

**Santa Clara Family Health Plan
 Provider Advisory Council
 May 22, 2013
 Boardroom**

PAC Attendees: Thad Padua, MD, Peter L. Nguyen, DO, Kenneth Phan, MD, Bridget Harrison, MD, Paul Taylor and Connie Tucker, MD

Delegated Groups: Stephen Ho, MD, Tuyen Ngo, MD and Vivian Smith

Guest: Mark Reynolds – SMC Pharmacy

SCFHP Attendees: Matthew Woodruff, Jimmy Lin, MD, Mike Lipman, Beth Paige, Dr. Jeff Robertson, Vivian Than, Stacy Renteria, Abby Baldovinos, and Sarah Moline

ITEM	DISCUSSION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Meeting Called To Order	Dr. Thad Padua, Chairperson called meeting to order at 12:22.	none		
Review of Minutes	Minutes reviewed and approved	none		
Compliance	<p>Beth Paige, Compliance Officer, reviewed the grievance and appeals report with the Committee. The number of grievances has increased around the June implementation of the Senior and Disabled Persons population. Five appeals went to a State fair hearing. A number of these complaints were around quality of service, office staff complaints, changing primary care provider timeline to be in affect at the first of the following month and not right away or 24 hour turn-around, and continuity of care issues.</p> <p>For the fiscal year 2012 grievance and appeals saw many out-of-area referral issues. The Health Plan’s response to the out-of-area referral issues is the referring provider has to support the referral with medical criteria to justify the need to go out-of-area.</p>			

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	<p>Dr. Harrison raised a concern about the timeline to change a primary care provider during mid-month. Medi-Cal will send electronic files regarding eligibility and members assigned at the beginning of each month. Dr. Harrison then discussed a specific case of a denial of service/product with the Health Plan that was upheld at the State fair hearing. Beth stated that in grievance and appeals department the Health Plan will request medical records to research medical need. Dr. Robertson stated in most cases of denial it is the medical group who determines approval or denial; appeals are reviewed by the Health Plan.</p> <p>Dr. Harrison would have liked to have found out what the missing from the case. Beth will follow up with Dr. Harrison regarding specific case.</p> <p>Dr. Padua requested the percentages be presented on a graph and a breakdown of performance by network without being identified. Beth will present at next meeting.</p>	<p>B. Paige will follow-up with Dr. Harrison</p> <p>B. Paige will present revised report.</p>		
CEO Report	<p>Matt Woodruff, COO, reported out to the Committee the Health Plan is currently working on four different MOU's to be filed June 1st or at least approved by the County Board of Supervisors in the month of June. The Health Plan is moving forward with the Dual Demonstration – on June 3rd filing benefits for Dual Demo and Special Need Plan (SNP), SNP is a safety plan.</p>	None		

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	<p>At our board meeting the Health Plan reviewed financials before the May revise of the State budget. The Health Plan does not know the specifics around the contract for the Dual Demonstration Project, is looks to be pushed back from June to August.</p> <p>Health Families is in transition 4 now, this phase does not impact the Health Plan since our current Health Families membership is 300 lives transitioning through December and are not fee-for-service. Health Families will officially end December 2013.</p> <p>Medi-Cal Bridge has a start date April 2014. Change to solidify the two plans that are in Medi-Cal.</p> <p>PCP Rate Increase issue, no instruction or statement on risk share money, Cap or no Cap. Trying to get a guideline on who is a "qualified PCP" to be eligible for rate increase. The State said by July 1st or August 1st it will be announced and then the Health Plan will need to pay PCP's retroactively.</p> <p>The Committee discussed Medicare rates and the PCP Rate Increase and the issue of every type of provider trying to be counted as a PCP in order to get the rate increase. Committee also discussed having no choice to participate or not participate in the Dual Demonstration project. The rules and regulations were changed, where it was an option last month but this</p>			

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	<p>month it is mandatory to participate.</p> <p>DSNP will be filed now on June 3rd.</p>			
Medical Management	<p>Dr. Jeff Robertson, CMO introduced to Committee. Dr. Robertson is very pleased to be at PAC as the Health Plan looks to providers for guidance as you see patients and members of our community. Relating to the DME RFP agenda topic, Dr. Robertson reviewed our current situation which is the Health Plan is contracted or pays out to 200 DME providers. Many of these are small mom/pop shops others are large companies. The Health Plan has decided to curb DME waste and unnecessary related expense and would like a single entity to handle DME services and supplies. The Health Plan sent out a process in a thirty page RFP regarding services we needed and what we did not need to contracted DME providers. The Health Plan fielded 30-40 related phone calls and received 5 proposals and narrowed it down to 3 finalists. Dr. Robertson wanted to present it here for transparency purposes. No matter how thoroughly the Health Plan proceeds with this. There will be some dust-up/blowback on our decisions. This is a capitated agreement that will only affect medical groups not Kaiser or Valley Health Plan.</p> <p>The Committee discussed DME issues of members paying cash for an alternative more expensive DME item than what providers prescribed. DME needs to be monitored. This is one problem Dr. Robertson hopes to resolve with a one source DME</p>	<p>None</p> <p>Dr. Robertson will follow up on DME discussion at next meeting.</p>		

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Pharmacy	<p>provider with a capitated agreement.</p> <p>Sarah Moline, Pharmacy Director gave the Committee an update on the ForaCare transition via Powerpoint presentation. Sixty percent of our claims come from Valley around Diabetic Care. Sarah reported the transition is saving the Health Plan a lot of money. Matt stated the Health Plan is still reconciling the claims and at the June 11th P&T Committee we should have a dollar amount on savings with ForaCare.</p> <p>The Committee would like to see the results of the TeleHealth process with ForaCare. Matt stated TeleHealth module is coming online the second half of this year.</p> <p>Sarah reported out a change in the formulary to cover Ventolin HFA instead of ProAir HFA. This change became effective September 2012 and she reviewed a secondary Powerpoint presentation with the Committee. The Pharmacy and Therapeutics Bulletin will be distributed 30 days after every P&T meeting date.</p>	None		
IT/Claims Issues	<p>Mike Lipman, VP of Provider Operations reviewed the misdirected claims issue. Regarding the returning of claims to those organizations financially responsible will now be able to go to the FTP site to retrieve. The Health Plan is to make claims data available electronically instead of mailing paper claims to the correct payor.</p> <p>There was also a secondary compliance issue around returning</p>			

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	<p>paper claims to the correct payor because it was not done in a timely manner because it was a manual process. It was a bigger issue when it was all paper claims. Now 80% are electronic claims. Timely filing exceeds is a compliance issue when these claims are not given to the IPA's in a timely manner.</p> <p>Yes the State still wants a paper PM160 even though the Health Plan has electronic claims submission in effect. Dr. Padua asked if the Health Plan's providers are complying with the paper PM160 requirement to the State. Matt replied yes for the most part. Mike stated the Health Plan is encouraging providers to utilize an electronic claims process as this will also be submitting encounter data. Dr. Padua stated, the doctor does not need to submit to the IPA. Mike responded, correct the IPA's will be able to download the file from the site.</p>			
Other	<p>PAC Calendar – The Committee briefly discussed next meeting date, proposed August 14th but not definitely decided. Agreed to meet in August and the second Wednesday in November. PAC calendar to be revised and distributed to reflect proposed revisions and voted on next meeting.</p> <p>Dr. Robertson asked for more community providers seated on PAC.</p>	Revise PAC Calendar	Stacy Renteria	August 21, 2013
Adjournment	Adjourned at 2:00 pm			

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Signature: _____

Date: _____



To: Santa Clara Family Health Plan Provider
From: Jeff Robertson MD, Chief Medical Officer
Date: August 15, 2013
Subject: DME Transition

Dear Provider:

Just a friendly reminder to Santa Clara Family Health Plan Providers, effective September 3, 2013, Lifecare Solutions is the primary vendor for standard home medical and respiratory equipment, enteral nutrition and medical supplies.

IMPORTANT EXCEPTIONS:

- 1) Valley Health Plan (NT20) and Kaiser (NT30) **are excluded from this agreement.**
- 2) If member has a primary payer before Medi-Cal (eg. Medicare/Commercial) **they may remain with their current DME provider.**
- 3) Not every DME item is covered in the capitation. Exempt items can **continue to be supplied by the member's current DME supplier.**

WHAT IS IN THE CAPITATION?

Respiratory:

Home Oxygen Systems/Oximetry
C-PAP/Bi-PAP
Ventilators/Vent Management
Nebulizers and Related Supplies

Enteral Nutrition:

Tube Feeding Formula
Tube Feeding Supplies/Pumps
Evaluations by Registered Dietitians

Durable Medical Equipment:

Hospital Beds
Wheelchairs
Walkers, Seating, Crutches, Canes
Breast Pumps
Bath Equipment

Medical Supplies:

Incontinence Products / Supplies
Ostomy Supplies
Wound Care Supplies
Urologicals /Catheters
Support Stockings

For above items: - Beginning September 3, 2013, all new and renewal authorizations must be referred to the local San Jose Branch of Lifecare Solutions at (877) 595-2312, FAX (877)-595-2327.

Any Authorization questions should be directed to the Utilization Management Supervisor at Lifecare Solutions at: (800) 700-6461 x2006.

This is not an all-inclusive list of items; if you have questions you may contact SCFHP Provider Services Department at (408) 874-1788.

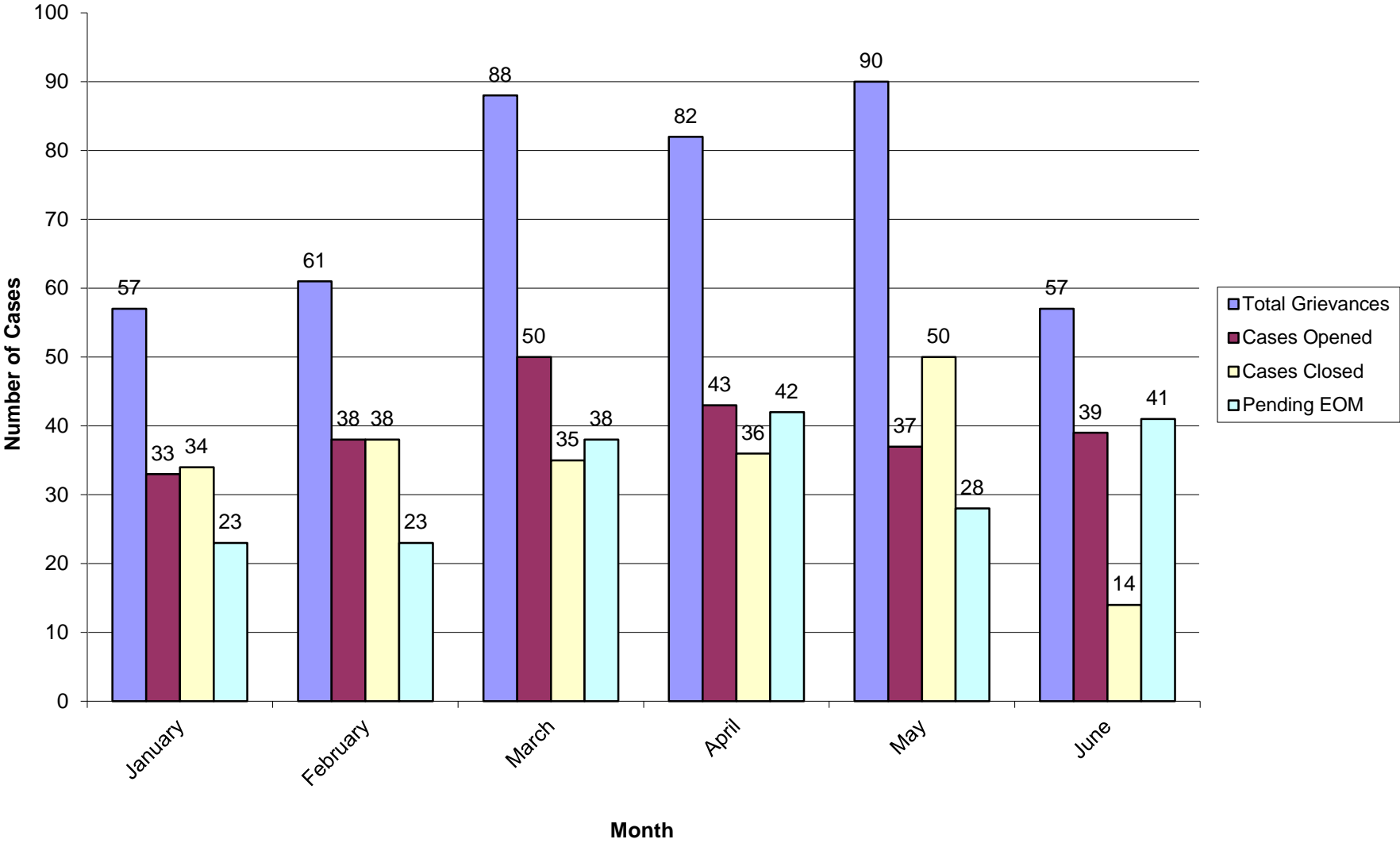
WHAT'S NOT IN THE CAPITATION?

