postpartum Care (PPC-Post).
- The PIP's will run from January 2018 through June 2019.

SCFHP's Current DHCS PIP's

- For the Disparity PIP, SCFHP has been approved to target improvement in Childhood Immunization Status (CIS) in the Vietnamese population.
- HEDIS data indicates that the Vietnamese population has the lowest CIS rate(22%) when compared to the Hispanic(47%), White(47%), Chinese(51%) and Black(46%) population.
- SCFHP plans to use use member incentives to positively impact the results.

SCFHP's Current DHCS PIP's

- For the Individual PIP, SCFHP has been approved to target Controlling Blood Pressure (CBP).
- Hypertension is a key HEDIS indicator
  - Top diagnosis for SPD and adult Medi-Cal members[1]
- SCFHP plans to use member incentives to positively impact the results.

[1] Group Need Assessment 2016

SCFHP's Current CMS QIP

- CMS notified Managed Care Plan's that all new QIPs beginning in 2016 were required to support effective management of chronic disease, as outlined in CMS's Quality Strategy Goals which included **reducing inpatient stays**.
- SCFHP was approved to target All Cause Readmissions (ACR) within 30 days of discharge. Specifically members discharged from Regional Medial Center.
- The 3 year ACR project began in January of 2016 and will conclude in December of 2018.

SCFHP's Current CMS QIP

- The goal of the ACR QIP is to decrease readmission rates to below 11% by the end of the project.
- The intervention consists of transition of care calls to be conducted by the Case Management team within 72 hours of discharge form Regional Medical Center.
- The readmission rate for Year 1 was 16.86%. This was an increase from 15.1% in 2015 and.
- The biggest barrier to progress is the lack of Case Management resources to conduct the TOC calls in a timely basis.
- Year 2 submission of results will be don in January of 2018.

SCFHP's Current PIP's and QIP

2018 Member Incentives

SCFHP will be rolling out three member incentive programs in the first half of 2018. The incentives are designed to provide incentives for members who get preventative care in key areas. Two incentives tie into DHCS PIP projects, the third one is a long term goal for the QI department. All members will be identified using Certified HEDIS software.

PIP Incentives

Controlling Blood Pressure in members with hypertension

The plan will be targeting members with hypertension and offering a $25 dollar gift card to Target. In order to qualify for the incentive the member needs a provider signature attesting to having a blood pressure taken and discussion on hypertension control.

Childhood Immunization Status – Combo 3

The plan will targeting Vietnamese two year old members and offering a $30 dollar gift card to Target. In order to qualify, the member will need to send in a complete immunization card to the health plan.

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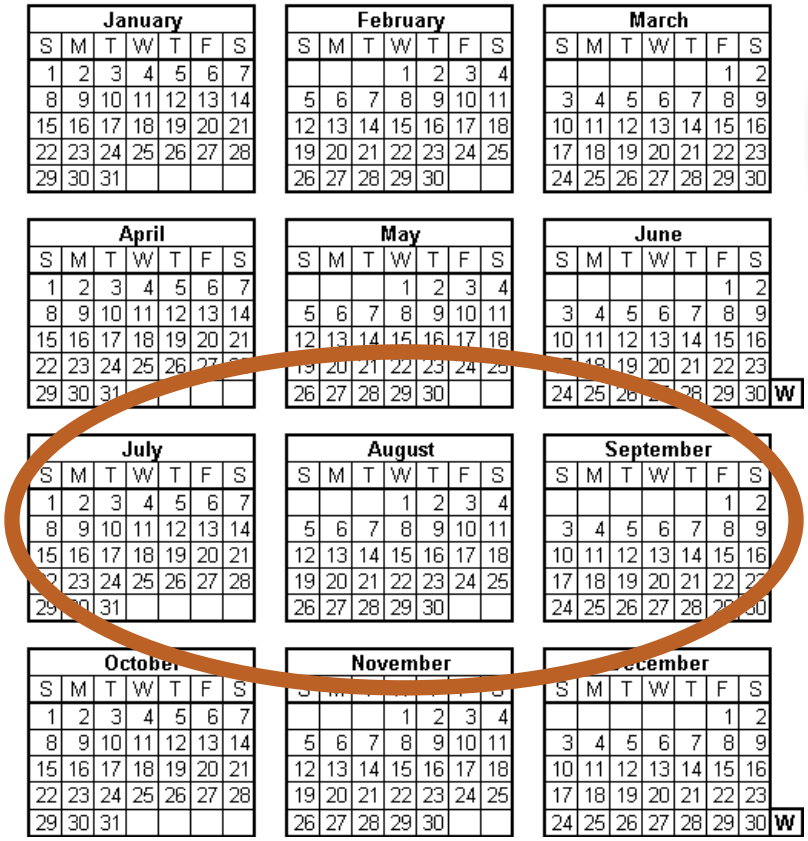
Quality Improvement Committee

Grievance and Appeals Q3 2017 Report

November 8, 2017

Medi-Cal & Healthy Kids



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Q3 2017

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Medi-Cal Enrollment

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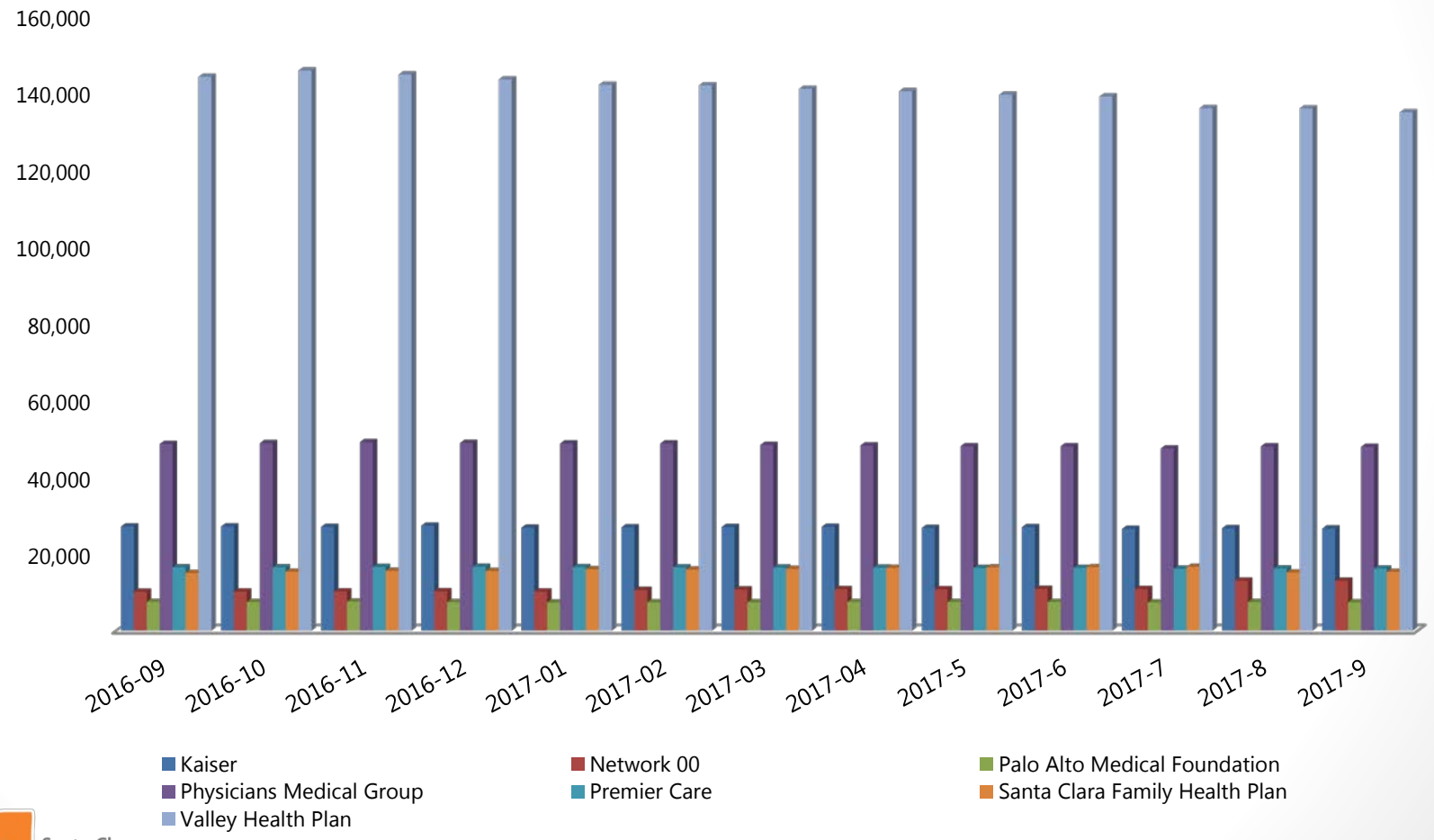
Medi-Cal Membership by Network



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Healthy Kids Enrollment

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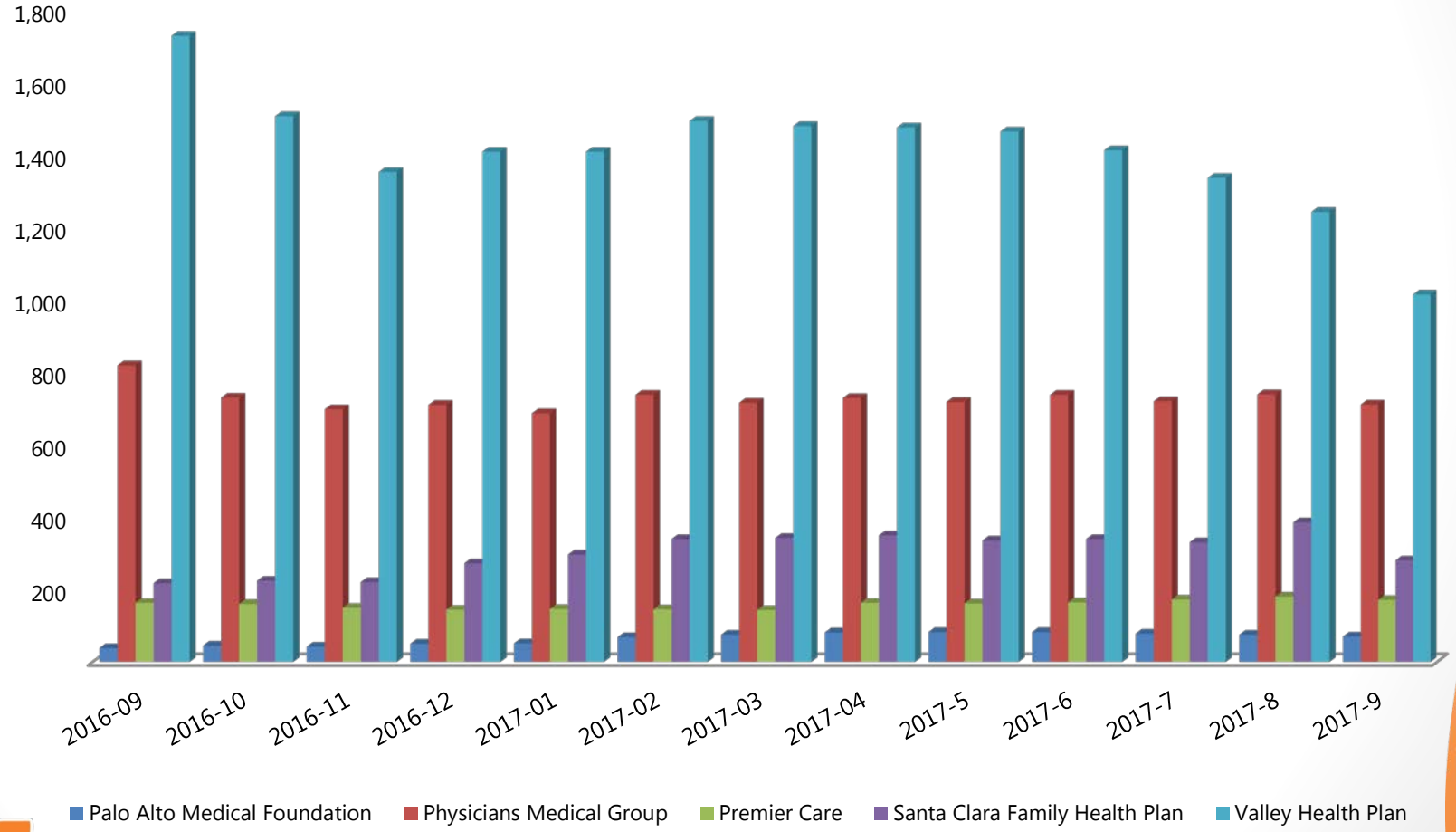
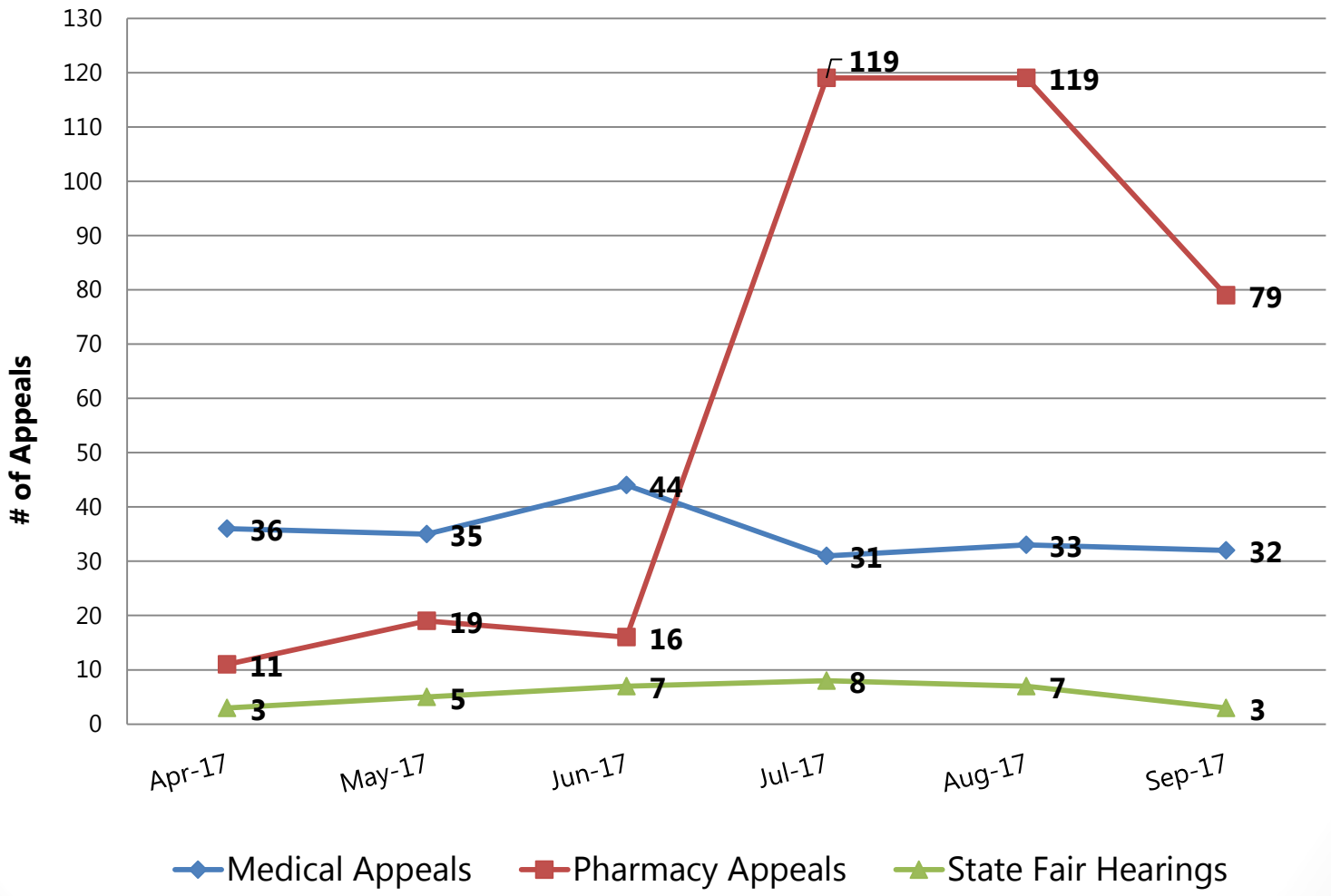
Healthy Kids Membership by Network



Q2-Q3 2017: Medi-Cal Appeals



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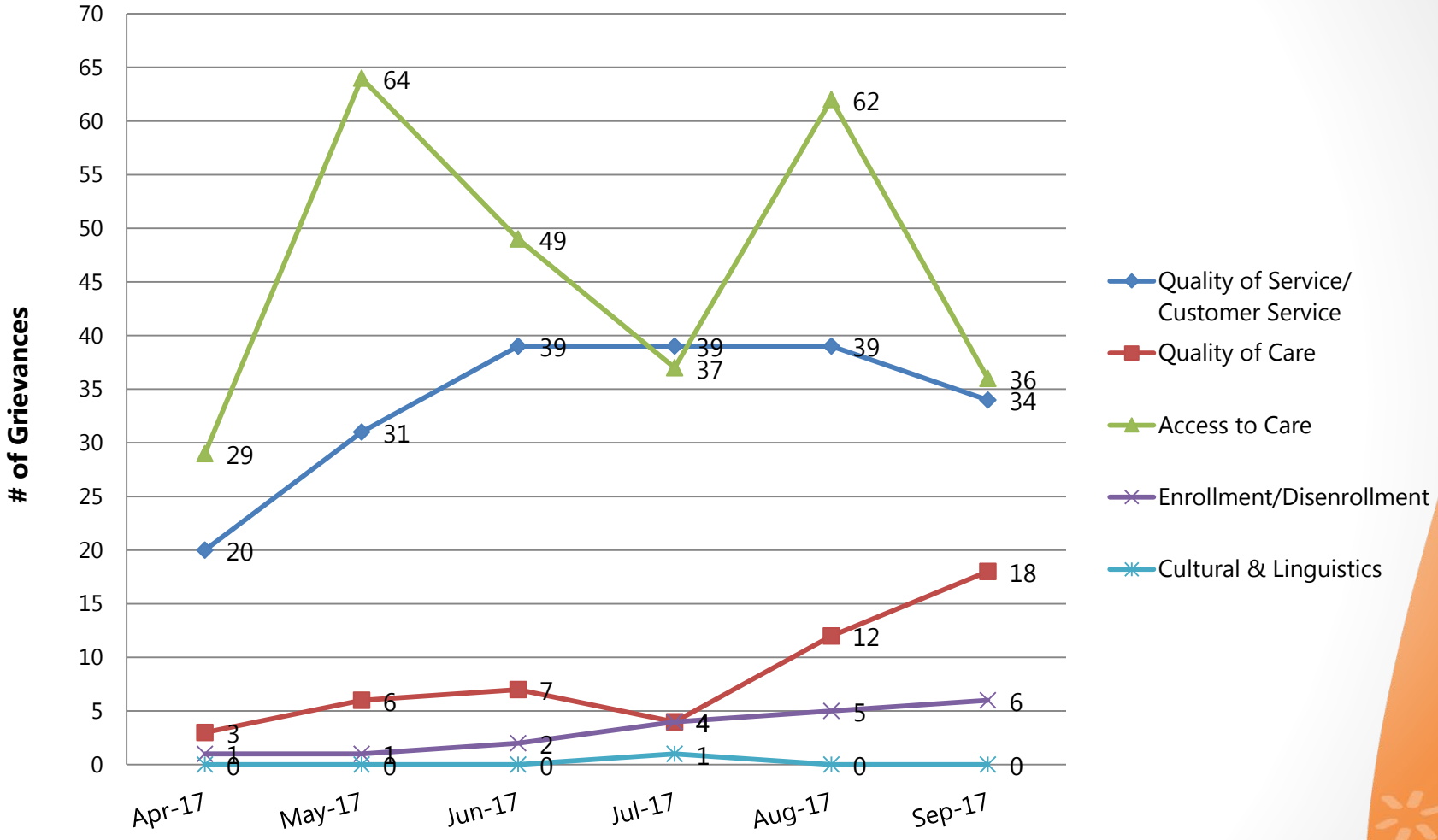
Q2-Q3 2017: Medi-Cal Grievances



