



Regular Meeting of the Santa Clara County Health Authority Quality Improvement Committee

Wednesday, November 09, 2016

6:00 PM - 7:30 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 10, 2016 Quality Improvement Committee meeting.
Possible Action: Approve 08/10/2016 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
a. Review of Quality Improvement Policies
i. QI.07 Physical Access Compliance
ii. QI.08 Cultural and Linguistically Competent Services
iii. QI.12 SBIRT
Possible Action: Approve Quality Improvement policies. | Ms. Liu | 6:25 | 10 min. |
| 6. | Discussion Items | | 6:35 | 20 min. |
| | a. LTSS Overview | Ms. Andersen | | |
| | b. Access and Availability | Mr. Aguirre | | |
| | c. Appeals and Grievances | Mr. Aguirre | | |
| | d. Group Needs Assessment | Mr. Aguirre | | |

e.	CAHPS Results	Mr. Aguirre		
f.	Clinical Practice Guideline Evaluation	Mr. Aguirre		
7.	Committee Reports			
a.	Credentialing Committee Review August 03, 2016 report of the Credentialing Committee. Possible Action: Accept August 03, 2016 Credentialing Committee Report as presented	Dr. Lin	6:55	5 min.
b.	Pharmacy and Therapeutics Committee Review minutes of the June 16, 2016 Committee Meeting. Possible Action: Accept June 16, 2016 Pharmacy and Therapeutics Committee minutes as presented	Dr. Lin	7:00	5 min.
c.	Utilization Management Committee Review minutes of the July 20, 2016 Committee Meeting. Possible Action: Accept July 20, 2016 Utilization Management Committee minutes as presented	Dr. Lin	7:05	5 min.
d.	Dashboard	Ms. Liu	7:10	10 min.
8.	Adjournment	Dr. Paul	7:20	

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 10, 2016

Voting Committee Members	Specialty	Present Y or N
Nayyara Dawood, MD	Pediatrics	Y
Jennifer Foreman, MD	Pediatrics	Y
Jimmy Lin, MD	Internist	Y
Ria Paul, MD	Geriatric Medicine	Y
Jeff Robertson, MD, CMO	Managed Care Medicine	N
Christine Tomcala, CEO	N/A	Y
Sara Copeland, MD	Pediatrics	N
Ali Alkoraishi, MD	Psychiatry	Y

Non-Voting Staff Members	Title	Present Y or N
Andres Aguirre	Quality Improvement Manager	Y
Lily Boris, MD	Medical Director	Y
Jennifer Clements	Director of Provider Operations	N
Caroline Alexander	Administrative Assistant	Y
Johanna Liu, PharmD	Director of Quality and Pharmacy	Y
Dan Johns	Appeals and Grievances Manager	Y
Divya Shah	Quality Improvement Coordinator	Y

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Introductions	Chairman Ria Paul, MD called the meeting to order at 6:05 p.m. Quorum was established.			
Review and Approval of May 11, 2016 minutes	The minutes of the May 11, 2016 Quality Improvement Committee Meeting were reviewed. It was moved, seconded to approve minutes as written.	Minutes of the May 11, 2016 meeting were approved as presented.		
Motion to Approve Revised Agenda	Motion made by Dr. Boris to accept revision of agenda to reflect committee will not adjourn to closed session. It was moved, seconded to approve revision to agenda.	Change to agenda was approved		
Public Comment	No attendees from public.			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
CEO Update	<p>Christine Tomcala reported membership is currently at 280, 382. Healthy Kids membership is currently at 4,224. Many are eligible for Medi-Cal transition and anticipate Healthy Kids membership will be at 1,000 after transition.</p> <p>RFP for Complex Case Management/Disease Management Program for the Cal MediConnect product line has been completed and Optum was the vendor selected. Currently in the middle of the implementation period. Go Live is targeted for November 1st. Optum will provide both Case Management and Disease Management for Santa Clara Family Health Plan CMC line of business.</p> <p>Plan completed the joint Department of Managed Care and Department of Health Care Services (DMHC/DHCS) audit April 18th through 29th. No feedback has been received from DMHC yet. DHCS shared the preliminary results. There were 36 preliminary findings. Ms. Tomcala compared SCFHP to other plans with recent audits, and most plans are in the 36 finding ranges. The plan is working on rebuttal to some findings, possibly decreasing the original number of findings. Final results will be shared with the QIC committee.</p>			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
<p>Action Items</p> <p>A. Annual Review and Approval of Case Management Policies</p> <p>B. Annual Review and Approval of Health Education Policies</p> <p>C. Review and Approval of Case Management Program Description</p> <p>D. Review and Approval of Health Education Program Description</p> <p>E. Review and Approval of Health Education Work Plan</p>	<p>Eight policies were presented to the committee: CM01 Comprehensive Case Management CM02 Disease Management CM03 Transitions of Care CM04 MLTSS Care Coordination CM05 BH Care Coordination CM06 Sensitive Services, Confidentiality, Right of Adults and Minors CM07 Care Coordination Staff Training CM08 Information Sharing with SARC After discussion, it was moved, seconded to approve all eight policies as written.</p> <p>Three policies were presented to the committee: QI09 Health Education Program and Delivery System QI10 IHA and HEBA Assessment Policy QI11 Member and Non-monetary Incentives After discussion it was moved, seconded to approve all three policies as written.</p> <p>Johanna Liu presented a summary of the Case Management Program Description. After discussion, it was moved, seconded to approve the Case Management Program Description.</p> <p>Angela Sheu-Ma presented the Health Education Program Description. Committee recommends adding information about delegation arrangement for member Health Education. After discussion, it was moved, seconded to approve Health Education Program Description.</p> <p>Angela Sheu-Ma presented the Health Education Work Plan. After discussion, it was moved, seconded to approve Health Education Work Plan.</p>	<p>All policies were approved as presented.</p> <p>All policies were approved as presented.</p> <p>Case Management Program Description was approved as presented.</p> <p>Health Education Program Description was approved as presented.</p> <p>Bring information on delegation of Health Education</p> <p>Health Education Work Plan was approved as presented.</p>	<p>Angela Sheu-Ma</p>	<p>Next Quality Improvement Committee meeting 11/9/2016</p>

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
<p>Discussion Items</p> <p>A. Access and Availability</p> <p>B. Appeals and Grievances</p> <p>C. CAHPS-Reporting Year 2016</p> <p>D. HEDIS Reporting Year 2015</p>	<p>Andres Aguirre presented Access and Availability report. Plan is mandated by the State to do an annual access survey. Presented 1st Quarter 2016 HEDIS data in the following areas:</p> <ul style="list-style-type: none"> • Adults Access to Preventive/Ambulatory Health Services • Children and Adolescents' Access to Primary Care Practitioners • Prenatal and Postpartum Care • Ambulatory Care Measures for Outpatient Visits and ED visits <p>Dan Johns presented a summary of Second Quarter 2016 Appeals and Grievances. 214 Medi-Cal/Healthy Kids cases received and 208 Cal MediConnect cases received. Highest type of Medi-Cal grievance was Quality of Service (47 received). Highest type of Cal MediConnect grievance was Billing (124 received).</p> <p>Andres Aguirre presented the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Report for reporting year 2016. CAHPS is survey driven. Frequency for Medi-Cal is every two years and for Cal MediConnect annually. Final Sample Size was 1,373 for Medi-Cal and 800 for Cal-MediConnect. Members showed similar experience with the health plan across both lines of business. Cal Medi-Connect members showed a better experience with both provider access and provider interaction than Medi-Cal members. Cal Medi-Connect members were more satisfied with the personal doctor than Medi-Cal members. Committee recommended adding to the report how Santa Clara Family Health Plan's results compare nationally.</p> <p>Andres Aguirre presented the HEDIS results for the 2015 Reporting Year. New challenges with this reporting period. HEDIS medical record collection started 2 months late, resulting in three Medi-Cal measures below the MPL and one Cal MediConnect receiving a No Report. Next steps for Medi-Cal are a mailing campaign and incentives for Cervical Cancer Screening, a performance improvement project for Controlling</p>	<p>Add comparison with national results to next report</p>	<p>Andres Aguirre</p>	<p>Next Quality Improvement Committee meeting 11/9/2016</p>

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
	<p>High Blood Pressure, and Diabetes Blood Pressure Control. For Cal Medi-Connect, next step is to continue doing interim Verisk builds to correct problems from HEDIS 2016. Committee recommended possibly sending a list to providers of members that are missing documentation elements (BMI, for example). Also, grant providers access to log into a portal to access member records securely and update missing information.</p>			
<p>Committee Reports A. Credentialing Committee</p>	<p>Dr. Lin presented the June 1, 2016 Credentialing Committee Report. No issues to report. It was moved, seconded to approve Credentialing Committee report as presented.</p>	<p>Credentialing Committee report was approved as presented.</p>		
<p>B. Pharmaceutical and Therapeutics Committee</p>	<p>Dr. Lin presented the 1st Quarter 2016 Pharmacy and Therapeutics Committee minutes. Nine policies were presented and approved. Strattera to be kept on formulary with no prior authorization for those under 18 years old and requires prior authorization for those above 18 years old.</p>	<p>1st Quarter 2016 Pharmaceutical and Therapeutics Committee minutes were approved as presented.</p>		
<p>C. Utilization Management Committee</p>	<p>Dr. Lin presented the 2nd Quarter 2016 and June 2nd Ad Hoc Utilization Management Committee minutes. A total of twelve Utilization Management policies were presented and approved. Utilization Management Program Description, Utilization Management Committee Charter, Utilization Management Work Plan for 2016, as well as Clinical Practice, Behavioral Health and Preventive Care Guidelines were presented and approved.</p>	<p>2nd Quarter 2016 and June 2nd Ad Hoc Utilization Management Committee minutes were approved as presented.</p>		
<p>D. Dashboard</p>	<p>Andres Aguirre presented the 2nd Quarter 2016 Dashboard report. Report includes Facility Site Review, Potential Quality Issues, and Case Management Metrics. 19 sites were reviewed and 2 sites were medical record review only. 32 Potential Quality Issues were referred to Quality. 29.81% of HRA's were</p>			

AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE
	completed within 90 days of enrollment.			
Potential Quality Issue Review: Follow up	One Potential Quality Issue was presented at the May 11 th Quality Improvement Committee meeting which required follow up. Dr. Boris presented a summary of the follow up actions taken. These were recommended by the QIC to the provider and all recommendations were followed by the provider. Committee recommended an area on Provider Portal where level of severity of Potential Quality Issues can be reported, without naming providers.	Closed		
Adjournment	Meeting adjourned by Dr. Ria Paul at 7:43 p.m.			
Next Meeting	Wednesday, November 09, 2016- 6:00 PM	Calendar and attend.	All	

Reviewed and approved by:

_____ Date _____

Ria Paul, MD

Quality Improvement Committee Chairperson

POLICY



Santa Clara
Family Health Plan

Policy Title:	Physical Access Compliance	Policy No.:	QI07
Replaces Policy Title (if applicable):	Physical Access Compliance Policy	Replaces Policy No. (if applicable):	QM107
Issuing Department:	Quality Improvement	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Healthy Kids	<input checked="" type="checkbox"/> CMC

I. Purpose

To define the process Santa Clara Family Health Plan (SCFHP) follows to monitor that ADA requirements are assessed and compliance is maintained at practice sites for Primary Care Practices, high volume specialists, Community-Bases Adult Services (CBAS) and ancillary practices.