Air Fluidized Beds
Bili-Blanket/Bili-bed
Bone Growth Stimulators
Cold Therapy Units
Custom Compression Hosiery
Continuous Glucose Monitor
CPM Machines
Cranial Helmets
Diabetic Testing & Supplies
Dynamic Splint
Electric Patient Lifts
Electric Seat Lift Chairs
High Frequency Compression Vests
Home Infusion Therapy
Insulin Pumps
Mastectomy Related Accessories
Negative Pressure Wound Therapy
Nursing Visits
Ocular Prosthetics
Orthotics & Prosthetics (custom)
Power Wheelchair & Mobility Devices
Sequential Compression Devices (Lymphedema Pumps)
Speech Generating Devices
Vest Airway Clearance System

Beginning June 10, 2013, all new and renewal authorizations are set to expire on September 2, 2013. Any authorization questions should be directed to the Utilization Management Supervisor at LifeCare Solutions at: (800) 700-6461 X 2006. LifeCare Solutions began contacting members in June.

If you have any questions regarding contracting/billing please email Provider Services at providerservices@scfhp.com. We appreciate your cooperation and continued support in providing quality health care to all Santa Clara Family Health Plan members.

Total Grievances Q1 & Q2 2013





Santa Clara
Family Health Plan

The Spirit of Care



HEDIS 2013

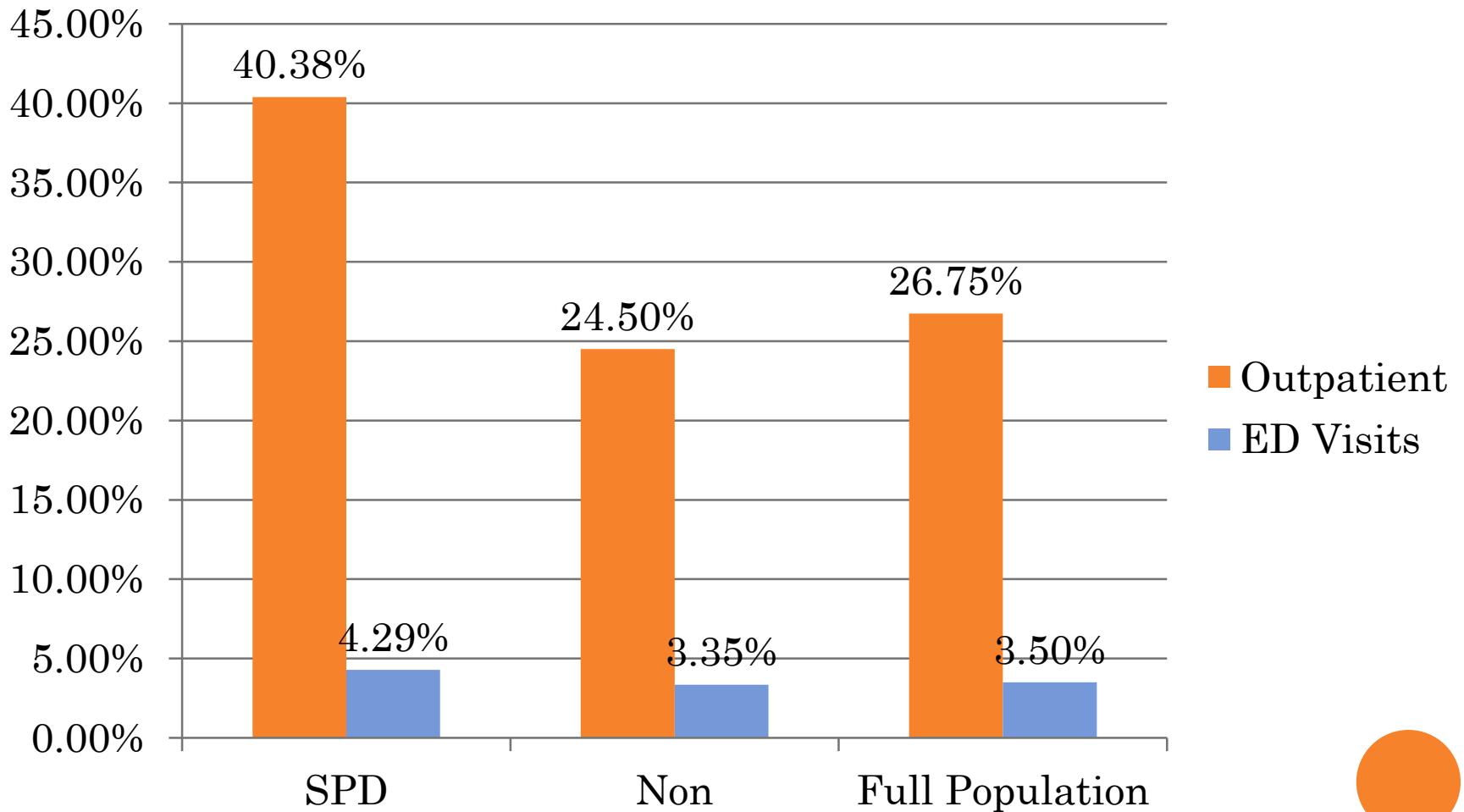
Medi-Cal

SUMMARY

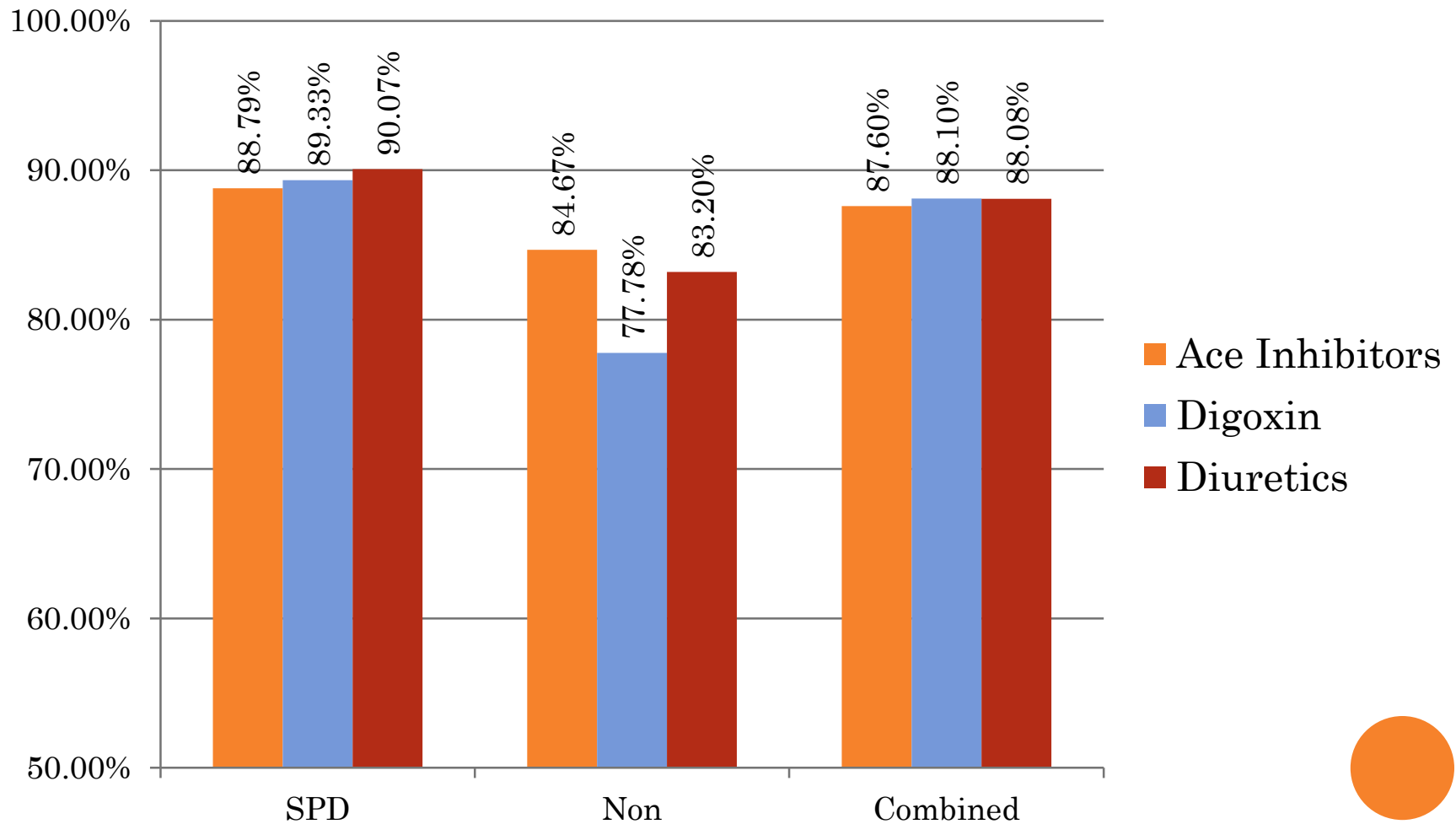
- 15 measures
 - 2 new measures introduced
 - CBP – Controlling High Blood Pressure
 - MMA – Medication Management for People With Asthma
 - 1 measure retired
 - AWC – Adolescent Well-Care Visits
- First year with SPD included in measures
 - State required stratification of Non-/SPD on 5 measures
 - AMB – Ambulatory Care
 - MPM – Annual Monitoring for Patients on Persistent Medications (w/o Anti-convulsant indicator)
 - CAP – Children & Adolescents' Access to Primary Care
 - PCR – Plan All Cause Readmissions
 - CDC – Comprehensive Diabetes Care