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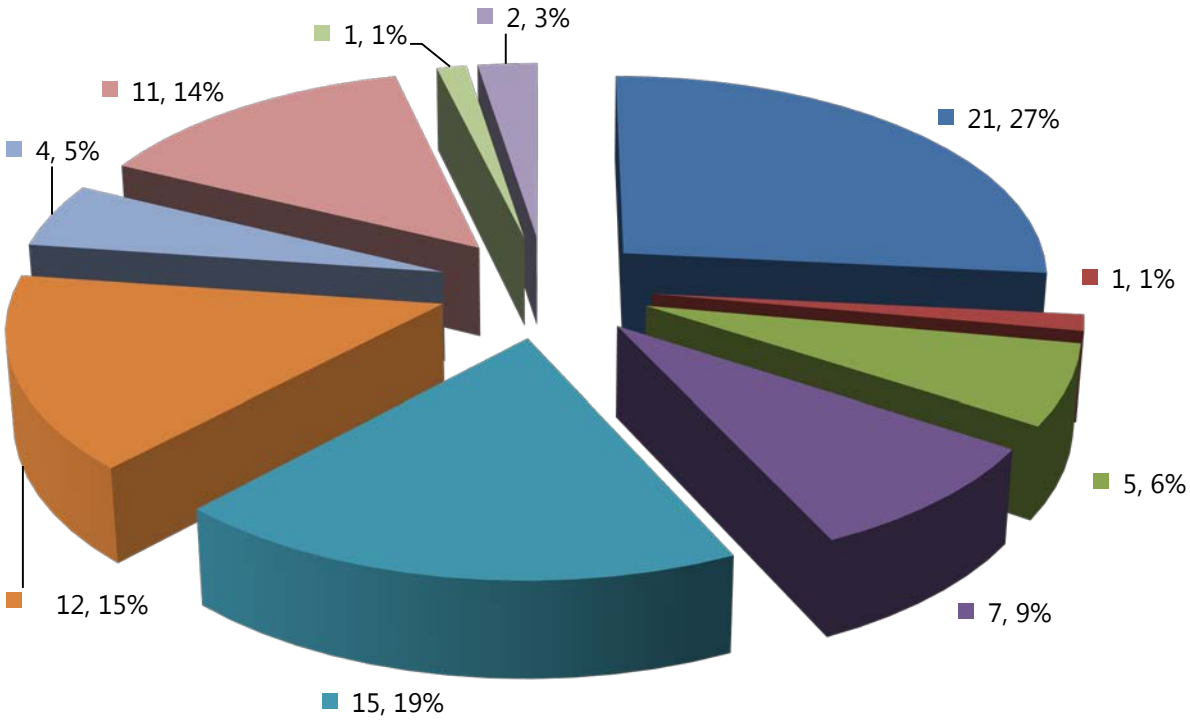
NOTE: Includes Exempt Grievances

Q2/Q3 2017: Medi-Cal Grievances

TYPE OF GRIEVANCE	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Quality of Service/ Customer Service	20	31	39	39	39	34
Quality of Care	3	6	7	4	12	18
Access to Care	29	64	49	37	62	36
Enrollment/Disenrollment	1	1	2	4	5	6
Cultural & Linguistics	0	0	0	1	0	0

Medi-Cal Q3 2017: Primary Care Access Related Grievances



- Access to Care - Can't get non-urgent appt within 15 business days
- Access to Care - Can't get urgent appt (48 hours to 96 hours)
- Access to Care - Long wait for available appt(urg care, non-urg PCP and MH)
- Access to Care - Long wait time in office
- Access to Care - Telephone access
- Access to Care - Other
- Access to Care - Difficulty obtaining timely authorization/referral to a Specialist
- Access to Care - Provider not accepting new patients (EPO)
- Access to Care - Unacceptable location
- Access to Care - Out of Network Request

Santa Clara Family Health Plan
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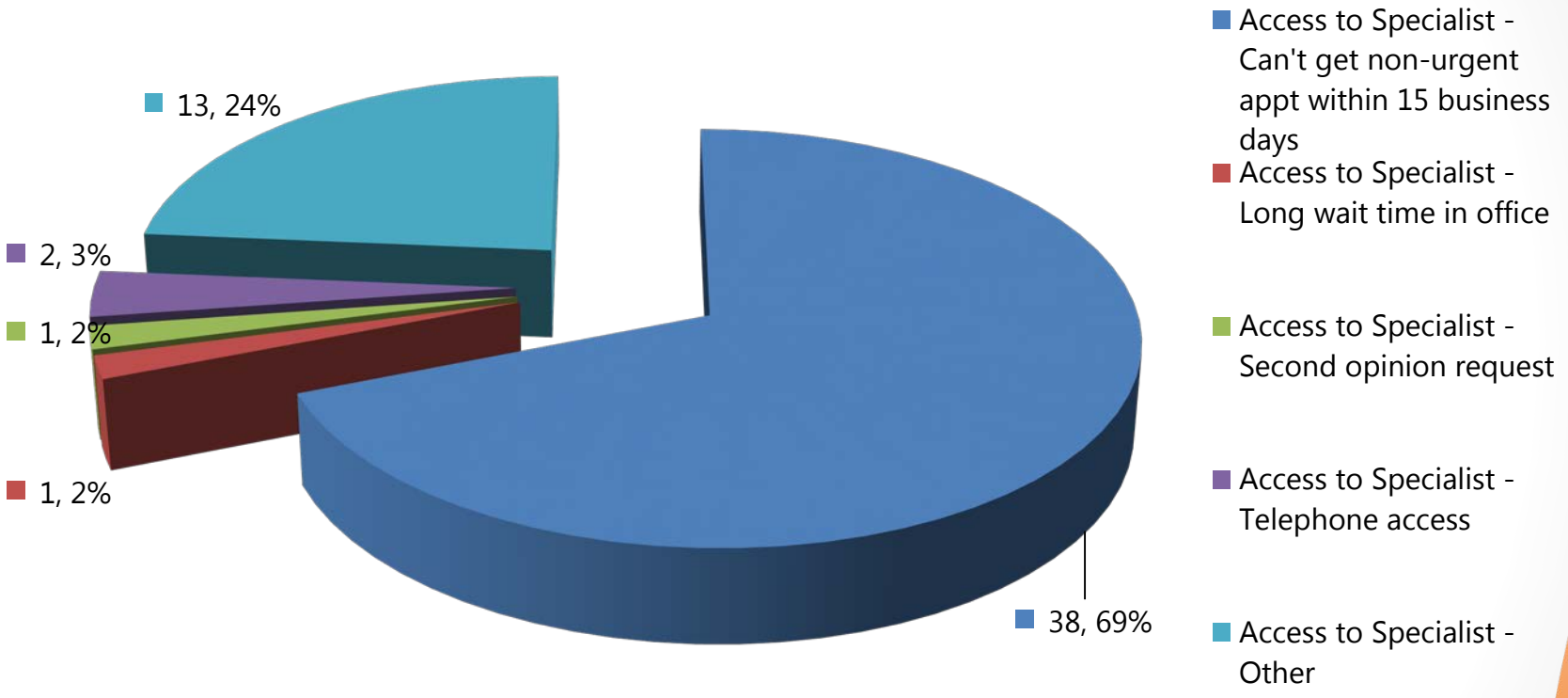
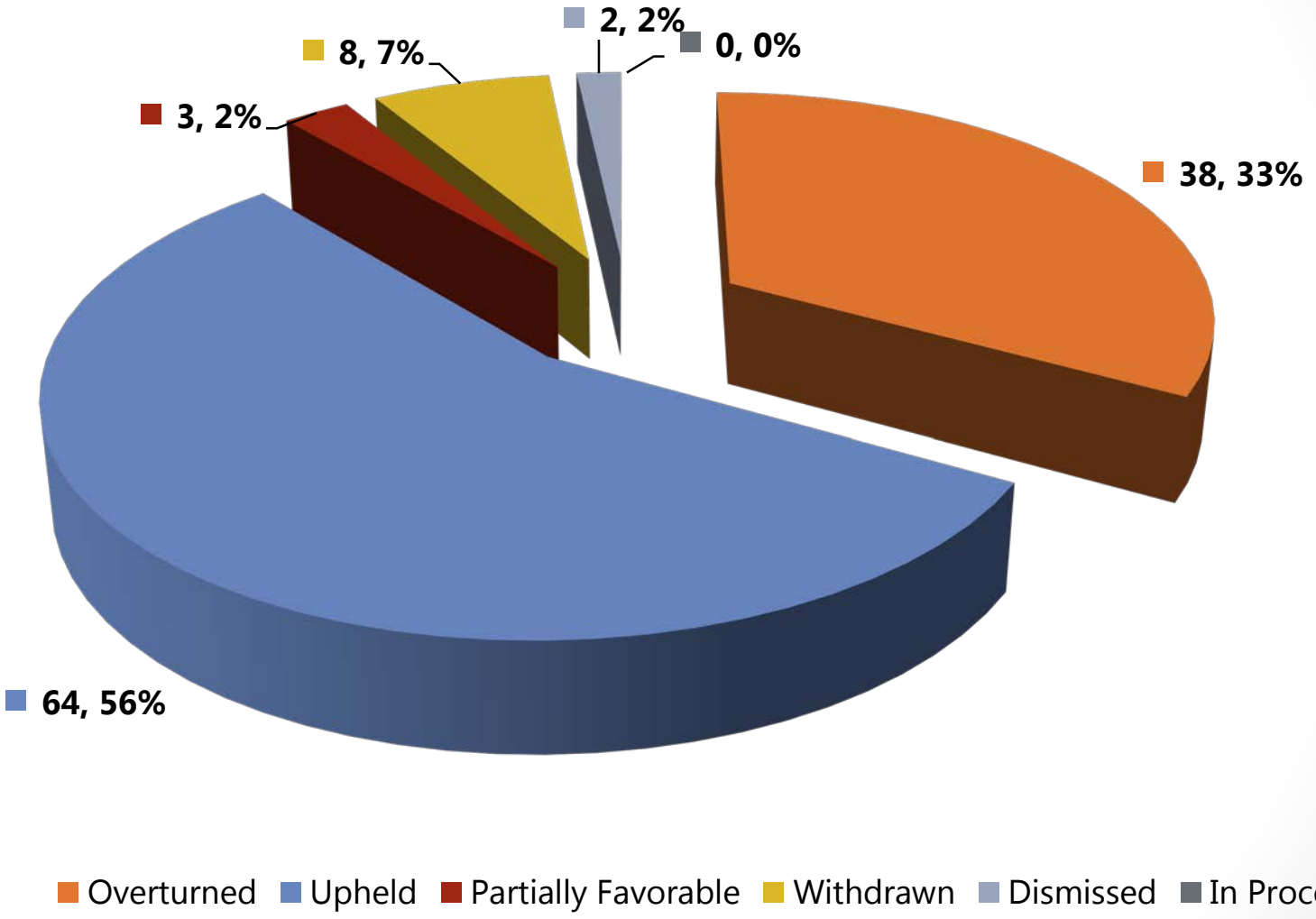
Includes BOTH G&A and CS Exempt Grievances