II. Policy

Santa Clara Family Health Plan (SCFHP) conducts a physical accessibility review at every contracted Primary Care Physician (PCP) office, defined high volume specialist, Community-Based Adult Services (CBAS) and ancillary practice site listed in the Plan’s provider directory.

To drive corrective actions when needed, and monitor the results of the physical assessment review which are made available to SCFHP members following the Department of Healthcare Services (DHCS) requirements.

III. Responsibilities

SCFHP Quality Improvement Department (QI) performs site reviews and reports to the Quality Improvement Committee. Complaints regarding related office accessibility issues are reported by QI to PR/Credentialing as appropriate. Customer Service/IT reports track/trend provider access complaints.

IV. References

Access to Medical Care for Individuals with Mobility Disabilities, July 2010, U.S. Department of Justice, Civil Rights Division, Disability Rights Section

DPL14-005 – Facility Site Reviews/Physical Accessibility Reviews

APL15-023 – Facility Site Review Tools for Ancillary Services and Community-Based Adult Services Providers

PL 12-006 - Revised Facility Site Review Tool

Two questions in the FSR Attachment C were drawn from Title 24, Part 2 of the California Building Standards Code. These are 1133B.4.4 – Striping for the visually impaired (Rev.1-1-2009), and 1115B-1 – Bathing and Toilet Facilities, placement of toilet paper dispensers. These standards can be found in:

2009 California Building Standards Code with California Errata and Amendments

State of California, Department of General Services, Division of the State Architect. Updated April 27, 2010
DHCS/SCFHP Contract:

Exhibit A, Attachment 4 - QUALITY IMPROVEMENT SYSTEM

POLICY

- 4. Quality Improvement Committee
- 8. Quality Improvement Annual Report
- 10. Site Review

Exhibit A, Attachment 7 - PROVIDER RELATIONS

- 5. Provider Training

Exhibit A, Attachment 9 - ACCESS AND AVAILABILITY

- 11. Access for Disabled Members

V. Approval/Revision History

Second Level Approval				
First Level Approval				
Signature			Signature	
Name			Name	
Title			Title	
Date			Date	
Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original			

POLICY



Santa Clara
Family Health Plan

Policy Title:	Cultural and Linguistically Competent Services	Policy No.:	QI.08
Replaces Policy Title (if applicable):	Cultural and Linguistic Services Program Policy	Replaces Policy No. (if applicable):	CU 002_02
Issuing Department:	Quality Improvement	Policy Review Frequency:	Annually
Lines of Business (check all that apply):	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> Healthy Kids	<input checked="" type="checkbox"/> CMC

I. Purpose

To define Santa Clara Family Health Plan's (SCFHP) process for monitoring services provided to members are culturally and linguistically appropriate to meet member needs.

II. Policy

It is the policy of SCFHP to promote Member Centric care that recognizes the beliefs, traditions, customs and individual differences of the diverse population served. SCFHP is committed to providing all services, both clinical and non-clinical, in a culturally competent manner that are accessible to all members, including those with non-English speaking/limited English proficiency, limited reading skills, hearing incapacity, or those with diverse cultural, ethnic backgrounds, disabilities and regardless of gender, sexual orientation or gender identity.

SCFHP assesses monitors and evaluates services for Cultural and Linguistic appropriateness. SCFHP involves member input and identified needs and planned interventions are vetted through the Member Advisory Committees prior to full implementation.

See associated procedure QI.08.01, QI.08.02 for detailed process for meeting these objectives.

III. Responsibilities

Quality Improvement, Provider Services and IT monitor services for cultural and linguistic adequate services. Marketing and Compliance maintain a list of member threshold languages.

IV. References

CMS.gov; Managed Care Manual, Chapter 13
 NCQA 2016
 California Code of Regulations (28 CCR 1300.67.04) (d) (9) (A) (B) (C)
 DHCS Contract; Title 22 CCR Section 53876, Title 22 CCR 53853 (c)
 CA Health and Safety Code Sections 1367.04 (b)(1)(a), (b)(4) and (b)(5) and section 1367.04(h)(1)
 Civil Rights Act of 1964, (42 U.S.C. Section 2000d, and 45 C.F.4. Part 80)
 PL -99 03
 APL 99005
 CFR 42 § 440.262

POLICY

V. Approval/Revision History

First Level Approval		Second Level Approval		
Signature		Signature		
Name		Name		
Title		Title		
Date		Date		
Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original			

POLICY



Santa Clara
Family Health Plan

Policy Title:	Screening, Brief Intervention, and Referral to Treatment for Misuse of Alcohol		Policy No.:	QI.12
Replaces Policy Title (if applicable):			Replaces Policy No. (if applicable):	
Issuing Department:	Quality Improvement		Policy Review Frequency:	Annual
Lines of Business (check all that apply):	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Healthy Kids	<input type="checkbox"/> CMC	

I. Purpose

The purpose of this policy is to describe the required administration of Screening, Brief Intervention, and Referral to Treatment (SBIRT) services for Medi-Cal members ages 18 and older who misuse alcohol.

II. Policy

- A. It is the policy of Santa Clara Family Health Plan (SCFHP) to support the contracted network in the use and administration of SBIRT when indicated during administration of the Staying Healthy Assessment or at any time the PCP identifies a potential alcohol misuse problem.
- B. It is the policy of SCFHP to meet the Department of Health Care Services (DHCS) contractual requirements for identification, referral, and coordination of care for members requiring alcohol abuse treatment services.

III. Responsibilities

The Quality Improvement Department is responsible for monitoring compliance with the policy and collaborate with the assistance of the Health Education and Provider Services department to train/educate providers on SBIRT.

IV. References

- 1. DHCS All Plan Letter 14-004: Screening Brief Intervention, and Referral to Treatment for Misuse of Alcohol
- 2. DHCS Contract Exhibit A, Attachment 11, Provisions 1A.
- 3. United States Preventive Task Force (USPSTF) alcohol screening recommendation
<http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/alcohol-misuse-screening-and-behavioral-counseling-interventions-in-primary-care>
- 4. Website for SHA Questionnaires
<http://www.dhcs.ca.gov/formsandpubs/forms/pages/stayinghealthy.aspx>

POLICY

V. Approval/Revision History

First Level Approval		Second Level Approval		
Signature		Signature		
Name		Name		
Title		Title		
Date		Date		
Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original			

SCFHP

Managed Long Term Services & Supports (MLTSS)

Update November, 2016

Members in MLTSS programs

Month	IHSS	CBAS	MSSP	Long Term Care	
MEDI-CAL SPDs					Duals/Medi-Cal
August	9370	511	227	170	1063
September	9306	491	220	159	1038
October	9177	491	223	155	981
CAL MEDI-CONNECT					
August	2793	63	45	322*	
September	2828	52	47	355*	
October	2088	52	48	153	

* Duplicated count for LTC August and September - included bed-holds.

LTSS Referrals

MONTH	CBAS Referrals	Other LTSS Referrals	LTC Assessments	LTC Identified for Transition
August	17	22	67	3
September	16	18	34	7
October	14	19	45	4
TOTALS	47	60	146	14



Santa Clara
Family Health Plan

The Spirit of Care

Potential Quality of Care Issues – Access to Care

QIC 11/9/16



Access to Care

- Lack of Access to Health Care can be a Quality Issue
- QI Department tracks Potential Quality Issues(PQI's) on an on going basis
- QI Department also tracks as a sub category of PQI's member complaints regarding access to care

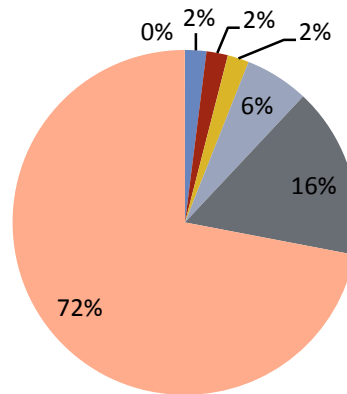


Access to Care

- Last year QI reported 55% of Access issues were attributed to the VHP network
- This year, that number has increased to 72% for the first three quarters

Percent of PQI's

■ Network 10 ■ Network 30 ■ Network 40 ■ Network 60 ■ Network 50 ■ Network 00 ■ Network 20



Access to Care

- Analysis by Network

	Q1 2016	Q2 2016	Q3 2016
Network 00 PQI Rate Per 1000 Members	0.62	0.10	0.10
Network 10 PQI Rate Per 1000 Members	0.00	0.00	0.00
Network 20 PQI Rate Per 1000 Members	0.16	0.06	0.03
Network 30 PQI Rate Per 1000 Members	0.04	0.00	0.00
Network 40 PQI Rate Per 1000 Members	0.00	0.13	0.00
Network 50 PQI Rate Per 1000 Members	0.07	0.00	0.00
Network 60 PQI Rate Per 1000 Members	0.00	0.06	0.00



Findings

- First three quarters
 - Compared to other networks
 - Net 20 has majority of Access issues
 - Normalized to PQI's per 1000 members in network
 - Network 20 is not an outlier



