

SANTA CLARA FAMILY HEALTH PLAN
PROVIDER ADVISORY COUNCIL
OCTOBER 8, 2015
BOARDROOM

PAC Attendees: Dr. Thad Padua, IHC Pediatric Center; Dr. Peter Nguyen, Kelly Park Clinic; Sherri Sager, Lucile Packard Children's Hospital; Steve Church, Willow Glen Center; Bridget Harrison, Valley Medical Center, Dr. Tuyen Ngo, Premier Care; Dolly Goel, MD

SCFHP Attendees: Christine Tomcala, CEO; Ngoc Bui-Tong, Director of Health Care Economics; Jennifer Clements, Director of Provider Operations, Jimmy Lin, MD; Irene Walsh, Provider Services Rep, LTSS; Phuong Au, Provider Services Rep; Robyn Esparza, Administrative Assistant

ITEM	DISCUSSION	ACTION	RESPONSIBLE PARTIES	DU DATE
Meeting Called To Order	Dr. Thad Padua, Chairperson, called the meeting to order at 12:30. A quorum was not present when the meeting was called to order. Committee members individually introduced themselves.	None		
Public Comment	<p><u>Lucile Packard Children's Hospital Open House</u> Ms. Sherri Sager, LPCH representative, apologized because she was not in charge of the actual invitation, but advised the Committee that there will be an Open House tonight at 6pm for their new clinic next to Good Samaritan Hospital, and all Committee members are welcome to attend.</p> <p><u>Conference on Adolescent Mental Health Wellness</u> Ms. Sager also announced LPCH will be hosting, along with Stanford University School of Medicine, Department of Psychiatry, and the Stanford University School of Medicine, Division of Adolescent Medicine, a conference on August 5th and 6th on adolescent mental health wellness. It will look at issues around suicide prevention, depression, early diagnosis and will have tracks for clinicians, although no CME's will be available. Ms. Sager will provide more information in the near future. LPCH is very excited about letting the community know what resources exist, what resources are needed, and what the whole continuum of care for children with mental health issues looks like. Ms. Sager noted that young people are actually on the Steering Committee to help develop and design the program and provide input to the speakers. Ms. Sager invited the Committee members to be sponsors, and to contact her if they are interested.</p>	None		

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Review of Minutes	Dr. Thad Padua, Chair, noted that a few members arrived late, and a quorum was now present. The minutes from July 9, 2015, were reviewed and approved by Committee as presented.	None											
CEO Report	<p><u>OCTOBER 2015 MEMBERSHIP SUMMARY</u></p> <p>Ms. Christine Tomcala, CEO, presented the October 2015 Membership Summary (copy attached herein).</p> <p>Ms. Tomcala noted total membership exceeded 250,000, with the bulk of our membership in the Medi-Cal program. Ms. Tomcala noted the following for each line of business:</p> <ul style="list-style-type: none"> • Healthy Kids: 4,362 • Cal MediConnect: 8,354 • Medi-Cal: 249,977 <p>Ms. Tomcala expanded on the Medi-Cal membership by age group noting that it has changed quite a bit from 10 years ago. By comparison from 10 years ago vs today, 77% of health plan's enrollees were children. The breakout is as follows:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">• Medi-Cal Age 0 – 18: 42%</td> <td style="width: 50%;">• Medi-Cal Age 19 and over: 58%</td> </tr> </table> <p>Ms. Tomcala also discussed the Medi-Cal membership by category:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">• Adult/Family/Child: 50.90%</td> <td style="width: 50%;">• Former HF (Healthy Families): 1.83%</td> </tr> <tr> <td>• Aged: 8.65%</td> <td>• LTC (Long Term Care): 0.29%</td> </tr> <tr> <td>• Disabled: 6.72%</td> <td>• MCE (Medi-Cal Expansion: 31.59%)</td> </tr> </table> <p><u>O'Connor Contract</u></p> <p>Ms. Tomcala noted that she is aware that the community is interested to know the status of the O'Connor contract, and noted that the Health Plan is working very closely with the contracting team for the hospital. There is still intent on both sides to move forward with the agreement, and we continue to work on it. Ms. Tomcala advised the Committee that the Health Plan will extend the current Letter of Agreement for Obstetrics past the term date of October 15th if we need to. Ms. Tomcala offered to answer questions from the Committee.</p> <p>Dr. Ngo inquired as to whether or not the contract will be signed any time soon with O'Connor? Ms. Tomcala indicated that both sides continue to work closely together and there are many moving parts, including the change in leadership at O'Connor. She ensured the Committee that</p>	• Medi-Cal Age 0 – 18: 42%	• Medi-Cal Age 19 and over: 58%	• Adult/Family/Child: 50.90%	• Former HF (Healthy Families): 1.83%	• Aged: 8.65%	• LTC (Long Term Care): 0.29%	• Disabled: 6.72%	• MCE (Medi-Cal Expansion: 31.59%)	Informational			
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	<p>discussions continue to happen and we are hopeful it will happen quickly.</p> <p>Jennifer Clements, Provider Operations, indicated that she has been communicating with the O'Connor contracting team almost daily and we are moving forward quickly.</p> <p>Dr. Padua asked the Committee if anyone had additional questions for Ms. Tomcala.</p> <p>Dr. Ngo inquired as to how the change in the adult population is affecting the Health Plan financially? Ms. Tomcala advised that Medi-Cal expansion has actually done very well from a financial perspective. However, at the same time, the State has actually has been trying to determine exactly how much these members cost. Some of the rates for the program had three (3) different reductions for different time periods going back to July 2014, all retroactive. One was 6%, one was 5% and then there was another for 20%. Overall, the Health Plan has been doing well. In regards to Cal MediConnect (CMC), the Health Plan is not doing as well, which is not surprising. It's a new program and so some loss was budgeted for that. But, it's something that we need to pay attention to and make sure that going forward we do it in a profitable way.</p> <p>Dr. Ngo asked how is CMC is different from Healthy Generations. Ms. Tomcala advised it is hard for her to know what the Health Plan did or did not do that contributed to the losses since she was not with the plan at that time. Ms. Tomcala did note that one thing the Health Plan is trying to identify gaps from a compliance perspective so that we are actually running the program in a compliant manner. At the same time, we need to be looking at all of our operations and making sure we are coordinating care.</p>			