Medi-Cal Q3 2017: Specialty Care Access Related Grievances

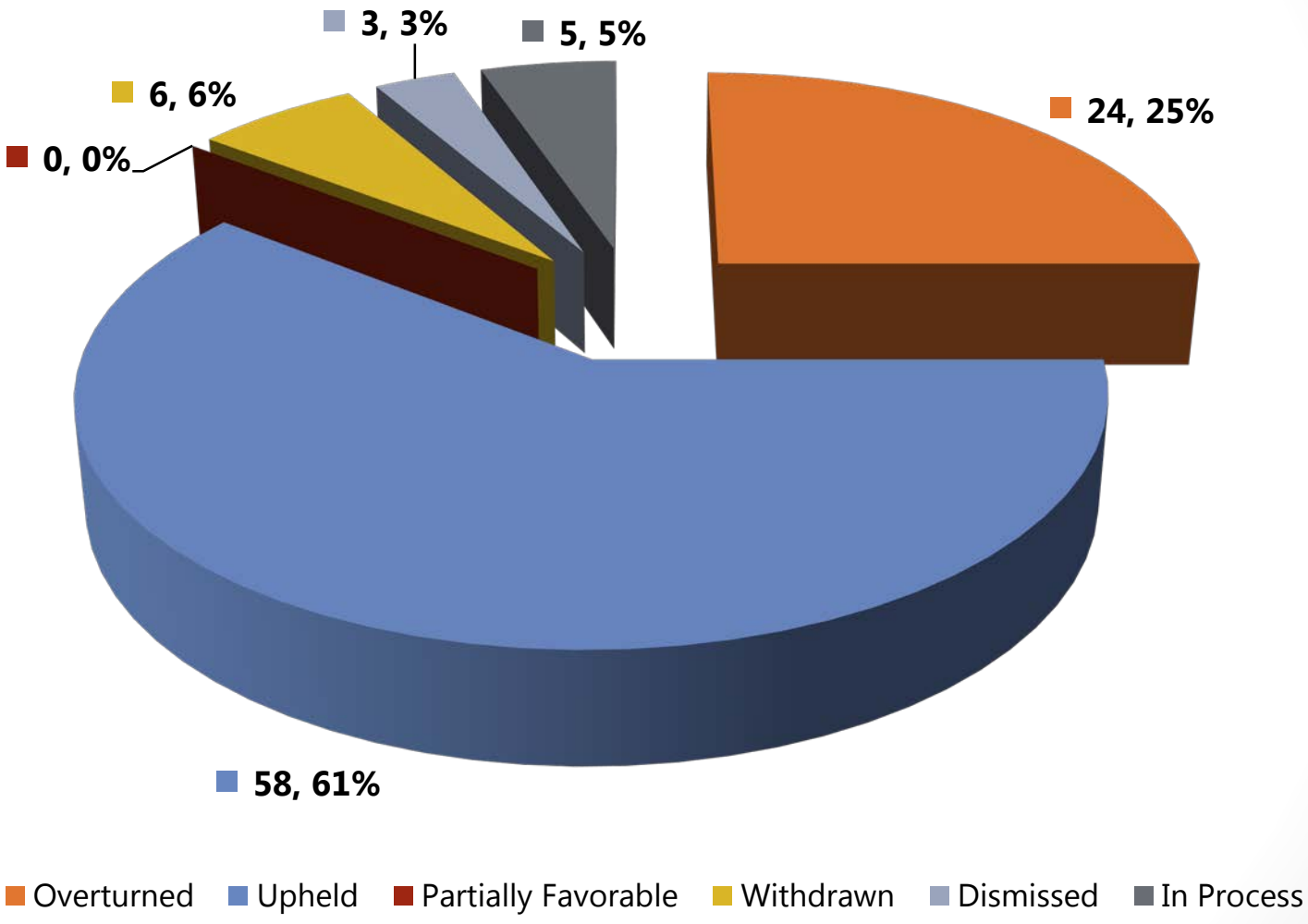


Includes BOTH G&A and CS Exempt Grievances

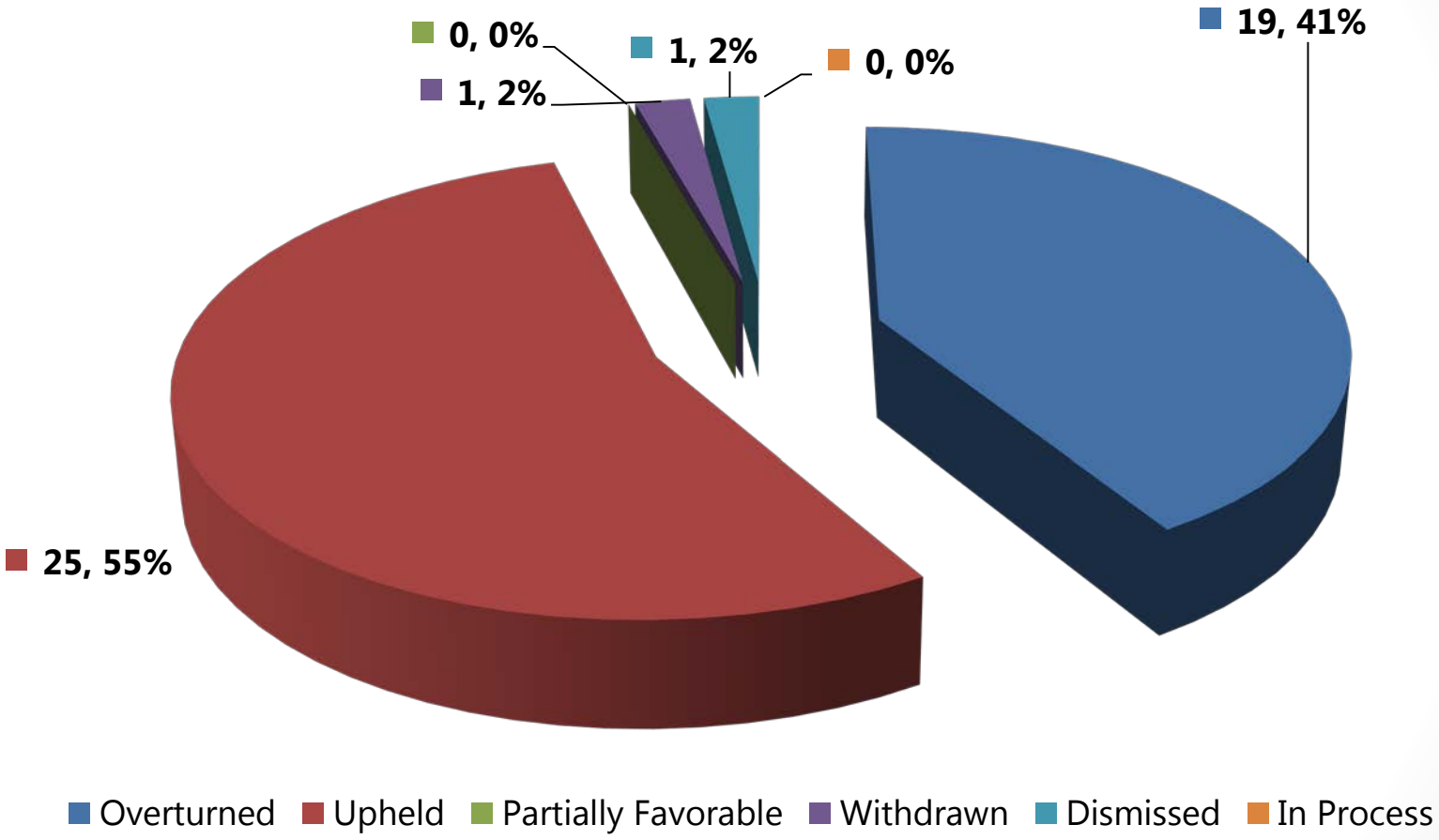
Q2 2017 Medi-Cal Medical Appeals



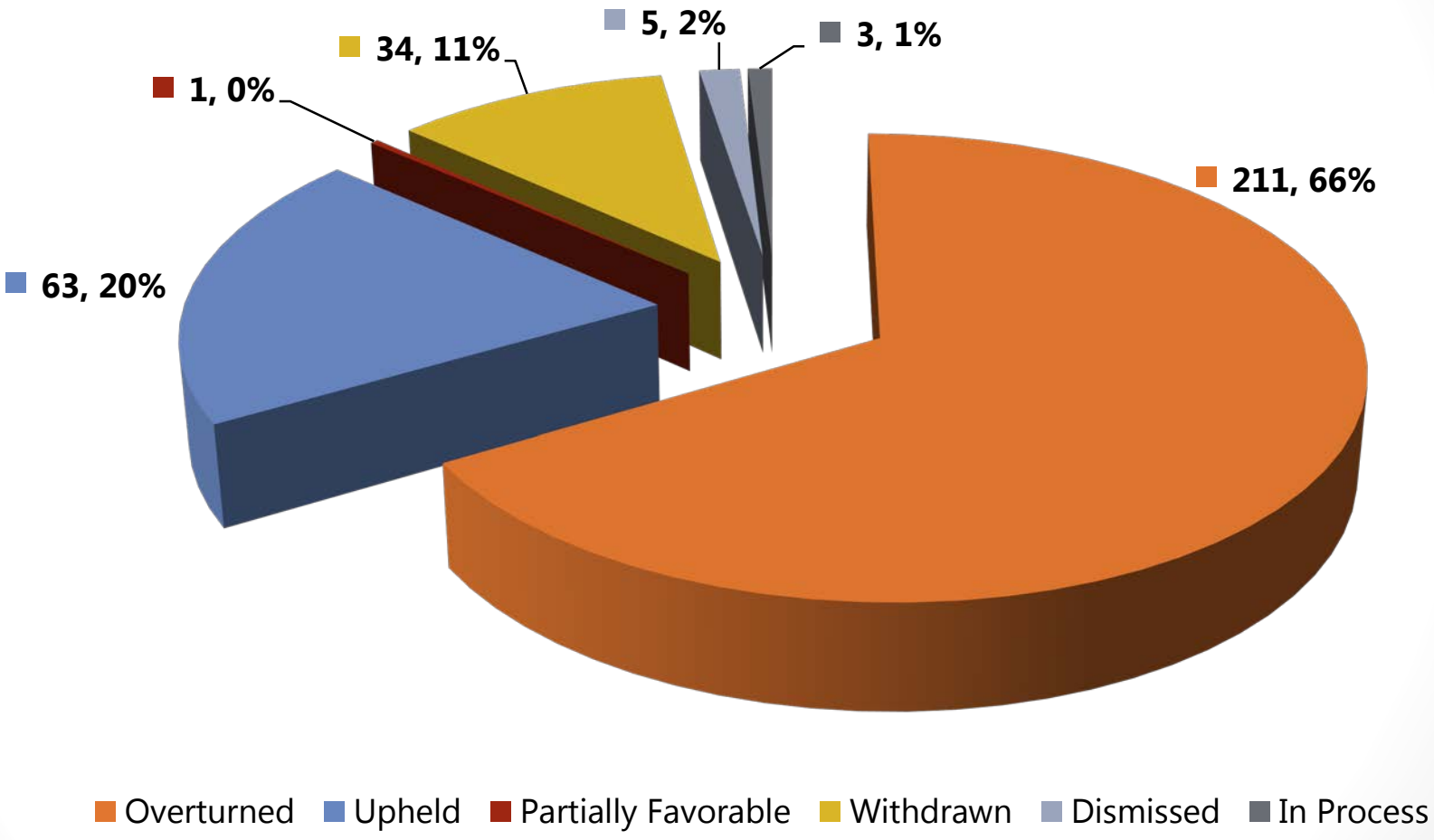
Q3 2017 Medi-Cal Medical Appeals



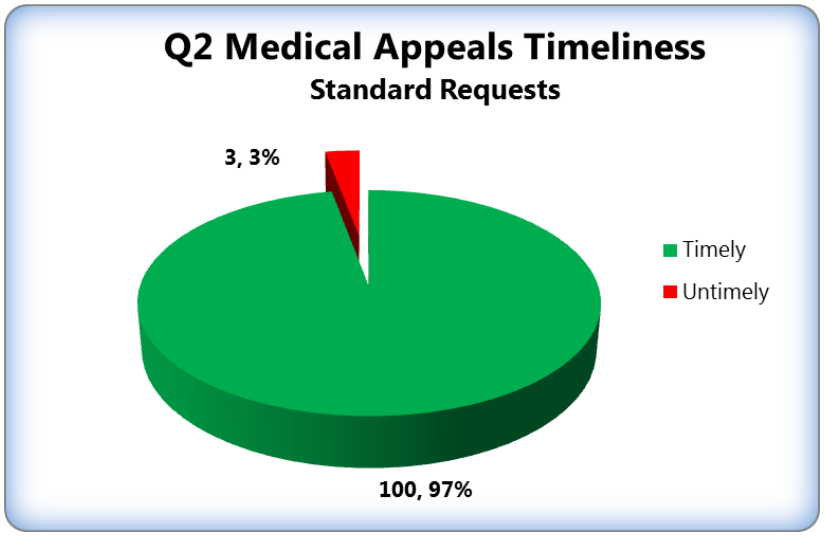
Q2 2017 Medi-Cal Pharmacy Appeals

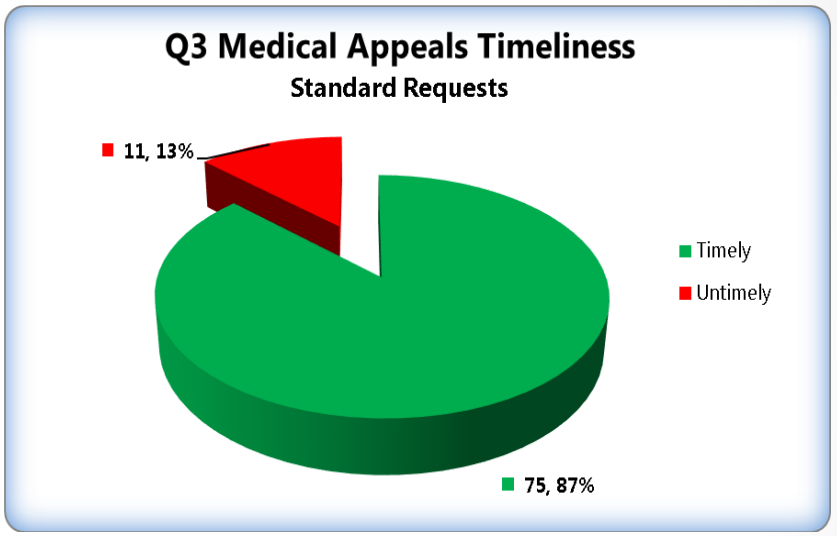


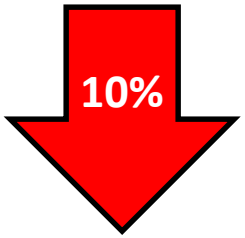
Q3 2017 Medi-Cal Pharmacy Appeals



Q2-Q3 2017: Medi-Cal Timeliness

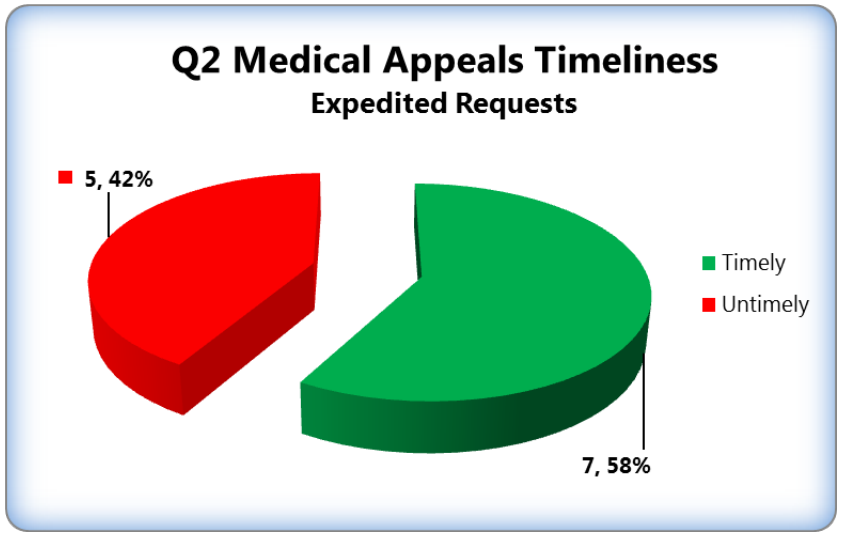


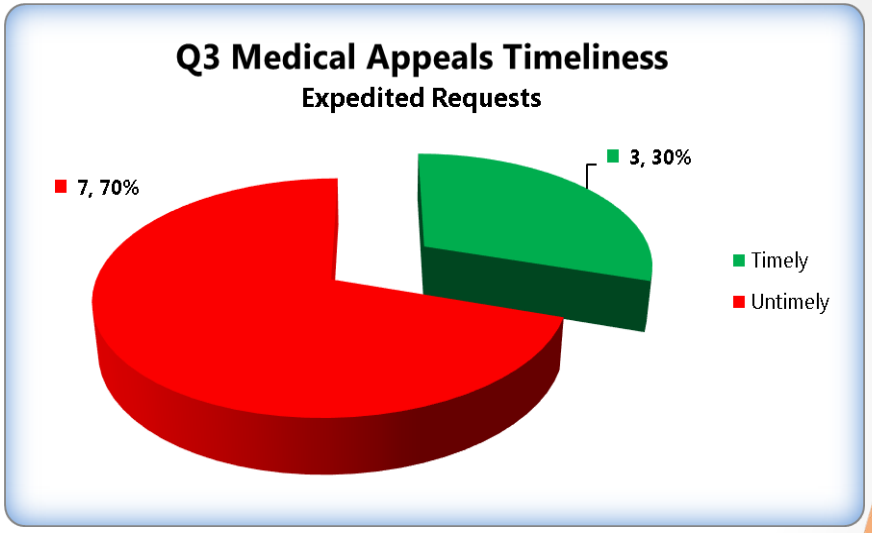




STANDARD: **30** calendar days or as quickly as the member's health condition requires.

Q2-Q3 2017: Medi-Cal Timeliness



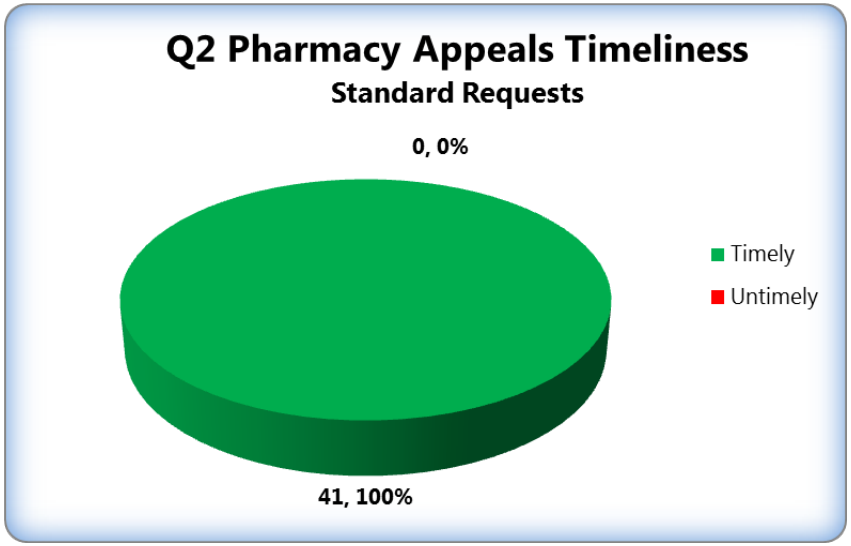


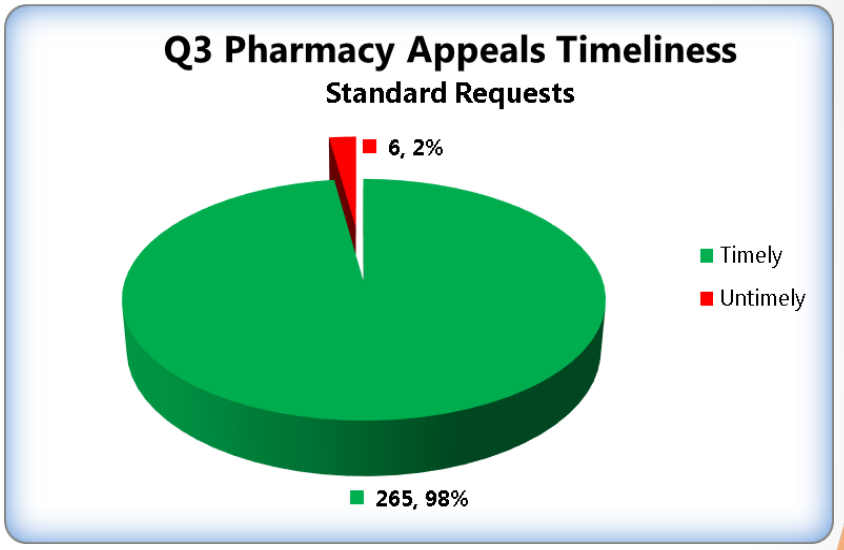
28%

Q2 STANDARD: Within **3 working days** from the date that the appeal is received, or as quickly as the member's health condition requires.

Q3 Standard: Within **72 hours** from the date that the appeal is received ,or as quickly as the member's health condition requires.

Q2-Q3 2017: Medi-Cal Timeliness





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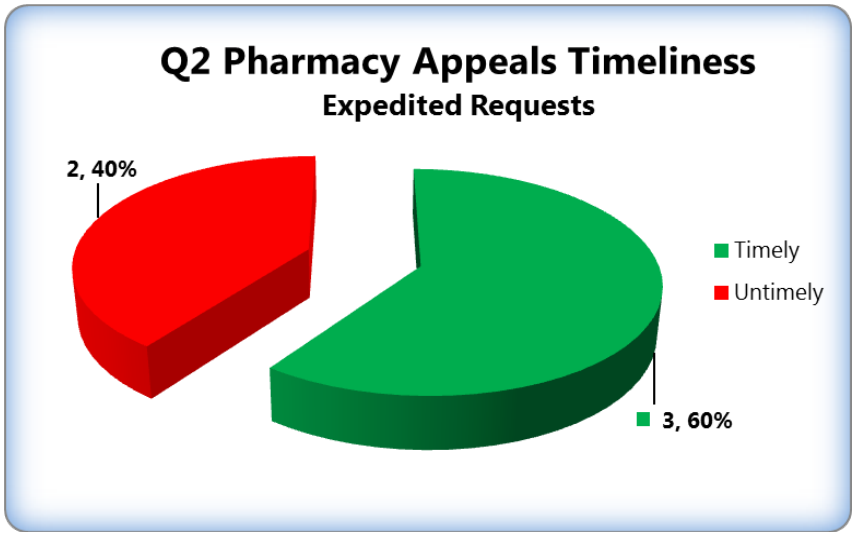
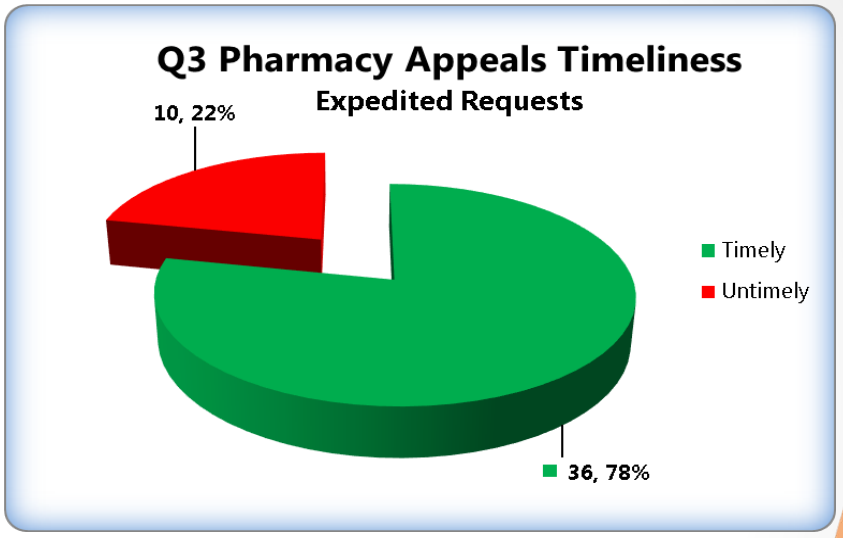
STANDARD: **30** calendar days or as quickly as the member's health condition requires.

Q2-Q3 2017: Medi-Cal Timeliness



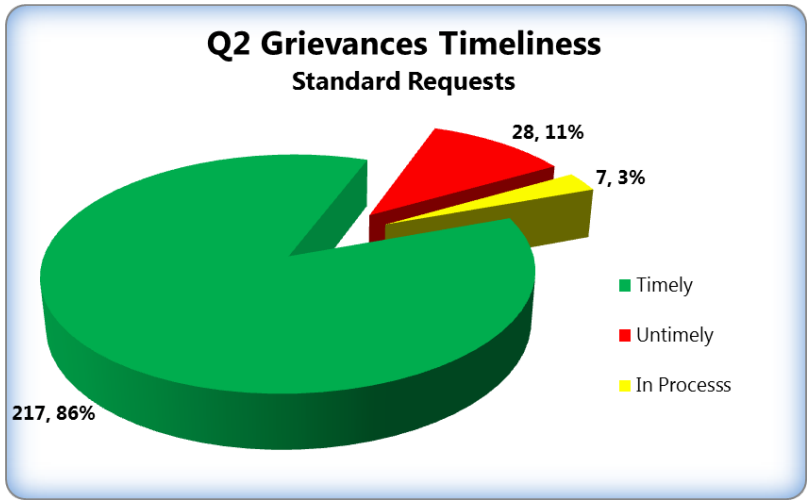


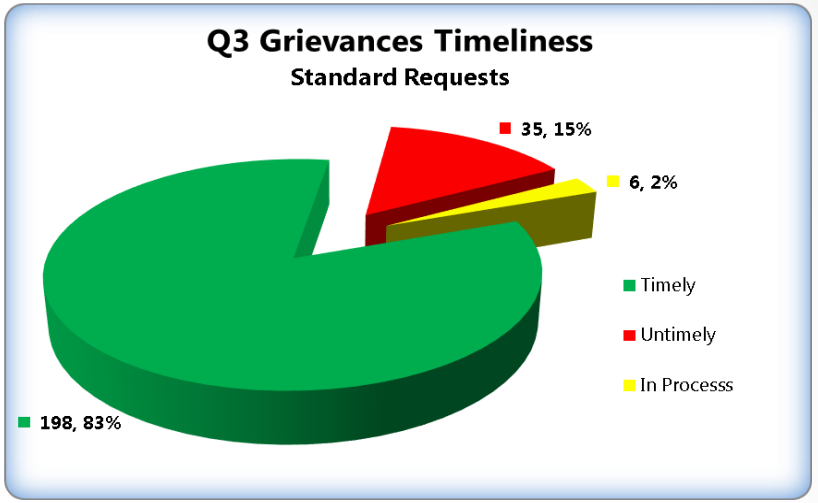
18%

Q2 STANDARD: Within **3 working days** from the date that the appeal is received, or as quickly as the member's health condition requires.

Q3 Standard: Within **72 hours** from the date that the appeal is received ,or as quickly as the member's health condition requires.

Q2-Q3 2017: Medi-Cal Timeliness

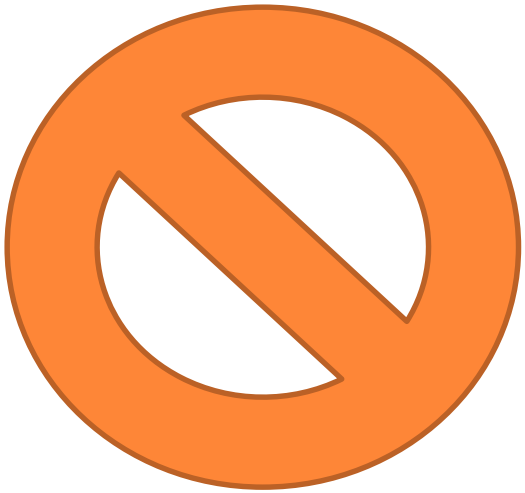


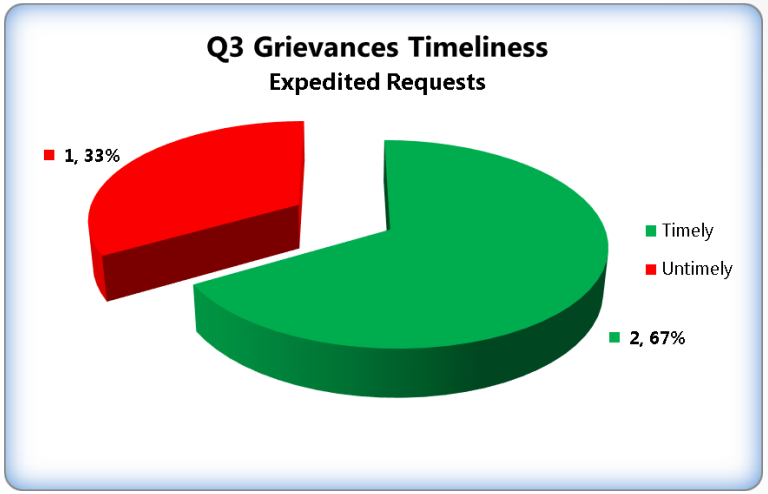


4%

STANDARD: **30** calendar days or as quickly as the member's health condition requires.