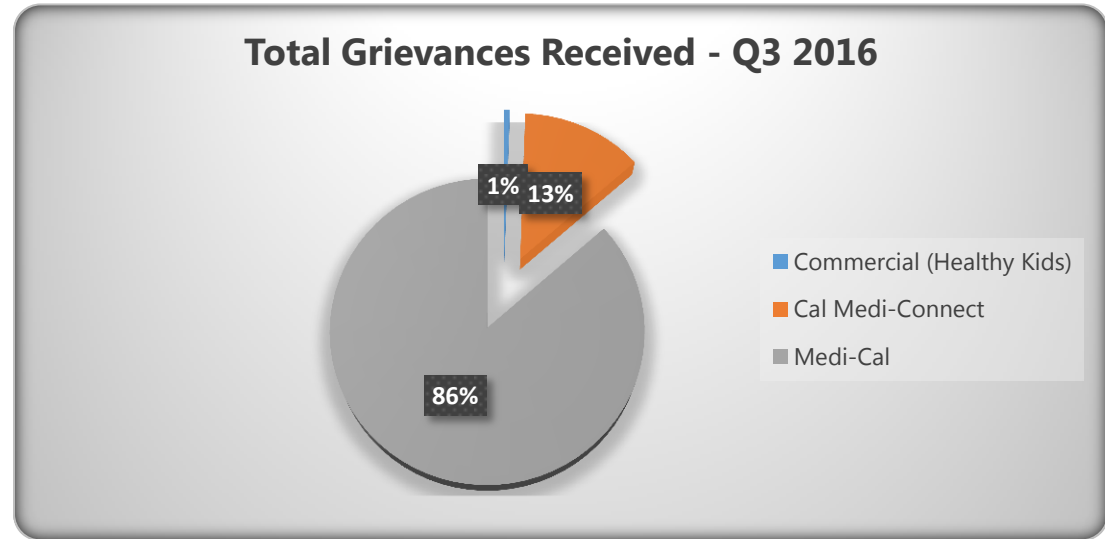
Next steps

- Access to care is an important part of health care
- Continue education to all networks on the importance of access to care
- Provide networks feedback based on access PQI's
- Will track access by network on an ongoing basis internally and report outliers as needed

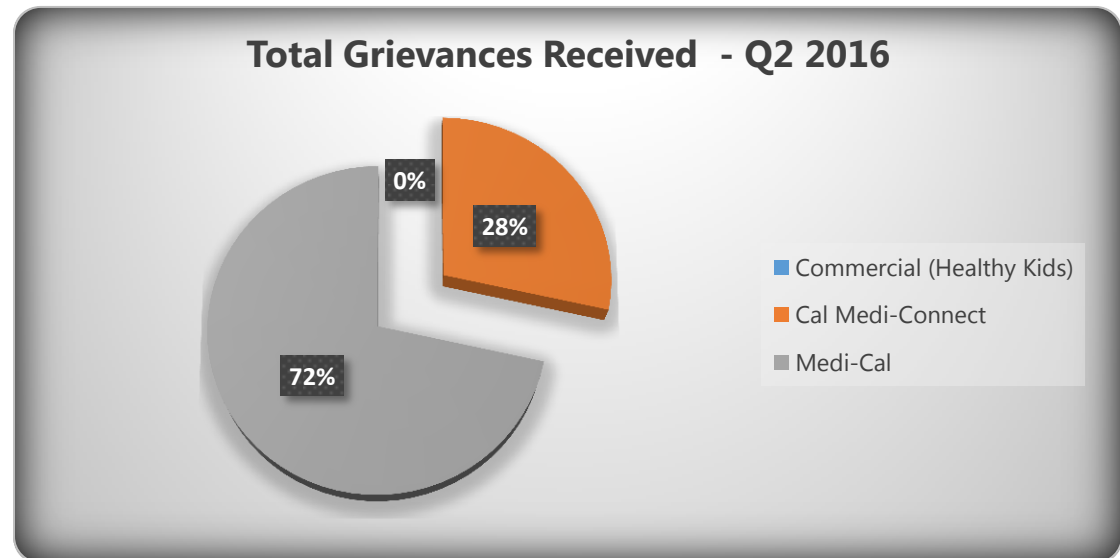




	Q3 Total all Grievance Types
Commercial (Healthy Kids)	3
Cal Medi-Connect	67
Medi-Cal	447



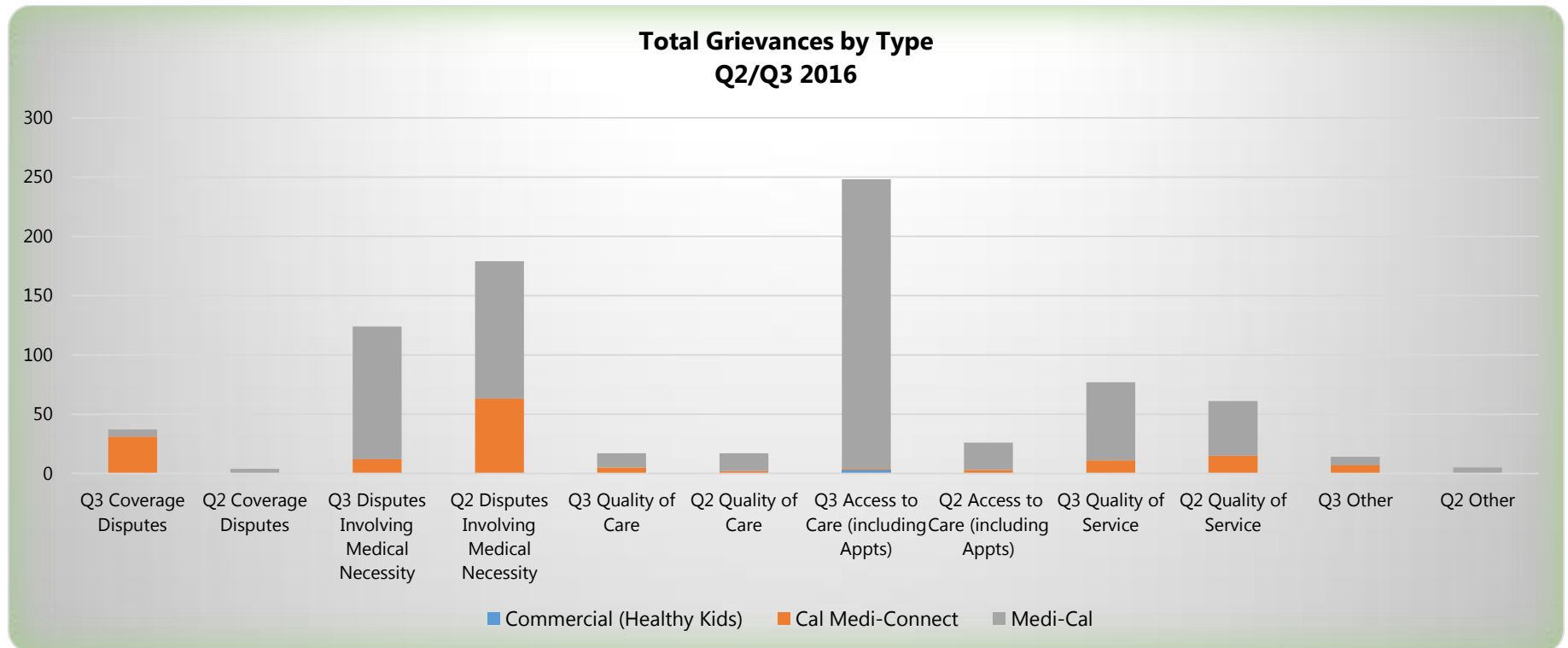
	Q2 Total all Grievance Types
Commercial (Healthy Kids)	0
Cal Medi-Connect	83
Medi-Cal	209





Grievance and Appeals Report to QIC - Q3 2016
November 8, 2016

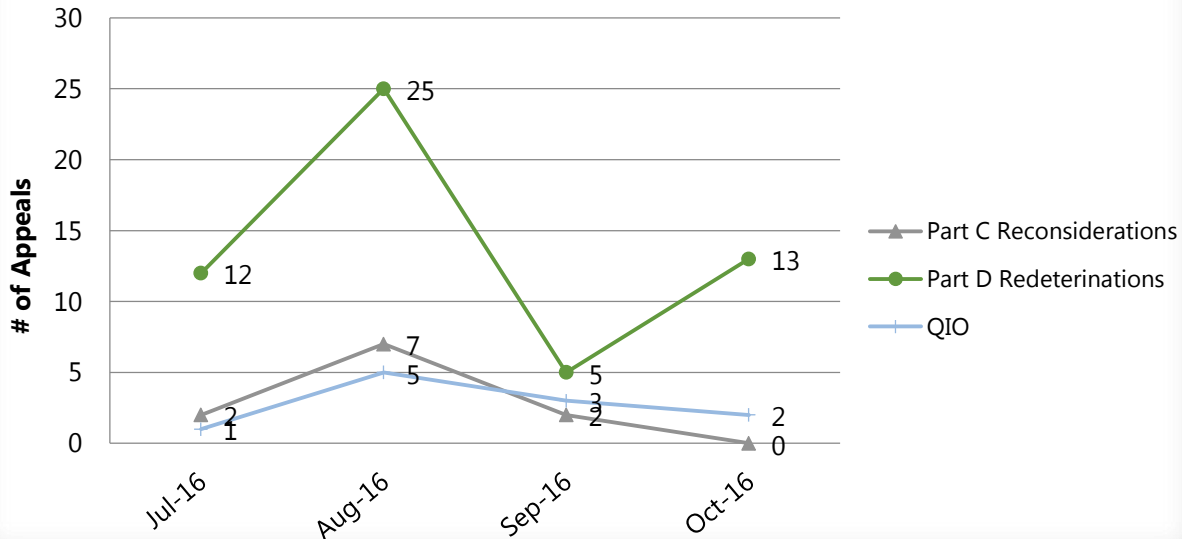
	Q3 Coverage Disputes	Q2 Coverage Disputes	Q3 Disputes Involving Medical Necessity	Q2 Disputes Involving Medical Necessity	Q3 Quality of Care	Q2 Quality of Care	Q3 Access to Care (including Appts)	Q2 Access to Care (including Appts)	Q3 Quality of Service	Q2 Quality of Service	Q3 Other	Q2 Other
Commercial (Healthy Kids)	0	0	0	0	0	0	3	0	0	0	0	0
Cal Medi-Connect	31	0	12	63	5	2	1	3	11	15	7	0
Medi-Cal	6	4	112	116	12	15	244	23	66	46	7	5