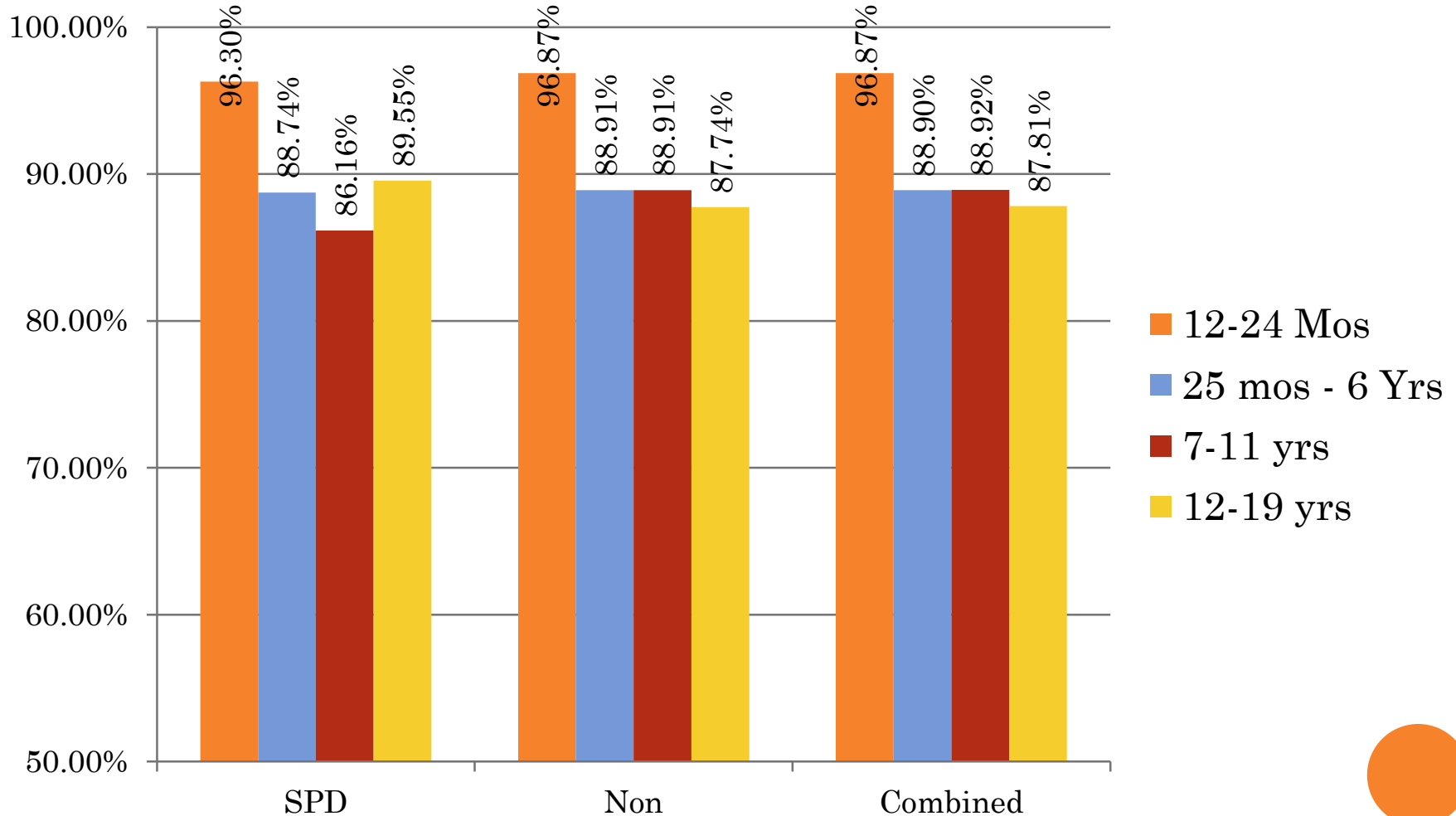
AMB – AMBULATORY CARE



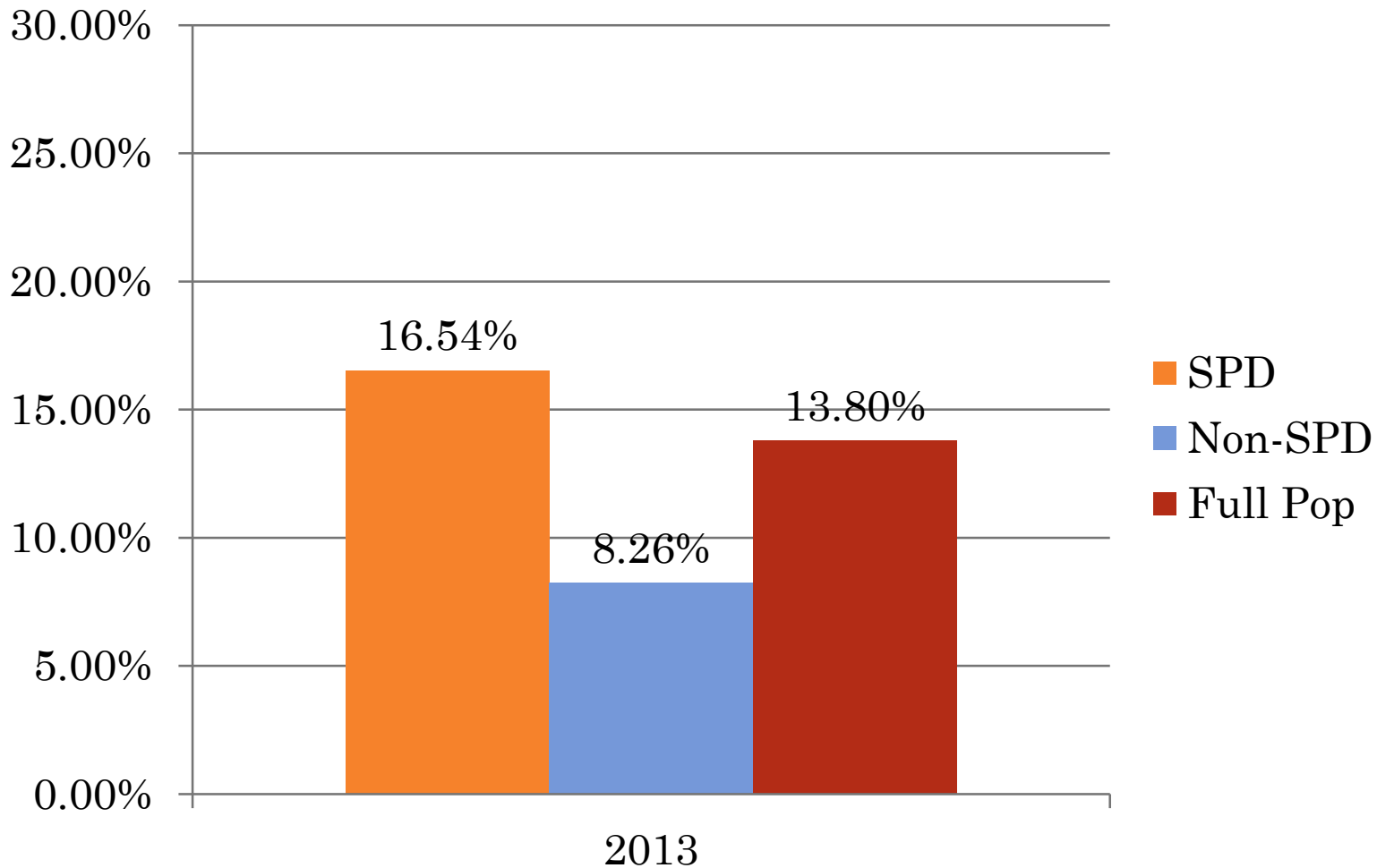
MPM - ANNUAL MONITORING FOR PATIENTS ON PERSISTENT MEDICATIONS



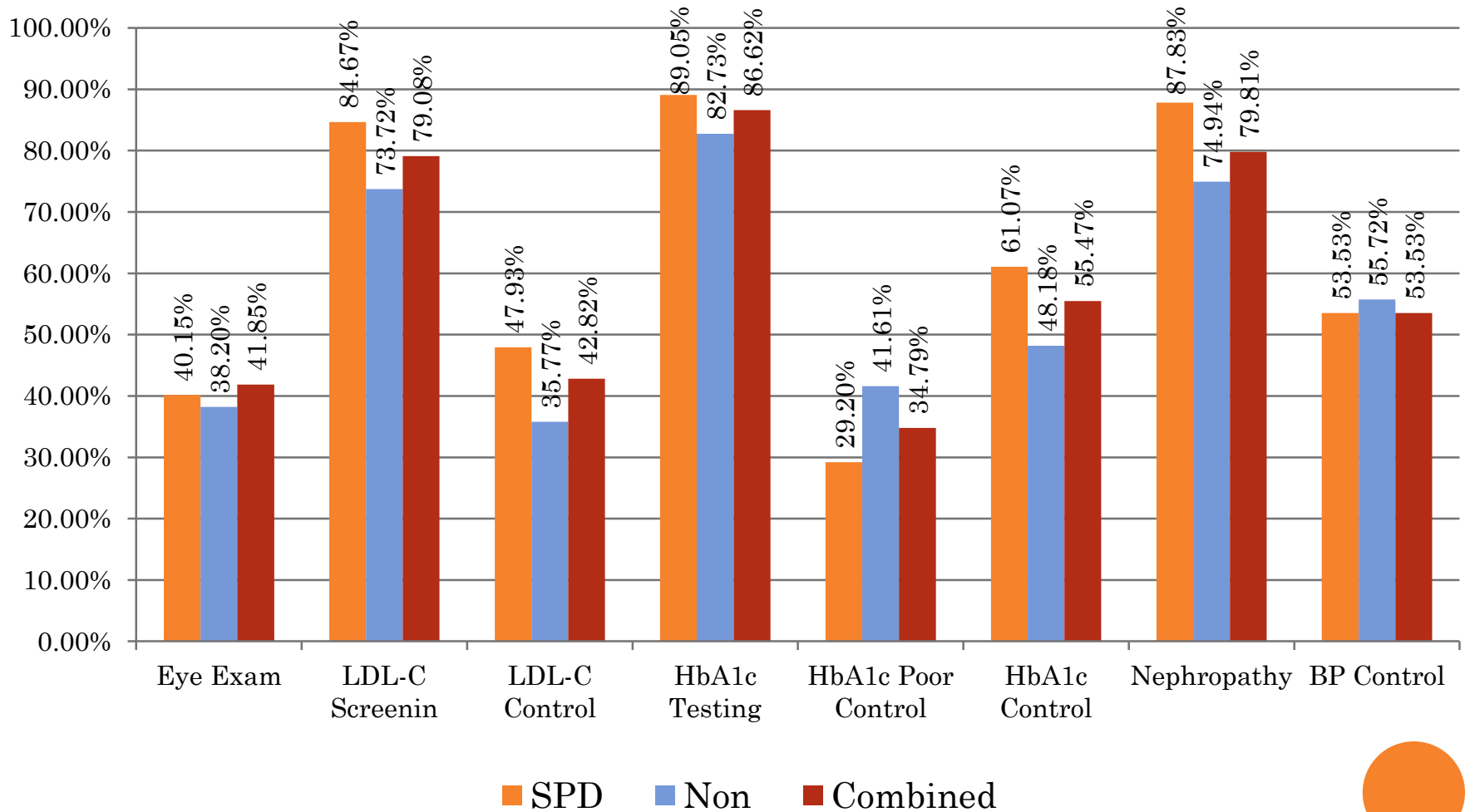
CAP – CHILDREN & ADOLESCENTS ACCESS TO PCP'S