Q2-Q3 2017: Medi-Cal Timeliness



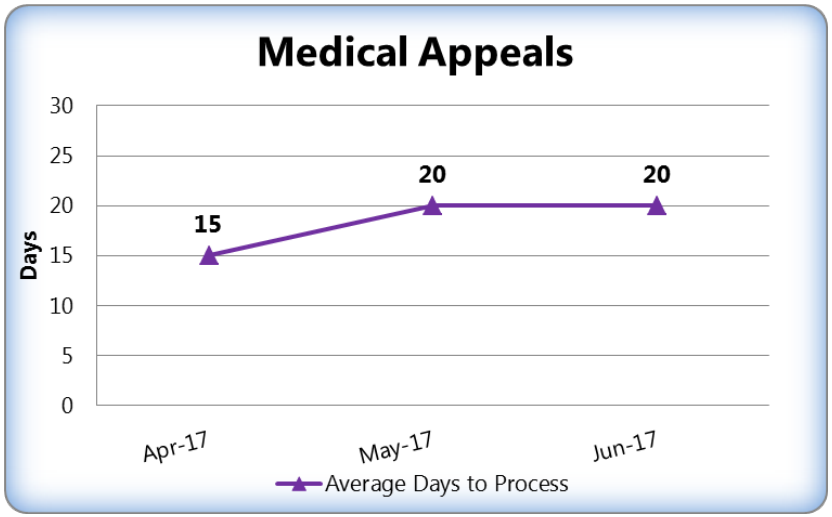


Q2 None to Report

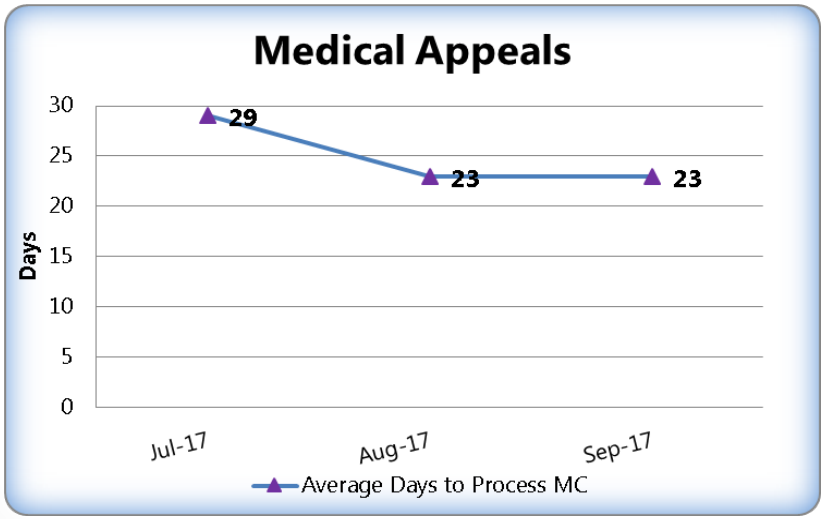
Q2 STANDARD: Within **3 working days** from the date that the appeal is received, or as quickly as the member's health condition requires.

Q3 Standard: Within **72 hours** from the date that the appeal is received ,or as quickly as the member's health condition requires.

Medi-Cal Processing Days

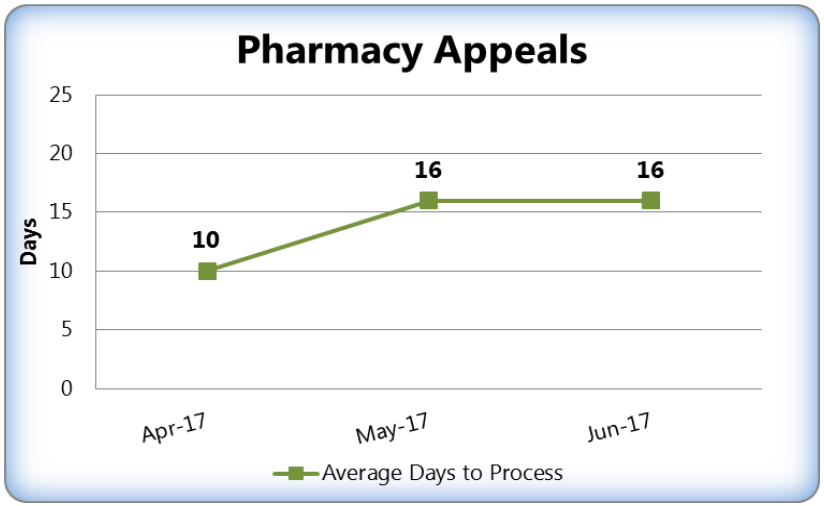


Q2 2017

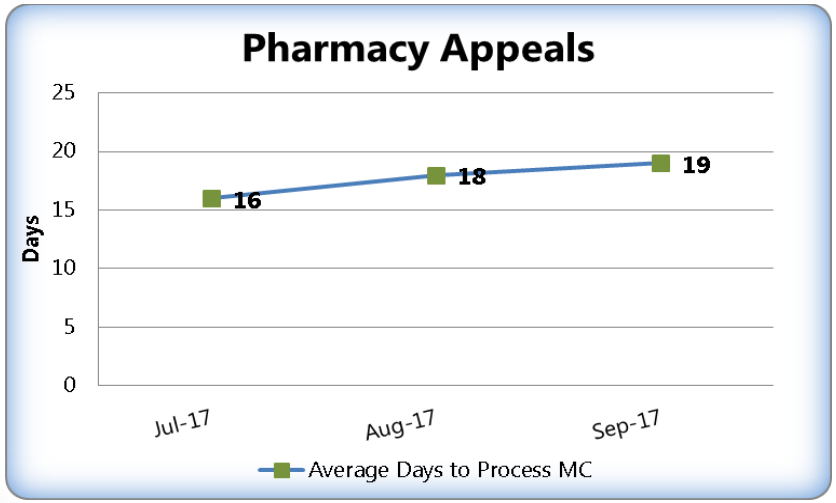


Q3 2017

Medi-Cal Processing Days

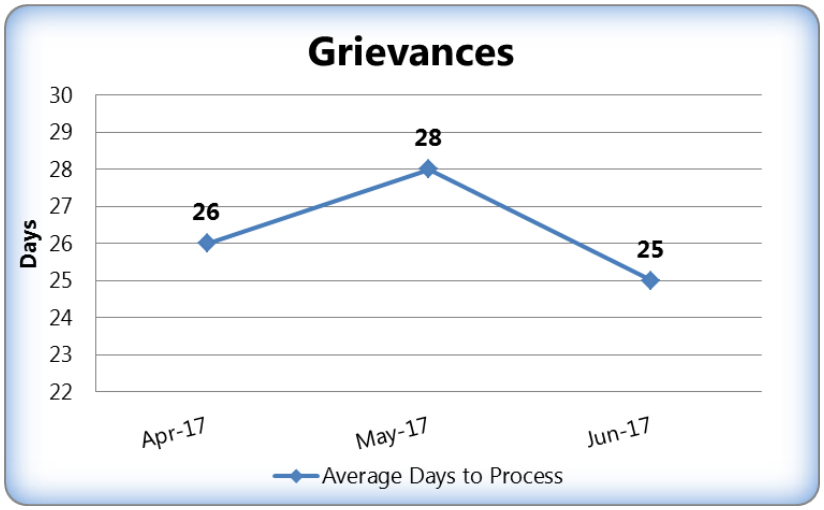


Q2 2017

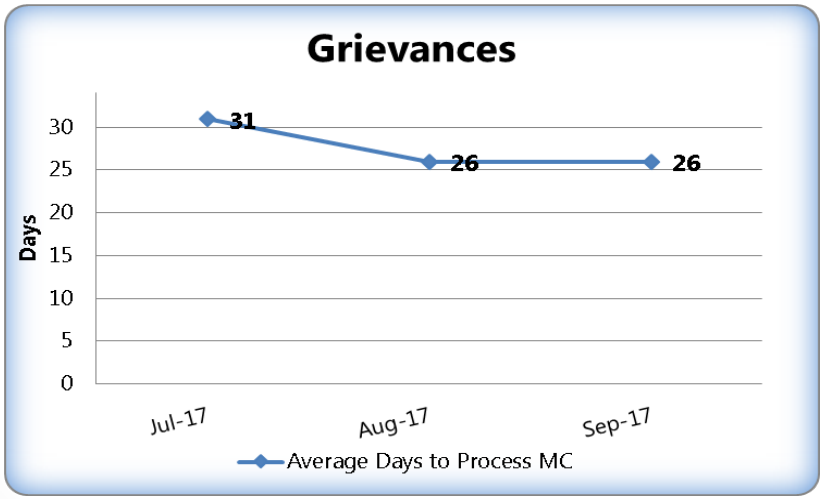


Q3 2017

Medi-Cal Processing Days



Q2 2017



Q3 2017

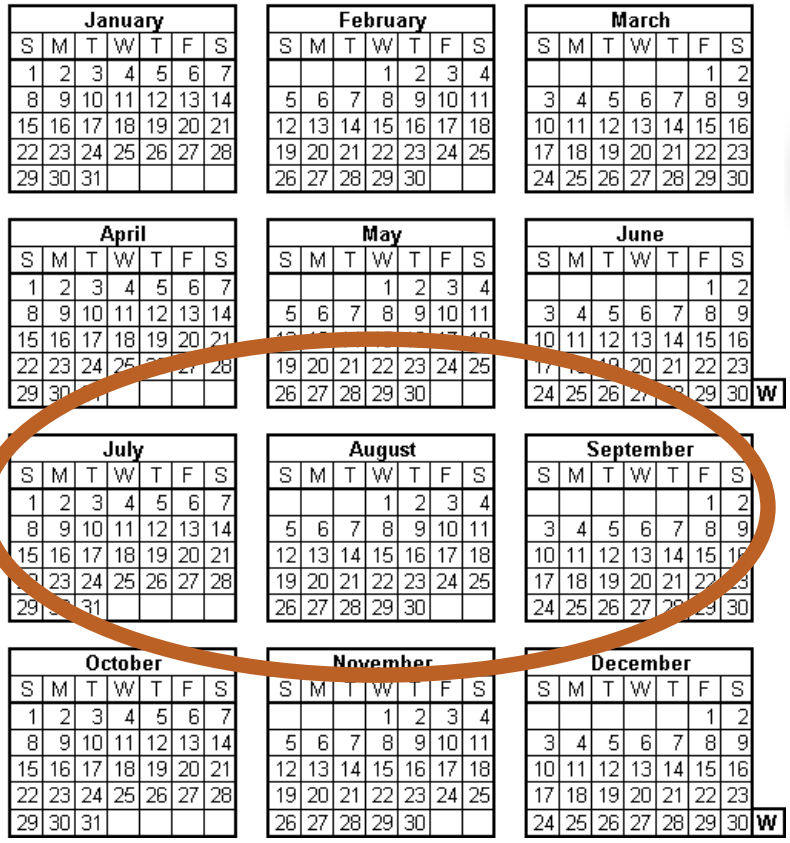
Medi-Cal Rates per 1000

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Total Medical Appeals	23	16	32	36	35	44	31	33	32
Healthy Kids Membership	2,585	2,780	2,752	2,794	2,757	2,732	2,633	2,618	2,243
Medi-Cal Membership	268,008	268,360	267,437	267,199	265,711	265,649	261,287	262,871	261,702
TOTAL Membership	270,593	271,140	270,189	269,993	268,468	268,381	263,920	265,489	263,945
Rate per 1000	**0.086**	**0.060**	**0.120**	**0.135**	**0.132**	**0.166**	**0.119**	**0.126**	**0.122**

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Total Rx Appeals	12	13	14	11	19	16	119	119	79
Healthy Kids Membership	2,585	2,780	2,752	2,794	2,757	2,732	2,633	2,618	2,243
Medi-Cal Membership	268,008	268,360	267,437	267,199	265,711	265,649	261,287	262,871	261,702
TOTAL Membership	270,593	271,140	270,189	269,993	268,468	268,381	263,920	265,489	263,945
Rate per 1000	**0.045**	**0.048**	**0.052**	**0.041**	**0.072**	**0.060**	**0.455**	**0.453**	**0.302**

	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Total Grievances	57	48	55	53	102	97	85	118	94
Healthy Kids Membership	2,585	2,780	2,752	2,794	2,757	2,732	2,633	2,618	2,243
Medi-Cal Membership	268,008	268,360	267,437	267,199	265,711	265,649	261,287	262,871	261,702
TOTAL Membership	270,593	271,140	270,189	269,993	268,468	268,381	263,920	265,489	263,945
Rate per 1000	**0.213**	**0.179**	**0.206**	**0.198**	**0.384**	**0.365**	**0.325**	**0.449**	**0.359**

Cal Medi-Connect



January						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

March						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

April						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25			
29	30					

May						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
19	20	21	22	23	24	25
26	27	28	29	30		

June						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
24	25	26			29	30 W

July						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
	23	24	25	26	27	28
29		31				

August						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

September						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	
17	18	19	20	21	22	
24	25	26	27			30

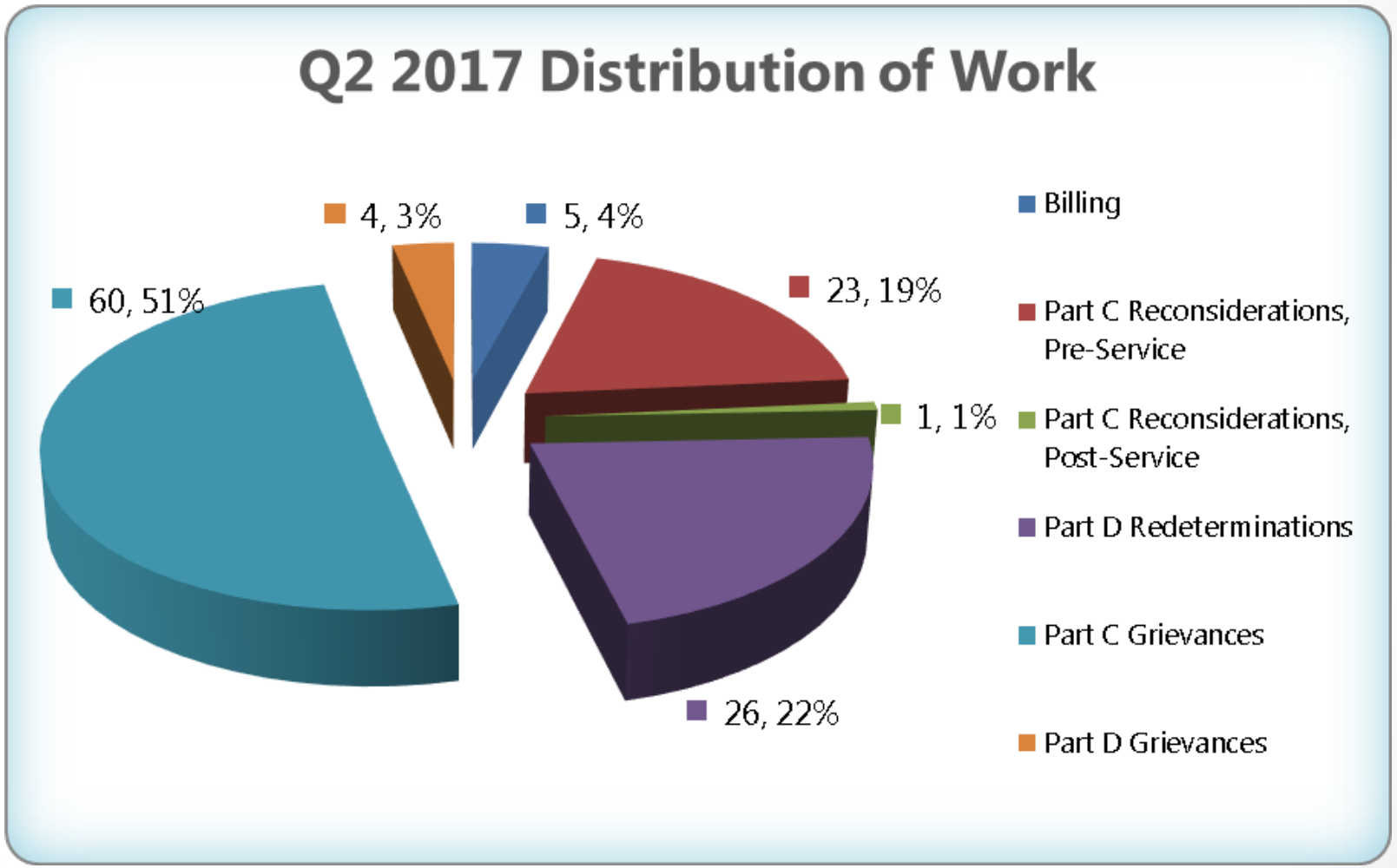
October						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

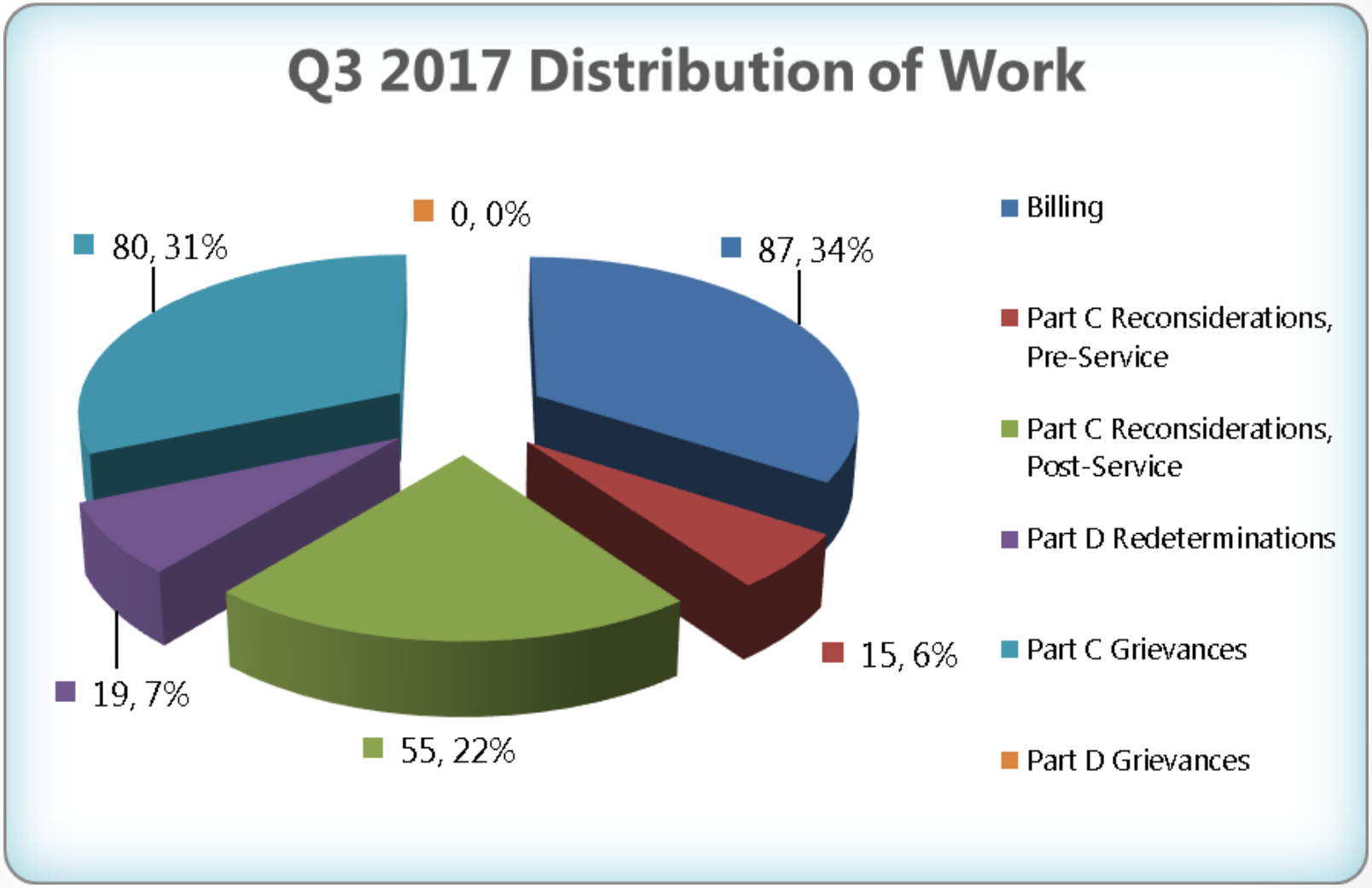
December						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30 W