Number of Appeals & Grievances Received During Reporting Month

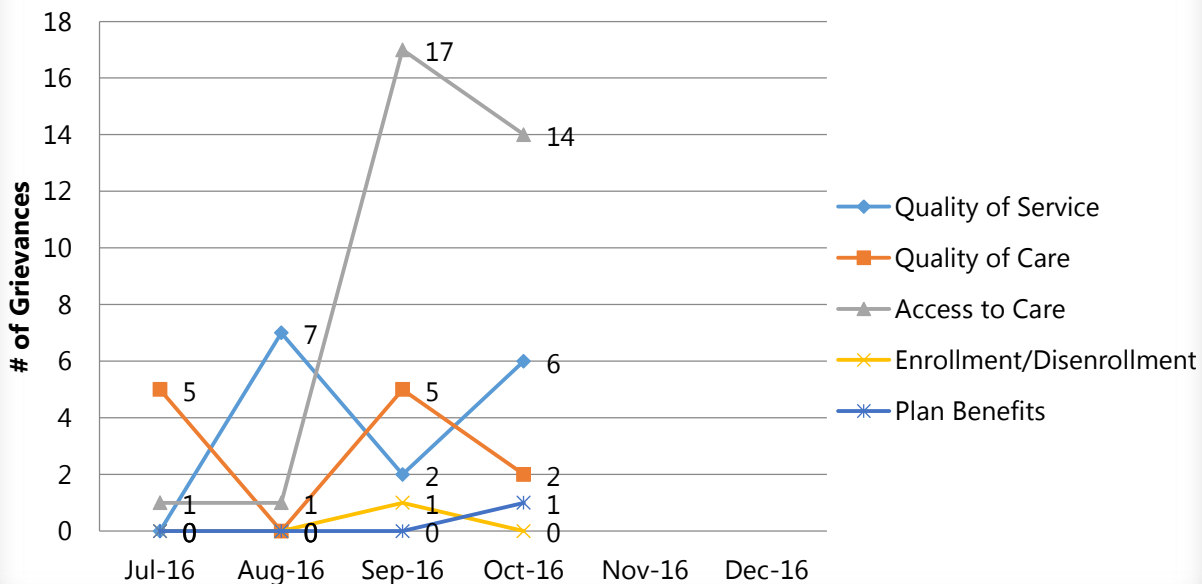
CMC Appeals



	Jul-16	Aug-16	Sep-16	Oct-16
Total Appeals	15	37	10	15
CMC Membership	8,108	8,025	7,909	7,801
Rate per 1000	1.850	4.611	1.264	1.923

	Jul-16	Aug-16	Sep-16	Oct-16
Total Grievances	6	8	25	23
CMC Membership	8,108	8,025	7,909	7,801
Rate per 1000	0.740	0.997	3.161	2.948

CMC Grievances





Cal-MediConnect: PART D TRENDS (July-October '16)

Medication	Specific Therapeutic Class	Count of Appeals
Ambien (zolpidem tartrate)	SEDATIVE-HYPNOTICS, NON-BARBITURATE	9
Vistaril (hydroxyzine pamoate)	ANTIHISTAMINES - 1ST GENERATION	7
Lidocaine Patches	TOPICAL LOCAL ANESTHETICS	6
Demeclocycline	TETRACYCLINES	3
Iressa (gefitinib)	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	2
Oxycontin	ANALGESICS, NARCOTICS	2
Papaverine hydrochloride	VASODILATORS, PERIPHERAL	2
Reclast (zoledronic acid injection)	BONE RESORPTION INHIBITORS	2
Testosterone Cypionate	ANDROGENIC AGENTS	2
Acetaminophen COD	NARCOTIC ANALGESIC & NON-SALICYLATE ANALGESIC COMB	1
Benzotropine mesylate	ANTIPARKINSONISM DRUGS, ANTICHOLINERGIC	1
Butalbital/Acetaminophen/Caffeine/Codeine Phosphate	ANALGESIC, NON-SALICYLATE, BARBITURATE, & XANTHINE CMB	1
Cialis	DRUGS TO TREAT IMPOTENCY	1
Humira Pen	ANTI-INFLAMMATORY TUMOR NECROSIS FACTOR INHIBITOR	1
Imbruvica (Ibrutinib)	ANTINEOPLASTIC SYSTEMIC ENZYME INHIBITORS	1
Imiquimod (HICL)	IMMUNOMODULATORS	1
Nitrofurantoin Mono/Macro (Macrobid)	INFECTIOUS DISEASE - BACTERIAL	1
Oxycodone-Acetaminophen	ANALGESICS, NARCOTICS	1
Sildenafil Citrate	PULM. ANTI-HTN, SEL. C-GMP PHOSPHODIESTERASE T5 INHIB	1
Zepatier	HEPATITIS C VIRUS- NS5A AND NS3/4A INHIBITOR COMB	1

Cal-MediConnect: PART C TRENDS (July-October '16)

Service Type	Count of Appeals
MRI	4
Durable Medical Equipment	4
Cardiac Stress Test	2
Part B Injectable	1

Cal-MediConnect: BALANCE BILLING CASE TRENDS

- September 2016 = 17 cases
 - October 2016 = 24 cases
1. Identified one (1) contracted facility with multiple (6+) cases. Outreach to facility has been completed.
 2. 8 cases attributed to Ambulance companies who billed the member due to not having insurance information at time of pick-up. Resolved once vendor knew who to bill.
 3. Lack of understanding in the provider community of the CMC program and that they need to bill SCFHP for both Medi-Cal and Medicare.



Santa Clara
Family Health Plan

The Spirit of Care

Group Needs Assessment Results

QIC 11/9/2016



Group Needs Assessment

- Group Needs Assessment (GNA) Goals
- *“The goal of the GNA is the evaluation and quantification of the members’ health status and health risks, the evaluation of group-specific health education needs and the evaluation of any other specific cultural and linguistic service needs”*



Group Needs Assessment

- What is the Group Needs Assessment
 - DHCS contract requirement
 - Medi-Cal Only
 - Assessed once every five years
 - Combines HEDIS, CAHPS, membership demographic data and survey data
 - Surveyed – Adults, Children, and Seniors and Persons with Disabilities



GNA – Survey Findings

Race/Ethnicity	SCFHP 2006	SCFHP 2011	SCFHP 2016	Difference SCFHP 2011- 2016	Santa Clara County
White	17.8%	9.7%	13.5%	3.8%	49.3%
Black / African American	7.5%	4.9%	3.6%	1.3%	2.6%
American Indian / Alaska Native / Pacific Islander	1.3%	0.5%	0.4%	0.1%	1.1%
Asian	22.5%	21.1%	28.1%	7.0%	33.2%
Other (and multiple)	3.2%	2.4%	13.2%	10.8%	4.6%
Undefined	--	--	5.6%	--	--
Hispanic / Latino	49.0%	61.6%	35.6%	26.0%	26.7%



GNA – Survey Findings

- Ethnicity by sub population

Medi-Cal Ethnicity/Race	Adult Medi-Cal members	Child Medi-Cal members	SPD Medi-Cal members	All Medi-Cal members
Asian	18,847	47,762	6,080	72,689
	17.8%	34.3%	44.7%	28.1%
Other	9,038	23,292	1,819	34,149
	8.5%	16.7%	13.4%	13.2%
Black	3,190	5,623	557	9,370
	3.0%	4.0%	4.1%	3.6%
Hispanic	61,400	28,432	2,444	92,276
	57.9%	20.4%	18.0%	35.6%
Pacific Islander Native Hawaiian	507	513	15	1,035
	0.5%	0.4%	0.1%	0.4%
White	7,466	24,821	2,679	34,966
	7.0%	17.8%	19.7%	13.5%
No Response	5,602	8,924	0	14,526
	5.3%	6.4%	0.0%	5.6%
Total members	106,050	139,367	13,594	259,011
Total percent	100.0%	100.0%	100.0%	100.0%



GNA - Survey Findings

- Seniors and Persons with Disabilities
 - Top 10 Diagnosis

Diagnoses	# of members	% of codes
I10 Essential (Primary) Hypertension	6,374	4.9%
E11.9 Type 2 diabetes mellitus without complications	3,066	2.4%
E78.5 Hyperlipidemia, unspecified	1,535	1.2%
E78.2 Mixed hyperlipidemia	1,271	1.0%
E78.4 Other hyperlipidemia	1,115	0.9%
R05 Cough	1,095	0.8%
E78.0 Pure hypercholesterolemia	1,031	0.8%
M54.5 Low back pain	949	0.7%
J06.9 Acute upper respiratory infection, unspecified	781	0.6%
E55.9 Vitamin D deficiency, unspecified	762	0.6%



GNA - Survey Findings

- Seniors and Persons with Disabilities

SPD Members	# of members	% of codes
I10 ESSENTIAL (PRIMARY) HYPERTENSION	6,374	100.00%
Asian	3,005	47.10%
White	860	13.50%
Hispanic	858	13.50%
Not defined	747	11.70%
Other	673	10.60%
Black	225	3.50%
Hawaiian / Pacific Islander	6	0.10%
E11.9 TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	3,066	100.00%
Asian	1,278	41.70%
Hispanic	544	17.70%
Not defined	407	13.30%
White	388	12.70%
Other	331	10.80%
Black	116	3.80%
Hawaiian / Pacific Islander	2	0.10%
E78.5 HYPERLIPIDEMIA, UNSPECIFIED	1,535	100.00%
Asian	654	42.60%
White	246	16.00%
Hispanic	226	14.70%
Not defined	212	13.80%
Other	157	10.20%
Black	40	2.60%



GNA - Survey Findings

- Medi-Cal Adults
 - Top 10 diagnoses

Diagnoses	# of members	% of codes
I10 Essential (Primary) Hypertension	22,184	3.1%
E11.9 Type 2 diabetes mellitus without complications	11,963	1.6%
E78.5 Hyperlipidemia, unspecified	7,303	1.0%
M54.5 Low back pain	6,225	0.9%
J06.9 Acute upper respiratory infection, unspecified	6,080	0.8%
R05 Cough	5,827	0.8%
E78.2 Mixed hyperlipidemia	5,168	0.7%
R10.9 Unspecified abdominal pain	4,688	0.6%
E78.0 Pure hypercholesterolemia	4,455	0.6%
R07.9 Chest pain, unspecified	4,455	0.6%