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Medical Director Update	<p>Dr. Jimmy Lin, Medical Director, provided update, noting that the Health Plan has so many patients coming in and our membership continues to grow, which is very expensive. Pharmacy management alone has a huge impact. Cal MediConnect seniors' medication lists can be greater than 18 drugs. These medications are expensive and Medi-Cal used to cover everything. The Health Plan has been streamlining processes and has improved the turnaround times for prior authorizations.</p> <p>Ms. Tomcala added that with regard to drugs, it appears that we are losing money. Part of this is that CMS has a complex process involving rebates and tiers, and it appears we are losing money. However, the Health Plan should re-gain as we get some of the money back from CMS, hoping to break even. This first year is part of our learning curve as we gain enough experience so that we can actually project how many claims incurred, but not reported. Right now the Health Plan just doesn't have enough experience.</p> <p>Dr. Ngo asked how the Health Plan is encouraging doctors to use more generic medications as many are used to writing non-generic drugs with Medicare. Dr. Lin concurred, indicating that was the case before, but that they all know as they work with SCFHP. Once they come to us, gradually everything will become generic only and they will get the message.</p>			
ACA Payment Update	<p>Ms. Ngoc Bui-Tong, Director of Health Care Economics, updated the Committee on the ACA Payment. She advised that it was actually part of Obamacare or ACA Act. It provided parity for Medi-Cal providers at a Medicare rate for 2013 and 2014. She noted the Health Plan had some reserve from those two years and the Health Plan's Governing Board agreed to continue paying into calendar 2015. Ms. Bui-Tong will review claim data for dates of service for January through June of 2015. Ms. Bui-Tong stated that the Health Plan wanted to wait as long as possible before we started analyzing the data because the process to calculate payment is very labor intensive. The Health Plan will continue to analyze the data and make payments for as long as we have the funds, at this time it looks like it may be approximately one more year.</p>			