Q3 2017

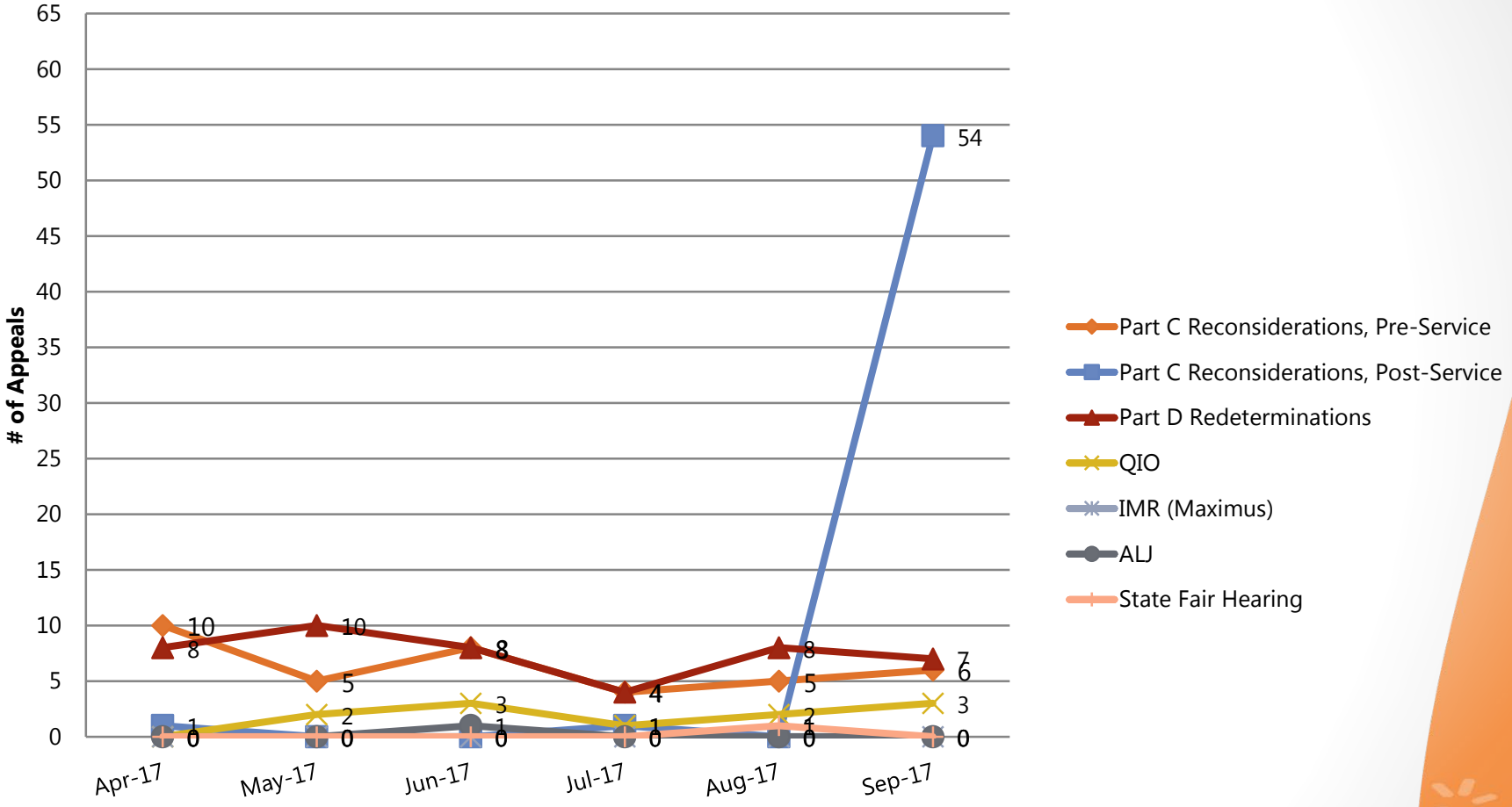
Cal MediConnect



Cal MediConnect



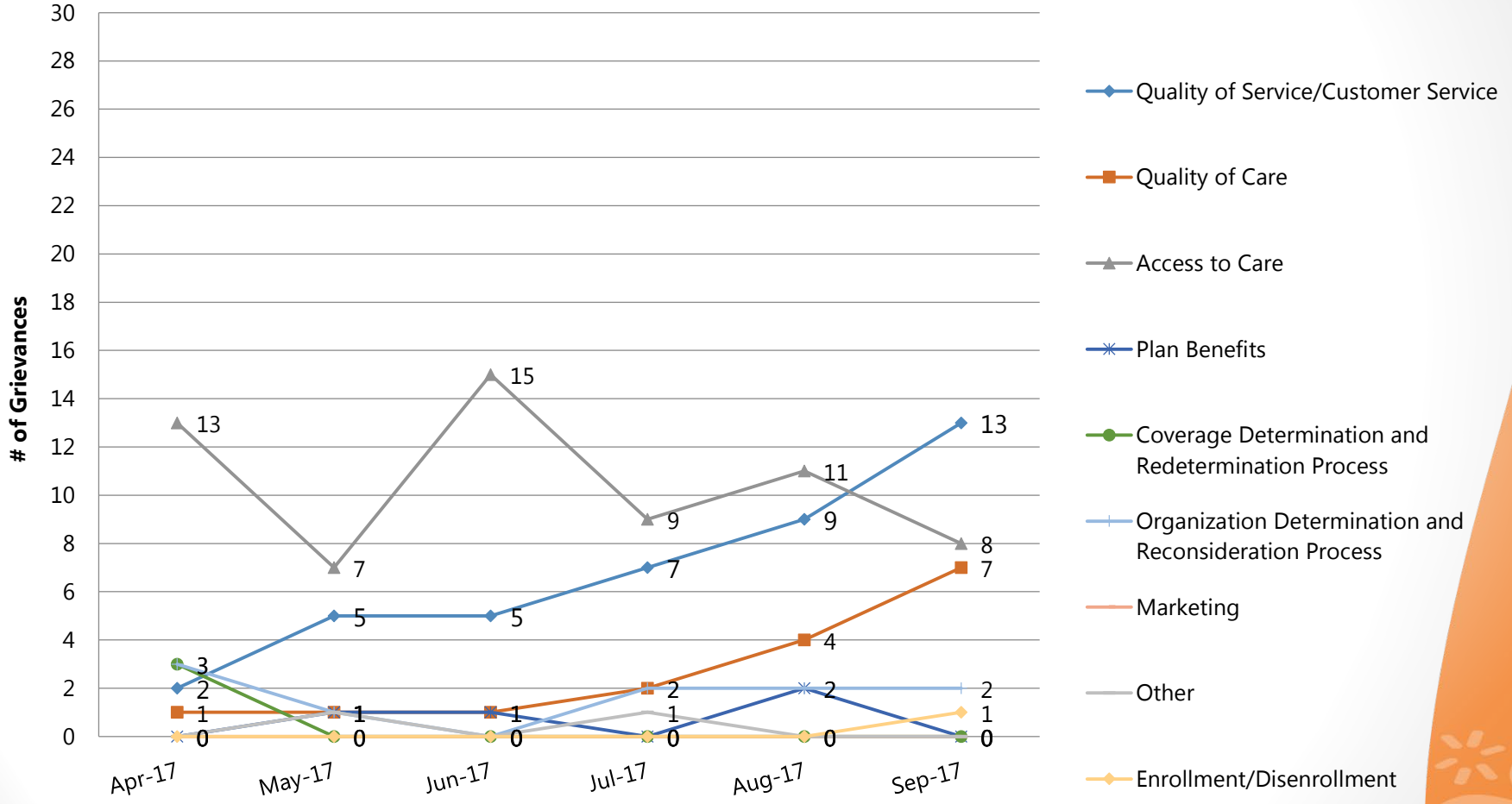
Q2/Q3 2017: Part C&D Appeals



Q2/Q3 2017: Part C&D Appeals

TYPE	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Part C Reconsiderations, Pre-Service	10	5	8	4	5	6
Part C Reconsiderations, Post-Service	1	0	0	1	0	54
Part D Redeterminations	8	10	8	4	8	7
QIO (Livanta)	0	2	3	1	2	3
IMR (Maximus)	0	0	0	0	0	0
Administrative Law Judge (ALJ)	0	0	1	0	0	0
State Fair Hearing	0	0	0	0	1	0

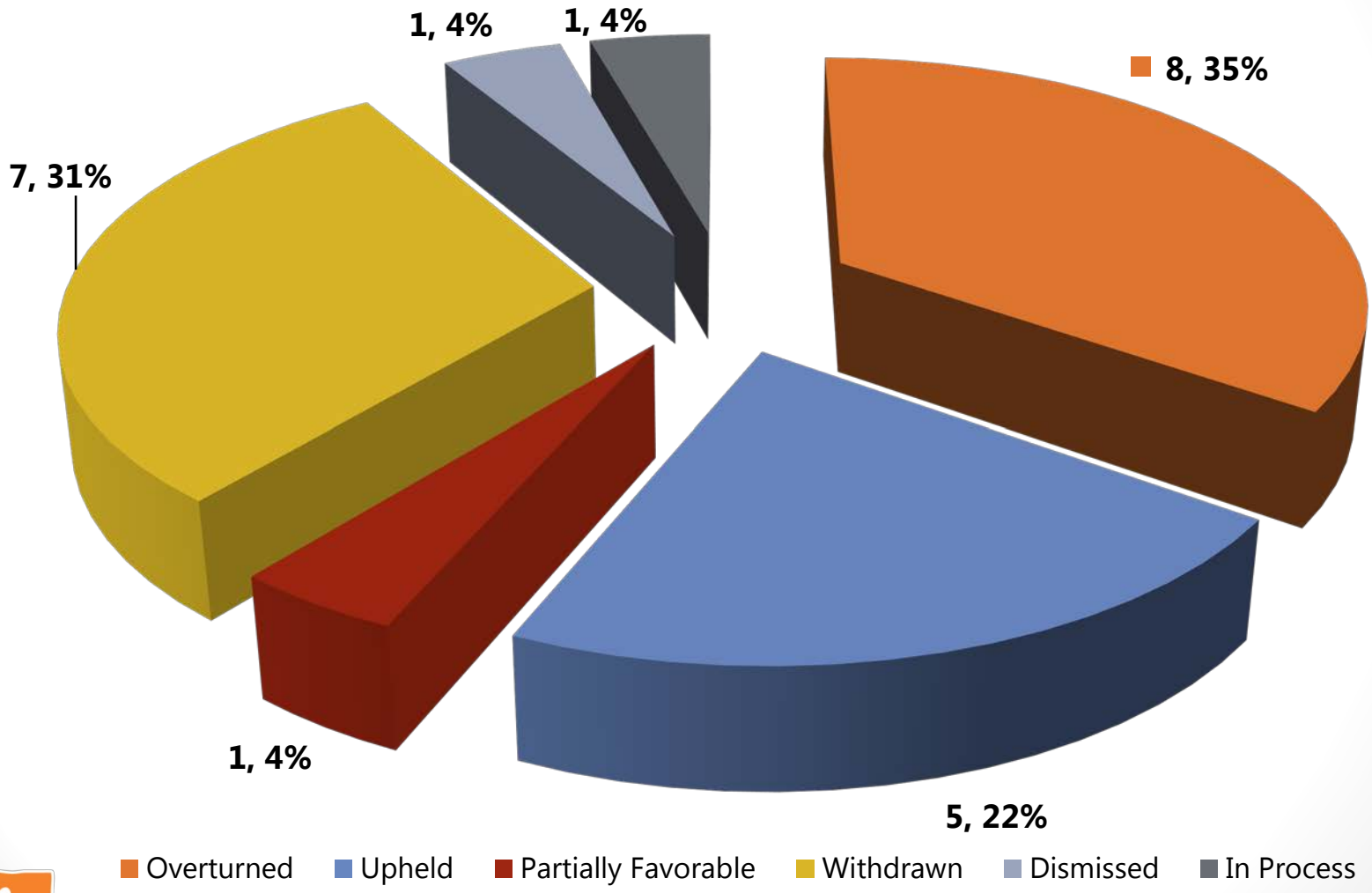
Q2/Q3 2017: Part C&D Grievances



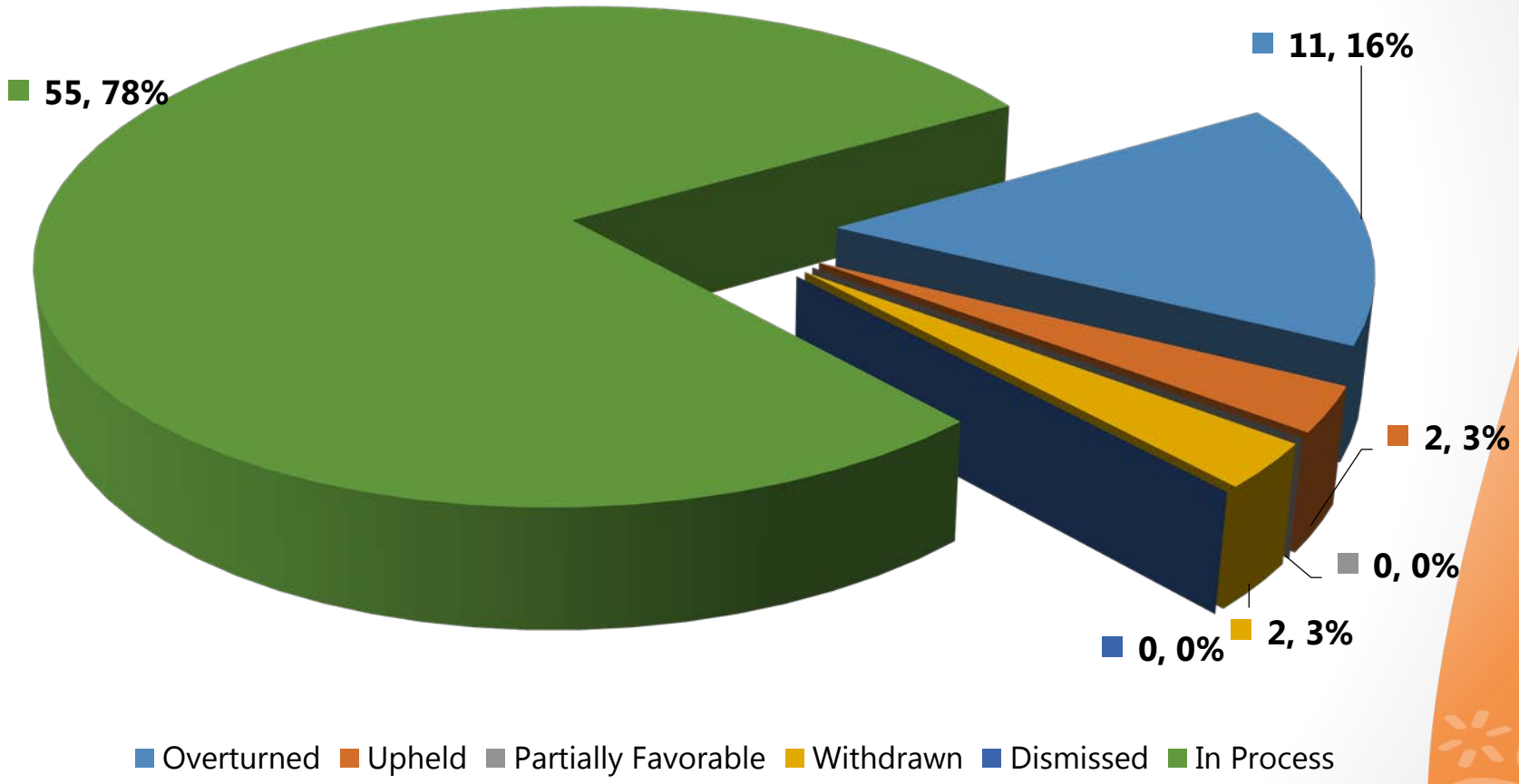
Q2/Q3 2017: Part C&D Grievances

TYPE OF GRIEVANCE	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Quality of Service/Customer Service	2	5	5	7	9	13
Quality of Care	1	1	1	2	4	7
Access to Care	13	7	15	9	11	8
Plan Benefits	0	1	1	0	2	0
Coverage Determination and Redetermination Process	3	0	0	0	0	0
Organization Determination and Reconsideration Process	3	1	0	2	2	2
Marketing	0	0	0	0	0	0
Other	0	1	0	1	0	0
Enrollment/Disenrollment	0	0	0	0	0	1

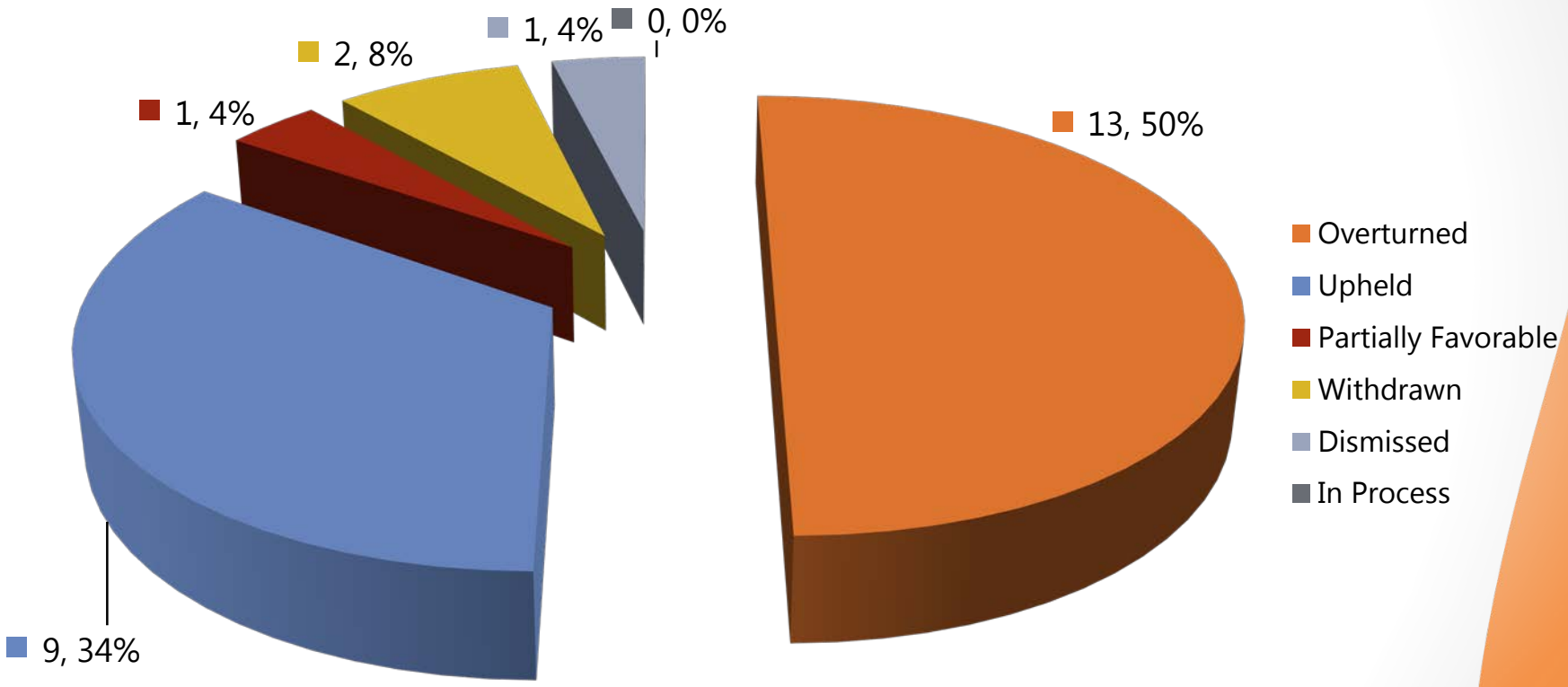
CMC Part C Reconsiderations by Determination Q2 2017