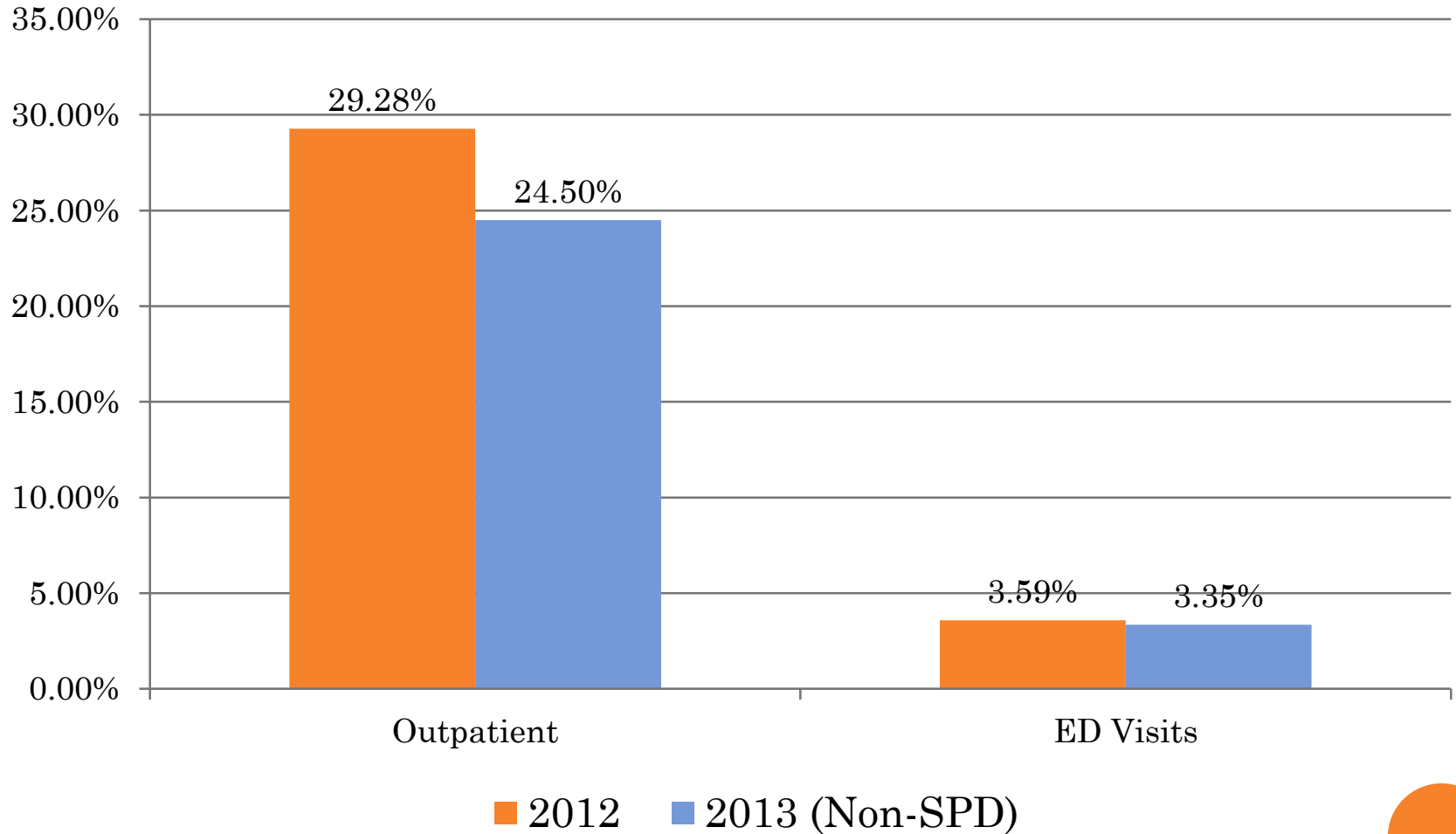
PCR – PLAN ALL CAUSE READMISSIONS



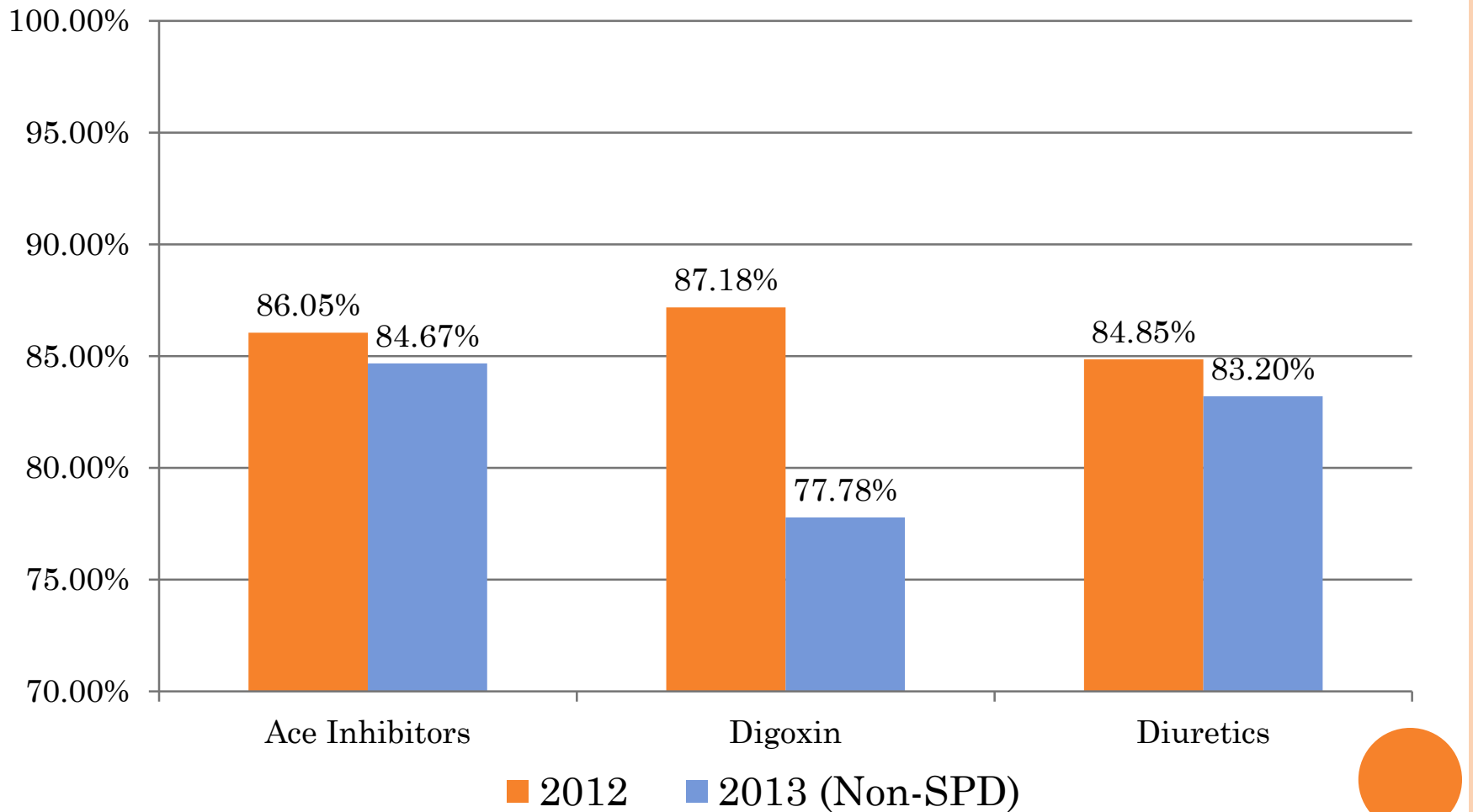
CDC – COMPREHENSIVE DIABETES CARE



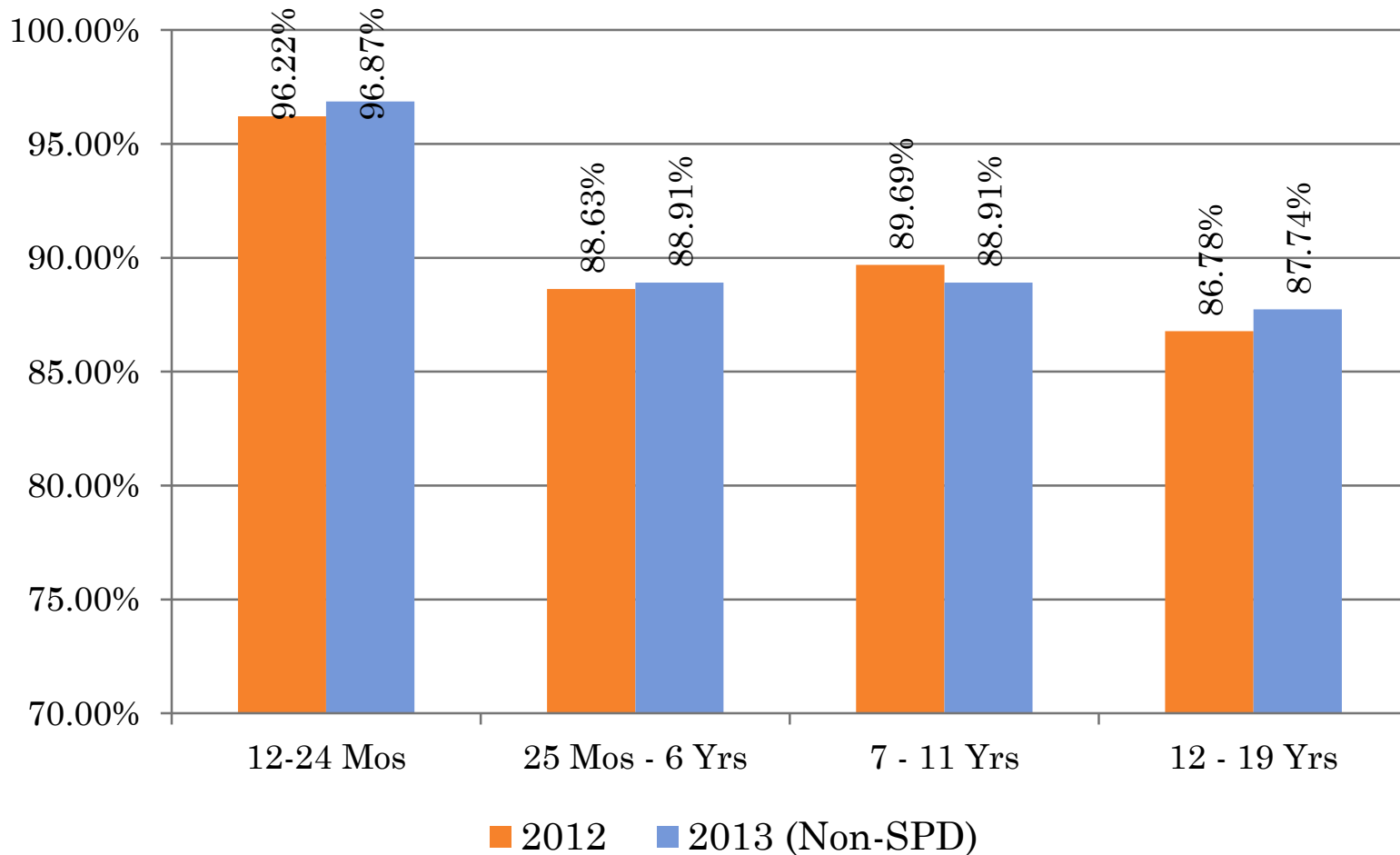
AMB – AMBULATORY CARE



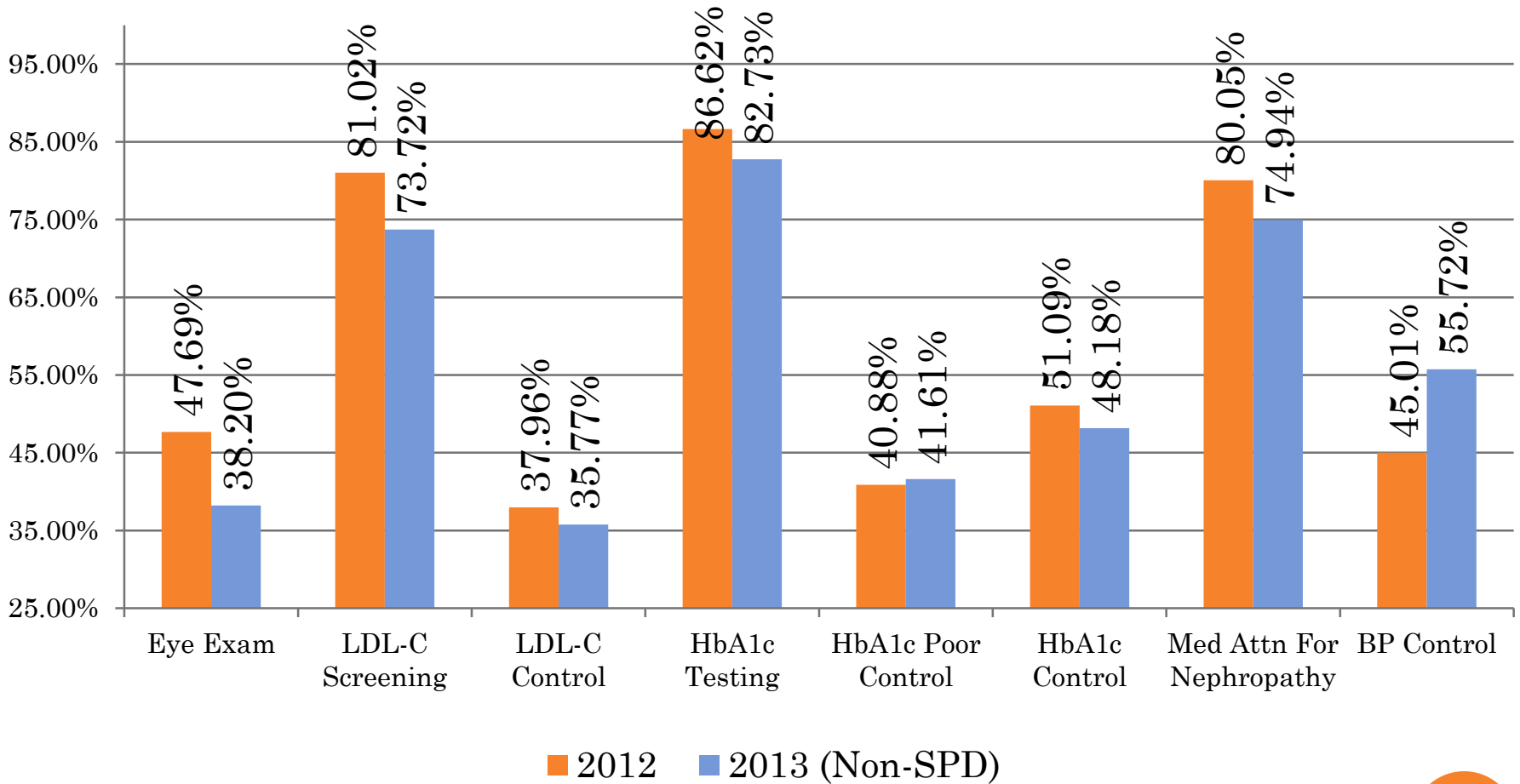
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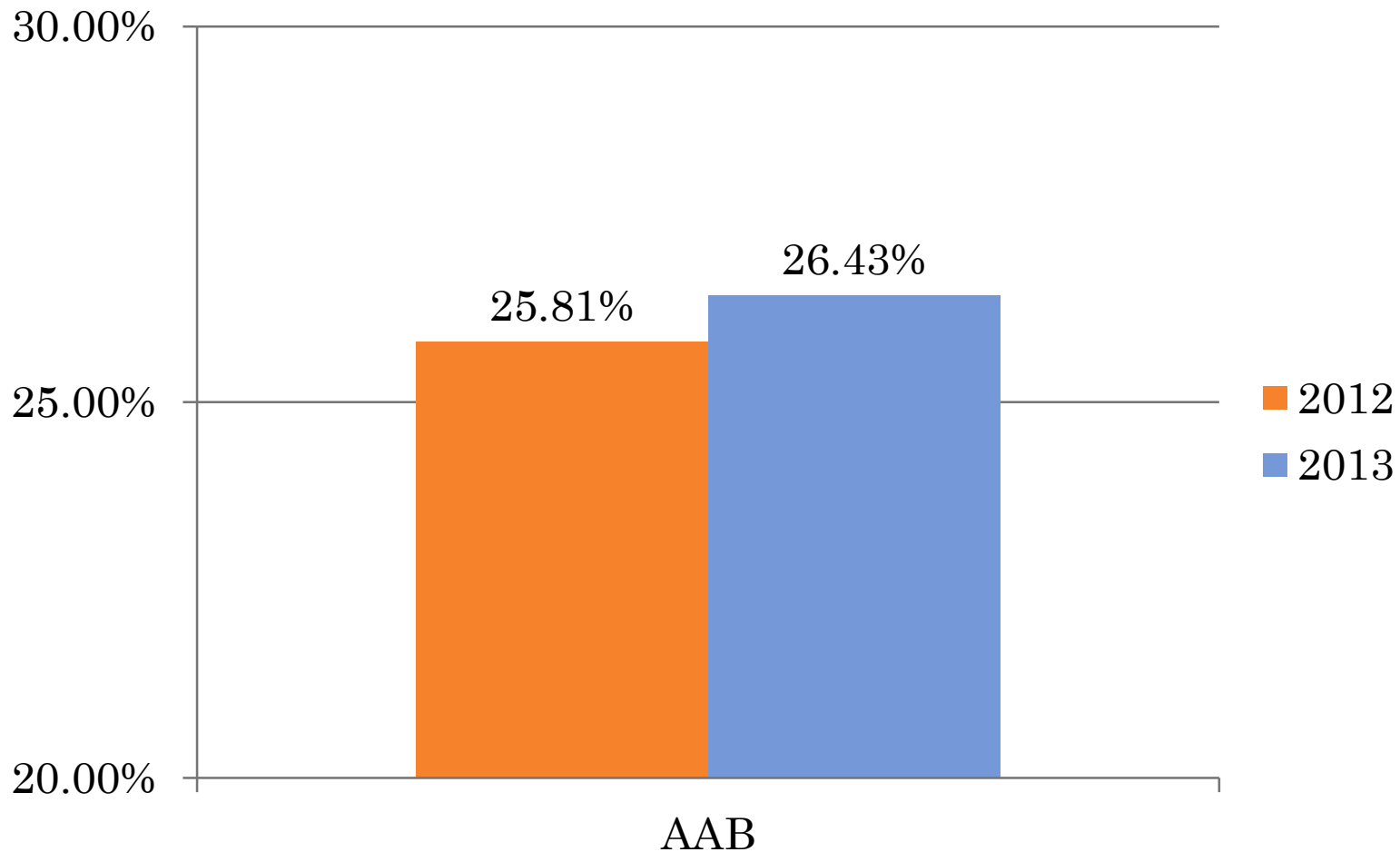
CAP – CHILDREN AND ADOLESCENTS ACCESS TO PCP'S