GNA - Survey Findings

- Medi-Cal Adults

Adult members	# of members	% of codes
I10 ESSENTIAL (PRIMARY) HYPERTENSION	22,184	100%
Asian	9,044	40.80%
Hispanic	3,991	18.00%
White	3,649	16.40%
Other	3,023	13.60%
Not defined	1,403	6.30%
Black	1,003	4.50%
Hawaiian / Pacific Islander	71	0.30%
E11.9 TYPE 2 DIABETES MELLITUS WITHOUT COMPLICATIONS	11,963	100%
Asian	4,535	37.90%
Hispanic	2,781	23.20%
Other	1,779	14.90%
White	1,600	13.40%
Not defined	742	6.20%
Black	479	4.00%
Hawaiian / Pacific Islander	47	0.40%
E78.5 HYPERLIPIDEMIA, UNSPECIFIED	7,303	100%
Asian	3,316	45.40%
Hispanic	1,295	17.70%
White	1,066	14.60%
Other	1,007	13.80%
Not defined	407	5.60%
Black	194	2.70%
Hawaiian / Pacific Islander	18	0.20%



GNA - Survey Findings

- Medi-Cal Children
 - Top 10 diagnoses

Diagnoses	# of members	% of codes
J06.9 Acute upper respiratory infection, unspecified	16,914	3.8%
R05 Cough	6,068	1.4%
R50.9 Fever, unspecified	6,002	1.4%
J02.9 Acute pharyngitis, unspecified	4,864	1.1%
B34.9 Viral infection, unspecified	4,757	1.1%
H52.13 Myopia, bilateral	4,666	1.1%
J30.9 Allergic rhinitis, unspecified	4,635	1.0%
E66.9 Obesity, unspecified	4,410	1.0%
R10.9 Unspecified abdominal pain	3,143	0.7%
B97.89 Other viral agents as the cause of diseases classified elsewhere	2,809	0.6%



GNA - Survey Findings

- Medi-Cal Children

Child members	# of members	% of codes
J06.9 ACUTE UPPER RESPIRATORY INFECTION, UNSPECIFIED	16,914	100%
Hispanic	10,447	61.80%
Asian	3,351	19.80%
Other	1,520	9.00%
White	883	5.20%
Black	363	2.10%
Not defined	292	1.70%
Hawaiian / Pacific Islander	58	0.30%
R05 COUGH	6,068	100%
Hispanic	3,681	60.70%
Asian	1,039	17.10%
Other	547	9.00%
White	481	7.90%
Black	184	3.00%
Not defined	112	1.80%
Hawaiian / Pacific Islander	24	0.40%
R50.9 FEVER, UNSPECIFIED	6,002	100%
Hispanic	4,030	67.10%
Asian	848	14.10%
Other	555	9.20%
White	341	5.70%
Black	123	2.00%
Not defined	89	1.50%
Hawaiian / Pacific Islander	16	0.30%



GNA – Findings Summary

- SPD and Medi-Cal adults
 - Asian members were diagnosed more frequently with Type II diabetes, Hypertension, and Hyperlipidemia in both sub populations when compared to other ethnicities
- Medi-Cal Children
 - Hispanic children were most frequently diagnosed with Acute Upper Respiratory Infections, Cough, and Unspecified Fever when compared to other ethnicities



GNA – Next Steps

- Chronic disease
 - Develop interventions that address chronic disease health education in a culturally appropriate manner
- Child members
 - Promote Nurse Advice Line in Spanish through website and in geographic areas with high proportion of Spanish speakers



Questions?





Santa Clara
Family Health Plan

The Spirit of Care

CMC – CAHPS update

QIC 11/9/2016



CAHPS 2016 Final Results

- What's Covered?
 - Draft CAHPS data from our survey vendor
 - For Quality Improvement Activities
 - Comparison Data
 - National and California MMP data



CAHPS 2016 Final Results

- Findings
 - Low response rate at 15.6%
 - Other MMP plans response rate was 22.2%
 - A lot of N/A's
 - Either too few beneficiaries answered the questions to permit reporting or the score had very low reliability
 - NA's
 - Rating of Health Care Quality
 - Personal Doctor
 - Specialist
 - Getting Needed Care
 - Doctors Who Communicate Well
 - Customer Service
 - Care Coordination



CAHPS 2016 Final Results

- Comparison data
 - Getting Appointment and Care Quickly
 - Rating of Health Plan
 - Rating of Drug Plan
 - Medicare –Specific and HEDIS Measures
 - Annual Flu Vaccine
 - Pneumonia Vaccination



CAHPS 2016 Final Results

- Getting Appointments and Care Quickly [QW]

National Distribution - All MMP Plans	3.19
SCFHP	3.09
Blue Cross	NA
Care 1st	3.07
CHG	3.08
Health Net	3.13
IEHP	3.05
LA Care	3.10
Molina	3.08
HPSM	3.12



CAHPS 2016 Final Results

- Customer Service Composite [QW]

National Distribution - All MMP Plans	3.57
SCFHP	NA
Blue Cross	NA
Care 1st	3.44
CHG	3.54
HealthNet	3.46
IEHP	3.63
LA Care	3.63
Molina	3.55
HPSM	3.65



CAHPS 2016 Final Results

- Customer Service Composite – Detail

	Never	Sometimes	Usually	Always	Suppressed
In the last 6 months, how often did your health plan's customer service give you the information or help you needed			13	18	24
In the last 6 months, how often did your health plan's customer service treat you with courtesy and respect			15	26	12
In the last 6 months, how often were the forms from your health plan easy to fill out			22	24	24



CAHPS 2016 Final Results

- Contact from Doctor's Office: Reminders for Appointments

National Distribution - All MMP Plans	60%
SCFHP	60%
Blue Cross	NA
Care 1st	65%
CHG	68%
HealthNet	57%
IEHP	63%
LA Care	59%
Molina	63%
HPSM	57%



CAHPS 2016 Final Results

- Contact from Doctor's Office: Reminders for Screening Tests

National Distribution - All MMP Plans	41%
SCFHP	35%
Blue Cross	37%
Care 1st	42%
CHG	46%
HealthNet	35%
IEHP	41%
LA Care	40%
Molina	43%
HPSM	37%



CAHPS 2016 Final Results

- (Health Plan) Customer Service: Give Information Needed

National Distribution - All MMP Plans	3.25
SCFHP	2.86
Blue Cross	NA
Care 1st	3.12
CHG	3.28
HealthNet	3.04
IEHP	3.45
LA Care	3.28
Molina	3.29
HPSM	3.43



CAHPS 2016 Final Results

- Rating of Health Plan

National Distribution - All MMP Plans	8.4
SCFHP	8.3
Blue Cross	8.2
Care 1st	8.2
CHG	8.6
HealthNet	8.0
IEHP	8.8
LA Care	8.2
Molina	8.3
HPSM	8.8



CAHPS 2016 Final Results

- Rating of Drug Plan

National Distribution - All MMP Plans	8.4
SCFHP	8.4
Blue Cross	NA
Care 1st	8.2
CHG	8.5
HealthNet	8.2
IEHP	8.7
LA Care	8.5
Molina	8.4
HPSM	8.4



CAHPS 2016 Final Results

- Annual Flu Vaccine

National Distribution - All MMP Plans	65%
SCFHP	83%
Blue Cross	75%
Care 1st	68%
CHG	74%
HealthNet	61%
IEHP	63%
LA Care	61%
Molina	62%
HPSM	73%



CAHPS 2016 Final Results

- Pneumonia Shot

National Distribution - All MMP Plans	56%
SCFHP	66%
Blue Cross	61%
Care 1st	57%
CHG	59%
HealthNet	48%
IEHP	56%
LA Care	53%
Molina	53%
HPSM	64%



CAHPS 2016 Summary

- Missing data
- Room for improvement with provider member follow up
- Educational opportunity for the plan
- Strong Drug Plan Performance
- Exceptional Flu and Pneumonia performance



CAHPS 2016

Summary	Next Steps
• Missing data	• Deeper dive into the data - Increase reliability scores
• Room for improvement with provider member follow up	• Member and Provider education campaign around the importance of screening
• Educational opportunity for the plan	
• Strong Drug Plan Performance	
• Exceptional Flu and Pneumonia performance	• Continue strong Flu and Pneumonia vaccination performance



Questions?



Santa Clara
Family Health Plan
The Spirit of Care

11/10/2016



Clinical Practice Guidelines 2016 Evaluation - Baseline

Measure	CMC 2016	NCQA MA Benchmark	MCAL 2016	NCQA MCAID Benchmark
Comprehensive Diabetes Care - HbA1c Test	89.54	<25th Percentile	86.37	<75th Percentile
Comprehensive Diabetes Care - HbA1c Poor	47.2	<10th Percentile	32.36	<90th Percentile
Comprehensive Diabetes Care - HbA1c Control	44.04	<25th Percentile	60.1	> 90th Percentile
Comprehensive Diabetes Care - Eye Exam	53.28	<10th Percentile	51.09	<50th Percentile
Comprehensive Diabetes Care - Med Attn Neph	93.67	<75th Percentile	85.64	<90th Percentile
Comprehensive Diabetes Care - BP <140/90	31.87	<10th Percentile	37.96	<10th Percentile
Controlling High Blood Pressure	39.17	<10th Percentile	36.01	<10th Percentile
ADD Initiation Phase			35.45	<50th Percentile
ADD C&M Phase			32.77	<50th Percentile
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life			74.45	<75th Percentile
Childhood Immunization Status - Combo 3			72.02	<75th Percentile
Immunizations for Adolescents - Combo 1			79.56	<75th Percentile
Prenatal Postpartum Care - Timeliness of Prenatal Care			79.56	<50th Percentile
Prenatal Postpartum Care - Post Partum Care			64.23	<75th Percentile

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

**Santa Clara Family Health Plan
Pharmaceutical and Therapeutics Committee
June 16, 2016 CONFIDENTIAL**

Voting Committee Members	Specialty	Present Y or N
Jimmy Lin, MD	Internist	Y
Hao Bui, BS, PharmD	Walgreens	Y
Minh Thai, MD	Family Practice	N
Amara Balakrishnan, MD	Pediatrics	Y
Peter Nguyen, MD	Family Practice	Y
Jesse Parashar-Rokicki, MD	Family Practice	Y
Narinder Singh, Pharm D	SCVMC Pharmacy Director	N
Ali Alkoraishi, MD	Psychiatry	Y
Johanna Liu, PharmD	SCFHP Director of Quality and Pharmacy	Y
Jeff Robertson, MD	SCFHP Chief Medical Officer	Y