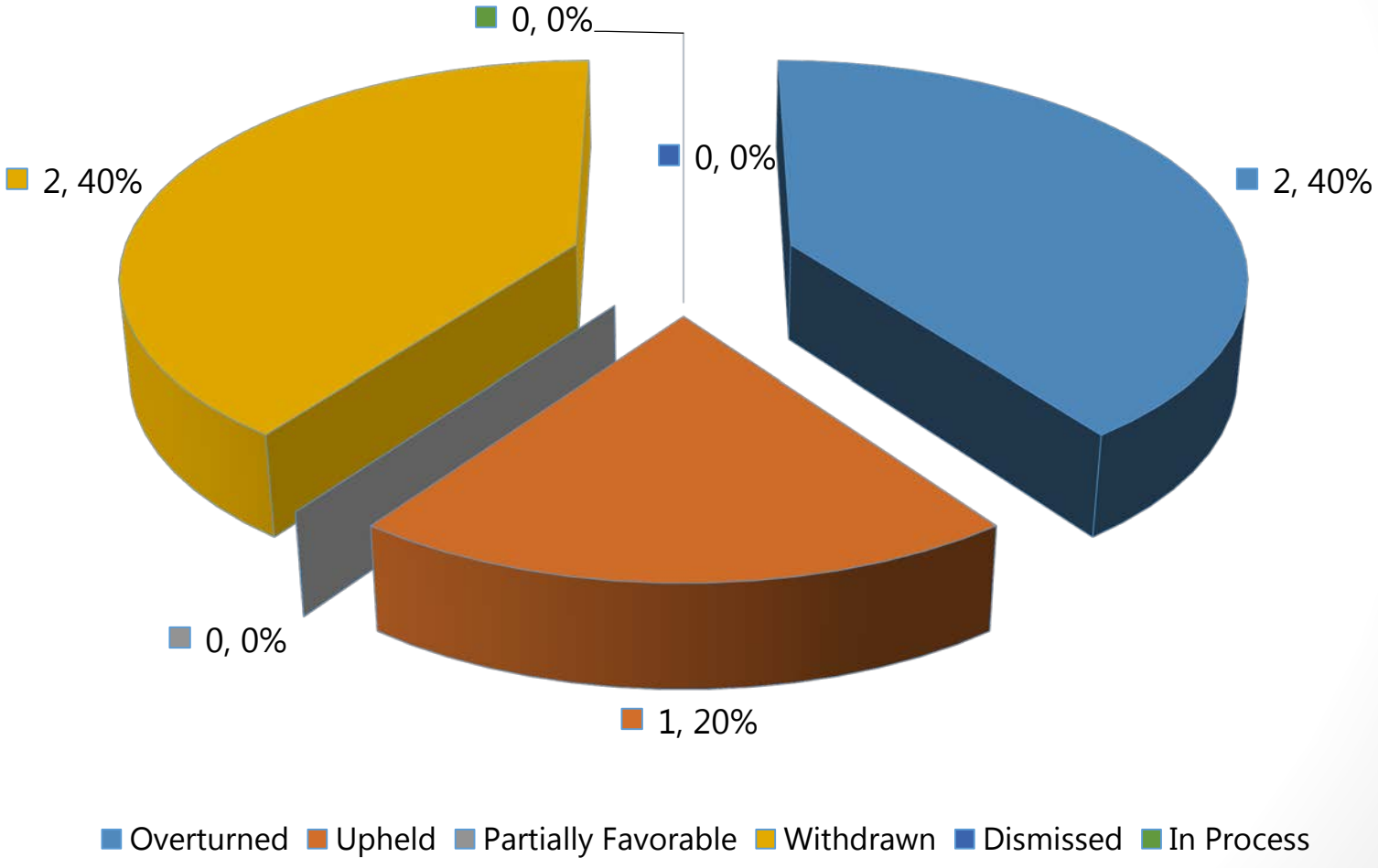
CMC Part C Reconsiderations by Determination Q3 2017



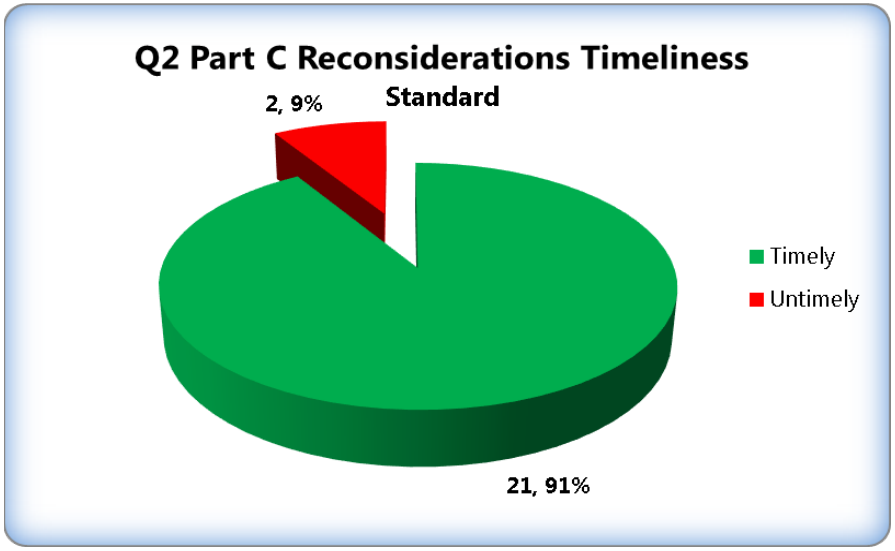
CMC Part D Redeterminations by Determination Q2 2017