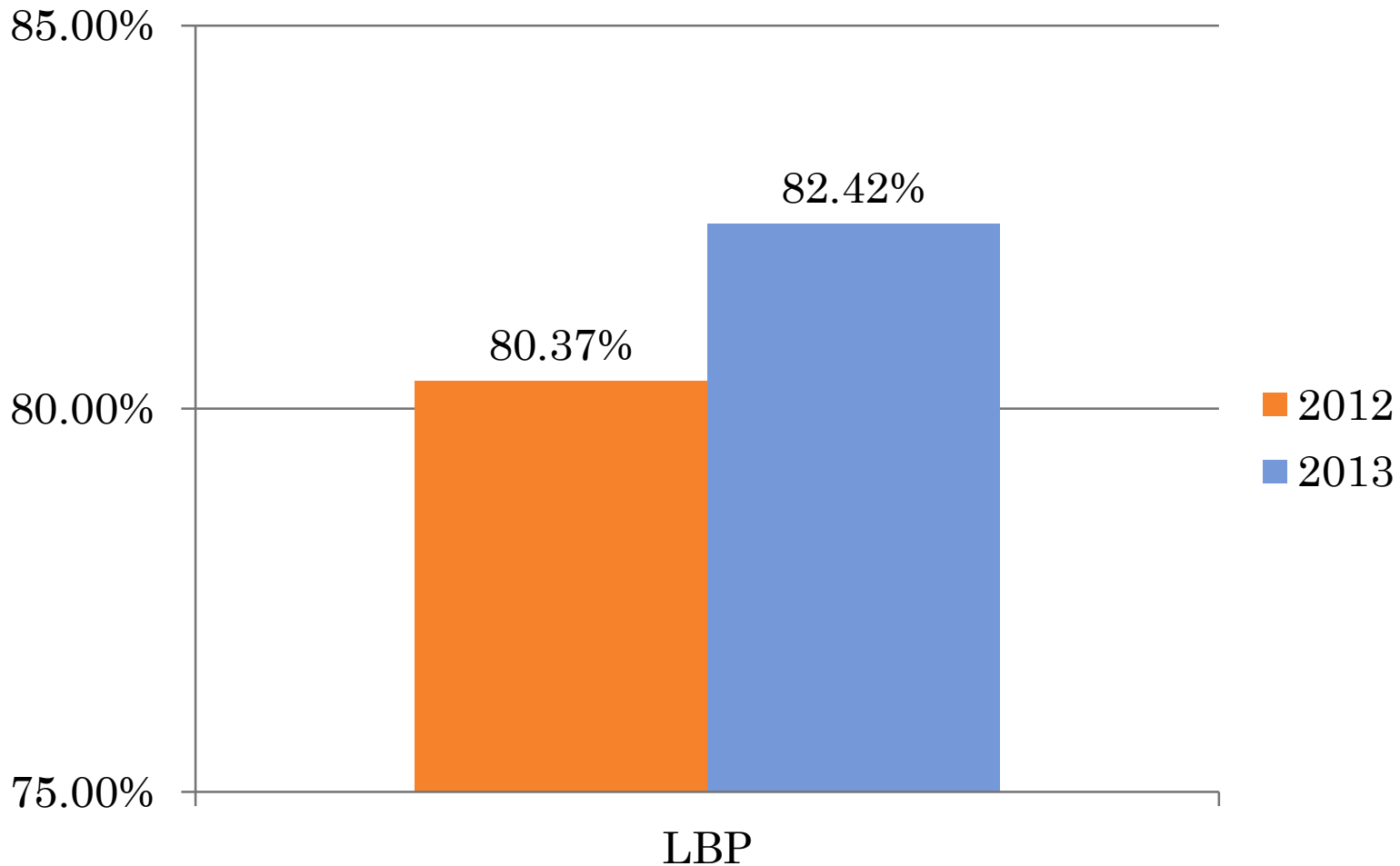
CDC – COMPREHENSIVE DIABETES CARE



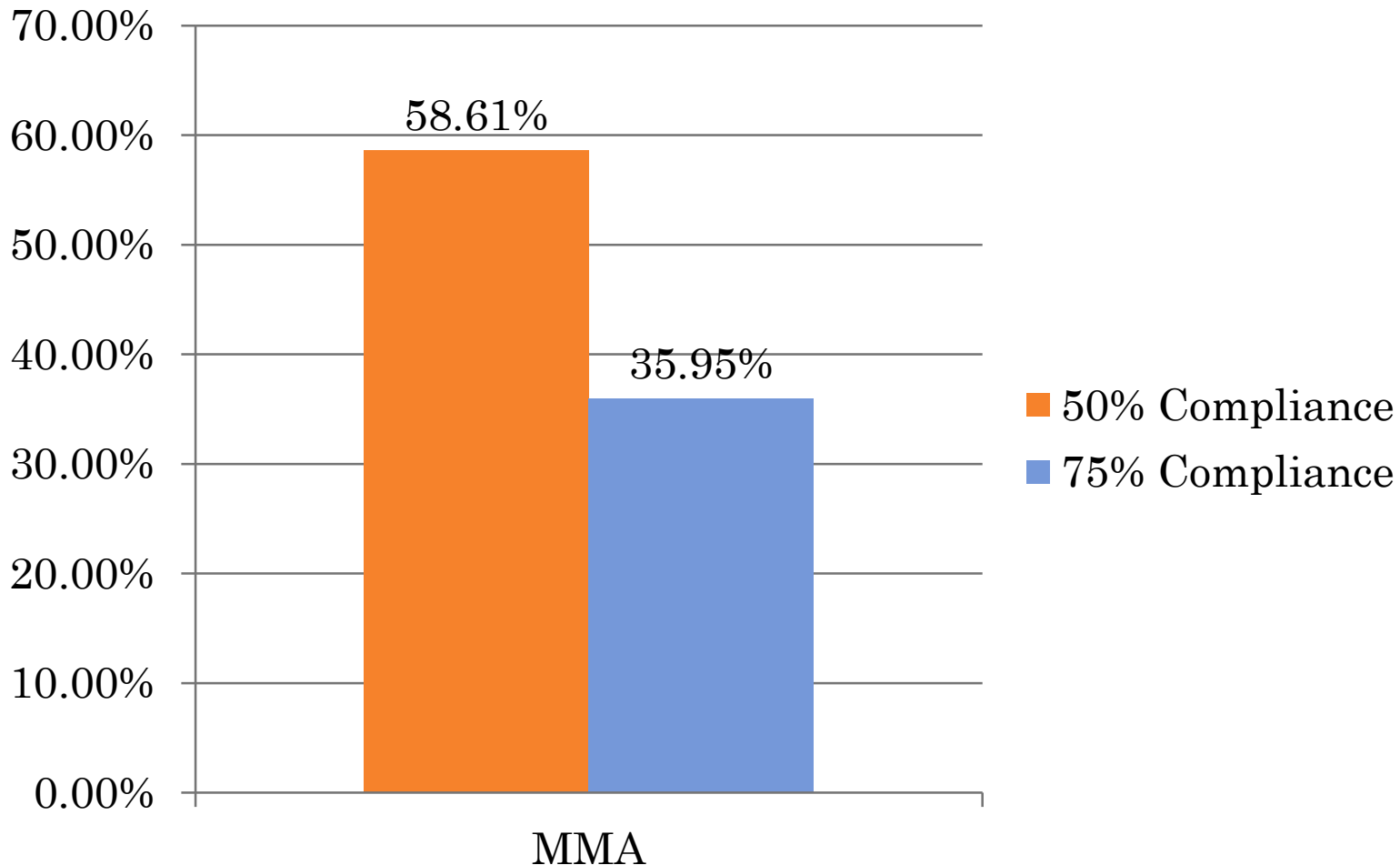
AAB – AVOIDANCE OF ANTIBIOTIC TREATMENT IN ADULTS WITH ACUTE BRONCHITIS



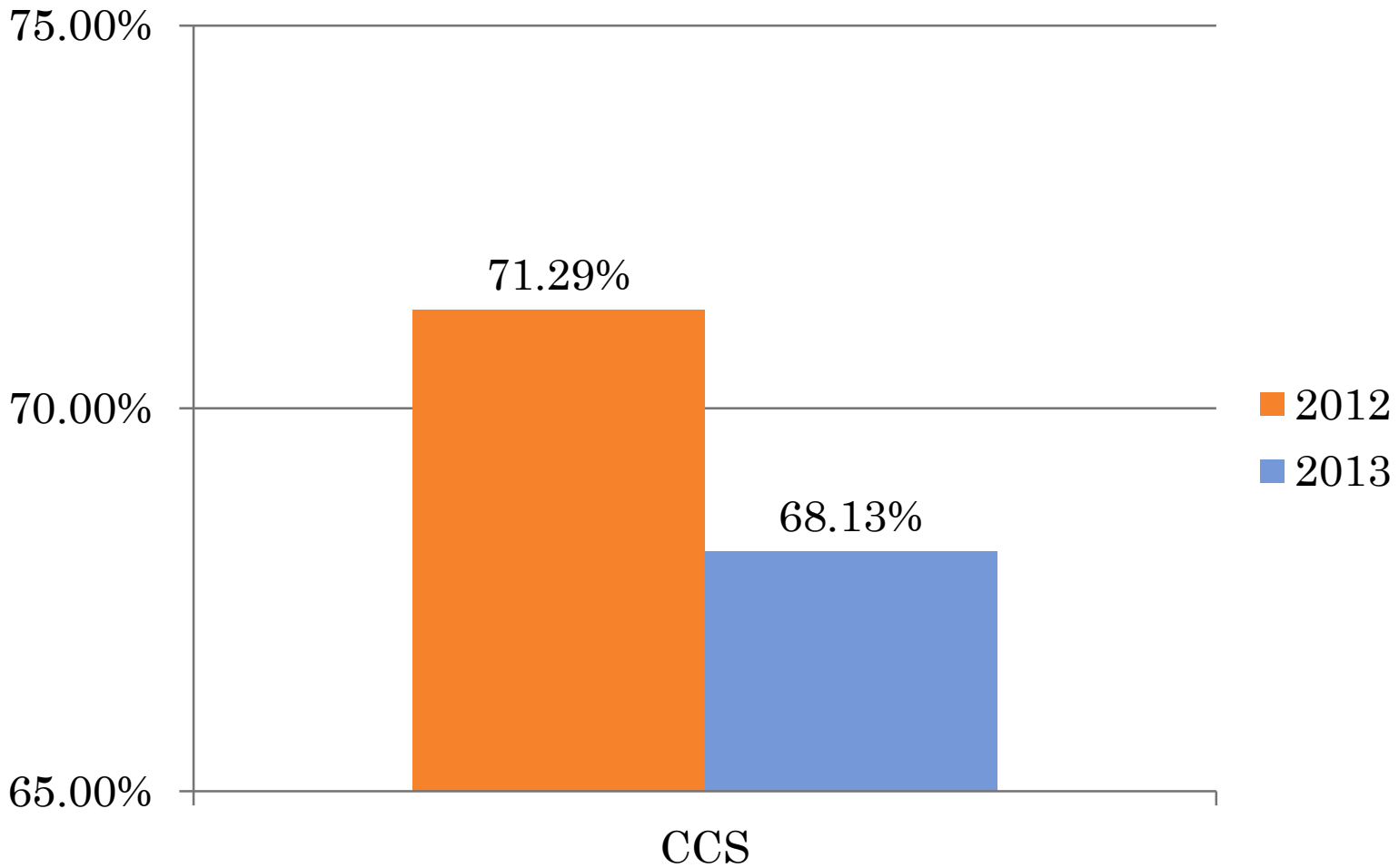
LBP – USE OF IMAGING STUDIES FOR LOW BACK PAIN



