

DRAFT

DRAFT

DRAFT

Integrated Managed Care Proposal

- 1) The County and SCFHP shall establish a Managed Care Coordinating Council (MCCC).
- 2) Membership and Rules of Procedure
 - a) 8 members – 4 selected by the SCFHP Board and 4 by the County BOS. One member shall be the Chair of the Board of the SCFHP and one member shall be the Chair of the County H&HS Committee.
 - b) The CEO of the SCFHP and the Director of VHP shall be Ex Officio members
 - c) Decisions require a majority vote
 - d) The MCCC shall meet quarterly; special meetings can be called if needed.
 - e) The MCCC shall be covered by the Brown Act.
- 3) Logistics
 - a) The MCCC shall have a minimum of 2 staff members – an administrative coordinator and a policy analyst.
 - b) Costs of staff shall be split 50/50 between SCFHP and the County
- 4) Role and Responsibilities
 - a) Annually, the MCCC shall adopt a Strategic Plan indicating the objectives for Managed Care for the coming year. The Plan shall include an analysis of the external environment in which the member organizations operate and the challenges and opportunities presented by that environment. It shall also include health membership goals, quality of care objectives, and planned program innovations.
 - b) The MCCC shall be authorized to take public positions on issues relevant to managed care, including but not limited to, state and federal legislation, budgets, and regulations and responses to changes of ownership and/or control of hospitals or other medical facilities in the region.
 - c) The MCC shall direct that the SCFHP and the County evaluate specific major operational efficiencies including but not limited to such issues as IT integration, purchasing of pharmaceuticals or medical equipment, and medical management collaboration. Efficiencies proposed in response to these directions shall be brought to the MCCC for ratification.
 - d) On at least a biannual basis, the MCCC shall receive a report on the capacity of providers to meet specified health care standards including wait times for appointments and access to specialty care. Responses to a lack of capacity may

include but are not limited increasing staffing, changing service delivery model, and changing networks on either a temporary or long-term basis. The MCCC shall determine the optimal response to specific capacity issues. These decisions shall be implemented by the County and SCFHP unless vetoed by a vote of 9 members of the SCFHP Board or 4 members of the BOS.

- e) The MCCC shall adopt marketing strategies to sustain or improve the market share of the SCFHP and the County in the provision of health care services. These strategies shall be implemented by the SCFHP and the County.
- f) The MCCC shall agree on priorities for preventive care and approve the launch of specific preventive care initiatives. These initiatives shall be implemented by the SCFHP and the County.
- g) The MCCC shall evaluate and approve priorities for the major investment of resources into the managed care system operated by the two entities, including resources for program innovations. These decisions shall be implemented by the County and SCFHP unless vetoed by a vote of 9 members of the SCFHP Board or 4 members of the BOS.
- h) The MCCC is an entity characterized by enumerated powers. Any power not specifically indicated in this document is reserved to the SCFHP Board of Directors and the BOS of Santa Clara County, respectively.

REFORM OF THE DELEGATION MODEL

A number of issues associated with the delegation of patients from SCFHP to VHP are in need of review and possible decision. These could be referred to the MCCC – or we could negotiate them separately and get them out of the way.

These include:

- 1) Allowing VHP to assign SCFHP patients to PCP's.

What are the pros and cons for this?

- 2) Reducing confusion on the part of patients regarding what plan they are in and who they go to with questions/problems.

I believe we should resolve this issue by creating a single name for all products (for illustrative purposes, Wonderful Care) and then create specific names for the types of plan a patient has (such as Wonderful Care, Covered California or Wonderful Care, MediCare). Each plan would provide plan utilization information under this rubric. Call center numbers would be associated with each plan.

- 3) Number of patients delegated to VHP

This could be dealt with as part of the “capacity” role (#4d on MCCC proposal) unless there is a specific county proposal that requires an early response. Is there such a proposal?