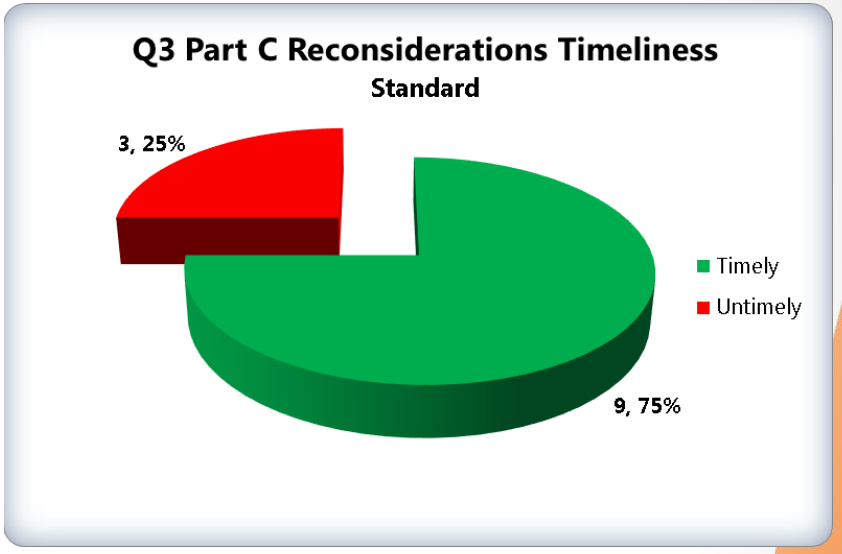


CMC Part D Redeterminations by Determination Q3 2017



Q2-Q3 2017: CMC Timeliness



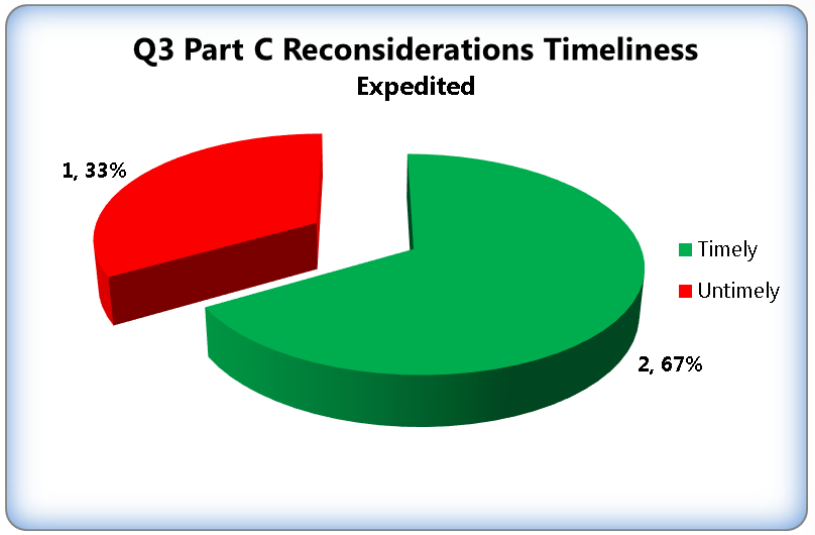


16%

Standard Requests = 30 calendar days

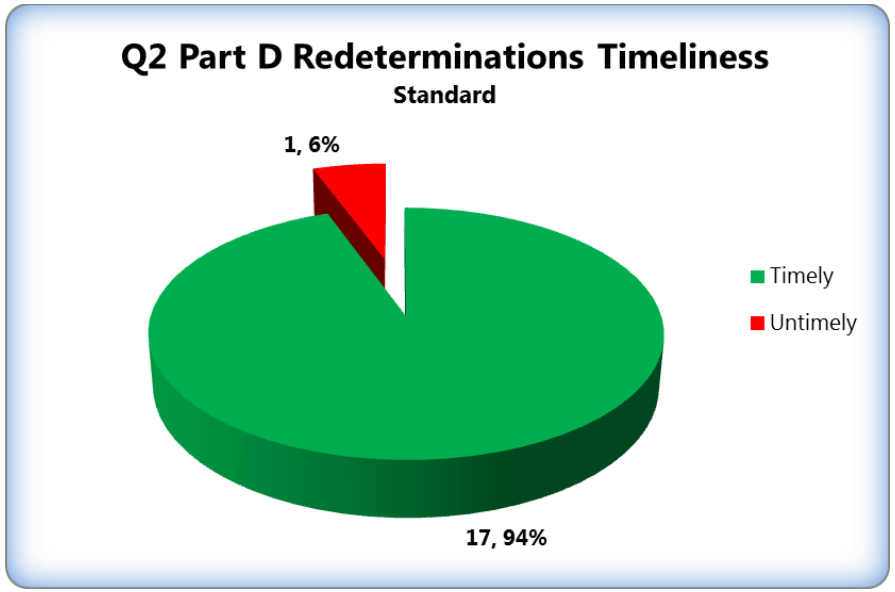
Q2-Q3 2017: CMC Timeliness

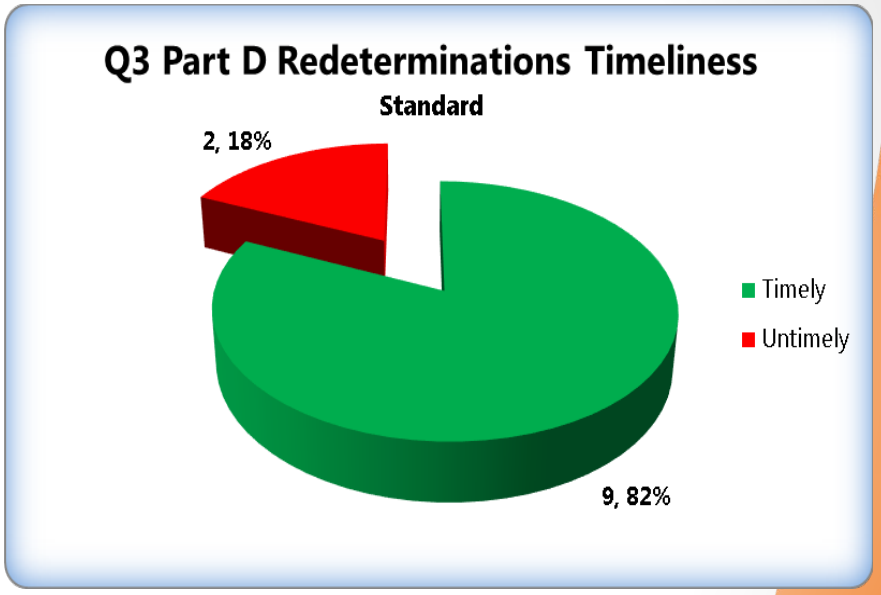
Q2 None to Report



Expedited Requests = 7 calendar days

Q1-Q2 2017: CMC Timeliness

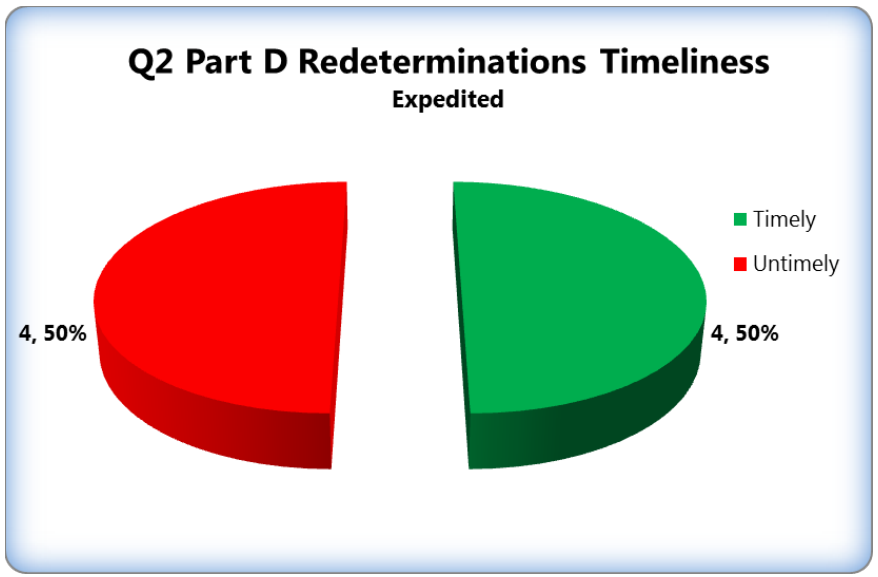


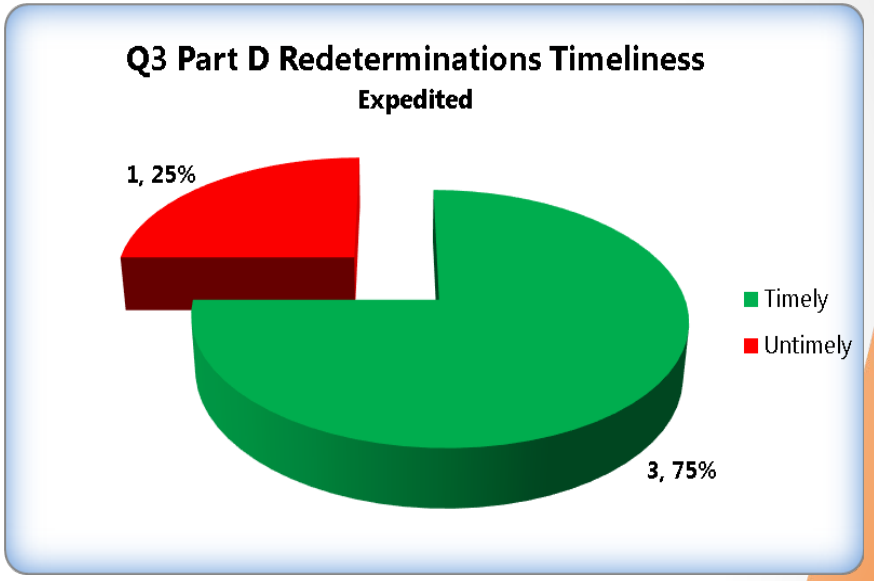


12%

Standard Requests = 7 calendar days

Q1-Q2 2017: CMC Timeliness

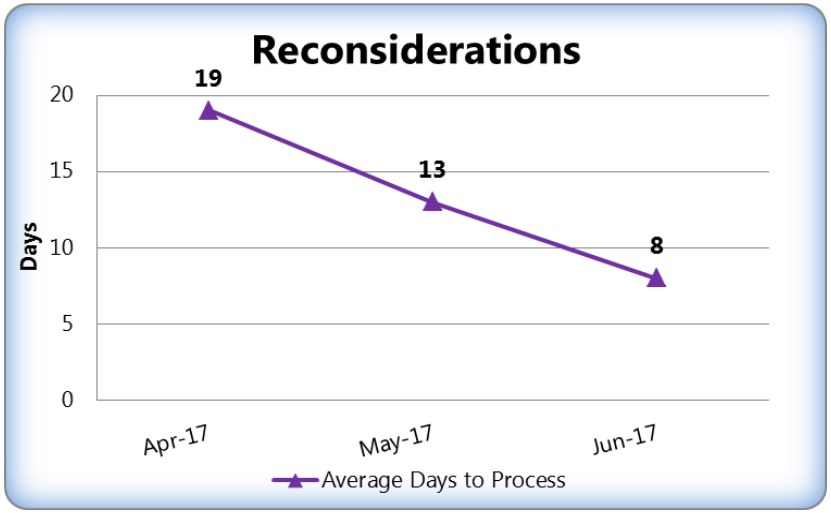




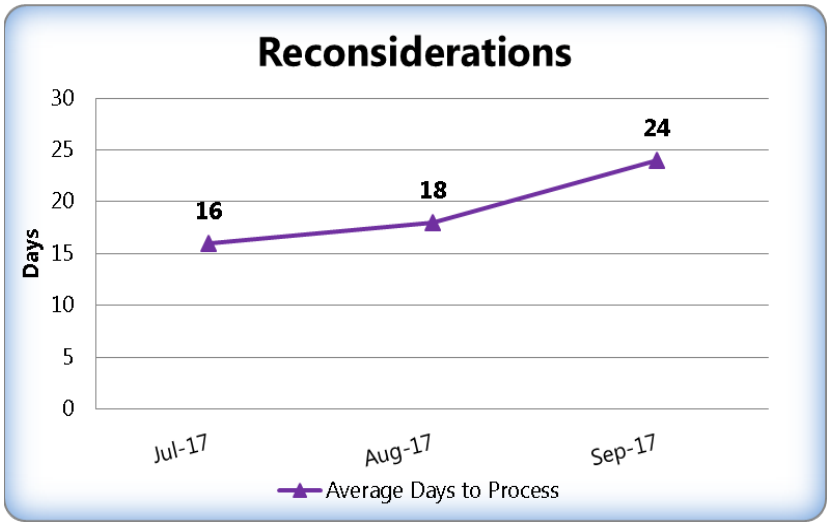
25%

Expedited Requests = 72 hours

CMC Processing Days

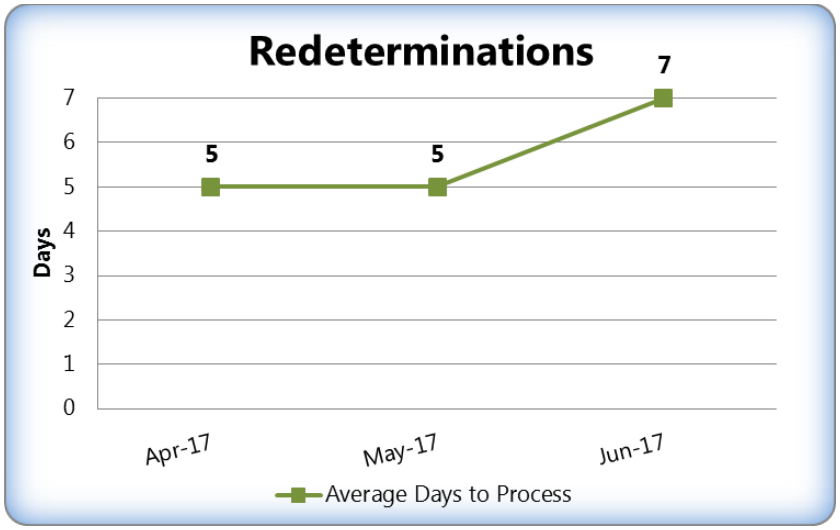


Q2 2017

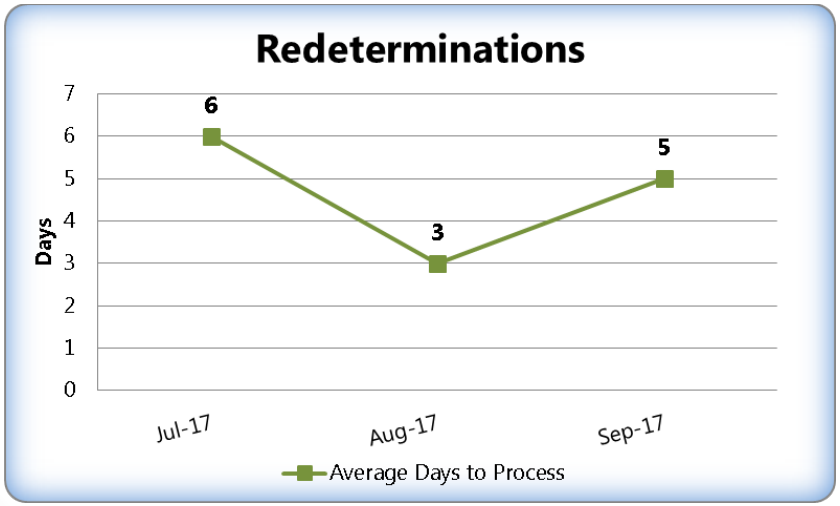


Q3 2017

CMC Processing Days

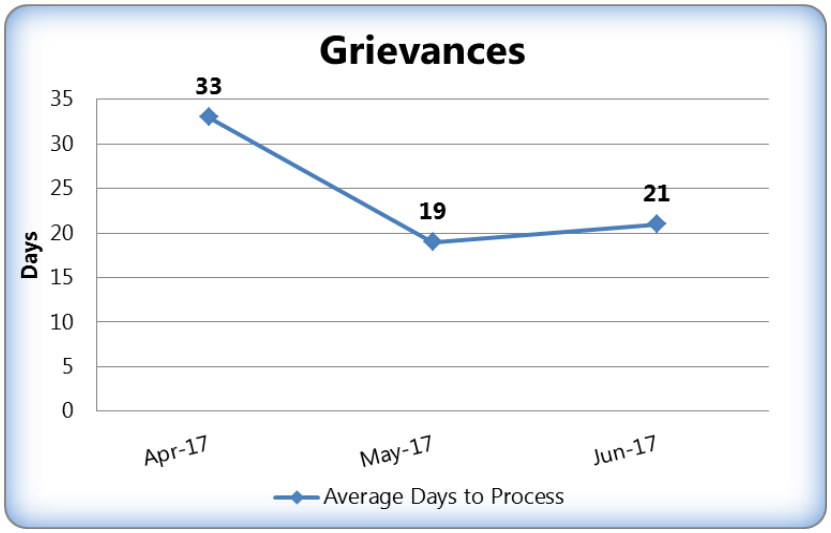


Q2 2017

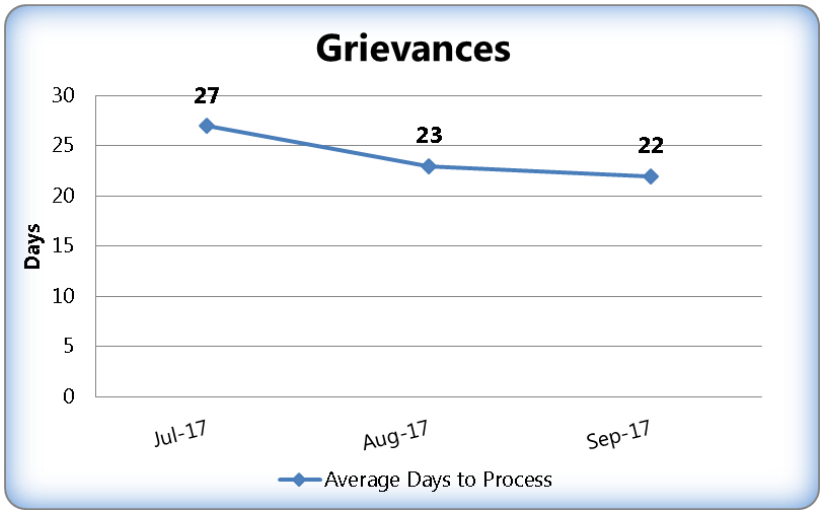


Q3 2017

CMC Processing Days



Q2 2017



Q3 2017

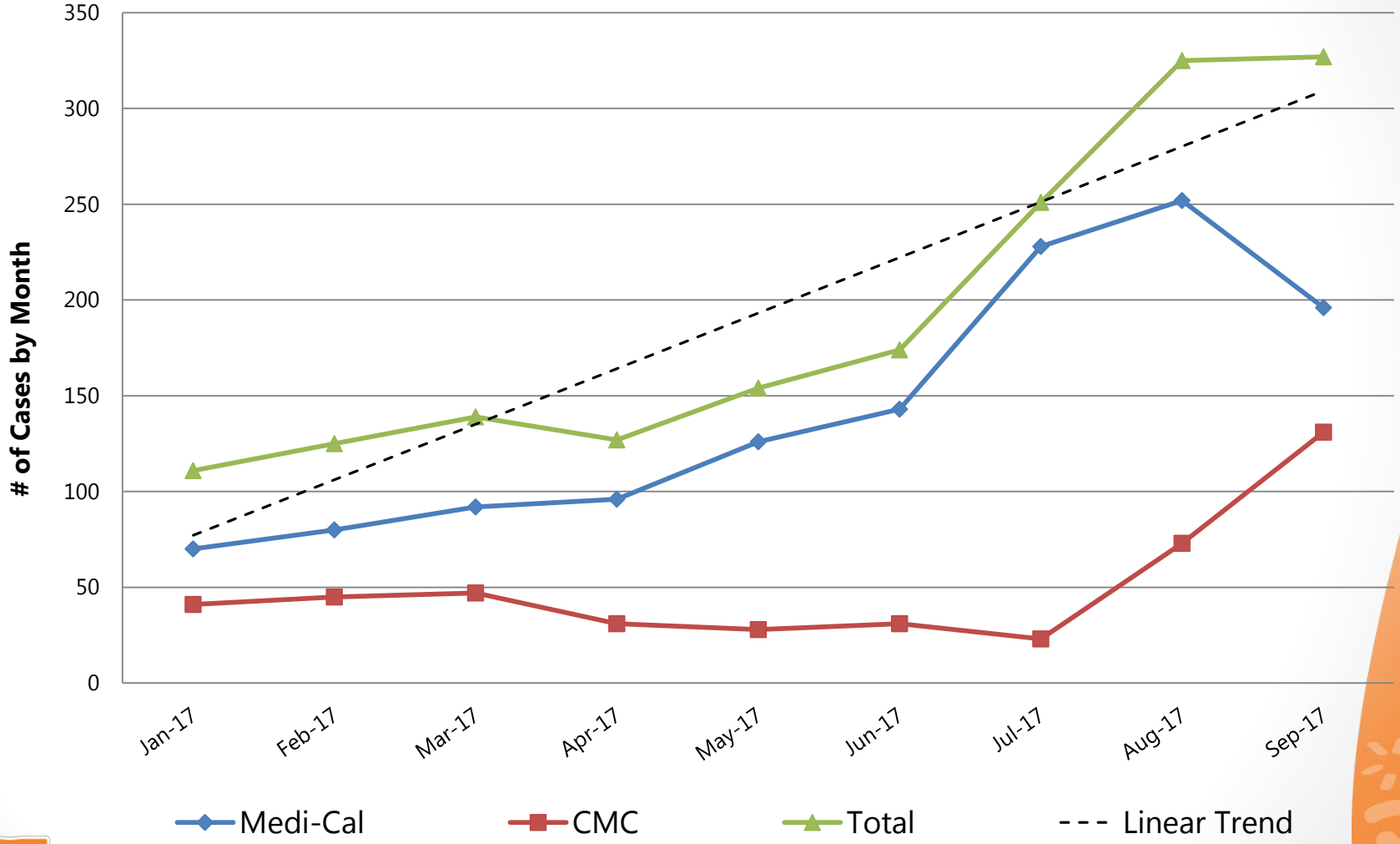
Cal Medi-Connect Rates per 1000

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Total Appeals	19	15	16	9	13	67
CMC Membership	7,567	7,545	7,543	7,525	7,405	7,383
Rate per 1000	**2.511**	**1.988**	**2.121**	**1.196**	**1.756**	**9.075**

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
Total Grievances	25	17	22	21	28	31
CMC Membership	7,567	7,545	7,543	7,525	7,405	7,383
Rate per 1000	**3.304**	**2.253**	**2.917**	**2.791**	**3.781**	**4.199**

G&A Department Case Load

January - September 2017



Volume Increases in the Grievances & Appeals Department

There are **three main factors** involved in the rise of cases for Q3 2017. The factors all have one overarching trend: ***the transition of work into the G&A Department from other departments.***

1. **Medi-Cal Pharmacy Appeals:** Prior to July 1, 2017, a provider submitted the same request to the Pharmacy Department multiple time if the authorization was denied. It was not until the requestor wrote "appeal" on the request that G&A processed it. Review of the APL 17-006 showed the new definition of an appeal as**: "A review by an MCP of an Adverse Benefit Determination".** This was interpreted to mean that a second review of an Adverse Benefit Determination should be handled as an appeal (after clarification with the provider).

Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
12	13	14	11	19	16	119	119	79

Volume Increases in the Grievances & Appeals Department

There are **three main factors** involved in the rise of cases for Q3 2017. The factors all have one overarching trend: ***the transition of work into the G&A Department from other departments.***

2. **Cal MediConnect Balance Billing:** For a period of time (2014-2015), balance billing cases (post-service organization determinations) were processed by the Grievance & Appeals Department. This was brought into the G&A Department because the workflow was very similar to appeals. This work transitioned out of G&A after 2015 and has since made its way back to the Grievance & Appeals Department because notices are needed showing the decision SCFHP made.

Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
7	9	8	4	1	0	0	43	44

Volume Increases in the Grievances & Appeals Department

There are **three main factors** involved in the rise of cases for Q3 2017. The factors all have one overarching trend: ***the transition of work into the G&A Department from other departments.***

3. **Cal MediConnect Post Service Non-Contracted Provider Reconsiderations:** Since Cal MediConnect was rolled out in SCFHP, the Claims Department was responsible for processing claims reconsiderations. This then moved over to the PDR team. Since the body of work is a true appeal, this was transitioned to the G&A Department effective 9/1/2017. The transition ensures that the correct steps are being taken to resolve Cal MediConnect appeals, including but not limited to submission to the Independent Review Entity. Please note that the below volume figures are inclusive of all Post-Service Reconsiderations (member and non-par provider appeals)

Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17
1	0	0	1	0	0	1	0	54

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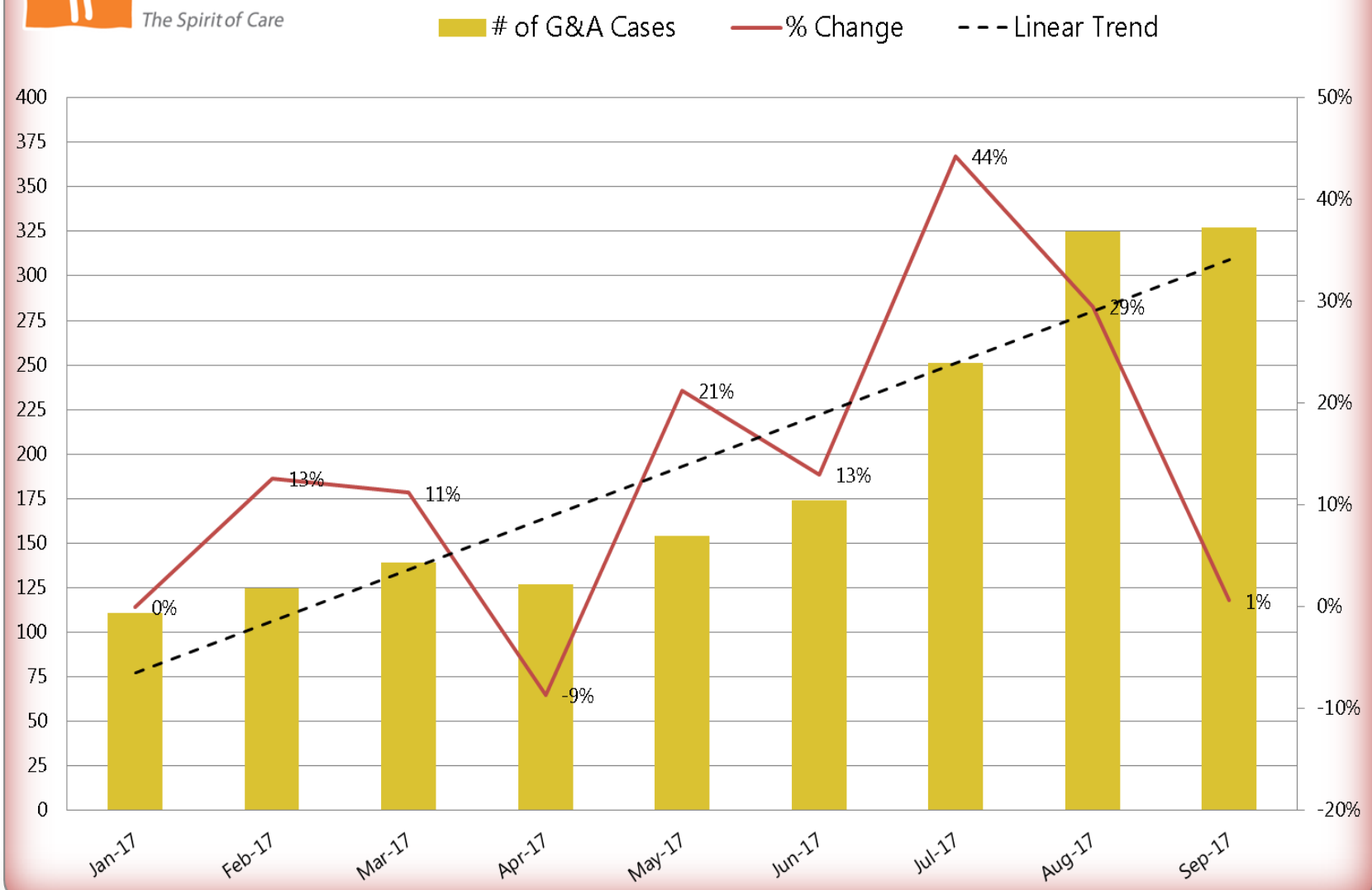
Month over Month Growth Rate



Regulatory Reports Submitted Q3

1. Total Grievances pending or unresolved for 30 days or longer
2. Total Grievances Report
3. Total Healthy Kids Report
4. Total Medi-Cal Report
5. Total Medicare Report
6. CBAS Report
7. DHCS BHT Report
8. Mental Health Report

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Medicare Health Outcomes Survey

QIC 8/9/2017

Health Outcomes Survey

- Background
  - What is Health Outcomes Survey (HOS)
    - *"The Medicare HOS is the first patient-reported outcomes measure used in Medicare managed care. The goal of the Medicare HOS program is to gather valid and reliable clinically meaningful data that have many uses, such as targeting quality improvement activities and resources; monitoring health plan performance and rewarding top-performing health plans; helping beneficiaries make informed health care choices; and advancing the science of functional health outcomes measurement." –* www.HOSonline.org
- Mandatory for all Medicare Advantage contracts (including Medicaid-Medicare Plans (MMP))
- Multi year survey
  - Baseline survey
  - Follow up survey two years later
- Data sources
  - Survey response
    - VR-12
  - HEDIS rates

Health Outcomes Survey

- Findings
  - 2016 Baseline year for SCFHP
    - Cohort 19
  - 2018 Follow up survey
- By the numbers
  - Sample size
    - 1,200
  - Analytic sample after exclusion
    - 224

Health Outcomes Survey

- Rates
  - Physical Status measure Score (PCS) – 36.4
  - Mental health Status measure (MCS) -49.7
- Decrease
  - Rates to decrease in follow up survey
    - PCS decreases at faster rate then MCS

Health Outcomes Survey

- Findings
  - Disclaimer
    - Baseline year for SCFHP
    - HOS Total and California data is all Medicare Advantage Organizations (MA)
      - Medicaid-Medicare Plan (MMP)/CMC is a subset

Health Outcomes Survey

- Findings

	General Health		Comparative Physical Health		Comparative Mental Health	
	Excellent to Good*	Fair or Poor	Much Better to About the Same*	Slightly Worse or Much Worse	Much Better to About the Same*	Slightly Worse or Much Worse
H7890	54.8%	45.2%	64.1%	35.9%	81.3%	18.7%
California	65.6%	34.4%	70.2%	29.8%	84.2%	15.8%
HOS Total	71.8%	28.2%	74.0%	26.0%	87.5%	12.5%

* Categories for general health included "Excellent," "Very good," or "Good." Categories for comparative health included "Much better," "Slightly better," or "About the same."

Health Outcomes Survey

- Findings

	14 or More Days of Poor Physical Health	14 or More Days of Poor Mental Health	14 or More Days of Activity Limitations
H7890	24.9%	19.8%	23.0%
California	22.6%	14.4%	16.6%
HOS Total	20.8%	12.0%	14.5%

Health Outcomes Survey

- Findings

	Underweight (BMI <20)	Normal Weight (BMI 20 to 24.99)	Overweight (BMI 25 to 29.99)	Obese (BMI ≥30)
H7890	11.1%	39.7%	31.2%	18.1%
California	6.9%	32.4%	36.1%	24.6%
HOS Total	4.8%	26.2%	37.2%	31.7%

Health Outcomes Survey

- HEDIS Findings

	MUI Discuss Rate	MUI Treat Rate*	MUI Impact Rate	PAO Discuss Rate	PAO Advise Rate*	FRM Discuss Rate	FRM Manage Rate*	OTO Testing Rate
H7890	NA	NA	NA	54.23%	55.50%	34.09%	NA	53.54%
California	56.35%	42.72%	17.04%	56.28%	55.50%	35.76%	62.83%	66.07%
CMS Region 9	56.22%	43.49%	16.50%	55.29%	53.03%	36.29%	61.55%	69.54%
HOS Total	58.21%	44.70%	15.57%	54.65%	50.90%	35.25%	58.58%	74.27%

* Measures incorporated into the 2018 Medicare Star Ratings include the MAO 2016 Improving Bladder Control (MUI Treat Rate), Monitoring Physical Activity (PAO Advise Rate). and Reducing the Risk of Falling (FRM Manage Rate).

Health Outcomes Survey

- Findings

The top three reported chronic conditions were hypertension, arthritis and diabetes. Sciatica, Other heart conditions, osteoporosis and depression rounded out the top chronic conditions identified by members.

Health Outcomes Survey

- Findings

4 Effectiveness of Care measures from the Healthcare Effectiveness Data and Information Set (HEDIS) were included in HOS:

- Management of Urinary Incontinence in Older Adults,
- Physical Activity in Older Adults,
- Fall Risk Management and
- Osteoporosis Testing in Older Women

Health Outcomes Survey

- Next Steps
  - Develop educational interventions to address the importance of discussing and treating;
    - Bladder Control
    - Risk of Falling
    - Osteoporosis testing
  - Follow up survey starts Spring 2018

Health Outcomes Survey

- Questions?

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Consumer Assessment of Healthcare Providers & Systems (CAHPS) 2017

Quality Improvement, 2017

CAHPS Overview

- CAHPS is a CMS required, customer satisfaction survey that is administered annually to 800 CalMediconnect members.
- The CAHPS survey was conducted from March to June 2017.
- The survey can be sent out only in English or Spanish(CMS rule).
- SCFHP contracts with DSS Research to conduct the survey.
- Results are made public on the CMS website.
- CAHPS results are included in CMS Star Ratings.

CAHPS-New in 2017

- Survey was compressed by 24 questions.
- Quality worked with DSS Research to send Spanish Questionnaires to Spanish speakers.
- Quality and Marketing worked together to send out postcards in the 5 threshold languages to encourage members to participate in survey
- Questionnaire changes resulted in a 29% SCFHP response rate as opposed to our 15.6% response rate in 2016 which was better than the 27.7% response rate for all plans.
- Had less N/A results due to insufficient responses.

CAHPS Questionnaire

- The process includes two survey mailings and a telephone call to non-respondents over a three month time period.
- The survey consisted of 68 questions.
- Questions are related to the following topics:
  - Getting needed care
  - Getting appointments and care quickly
  - Doctor's communication skills
  - Customer Service
  - Care Coordination
  - Rating of Health Plan
  - Rating of Health care Quality

CAHPS Opportunities for Improvement

2017 Identified opportunities for improvement for SCFHP

- Rating of Health Plan
- Rating Of Drug Plan

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CAHPS 2017 Overall Results

- SCFHP 2017 results are below the All Plan Mean in all areas where comparison was possible except for Annual Flu Vaccine and Pneumonia Vaccine.

- SCFHP 2017 results are below Plan 2016 results in all areas where comparison was possible.