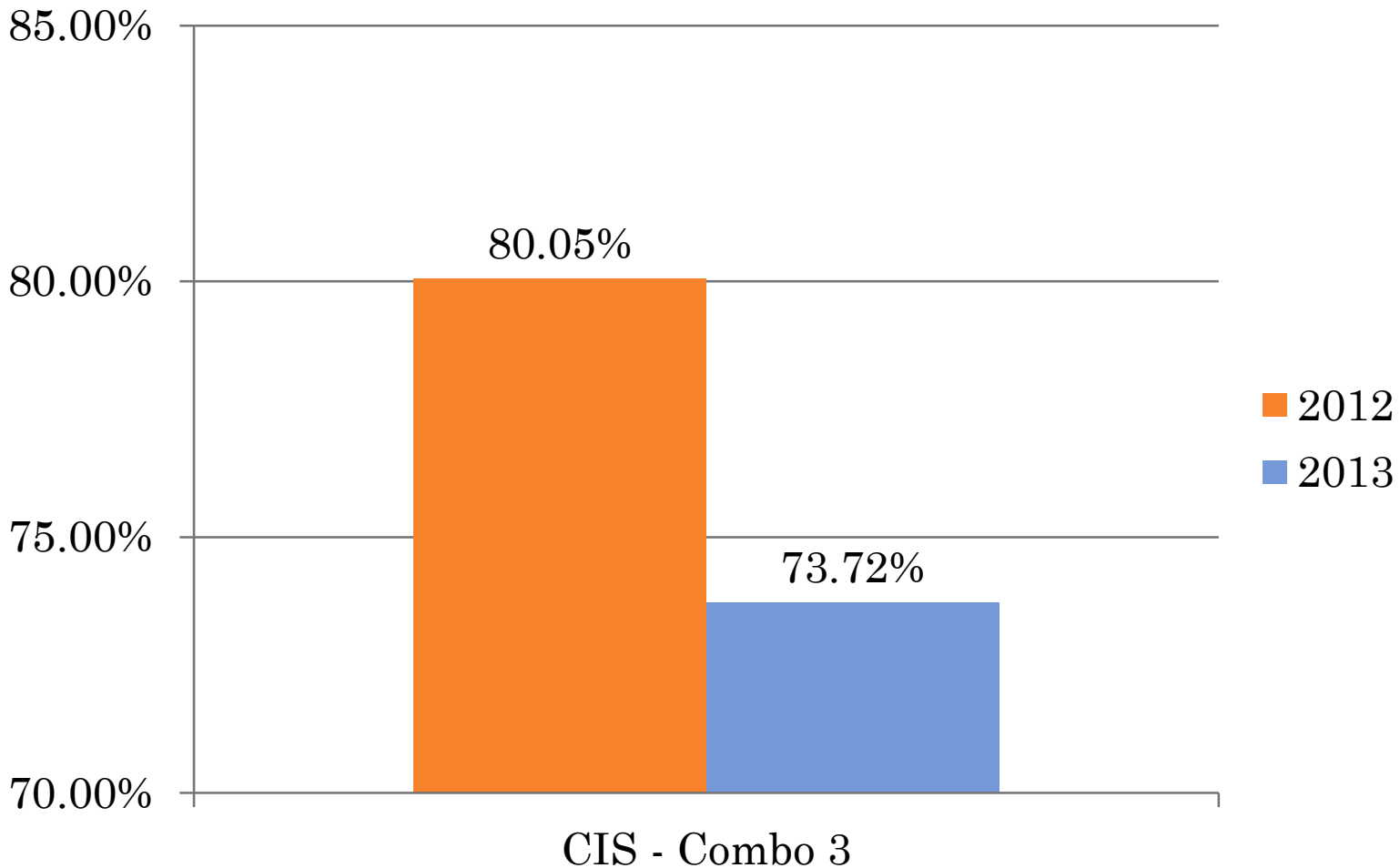
MMA – MEDICATION MANAGEMENT FOR PEOPLE WITH ASTHMA (NEW MEASURE)



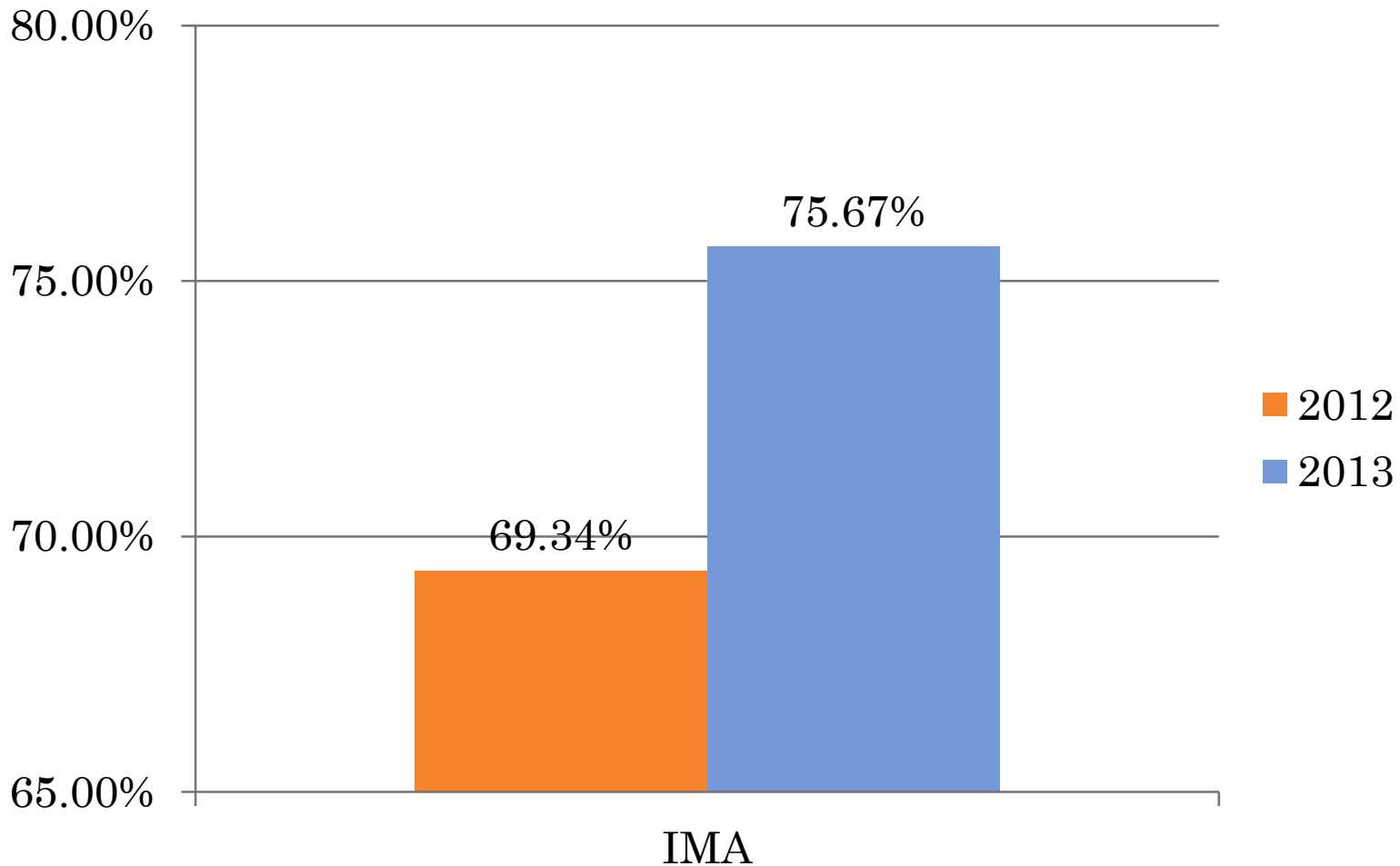
CCS – CERVICAL CANCER SCREENING



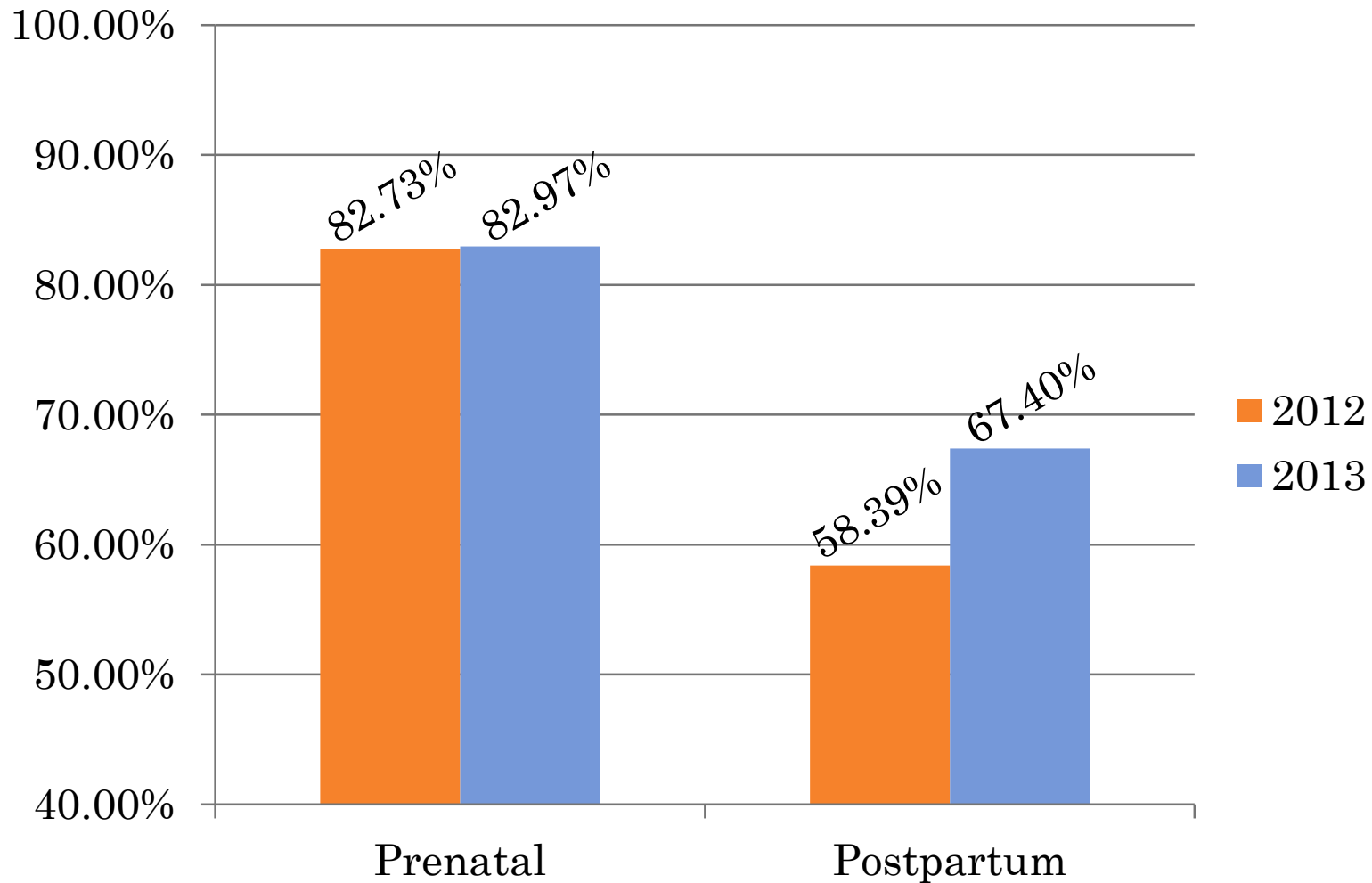
CIS – CHILDHOOD IMMUNIZATION STATUS (COMBO 3)