Non-Voting Staff Members	Title	Present Y or N
Lily Boris, MD	Medical Director	N
Caroline Alexander	Administrative Assistant	Y
Christine Tomcala	Chief Executive Officer	N
Tami Ogino, PharmD	Clinical Pharmacist	Y
Joseph Cherian, PharmD	MedImpact Clinical Program Manager	Y
Angelique Tran	Prior Authorization Supervisor	Y
Dan Johns	Appeals and Grievance Manager	N

Item	Discussion	Follow-Up Action
I.	<p>The meeting convened at 6:15 PM.</p> <p>REVIEW, REVISE, AND APPROVE MEETING MINUTES of March 24, 2016. The minutes were reviewed by Committee as submitted.</p>	<p>Upon motion duly made and seconded, the P&T Committee minutes of March 24, 2016 were approved as submitted and will be forwarded to the QI Committee and Board of Directors.</p>

**Santa Clara Family Health Plan
Pharmaceutical and Therapeutics Committee
June 16, 2016 CONFIDENTIAL**

Item	Discussion	Follow-Up Action
II.	REPORTS	
	a. Appeals and Grievances	
	Ms. Ogino presented the 1 st Quarter 2016 Pharmacy Appeals. 65 MediCal appeals were received during the 1 st Quarter of 2016. 13 State Fair Hearings were requested. No trends or changes were identified for MediCal appeals during the 1 st Quarter of 2016. 34 Cal MediConnect appeals were received during the 1 st Quarter of 2016. Trend of high overturn rate for Cal MediConnect appeals continued through 1 st Quarter of 2016.	No action required.
	b. Membership	
	Dr. Robertson presented the Membership Report to date as of June 2016. Membership is at 272, 667 overall including both lines of business. 8,203 are Cal MediConnect members. MediCal line of business shows slow and steady growth.	No action required.
	c. Pharmacy Dashboard	
	Dr. Robertson presented the Pharmacy Dashboard for MediCal and Cal MediConnect. For MediCal, the goal for percentage of standard prior authorizations completed within 1 business day is 95%. As of May 2016, percentage completed within 1 business day is 99.3%. Goal for percentage of expedited prior authorizations completed within 24 hours is 95%. As of May 2016, percentage completed within 24 hours is 100%. For Cal MediConnect, percentage of standard prior authorizations completed within 72 hours is 100% as of May 2016. Percentage of expedited prior authorizations completed within 24 hours is 100% as of May 2016. Goal for Medication Therapy Management (MTM) completion rate is 22% at year end. Currently at 9% completion rate as of May 2016. On target to meet year end goal of 22%.	No action required.
III.	OLD BUSINESS/DISCUSSION ITEMS	
	No old business to discuss since interim from last meeting.	

**Santa Clara Family Health Plan
Pharmaceutical and Therapeutics Committee
June 16, 2016 CONFIDENTIAL**

Item	Discussion	Follow-Up Action
<p>IV.</p>	<p>NEW BUSINESS/ACTION ITEMS</p> <p>a. P & T Committee Charter Ms. Liu presented an overview of the Pharmacy and Therapeutics Committee Charter. Charter recently approved by the Board. Committee recommended adding information on how members are appointed to the Pharmacy and Therapeutics Committee.</p> <p>b. Formulary Modifications/ Prior Authorization Guideline Review Project</p> <p style="padding-left: 20px;">i. Presented proposed changes to existing guidelines.</p> <p>c. MedImpact P & T Minutes Ms. Ogino and Ms. Liu reviewed the MedImpact P&T Minutes and approved as written.</p> <p>d. New Drugs</p> <p style="padding-left: 20px;">i. Inflectra-Presented as informational only</p> <p style="padding-left: 20px;">ii. Taltz-Presented as informational only</p> <p style="padding-left: 20px;">iii. Allzital-Presented as informational only</p> <p style="padding-left: 20px;">iv. Adzenys XR ODT-Presented as informational only</p>	<p>Amend Charter to state "Chief Executive Officer appoints committee members by recommendation of the Chief Medical Officer."</p> <p>Upon motion duly made and seconded, Formulary Modifications and proposed changes to Prior Authorization Guidelines were approved as submitted</p> <p>Review utilization data and revisit proposed guideline on Ambien at next Pharmacy and Therapeutics Committee meeting</p> <p>Upon motion duly made and seconded, MedImpact 1Q16 P&T Minutes as well as ad hoc minutes were approved as submitted.</p> <p>Informational only. No action required</p>

**Santa Clara Family Health Plan
Pharmaceutical and Therapeutics Committee
June 16, 2016 CONFIDENTIAL**

Item	Discussion	Follow-Up Action
	<p>e. Class Reviews</p> <p>i. ADHD Stimulants Proposed items for discussion: Focalin IR-remove ST Metadate CD-add all strengths to formulary and remove ST Ritalin LA-remove ST Focalin XR-generic strengths are formulary, change PA to ST (to look for lower cost XR products) Dexedrine-Remove from formulary, input PAs for existing users Concerta-Add ST (to look for lower cost XR products) for new starts</p> <p>ii. Oral Diabetics Proposed item for discussion: Should SCFHP have a SGLT2 inhibitor available on the formulary? Propose add Ivokana and Invokamet to formulary with ST to match that of Januvia (trial of metformin and another oral DM agent)</p> <p>iii. Parkinson's Disease Proposed items for discussion: Leave Xadago as non-formulary Leave Nuplazid as non-formulary Add bromocriptine capsules to formulary</p> <p>f. 2Q2016 Drug Trend and Utilization Review</p> <p>g. Medi-Cal Formulary Drug Updates No proposed actions.</p> <p>h. Generic Pipeline-Presented as informational only</p>	<p>Upon motion duly made and seconded, recommendations were approved as presented</p> <p>Upon motion duly made and seconded, recommendations were approved as presented</p> <p>Upon motion duly made and seconded, recommendations were approved as presented</p> <p>Informational only. No action required.</p>
V.	<p>ADJOURNMENT The meeting was adjourned at 7:25 PM.</p>	

Santa Clara Family Health Plan
Pharmaceutical and Therapeutics Committee
June 16, 2016 CONFIDENTIAL


Submitted by:

Internal Approved By:

External Approved by:


Date: 9/15/16
Caroline Alexander
Administrative Assistant


Date: 9/15/16
Johanna Liu, PharmD
Pharmacy Director, SCFHP


Date: 9/15/16
Jimmy Lin, MD
Pharmacy & Therapeutics Chair



MINUTES
UTILIZATION MANAGEMENT COMMITTEE
July 20, 2016

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	Y
Ali Alkoraishi, MD	Psychiatry	Y

Non-Voting Staff Members	Title	Present Y or N
Christine Tomcala	CEO	Y
Lily Boris, MD	Medical Director	Y
Jana Alegre	Utilization Management Manager	Y
Caroline Alexander	Administrative Assistant	Y

ITEM	DISCUSSION	ACTION REQUIRED
I. Introductions Review/Revision/Approval of Minutes	Meeting called to order by chair at 6:10 p.m. Introduced Jana Alegre, Utilization Management Manager to the group. The minutes of the April 20, 2016 and June 02, 2016 meetings were approved as presented.	
II. CEO Update	Ms. Tomcala presented the update for Santa Clara Family Health Plan. DMHC/DHCS audit took place April 18 th through 29 th . Preliminary results from DHCS were shared with the leadership team. 36 findings were identified. Santa Clara Family Health Plan was given an opportunity to respond and is in the process of submitting additional documents to DHCS. Results from DMHC are not yet available. Findings were based on past performance, from March 2015 through March 2016.	
III. Old Business	Dr. Boris gave an update on the combination of authorization grids for Medi-Cal, Healthy Kids, and CalMediConnect. Utilization Management Manager and Utilization Management Supervisor worked to combine the two grids but could not combine them as it was less easy to read in that format. It was decided to keep the Healthy Kids and Cal MediConnect grids separate. The latest version of both authorization grids are posted on the Santa Clara Family Health Plan provider portal.	

ITEM	DISCUSSION	ACTION REQUIRED
IV. Action Items	<p>a. UM Program Description 2016 Dr. Robertson presented the updates to the UM Program Description for review by the committee. After discussion, it was moved, seconded to approve updates as presented.</p>	<p>All updates approved by committee as presented.</p>
V. Standing Reports	<p>a. Membership Dr. Robertson reported membership is at 276, 309 in July. Cal MediConnect membership is at 8,108 and MediCal is at 268, 201. Of note is the increase of 4, 000 members in MediCal from June to July. Estimate a ceiling of 300,000 for membership.</p> <p>b. UM Reports 2016</p> <p>i. Quarterly: CMC and Medi-Cal Dr. Boris presented the report on Inpatient Utilization for Medi-Cal Non-Seniors and Persons with Disabilities (SPD), Medi-Cal SPD, Cal MediConnect, as well as Inpatient Readmissions for the above mentioned populations, respectively. Also presented Frequency of Selected Procedures for Medi-Cal population, as well as Medi-Cal Behavioral Health Metrics. Request from committee to obtain information on readmission rates from other Cal MediConnect plans, as well as readmits by hospital for Non SPD and SPD cases in CY 2015 and first Quarter of 2016.</p> <p>ii. 2016 IRR Report Dr. Boris presented the Inter Rater Reliability Report. It is the policy of Santa Clara Family Health Plan to monitor the consistency and accuracy of review criteria applied by all reviewers (physicians and non-physicians) who are responsible for conducting Utilization Management reviews and to act on improvement opportunities identified through this monitoring. The Plan classifies reviews into one of two performance categories: Proficient (85-100% of the records are in compliance with the review criteria); Not proficient (below 85% in compliance). 12 staff were reviewed and findings indicate that all but 2 staff performed as Proficient.</p>	<p>Dr. Boris to follow up with Molly Regan to provide requested data at next Utilization Management Committee meeting</p>

ITEM	DISCUSSION	ACTION REQUIRED
	<p>iii. Turn Around Time Dr. Boris presented the Prior Authorization Turn Around Time Report for fourth Quarter 2015 through second Quarter 2016. Goal is 95% compliance rate. Working on revising Cal MediConnect Turn Around Time Report. (NCQA Requires plan to report by type of status: Routing, Urgent, Retroactive).</p>	
VI. Adjournment	Meeting adjourned at 7:05 p.m.	
NEXT MEETING	The next meeting is scheduled for Wednesday, October 19, 2016, 6:00 PM	All: Calendar this event and plan to attend.