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MLTSS	<p><u>Community Based Adult Services (CBAS)</u></p> <p>Ms. Irene Walsh, Provider Services Representative, Managed Long Term Services and Supports (MLTSS), presented a draft of a flyer regarding the CBAS benefit and services. The flyer is currently with the Health Plan's Marketing Department and will be presented at the next meeting.</p> <p>Ms. Walsh introduced Suzanne Pouransari and Manooch Pouransari, both Program Directors of Grace Adult Day Care, who shared some of the clinical benefits of the program, which is an all-day health care facility for patients 18 years and older, whom usually have multiple diagnosis (geriatric, as well as cognitive).</p> <p>Mr. Pouransari shared some back ground, indicating the name changed from Adult Day Health Care (ADHC) to CBAS in 2012. There is a big push for this type of care facility. They service more than 250 adults in this county, most of their patients are with SCFHP. They provide care at a very cost effective budget to keep members out of institutional care facilities. The facility is open Monday through Friday and their daily attendance ranges from 145 to 150 per day.</p> <p>Mr. Pouransari presented the May 2010 Lewin Group Study Fact Sheet (copy attached herein). He advised that he was a board member for two (2) years. They did a study in 2010 of the impact of the population and the budget if Adult Day Health Care (ADHC) is eliminated. This study showed that there is no cost savings if this program is eliminated. There were 340 centers all over California. However, after the budget cuts in 2010 and the change to CBAS, there are only 242 centers left.</p> <p>Mr. Pouransari also presented to the Committee some success stories (copy attached herein), which provides examples of what they do and how they benefit the members.</p> <p>The Committee asked how to refer a patient for this benefit. Ms. Pouransari stated that patients are referred through their PCP. Patients can self-refer, however the CBAS centers eventually need the patient's diagnosis, medications and any pertinent information from their PCP. The center does their assessment and in addition, a face to face meeting is conducted by</p>	The CBAS flyer will be presented at the next PAC meeting.	L. Anderson	01/07/16

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	<p>SCFHP nurses. The Committee continued to discuss the referral process and the benefits of the program.</p> <p>Ms. Walsh advised the Committee that the CBAS brochure will include all the required information explaining how to refer a patient for CBAS services.</p> <p>The Committee members asked whether there is any oversight by a physician or the member's PCP. Ms. Pouransari said a fax is sent to the referring physician identifying the plan of care and what the facility will do with the patient, and the Health Plan case management department is involved as well.</p> <p>Dr. Padua thanked everyone for their comments and asked that we continue the conversation at the next meeting.</p>			
Children's Complex Care Issues	<p>Ms. Sheri Sager, LPCH representative, reminded the Committee of previous discussions surrounding children's complex care. She indicated that legislation unanimously passed on both the State Senate and the State Assembly to extend the CCS carve-out for another year. It's on the Governor's desk now and he has until Sunday to sign, veto or let it become law without his signature. It would be a one year extension of the carve-out during which time, hopefully, the department would actually work with all of the different stakeholders in a meaningful way to come up with a compromise. Stakeholders meetings have been held throughout this last year with mixed reviews, depending on whom you talk to.</p> <p>There is also discussion to include local initiatives, but again, there is concern about running into a federal problem with approval by CMS. But the beauty of the CCS system is that CCS is the objective neutral party, so by leaving CCS as a carve-out they will actually refer kids to the right place. Ms. Sager stated that getting kids to the right place at the right time actually saves lives and saves costs. Because if we get them later, they are more critical. So, it's still a work in progress. The state has said that even if it gets vetoed, nobody has to worry, it will not happen for at least a year. They are talking about moving the first kids in terms of the County Organized Health system in January 2017 and maybe down in Loma Linda area in inland Empire in July of 2017, but, those are "if's".</p>	An update will be presented at the next meeting.	S. Sager	01/07/16

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	The other piece for us is a parallel track. LPCH has a complex care clinic and we have a grant from the federal government and from the Centers for Medicare Medicaid Services, that is encouraging us to, along with what we were already doing, increase the care coordination between providers and families. We use a care map for the kids in the shape of a tree with lots of leaves that reflect their care management. They might have a dozen physician providers, plus family resources, social workers and ancillary care. In a 3-year period, we will do an evaluation. We are trying to enroll around 500 kids in the program and we are talking to PCPs in multiple counties. We are focusing primarily on Medi-Cal population, but we will take kids outside of the population. It's really about how do we improve care and if we do this right, we'll keep kids out of the hospital or reduce their hospitalizations, which will reduce costs.			
Participation Requirements	Dr. Thad Padua, Chair, reviewed the Committee roster, the participation requirements and the Bylaws. Dr. Padua noted that at the end of 2016, more than half of the Committee members will have reached their maximum term limit. The Committee discussed revising the participation requirements, creating a Committee Charter, and revising the Bylaws to allow for additional terms if a member requests to serve on the Committee longer. The Committee unanimously agreed to create a Committee Charter and make recommendations to the Governing Board to revise the Bylaws.	Draft Committee Charter and suggested edits to the Bylaws for review at the next meeting.	J. Clements	01/07/16
PAC 2016 Calendar	Dr. Thad Padua, Chair, presented the 2016 Committee Calendar (copy attached herein). The Committee will meet on January 7 th , April 7 th , July 7 th and October 6 th .	Informational		
Adjournment	Meeting Adjourned at 1:30. Next Meeting is scheduled for January 7th, 2016. A meeting invite will be sent out.	Informational		

Signature: Jan Thad Padua Date: 2/4/16