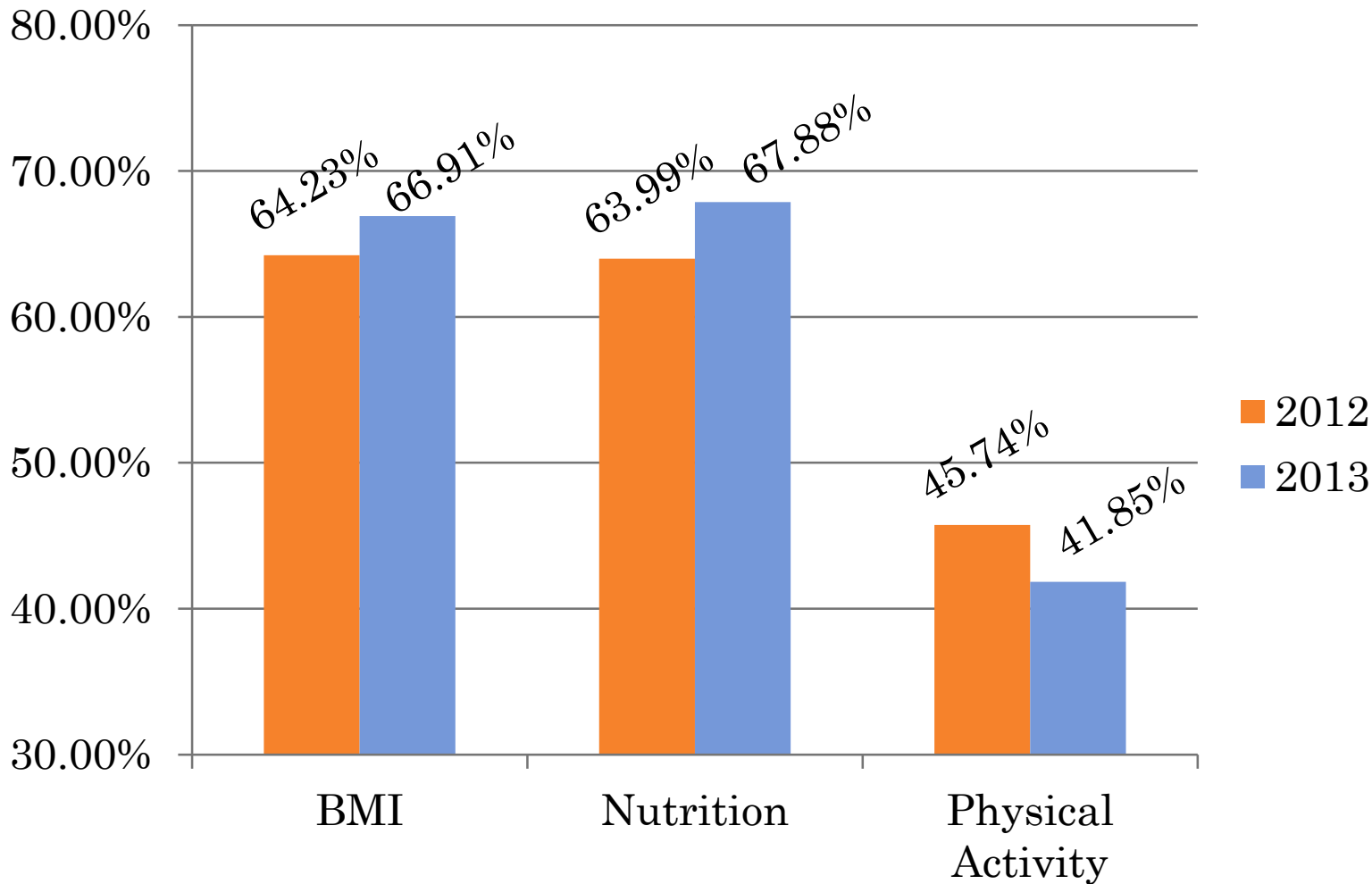
IMA – IMMUNIZATIONS IN ADOLESCENTS



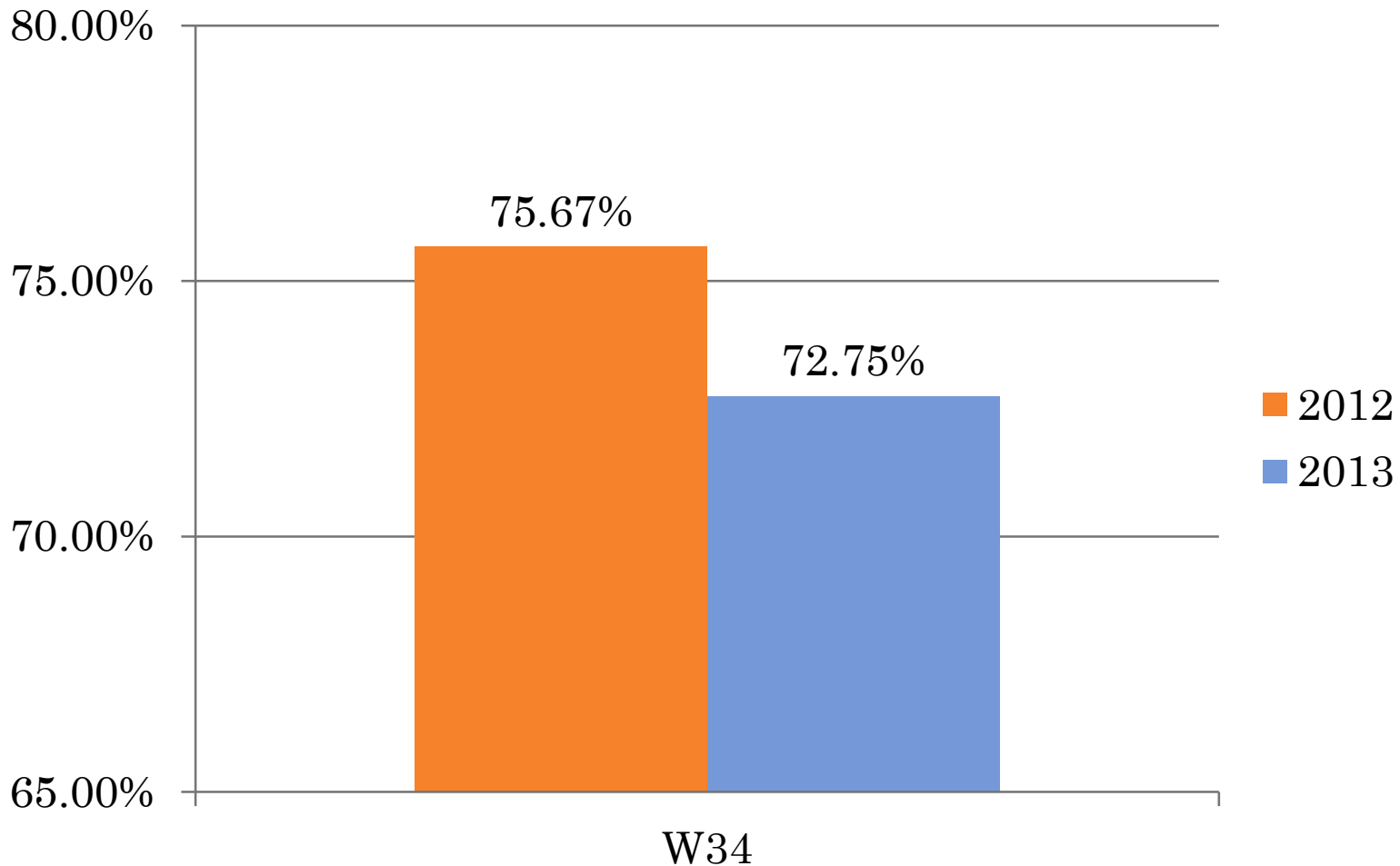
PPC – PRENATAL AND POSTPARTUM CARE



WCC – WEIGHT ASSESSMENT & COUNSELING FOR NUTRITION & PHYSICAL ACTIVITY FOR CHILDREN & ADOLESCENTS



W34 – WELL CHILD VISITS IN THE 3RD, 4TH, 5TH & 6TH YEARS OF LIFE

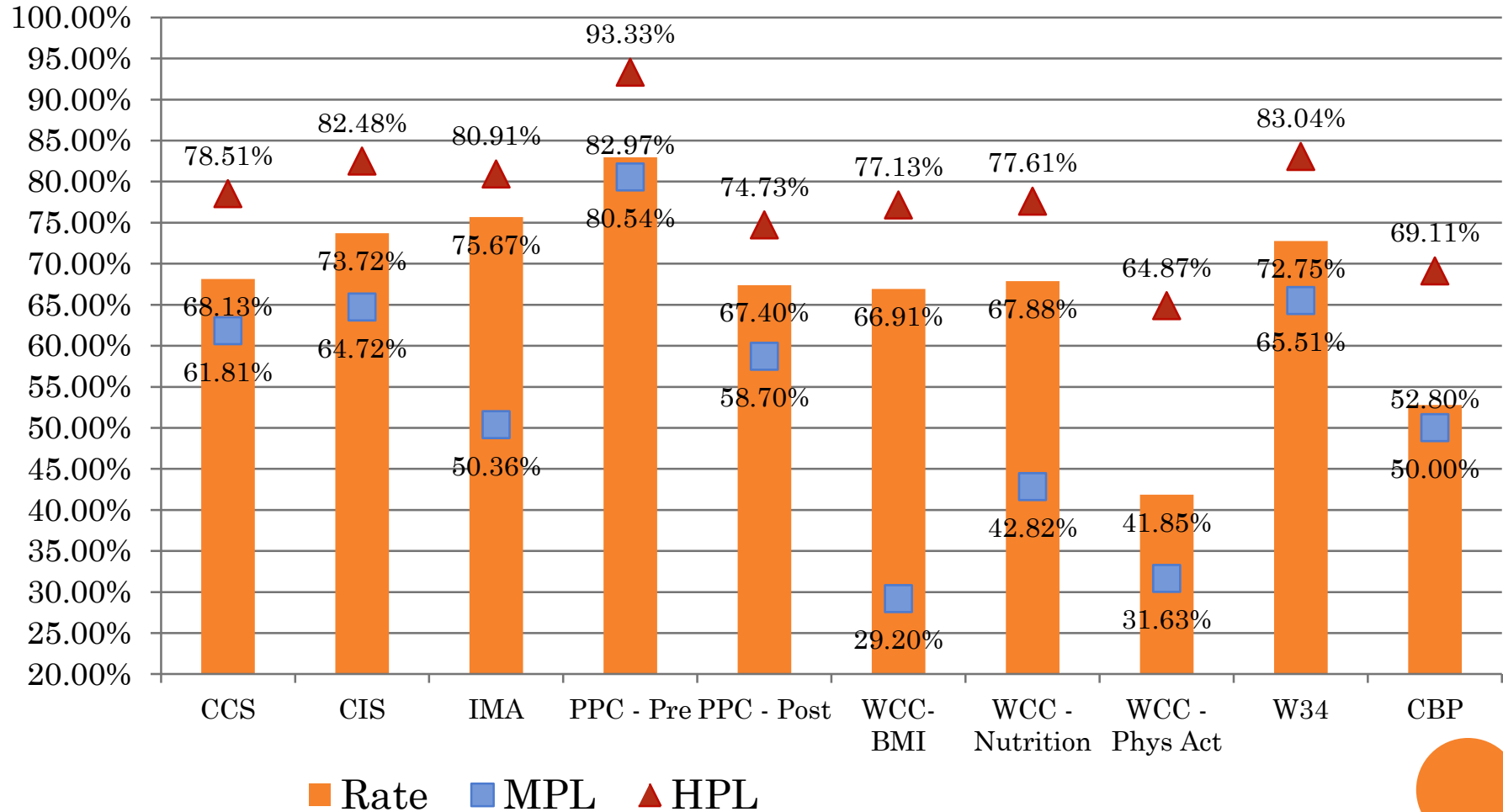


CBP – CONTROLLING HIGH BLOOD PRESSURE (NEW MEASURE)