Prepared by:

Caroline Alexander
 Caroline Alexander
 Administrative Assistant

Date 10/19/16

Reviewed and approved by:

Jimmy Lin, M.D.
 Jimmy Lin, M.D. for
 Committee Chairperson

Date 10-19-16

Santa Clara Family Health Plan
Cal MediConnect Operations Dashboard

	Required by	Responsible Area	Goal	Jul	Aug	Sept	Oct	Nov	Dec	YTD
Enrollment										
Enrollment										
Total Enrollment Count at Capitation		Enrollment		8,108	8,025	7,909	7,801			
New Enrollment Count		Enrollment		30	30	51	49			
Disenrollment Count		Enrollment			142	253				
Reinstated Member Count		Enrollment		9	8	13	12			
Current Enrollment Count		Enrollment		8,058	7,972	7,847	7,882			
Quality & Case Management										
Quality of Care/Service										
# of PQI received for investigation		QI		-	2	-	-			
# determined to be Quality of Service		QI		-	1	-	-			
% determined to be Quality of Service		QI		0.0%	50.0%	0.0%	0.0%			
# determined to be Quality of Care		QI		-	1	-	-			
% determined to be Quality of Care		QI		0.0%	50.0%	0.0%	0.0%			
# of PQI cases SCFHP determines require a 14-Day extension		QI								
# of PQI Extended cases that received an extension letter within 30 Days		G & A								
% of PQI Extended cases that received an extension letter within 30 Days	CMS	G & A	100%							
# of Resolution Letters sent within 30/44 days		G & A								
% of Resolution Letters sent within 30/44 days	CMS	G & A	100%							
Facility Site Reviews										
# of Facilities Due for FSR w/in the month		QI		4	3	8	1			52
# of FSRs completed		QI		4	3	8	1			52
# of FSRs that passed		QI		1	3	-	-			20
# of FSRs with corrective action		QI		3	-	8	1			32
% of FSRs completed timely	DHSC	QI		100.0%	100.0%	100.0%	100.0%			100.0%

	Required by	Responsible Area	Goal	Source of Info	Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	YTD
Claims																	
Non-Contracted Providers																	
% of Clean Claims to Non-Contracted Providers processed within 30 days	CMS	Claims	90%	QNXT	37.0%	40.0%	37.0%	43.0%	56.0%	69.0%	61.0%	66.0%	0.0%	0.0%	0.0%	0.0%	51.1%
Contracted Providers																	
% of Claims to Contracted Providers processed within 45 days	CMS	Claims	90%	QNXT	69.0%	71.0%	76.0%	83.0%	87.0%	88.0%	88.0%	93.0%	0.0%	0.0%	0.0%	0.0%	81.9%
% of Claims to Contracted Providers processed within 90 days	CMS	Claims	99%	QNXT	94.0%	93.0%	97.0%	99.0%	99.0%	100.0%	100.0%	94.0%	0.0%	0.0%	0.0%	0.0%	97.0%
% of Claims to Contracted Providers processed beyond 90 days	CMS	Claims	≤1%	QNXT	6.0%	7.0%	3.0%	1.0%	1.0%	0.0%	0.0%	6.0%	0.0%	0.0%	0.0%	0.0%	3.0%
Pharmacy/Part D																	
Standard Part D																	
% of Standard Prior Authorizations completed within 72 Hours	CMS	Pharmacy	100%	MedAccess	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	100.0%
Expedited Part D																	
% of Expedited Prior Authorizations completed within 24 Hours	CMS	Pharmacy	100%	MedAccess	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	94.1%	0.0%	0.0%	0.0%	99.4%
Other Pharmacy Requirements																	
Formulary posted on website by 1st of the month	CMS	Pharmacy	100%	Manual Tracking	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	100.0%
Step Therapy posted on website by 1st of the month	CMS	Pharmacy	100%	Manual Tracking	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	100.0%
PA criteria posted on website by 1st of the month	CMS	Pharmacy	100%	Manual Tracking	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	100.0%
% MTM/CMR Completion Rate	CMS	Pharmacy	≥22% by year end	MedImpact	0.0%	0.0%	6.0%	7.0%	9.0%	9.0%	12.0%	17.0%	21.0%	0.0%	0.0%	0.0%	21.0%
Grievance & Appeals																	
Grievances, Part C																	
Standard Grievances Part C																	
% of Standard Grievances that received Acknowledgement Letters within 5 days	CMS	G & A	100%	G & A Spreadsheet	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	#DIV/0!
% of Standard Grievances processed within 30/44 days	CMS	G & A	100%	G & A Spreadsheet	0.0%	0.0%	97.2%	50.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	#DIV/0!
% of Standard Grievances that received Resolution Letters within 30/44 days	CMS	G & A	100%	G & A Spreadsheet	0.0%	0.0%	97.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	#DIV/0!
# Withdrawn by Member or Dismissed by Plan	CMS	G & A	n/a	G & A Spreadsheet	-	-	8	-	-	-	-	-	-	-	-	-	8
Expedited Grievances Part C																	
% of Expedited Grievances processed within 24 hours	CMS	G & A	100%	G & A Spreadsheet	0%	0%	100%	0%	0%	0%	0%	0%	0%	0%	0%	0%	#DIV/0!
% of Expedited Grievances that received a Acknowledgement/Resolution (combo) Letter within 3 days	CMS	G & A	100%	G & A Spreadsheet	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	#DIV/0!
# Withdrawn by Member or Dismissed by Plan	CMS	G & A	n/a	G & A Spreadsheet	0	0	8	0	0	0	0	0	0	0	0	0	8
Grievances, Part D																	
Standard Grievance Part D																	

	Required by	Responsible Area	Goal	Source of Info	Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	YTD
% Expedited Pre-Service Reconsiderations (upheld & untimely) submitted to IRE within 24 Hours	CMS	G & A	100%	G & A Spreadsheet	0.0%	0.0%	n/a	n/a	n/a	n/a	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
# of Expedited Pre-Service Reconsiderations Withdrawn by Member or Dismissed by Plan	CMS	G & A	0	G & A Spreadsheet	0	0	n/a	n/a	n/a	n/a	0	0	0	0	0	0	0
Non-Contracted Provider Standard Appeals																	
% of Non-Contracted Standard Provider Appeals Processed within 30 days	CMS	G & A	100%	G & A Spreadsheet	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Redeterminations, Part D																	
Standard Part D																	
% of Standard Redeterminations Completed within 7 Calendar Days	CMS	G & A	100%	G & A Spreadsheet	0.0%	0.0%	100.0%	87.5%	100.0%	75.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% of Untimely Standard Determinations Sent to IRE within 24 hours	CMS	G & A	100%	G & A Spreadsheet	0.0%	0.0%	n/a	0.0%	n/a	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Expedited Part D																	
% of Expedited Redeterminations Completed within 72 Hours	CMS	G & A	100%	G & A Spreadsheet	0.0%	0.0%	n/a	n/a	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% of Untimely Expedited Redeterminations Sent to IRE within 24 Hours of decision	CMS	G & A	100%	G & A Spreadsheet	0.0%	0.0%	n/a	n/a	n/a	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Provider Relations																	
Provider Directories updated monthly by the first day of the month	DHCS	Provider Network	100%	Manual Tracking	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Provider Network Adequacy	DHCS	Provider Network	100%	Manual Tracking	0.0%	0.0%	n/a	100.0%	n/a	n/a	100.0%	n/a	0.0%	0.0%	0.0%	0.0%	0.0%
Monthly Excluded Provider Screening Completed	CMS	Provider Network	100%	Manual Tracking	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Complaint Tracking Module (CTM) Complaints																	
% Resolved Timely	CMS	G & A	100%	CMS CTM System	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Human Resources																	
Excluded Individual Screening Completed Monthly	CMS	HR	100%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Marketing																	
% of Marketing Materials Submitted for Approval	CMS/DHCS	Marketing	100%	Tracking Report - CMC	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%
% of Events Submitted for Approval	CMS/DHCS	Marketing	100%	Event Log	n/a	100.0%	n/a	100.0%	100.0%	100.0%	100.0%	n/a	100.0%	0.0%	0.0%	0.0%	0.0%
IT																	
% Encounter Files Successfully Submitted to CMS by end of month	CMS	IT	100%	IT Encounter Submission System	n/a	n/a	n/a	n/a	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	0.0%	0.0%	83.3%
% Encounters submitted to CMS within 180 days of date of Service	CMS	IT	80%	IT Encounter Submission System	n/a	n/a	n/a	n/a	0.0%	51.0%	0.0%	93.0%	100.0%	100.0%	0.0%	0.0%	57.3%

	Required by	Responsible Area	Goal
Enrollment			
Enrollment			
Total Enrollment Count at Capitation		Enrollment	
New Enrollment Count		Enrollment	
Disenrollment Count		Enrollment	
Reinstated Member Count		Enrollment	
Current Enrollment Count		Enrollment	
Quality & Case Management			
Facility Site Reviews			
# of Facilities Due for FSR w/in the month		QI	
# of FSRs completed		QI	
# of FSRs that passed		QI	
# of FSRs with corrective action		QI	
% of FSRs completed timely	DHCS	QI	100%