Results

Category	SCFHP 2016 Mean Score	SCFHP 2017 Mean Score	2017 Mean Score All Plans	Difference between 2017 SCFHP and All Plans Mean Score	Difference between SCFHP 2016 and 2017 Scores
Getting Needed Care	N/A	**3.17**	**3.42**	**-0.25**	N/A
Getting Appointments and Care Quickly	**3.09**	**3.02**	**3.27**	**-0.25**	**-0.07**

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Overall Ratings Results

Category	SCFHP 2016 Mean Score	SCFHP 2017 Mean Score	2017 Mean Score All Plans	Difference between 2017 SCFHP and All Plans Mean Score	Difference between SCFHP 2016 and 2017 Scores
Rating of Health Plan	**8.3**	**8.2**	**8.6**	**-0.4**	**-0.1**
Overall Rating of Health Care Quality	N/A	**8.2**	**8.5**	**-0.28**	N/A
Overall Rating of Personal Doctor	N/A	N/A	**9.0**	N/A	N/A
Overall Rating of Specialist	N/A	N/A	**8.9**	N/A	N/A
Rating of Drug Plan	**8.4**	**8.0**	**8.6**	**-0.6**	**-0.4**

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HEDIS Measures Results

Category	Description	SCFHP 2016 Mean Score	SCFHP 2017 Mean Score	2017 Mean Score All Plans	Difference between 2017 SCFHP and All Plans Mean Score	Difference between SCFHP 2016 and 2017 Scores
HEDIS	**Influenza Vaccination**	N/A	**77%**	**65%**	**12%**	N/A
HEDIS	**Pneumonia Shot**	N/A	**66%**	**56%**	**10%**	N/A

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Stand Alone Questions Results

Category	Description	SCFHP 2016 Mean Score	SCFHP 2017 Mean Score	2017 Mean Score All Plans	Difference between 2017 SCFHP and All Plans Mean Score	Difference between SCFHP 2016 and 2017 Scores
Stand Alone	Ever delay filling Prescribed Medicines because of cost?	N/A	92%	94%	0.02	N/A
Stand Alone	Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)?	N/A	25%	25%	0%	N/A
Stand Alone	Do you have serious difficulty walking or climbing stairs?	N/A	58%	47%	-11%	N/A
Stand Alone	Do you have difficulty dressing or bathing?	N/A	78%	74%	-4%	N/A
Stand Alone	Because of physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	N/A	65%	63%	-2%	N/A
Stand Alone	Do you ever use the internet at home?	N/A	41%	34%	-7%	N/A

CAHPS 2017 Next Steps

- Identify which results to include and target for improvement projects in 2018 Quality Work Plan

CAHPS 2017 Summary

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QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity: Credentialing Committee

Monitoring or Meeting Period: August 2, 2017

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	22	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	5	
Number practitioners recredentialed within 36-month timeline	5	
% 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 7/31/17	199	
Corrected Total number of practitioners in network (excludes delegated providers) as of 5/31/17	190	

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

*The reported overall counts for 5/31/2017 were re-calculated this month. Due to an issue with the formula to tally the providers, the provider counts for 5/31/2017 were higher than they actually were. The issue has been fixed and the provider counts above represent the actual total number of practitioners in-network (excludes delegated providers) for 5/31/2017.

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Regular Meeting of the
Santa Clara County Health Authority d.b.a. Santa Clara Family Health Plan
Pharmacy & Therapeutics Committee
Thursday, June 15, 2017
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)	Y
Minh Thai, MD	Family Practice	N
Amara Balakrishnan, MD	Pediatrics	Y
Peter Nguyen, MD	Family Practice	N
Jesse Parashar-Rokicki, MD	Family Practice	N
Narinder Singh, PharmD	Health System Pharmacy (SCVMC)	N
Ali Alkoraishi, MD	Adult & Child Psychiatry	Y
Johanna Liu, PharmD, MBA	SCFHP Director of Quality and Pharmacy	Y
Jeff Robertson, MD	SCFHP Chief Medical Officer	N

Non-Voting Committee Members	Specialty	Present (Y or N)
Lily Boris, MD	SCFHP Medical Director	N
Caroline Alexander	SCFHP Administrative Assistant, Medical Management	N
Christine Tomcala	SCFHP Chief Executive Officer	N
Tami Otomo, PharmD	SCFHP Clinical Pharmacist	Y
Dang Huynh, PharmD	SCFHP Pharmacy Manager	Y
Amy McCarty, PharmD	MedImpact Clinical Program Manager	Y

	Topic and Discussion	Follow-Up Action
1	**Introductions**	
	The meeting convened at 6:10 PM.	
2	**Past Meeting Minutes**	
	The SCFHP 1Q2017 P&T Minutes from March 16, 2017, MedImpact 1Q2017 P&T Minutes, and MedImpact 2Q2017 P&T Part D Actions were reviewed by the Committee as submitted.	Upon motion duly made and seconded, the SCFHP 1Q2017 P&T Minutes from March 16, 2017, MedImpact 1Q2017 P&T Minutes, and MedImpact 2Q2017 P&T Part D Actions were approved as submitted and will be forwarded to the QI Committee and Board of Directors.

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3	**Health Plan Updates**	
	Health Plan Updates - Dr. Liu shared that SCFHP successfully submitted the 2018 Cal MediConnect bid and formulary. Per the governor's budget released in May, SCFHP expects to continue offering Cal MediConnect (CMC) in 2018. SCFHP's contingency plan to offer a dual eligible special needs plan (D-SNP) was cancelled. - SCFHP's CEO recently appointed two new P&T members from Valley Health Plan (VHP). These new members may be in attendance at the next P&T meeting. **Membership** - Dr. Liu shared that total membership is currently down to 276,028 members. There has been a slight decrease in membership since March in both Medi-Cal and CMC lines of business. Medi-Cal membership is at 268,485 and CMC is at 7,543. The slight drop in membership may be due to multiple factors – stabilization of impact from the Affordable Care Act and stabilization of membership in the Healthy Kids line of business.	
	Pharmacy Dashboard - Dr. Otomo presented the Pharmacy Dashboard for Medi-Cal and CMC. For Medi-Cal, PA volume has been relatively steady since the start of the year. Above 95% turnaround time for both urgent and standard PAs. For CMC, one standard PA in March was identified as not compliant with the turnaround time of 72 hours. Medication Therapy Management (MTM) comprehensive medication review (CMR) completion rate was at 11% as of April; on track to meet 22% completion rate by year end. - Dr. Liu shared that as of 7/1/17, SCFHP will be implementing a 24-hour turnaround time for Medi-Cal PAs per DHCS requirement. The current SCFHP pharmacists will be staffing weekends and holidays to meet this requirement. - Dr. Balakrishnan asked about the low PA approval rate in Medi-Cal. Dr. Huynh explained that many PAs are submitted without chart notes or supporting clinical information, so they are denied. Dr. Otomo added that the denial rate also includes PAs that are denied for administrative reasons such as member has primary coverage with Medicare Part D, California Children's Services (CCS), or commercial insurance. - Dr. Balakrishnan asked if there are certain drugs that are more commonly requested than others through PA. Dr. Huynh responded that SCFHP will provide a report of the most commonly requested drugs at the next P&T meeting. - Dr. Huynh presented the pharmacy claim count from Q1 2017. In Medi-Cal, there were 542,526 approved claims and 240,202	Run a report of the most commonly requested drugs through PA to share at next P&T meeting

	denied claims. In Healthy Kids, there were 953 approved claims and 1,458 denied claims. In CMC, there were 79,836 approved claims and 34,506 denied claims.	
	Appeals & Grievances - Dr. Liu presented the Appeals and Grievances report. Steady number of Medi-Cal pharmacy appeals in Q1. 51% of Medi-Cal pharmacy appeals were overturned. The most common reason for overturned denials is that more information was provided during the appeal period than with the PA request. For Medi-Cal grievances, there was an increase in dissatisfaction regarding quality of service/customer service and a decrease in the number of grievances about access to care. Q1 Medi-Cal rates per 1000 report showed stable rates. Steady number of CMC pharmacy appeals in Q1. 26% of CMC pharmacy appeals were overturned; a lower overturn rate in CMC means that SCFHP clinicians agree with the decisions being made at the first-level of review by the MedImpact PA team. Low, stable number of CMC grievances. Q1 CMC rates per 1000 report showed stable rates with a very slight increase in CMC grievances rate per 1000 in March. - The Committee requested bar graphs instead of pie charts to display the data. Dr. Liu said that she will share this request with the Appeals and Grievances Manager.	Display Appeals and Grievances data in bar graphs instead of pie charts
	Emergency Rx Access Monitoring - Dr. Huynh presented the Emergency Prescription Access Report looking at updated 3Q16 data. Per DHCS feedback to choose one ER diagnosis as a targeted diagnosis to conduct further analysis, SCFHP opted to look into the diagnosis of urinary tract infection (UTI). A new analysis was completed to determine if there were any barriers to access of care by sampling 10 members with a denied pharmacy claim within 72 hours of an ER visit. No barriers to care were identified. Another new analysis involved looking into pharmacy claims for a UTI antibiotic with a day supply of less than 3 days. The claims identified were researched and deemed appropriate.	
4	**Old Business**	
	OTC Cough & Cold - Dr. Huynh presented updates to the OTC cough and cold discussion from previous P&T meetings. Utilization of OTC guaifenesin/dextromethorphan combination products decreased in members 0-11 years old after removing these products from formulary. Per the request at last P&T meeting, OTC guaifenesin/dextromethorphan combination products for ≥12 years of age were added back to formulary with a	

	retroactive effective date of 11/1/16. Dr. Huynh provided literature support for concerns about the safety and efficacy of OTC cough and cold products for patients younger than 12 years old. - Dr. Balakrishnan expressed concerns about access to cough and cold treatments for pediatric patients. Dr. Liu shared that there have been no grievances or appeals filed since OTC cough and cold products were removed from formulary. Dr. Alkoraishi commented that Kaiser stopped covering OTC cough and cold products because their use is not supported by the American Academy of Pediatrics. Dr. Liu recommended to monitor utilization, PA requests, and grievances/appeals for another 6 months to obtain a year's worth of data to analyze the impact of these formulary changes. The Committee supported this recommendation.	
5	**Action Items**	
	Pharmacy Policies - PH04 Pharmacy & Clinical Programs Quality Monitoring policy was updated to meet Section 1927(g) of the Social Security Act (SSA) and Title 42, CFR part 456, subpart K, which outlined requirements for a drug utilization review (DUR) program. SCFHP currently maintains procedures for both prospective and retrospective DUR. - PH10 Cal MediConnect Part D Transition policy was revised into the newer policy template. CMS requires plans to submit their transition policy annually and requires the policy to include specific statements (mainly around member protection).	Upon motion duly made and seconded, proposed changes to policies PH04 and PH10 were approved as presented.
	DHCS Medi-Cal CDL Updates - Dr. McCarty presented the Medi-Cal formulary drug updates. There were no recommended actions.	
	Formulary Modifications - Dr. Otomo presented the formulary changes since the last P&T meeting. Notable changes included adding OTC guaifenesin/dextromethorphan combination products back to formulary, adding modafinil to formulary with PA and QL of 1 tablet per day, adding alogliptin/pioglitazone to formulary with QL of 1 tablet per day, changing QL on duloxetine 60mg to 2 capsules per day, and adding QL of 1 tablet per day to eszopiclone. - Dr. Alkoraishi asked if SCFHP planned to make any formulary changes around the recent release of the Strattera generic. Dr. Otomo responded that SCFHP will be looking into this before the next P&T meeting.	Upon motion duly made and seconded, formulary modifications were approved as presented. Analyze utilization and current formulary restrictions on Strattera to determine any formulary changes due to release of generic atomoxetine.

	Prior Authorization Criteria
	- Dr. Otomo presented the following PA criteria for approval by the committee:
	  - Hydrocodone/APAP solution (Hycet)
	  - Symlin (pramlintide acetate injection)
	  - Trifluridine (Viroptic)
	  - Iressa (gefitinib)
	  - Targretin (bexarotene)
	  - Leuprolide (Lupron, Lupron Depot, Lupron Depot-PED)
	  - Nebupent (pentamidine)
		Upon motion duly made and seconded, prior authorization criteria were approved as requested.

6	**Discussion Items**	
	New APL 17-008 - Dr. Huynh shared that the new DHCS APL 17-008 requires all managed care plans to have DUR. The requirements include maintaining a prospective and retrospective DUR process, an educational program, and participate in the state DUR Board. Plans must also submit annual reports to DHCS. - Dr. Liu stated that SCFHP already had a prospective and retrospective DUR process, so the only requirement to be implemented is participation in the state DUR board. If the state DUR board has any recommendations for clinical programs, these recommendations must be brought to the P&T meetings to be approved or turned down. These actions must be documented in the P&T meeting minutes.	

	Class Reviews
	- Dr. McCarty presented the following drug class reviews and updates:
	  - Osteoporosis Update – New anabolic drug: Tymlos (abaloparatide). New drug with novel mechanism of action (both antiresorptive and anabolic actions): Evenity (romosozumab). Proposed adding abaloparatide to formulary with PA.
	  - Movement Disorders – Two new agents: Austedo and Ingrezza. Proposed adding generic tetrabenazine to formulary with PA and QL.
	- PCSK9 - *Informational Only*
		Upon motion duly made and seconded, all recommendations were approved as presented.

	New Drug Reviews
	- Dr. McCarty presented the following new drug reviews:
	  - Kisqali (ribociclib) – New targeted therapy similar to Ibrance, but has poorer safety profile. Proposed to add ST to exemestane to look for trial of anastrozole or letrozole, add QL to anastrozole, and remove letrozole from formulary. NCCN Breast Cancer guideline does not prefer any of the three agents over each other.
	  - New & Expanded Indications – *Informational Only*
		Upon motion duly made and seconded, all recommendations were approved as presented.

	- Emflaza (deflazacort) - *Informational Only* - Line Extensions - *Informational Only*	
	Drug Trend & Utilization Review - Dr. McCarty shared that the P&T committee's past decisions to remove Harvoni and Sovaldi from formulary and to add Zepatier and Epclusa to formulary significantly reduced Hepatitis C PMPM spend. Prior to implementation of these formulary changes, from January to July 2016, average cost per HCV utilizer was $27,480. After the implementation of these formulary changes, from January to May 2017, average cost per HCV utilizer was $20,790. Generic Pipeline – *Informational Only*	
7	**Adjournment at 7:59 PM**	

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MINUTES
UTILIZATION MANAGEMENT COMMITTEE
July 19, 2017

Voting Committee Members	Specialty	Present Y or N
Jimmy Lin, MD, Chairperson	Internal Medicine	Y
Ngon Hoang Dinh, DO	Head and Neck Surgery	N
Indira Vemuri, MD	Pediatrics	Y
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	N
Sandra Carlson	Health Services Director	N
Sherry Holm	Behavioral Health Manager	N
Lori Andersen	MLTSS Director	N
Caroline Alexander	Administrative Assistant	Y

ITEM	DISCUSSION	ACTION REQUIRED
I. Introductions Review/Revision/Approval of Minutes	Meeting was started with a Quorum at 6:10 PM. There was a motion to approve the April 19, 2017 minutes.	Minutes approved as presented.
II. CEO Update	Christine Tomcala , CEO discussed the following items: 1. Whole Person Care: Application was approved and will be moving forward. 2. QNXT: Implemented new system to pay Medi-Cal claims. QNXT go live was beginning of July. 3. New Building: Santa Clara Family Health Plan purchased a new building. Lease expires in 2018 at current location. Located in South San Jose. Move anticipated in March 2018 at the earliest.	None.

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	Kaiser currently occupies part of the building and will rent space from Santa Clara Family Health Plan.	
III. Action Items	a. Dr. Boris presented the UM Charter: No changes made to the charter. Presented to committee as a review of UM Committee structure and responsibilities. Motion to approve the UM Charter.	UM Charter approved as written.
	b. Dr. Boris presented the Care Coordinator Guidelines: She highlighted the changes: For unlicensed staff like coordinators to approve authorizations, have to follow guidelines. When we get a Skilled Nursing Facility request, it used to be approved for 7 days then sent to nurse for review. Changed to 3 day approval and then sent to nurse for review. No authorization required for dialysis. Updated transportation guidelines. Included new All Plan Letter. Removed Colonoscopy and Anesthesia from care coordinator guidelines. For inpatient admission, Care Coordinator approves first day. Question by Dr. Lin about what the percentage is of those in SNF that become Long Term Care. Santa Clara Family Health Plan waives 3 day admission requirement before transitioning to SNF. Motion made to approve Care Coordinator Guidelines.	Bring data to next meeting on percentage of those members in SNF that transition to LTC. Care Coordinator Guidelines approved as written.
IV. Standing Reports	a. Membership report updated: At 271,000 lives. About 5 thousand lives less than June. Majority of loss is in Medi-Cal line of business. Trying to research what factors caused the large change in membership from June to July.	None.
	b. UM Reports 2017 i. Turn Around Time (Cal MediConnect/Medi-Cal) a. Follow up item: Dashboard report not available currently. Follow up from last UMC regarding Medi-Cal authorizations that were non-compliant in turnaround time. 18 authorizations were found to be non-compliant with regulatory turnaround time (17 Urgent, 1 Routine). Factors found to contribute to this: 4 were entered late by coordinator, 1 request sent via connect and was addressed late, and 11 auths were within compliance but IT report captured as non-compliant. Connect was deactivated.	Follow up on next report regarding IT sync issue.
	ii. Standard Utilization Metrics a. Dr. Boris reviewed the comprehensive UM metrics: inpatient, discharges, length of stay, frequency of procedures etc. for Medi-Cal and Cal MediConnect lines of business. Rolling twelve months of data from April 1, 2016 to March 31, 2017. MediCal inpatient utilization: Average length of stay decreased from 4th Quarter 2016 to 1st Quarter 2017. Medi-Cal SPD numbers are smaller. Discharge numbers per 1,000 members are higher. CMC inpatient utilization: Average length of stay increased from 4th Quarter 2016 to 1st Quarter 2017. Discharge numbers per 1,000 members increased. Only 7,500 members in CMC. Other major difference in CMC data: responsible for mental health stays. Benchmarks are from NCQA.	Bring data on OB inpatient admissions Pull CPT codes for all members with bariatric surgery (what was the most frequent procedure requested) Get primary diagnosis for readmits by Line of Business

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		Bring data back on readmits for CMC. 9% readmit looks out of line. See if changes. Follow up on if Yoga can be offered as a Health Education activity to members

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	c. Interrater Reliability (IRR) a. Dr. Boris presented the Interrater Reliability Report. In calendar year 2017, SCFHP updated the policy from individual testing to group testing to provide support to our staff. The Plan classifies reviews into one of two performance categories: Proficient (80%-100% of the records are in compliance with the review criteria); Not proficient (below 80% in compliance). Scores below 80% require increased focus by Supervisors/Managers with actions described in Policy/Procedure HS.09/HS.09.01 or an individual corrective action plan. Fifteen staff were tested in the UM department. Findings indicate that all staff performed as Proficient. There were no CAP's. The next testing cycle is scheduled for Fall 2017.	Information only
	d. RN Advice Line Policy a. Dr. Boris presented the RN Advice Line Policy. Previously in Quality, moved to Utilization Management. Applies to Medi-Cal, Healthy Kids and Cal MediConnect. States that plan offers RN Advice Line 24 hours a day. Motion made to accept policy as written	RN Advice Line approved as written.
V. Discussion Items	a. Advice Line Metrics Optum provides 24/7/365 centralized toll-free Nurse Advice Line number to all Cal MediConnect members. Call types vary in nature as well as disposition types. The volume of calls was as follows: • November 2016: 8 calls • December 2016: 7 calls • January 2017: 14 calls • February 2017: 4 calls • March 2017: 9 calls • April 2017: 24 calls • May 2017: 12 calls • June 2017: 17 calls	Informational only.
	b. Notice to MD offices about RN Advice Line Sample of Cal MediConnect and MediCal member cards were presented. RN Advice Line number is on the member card. Question posed: Can there be a member service representative script for members changing PCP's?	Informational only. Dr. Boris to follow up with Chris Turner.

ITEM	DISCUSSION	ACTION REQUIRED
VI. Adjournment	Meeting adjourned at 7:05 PM	
NEXT MEETING	The next meeting is scheduled for Wednesday, October 18, 2017, 6:00 PM	

Prepared by:
Caroline Alexander
Administrative Assistant
Date 10/18/17

Reviewed and approved by:
Jimmy Lin, M.D.
Committee Chairperson
Date 10/18/17