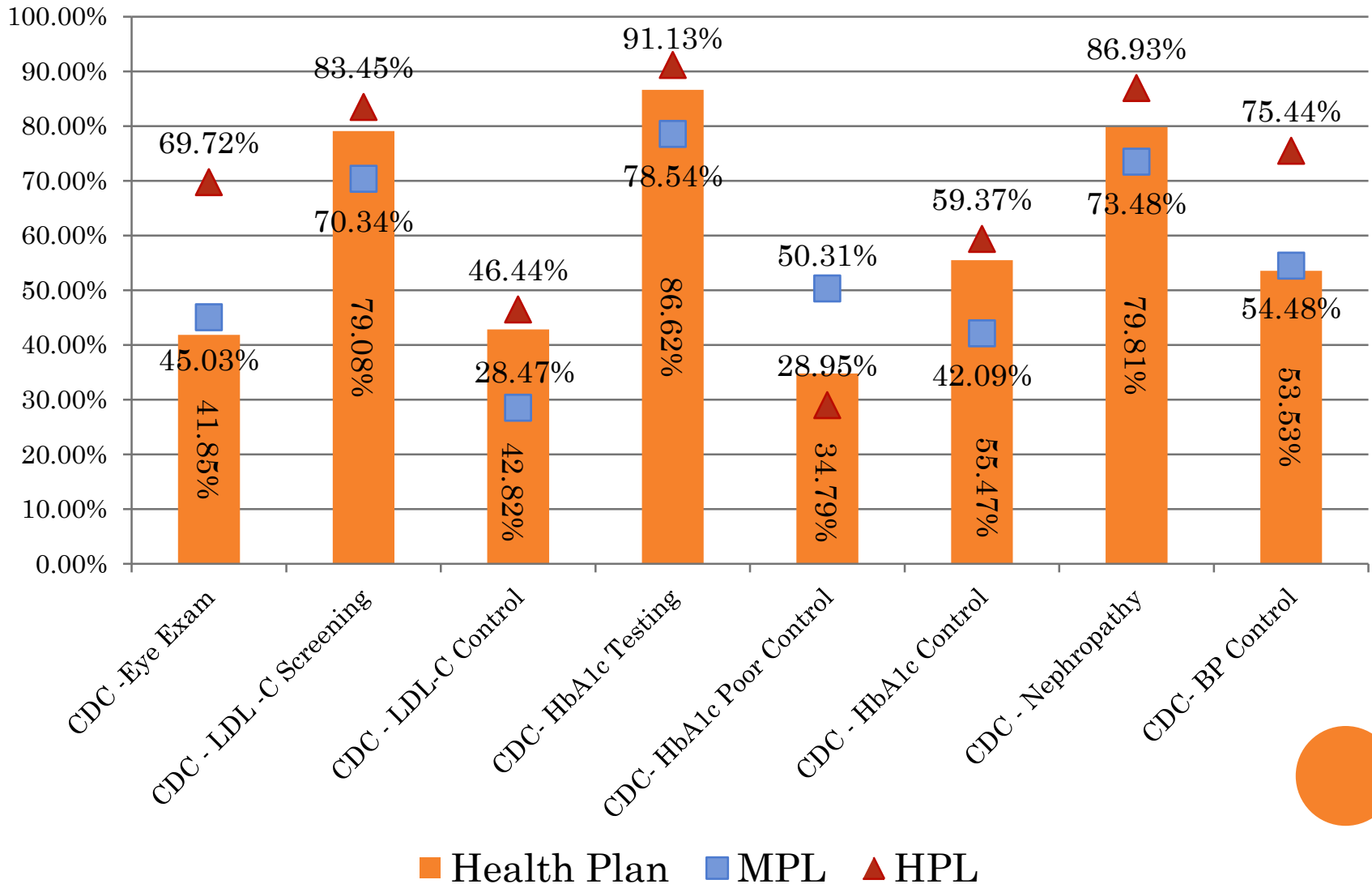
2013



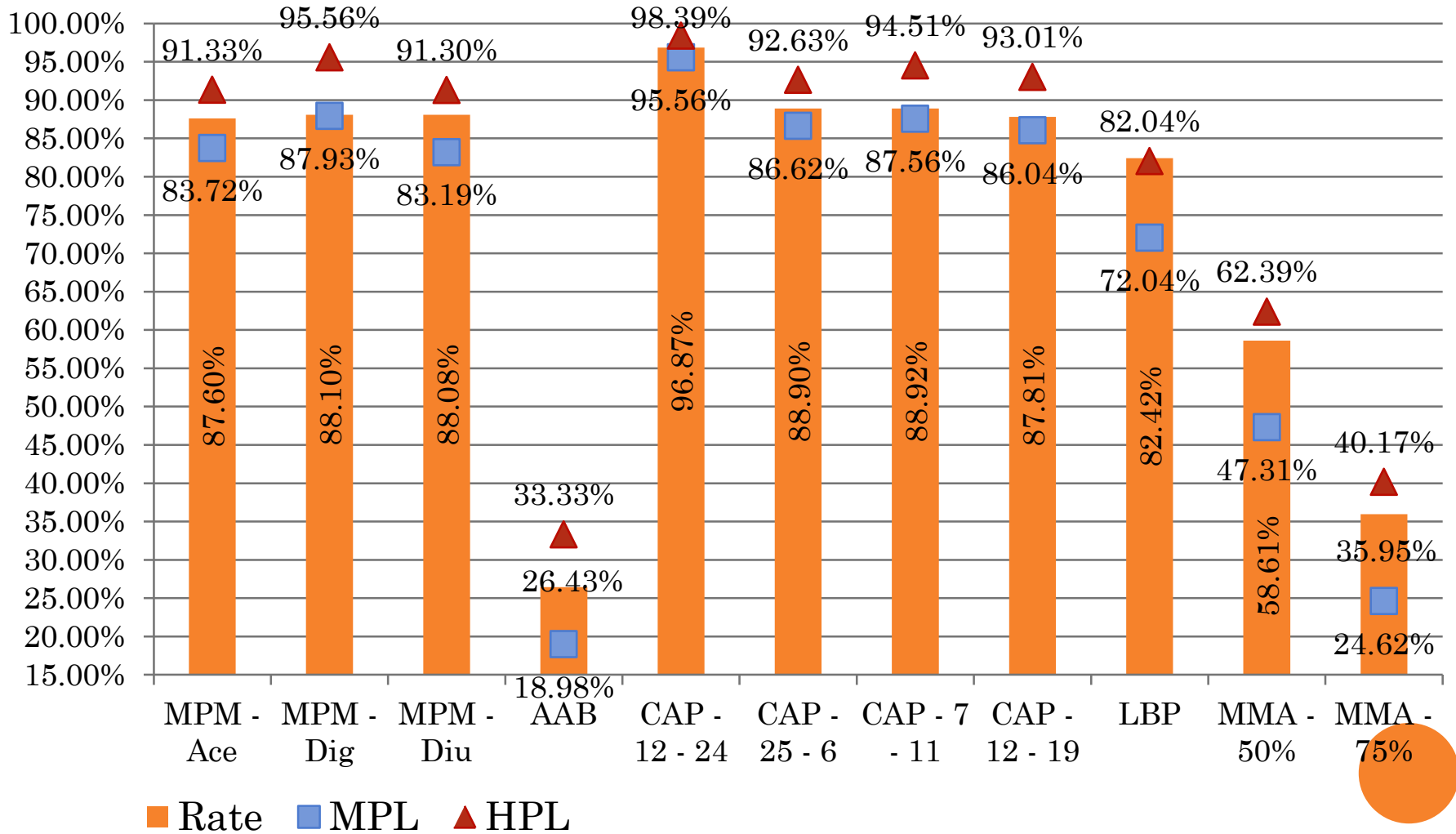
HYBRID MEASURES/HPL/MPL



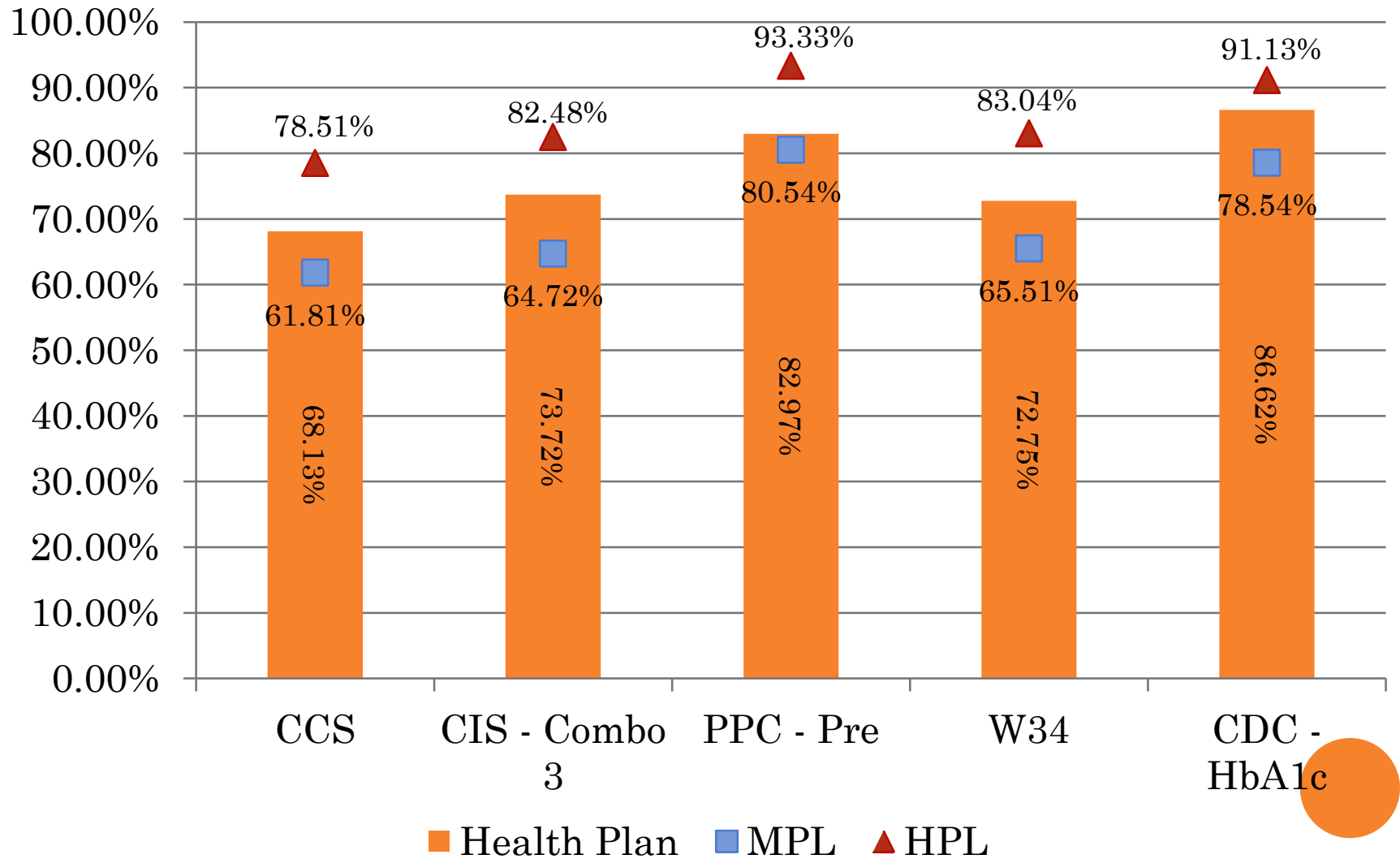
HYBRID MEASURES/HPL/MPL – CONTINUED



ADMIN MEASURES/MPL/HPL



AUTO ASSIGNMENT MEASURES – MPL/HPL



WHAT'S NEXT?

- Initial HEDIS Post Mortem Discussion took place Monday August 12
- Interim Run
 - Rate Review
- HEDIS Workgroup August 27
 - Development and implementation of Improvement Plans based on Interim Run data
 - Review Post Mortem Discussion items to establish goals for HEDIS 2014