= Metric for 2015/16 Team Incentive Compensation

Santa Clara Family Health Plan
Medi-Cal Compliance Dashboard

	Required by	Responsible Area	Goal	Source of Info	Jan	Feb	Mar	April	May	Jun	Jul	Aug	YTD
Enrollment													
Enrollment Materials													
% of New member packets mailed within 7 days of effective Date	DHCS	Enrollment	100%	Vendor portal	unavailable	unavailable	unavailable	0.0%	100.0%	100.0%	0.0%	100.0%	69.9%
% of New Member ID cards mailed within 7 days of effective date	DHCS	Enrollment	100%	Vendor portal	unavailable	unavailable	unavailable	0.0%	100.0%	100.0%	0.0%	100.0%	71.4%
Customer Service													
Call Stats													
Member													
Member Average Speed of Answer in Seconds	DHCS	Customer Service	≤30 Seconds	Finesse	unavailable	unavailable	29	60	87	95	110	156	90
Member Average Hold Time in Seconds	DHCS	Customer Service	≤120 Seconds	Finesse	unavailable	unavailable	42	58	56	58	62	68	59
Member Abandonment Rate	DHCS	Customer Service	≤5%	Finesse	unavailable	unavailable	2.3%	4.0%	5.8%	6.3%	7.7%	8.0%	7.3%
Member Service Level	DHCS	Customer Service	80% in ≤30 Seconds	Finesse	unavailable	unavailable	77.0%	58.0%	44.0%	42.0%	36.0%	20.0%	41.3%
Health Services													
Medical Authorizations													
Routine Authorizations													
% of Timely Decisions made within 5 Business Days of request	DHCS	UM	95%	Xpress	95.7%	95.5%	86.8%	92.8%	97.1%	97.1%	98.3%	96.5%	107.1%
Expedited Authorizations													
% of Timely Decisions made within 72 Hours of request	DHCS	UM	95%	Xpress	79.5%	93.6%	79.9%	88.8%	97.0%	99.3%	98.7%	94.7%	91.4%
Concurrent Review													
% of Timely Decisions made within 24 Hours of request	DHCS	UM	95%	Xpress	unavailable	unavailable	unavailable	unavailable	unavailable	unavailable	unavailable	unavailable	unavailable
Restrospective Review													
% of Retrospective Reviews completed within 30 Calendar Days of request	DHCS	UM	95%	Xpress	75.6%	90.8%	88.5%	89.7%	95.2%	96.9%	100.0%	100.0%	90.7%
Quality & Case Management													
Initial Health Assessment													
% of High Risk SPD Members who completed HRA in 45 days	DHCS	CM	1	Xpress	unavailable	unavailable	100.0%	unavailable	unavailable	100.0%	unavailable	unavailable	100.0%
% of HRAs completed in 90 days for Low Risk SPD Members	DHCS	CM	1	Xpress	unavailable	unavailable	100.0%	unavailable	unavailable	100.0%	unavailable	unavailable	14.3%
% of HRAs completed in 45 days for High Risk MLTSS Members	DHCS	CM	1	Xpress	unavailable	unavailable	34.3%	unavailable	unavailable	19.5%	unavailable	unavailable	26.9%
% of HRAs completed in 90 days for Low Risk MLTSS Members	DHCS	CM	1	Xpress	unavailable	unavailable	39.2%	unavailable	unavailable	32.4%	unavailable	unavailable	35.8%
Facility Site Reviews													
% of FSRs completed timely	DHCS	QI	100%	Manual	0.0%	0.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	111.1%
Claims													
Non-Contracted Providers													
% of Clean Claims to Non-Contracted Providers processed within 30 days	DHCS	Claims	90%	Xpress	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Contracted Providers													
% of Claims to Contracted Providers processed within 45 working days	DHCS	Claims	90%	Xpress	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Provider Claim Dispute Requests (Contracted & Non-Contracted)													
% of Contracted Provider Disputes Processed within 45 days	0	Claims	0	Xpress	0.0%	0.0%	100.0%	100.0%	0.0%	0.0%	0.0%	0.0%	14.2%
Pharmacy													
Standard Authorization Request													
% of Standard Prior Authorizations completed within 1-Business Day	DHCS	Pharmacy	95%	MedAccess	96.1%	100.0%	99.7%	99.9%	99.3%	99.8%	100.0%	100.0%	99.5%
Expedited Authorization Request													
% of Expedited Prior Authorizations completed within 1 Business Day	DHCS	Pharmacy	95%	MedAccess	82.1%	94.1%	90.2%	85.9%	89.2%	100.0%	100.0%	100.0%	93.9%
Grievance & Appeals													
Grievances													
Standard Grievances													
% of Grievances processed within 30 days	DHCS	G & A	100%	GA Log, Xpress, GA Shared Drive	0.0%	0.0%	97.2%	82.1%	91.2%	87.1%	0.0%	0.0%	0.0%
Expedited Grievances													
% of Expedited Grievances processed within 3 Calendar days	DHCS	G & A	100%	GA Log, Xpress, GA Shared Drive	0.0%	0.0%	n/a	n/a	n/a	n/a	0.0%	0.0%	0.0%
% of Expedited Grievances that received Oral Notification with 3 Calendar days	DHCS	G & A	100%	GA Log, Xpress, GA Shared Drive	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
% of Expedited Grievances that received Resolution Letters within 3 Calendar days	DHCS	G & A	100%	GA Log, Xpress, GA Shared Drive	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Appeals													
Standard Appeals													
% of Standard Appeals Completed within 30 Days	DHCS	G & A	100%	GA Log, Xpress, GA Shared Drive	0.0%	0.0%	100.0%	100.0%	92.9%	93.5%	0.0%	0.0%	96.2%
% Overturned Standard Appeals	DHCS	G & A	0%	GA Log, Xpress, GA Shared Drive	0.0%	0.0%	21.1%	26.7%	31.0%	21.7%	0.0%	0.0%	25.0%
% Changed to Complaints	DHCS	G & A	0%	GA Log, Xpress, GA Shared Drive	0.0%	0.0%	15.8%	10.0%	0.0%	2.2%	0.0%	0.0%	0.0%
% of Letters sent Timely	DHCS	G & A	100%	GA Log, Xpress, GA Shared Drive	0.0%	0.0%	100.0%	100.0%	92.9%	93.5%	0.0%	0.0%	96.2%
Expedited Appeals													
% of Expedited Appeals Completed within 72 Hours	DHCS	G & A	100%	GA Log, Xpress, GA Shared Drive	0.0%	0.0%	66.7%	100.0%	100.0%	0.0%	0.0%	0.0%	66.7%
% of Expedited Appeals Overturned	DHCS	G & A	100%	GA Log, Xpress, GA Shared Drive	0.0%	0.0%	66.7%	100.0%	100.0%	100.0%	0.0%	0.0%	88.9%
% of Letters sent Timely	DHCS	G & A	<15%	GA Log, Xpress, GA Shared Drive	0.0%	0.0%	66.7%	100.0%	100.0%	100.0%	0.0%	0.0%	88.9%

Santa Clara Family Health Plan
Delegation Oversight Dashboard

	Required by	Goal	Source of Info	Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	YTD
Delegation Oversight																
# of Audits Scheduled				0	2	2	3	2	1	1	3					14
# of Audits Completed			Manual Tracking	0	2	2	3	2	1	1	3					14
% of scheduled Audits Completed	DHCS	100%	Manual Tracking	100%	100%	100%	100%	100%	100%	100%	100%					100%
# of Active Corrective Action Plans			Manual Tracking	1	1	3	2	7	2	1	2					19

Santa Clara Family Health Plan
Compliance Dashboard

	Required by	Goal	Source of Info	Jan	Feb	Mar	April	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	YTD
Company Wide Compliance																
Compliance Training																
# New Employee	CMS/DHCS			2	0	0	5	3	2	4	3	2				
# New Employee Complete	CMS/DHCS			2	0	0	5	3	2	4	3	2				
% New Employee Completed Timely	CMS/DHCS	100% completed within 3 business days	Self Report	100%	100%	100%	100%	100%	100%	100%	100%					
% Annual Training Completed Timely	CMS/DHCS	100% completed within a 60 day window	Self Report													
Board of Directors Training																
% Annual Board Training Completed Timely	DMC/DHCS	100% completed within a 60 day window	Self Report													
Compliance Hotline																
# of Calls			Compliance Hotline	0	0	0	1	0	1	0	1					
HIPAA																
# of Disclosures			Self Report	2	1	3	2	3	1	3	2					
# of Breaches Reported			Self Report	1	0	0	2	3	1	3	1					
Fraud, Waste and Abuse																
# of new Investigations			Self Report	0	0	0	0	0	0	0	0					
# of Cases Reported			Self Report	0	0	0	0	0	0	0	0					
Internal Audits																
# of Internal Audits Scheduled	SCFHP		Self Report	0	0	0	0	0	0	0	0					
# of Internal Audits Completed	SCFHP		Self Report	0	0	0	0	0	0	0	0		1			
% of Internal Audits Completed	SCFHP	100%	Self Report													
Cal Medi-Connect																
Reporting																
% of Routine Reports Submitted Timely	DHCS	100%	Self Report	100%	94%	100%	100%	55%	100%	100%	100%					
Past Performance																
Technical Assistance Letters	CMS	0	CMS Notice	0	0	0	0	0	0	0	0					
Notices of Non-Compliance	CMS	0	CMS Notice	1	0	0	0	0	0	1	0					
Warning Letters	CMS	0	CMS Notice	0	0	0	0	0	0	0	0					
Warning Letters with Business Plan	CMS	0	CMS Notice	0	0	0	0	0	0	0	0					
Negative Part C Past Performance Points Status	CMS	0	HPMS Issued Spring & Fall						2							
Negative Part D Past Performance Points Status	CMS	0	HPMS Issued Spring & Fall						0							
Anticipated Compliance Letters	CMS	0	Self Report	0	0	0	0	0	0	0	0					
Corrective Actions																
# New CAPs Opened	SCFHP		Self Report	0	0	0	0	0	0	1	0					
# of CAPs Closed	SCFHP		Self Report	0	0	0	0	0	0	0	0					
Medi-Cal																
Reporting																
% of Routine Reports Submitted Timely	DHCS	100%	Self Report	100%	100%	100%	100%	100%	100%	100%	100%					
Corrective Actions																
# New CAPs Opened	SCFHP		Self Report	0	0	0	0	0	0	0	0					
# of CAPs Closed	SCFHP		Self Report	0	0	0	0	0	0	0	0					
DMHC/DHCS Issues/Complaints																
# Member Complaints	DMHC	0	Self Report	2	2	3	2	1	2	3	2					
# Provider Complaints	DMHC	0	Self Report	0	0	0	0	0	0	0	1					
# DHCS Assistance Requests	DHCS	0	Self Report	0	1	1	0	0	1	0	0					
Filings																
# of Key Personnel Hired/Appointed to Board	DMHC		Self Report													
# of Key Personnel Leaving	DMHC		Self Report													
% of Key Personnel Filings Timely	DMHC	100% Completed within 5 Days of effective date	Self Report													
# of Material Modifications Filed	DMHC		Self Report	0	0	0	0	0	0	0	1					
Miscellaneous Filings & Amendments	DMHC		Self Report	3	1	3	4	3	2	7	5					