



**Santa Clara Family Health Plan  
Provider Advisory Council  
Wednesday October 10, 2012  
12:15 - 2:00  
Board Room**

- I. Call to Order** Thad Padua, Vice Chair
- II. Review / Approval of Minutes –Attachment** All
- III. Chief Executive Officer Report** Elizabeth Darrow, CEO  
Matthew Woodruff, COO
- Healthy Families / Medi-Cal
  - CBAS
  - Duals Demonstration
- IV. Medical Services**
- New Member appointments for LTSS/IHSS BH/SU, and HCBS - *Attachments* Thad Padua, MD – Medical Director
    - Karen Anton, Director, Asian American Recovery Services (AARS)
    - Paul S. Taylor, CEO Momentum for Mental Health
  - CBAS Referral Process - *Attachment* Tammy Moore / Diane Brown
  - Authorization Policy Review Diane Brown / Michael Lipman
- V. Pharmacy** Sarah Moline, Pharmacy Director  
Diane Brown
- P&T Update - *Attachment*
- VI. Compliance** Matthew Woodruff, COO
- Grievance Report - *Attachment*
- VII. IT/Claims Issues** Michael Lipman
- eClaims
  - Connect
- VIII. Provider Services** Michael Lipman
- CME - Psychopharmacology of addiction medicine and advances in addiction science - Mark Stanford, PhD – October 18, 2012 at Fiorillo’s Restaurant (see flyer). - *Attachment*
- IX. Provider Open Discussion**

**Next Meeting:  
December 5, 2012**

**Santa Clara Family Health Plan  
 Provider Advisory Council  
 May 23, 2012  
 Boardroom**

PAC Attendees: Paul Estess, Peter L. Nguyen, DO, Bridget Harrison, MD, Richard Lopez, MD, Kenneth Phan, MD

Delegated Groups: Vivian Smith, VHP; Tuyen Ngo, MD, Stephen Ho, MD

Guests: Eileen Kunz, Director of Policy, Regulatory Affairs and Compliance – On Lok Senior Health Services; Jay Luxenberg, MD ,  
 Chief Medical Officer – On Lok Senior Health Services

SCFHP Attendees: Elizabeth Darrow, Thad Padua, MD, Jimmy Lin, MD, Mike Lipman, Rayne Johnson, Vivian Than, Stacy Renteria, Diane Brown,  
 Tammy Moore, Abby Baldovinos

ITEM	DISCUSSION	ACTION	RESPONSIBLE PARTIES	DUE DATE
<b>Meeting Called To Order</b>	Chairperson Paul Estess called the meeting to order at 12:20 pm Introduction of attendees.	None		
<b>Review of Minutes</b>	Meeting minutes are approved by the Committee.	None		
<b>CEO Report</b>	<p>Ms. Elizabeth Darrow, CEO thanked the members of the Council for their continued support and participation.</p> <p><u>Updates – May Budget Revise</u>            Ms. Darrow reviewed the highlights of the Governor’s May revisions to the state budget with the Committee. The state deficit has increased from 9.2 billion to 15.7 billion due to weak revenue, Proposition 98 funding, and unsuccessful proposed reductions from the January budget. There will be a couple of ballot initiatives moving forward, one is a temporary increase on personal income tax of wealthiest taxpayers for seven years and the second is an increase in state sales tax by 0.25% for four years.</p> <p>The Dual Demonstration project continues to be discussed in</p>	None	N/A	N/A

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	<p>the assembly. The May revision changed the original pilot program from ten counties down to eight counties, although Ms Darrow received correspondence noting seven counties which means Santa Clara County is included in the pilot program. The remaining counties will come on line in 2014. The long-term support (LTSS) of Medi-Cal is going to continue with the roll out of the Dual Demonstrations. DHCS intends to integrate the LTSS benefits into managed care with the same start date as the Demonstration with the exception of CBAS. CBAS was postponed in the 2 plan model to October instead of July. IHHS is still moving with the full-risk. The Dual Demonstration was slated for January 1<sup>st</sup> and is now pushed back to March 1<sup>st</sup>, 2013. The Health Plans are encouraged to do outreach support around the dual-eligible's.</p> <p>Healthy Families transition is still slated for October. This transition should be completed by next June. It will be a synchronized transition of specific groups in the Healthy Families line of business over to Medicaid. The rate of reimbursement around Medi-Cal has been modified and is not as deep a decrease as first proposed.</p> <p>DHCS received a great deal of interest in the rural expansion of managed care. Some responses to the state RFI were county specific; others considered a range of county compositions for expansion. DHCS hopes to release an RFP in June and is preparing as such but will not be able to move forward without legislative approval.</p>			

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	<p>The FQHCs are still on the chopping block but DHCS believes approval of the FQHC proposal is unlikely.</p> <p>Co-payments are back on the table, last year the governor tried to get co-payments in Medi-Cal and DHCS said no. DHCS decided it should ask CMS about the co-payment issues and now in the May revise there will be a \$15.00 co-payment for non-emergency use of the emergency room in hospitals. Also a co-payment to prescriptions with a \$1.00 and \$3.00 co-pay which is really an incentive around generic brands and mail order pharmacy. The Health Plan will have 60 days to implement this new co-pay. If approved this new co-pay system will start January 1, 2013.</p> <p>Decrease Medi-Cal general fund by \$40 million to reflect \$40 million provided by First 5 programs serving children birth through five years. This could have some impact on Healthy Kids as First 5 does fund a significant portion Healthy Kids and Ms. Darrow will be meeting with them next week to talk about the impact to their contract.</p> <p>Dual Demonstration the Health Plan will meet the deadline to submit Part D application and to get all of the required documents in place. The most significant outstanding issue around this project is the reimbursement rate. Until we see what the payment is the Health Plan is on the fence and if it turns out the payment is unsustainable and we cannot do a proforma that supports us then we will not move forward.</p>			

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<p><b>On Lok Presentation</b></p>	<p><u>On Lok Presentation</u>            Paul Estess introduced Eileen Kunz, Director of Policy, Regulatory Affairs and Compliance for On Lok Senior Health Services and Dr. Jay Luxenberg, On Lok Chief Medical Officer.</p> <p>On Lok specializes in services around long term care for seniors. On Lok Lifeways serves 1200 seniors in San Francisco, Santa Clara County and Alameda County. PACE is a program that serves seniors who have Medi-Cal and Medicare benefits. On Lok receives capitated payments for these members. On Lok first started as an adult day health center. Medical services were incorporated a few years later.</p> <p>Dr. Luxenberg spoke on the care model for On Lok. On Lok pools a large part of the money of what the Medicaid and Medicare programs would pay for a nursing home. This allows us to do a wide variety of services for our members. Dr. Luxenberg reviewed his Powerpoint presentation with the Committee. He addressed the Geriatric care around their program and accompanying specialists for wrap-around services. On-Lok has been around for 40 years now and provides advance directive services for members and their families. On-Lok has a Knox-Keene license, they are an HMO.</p> <p>The Committee discussed eligibility in the program. Social service agencies refer people to On-Lok that they see in hospital</p>	<p>None</p>	<p>N/A</p>	<p>N/A</p>

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	<p>emergency rooms. In a two- plan county system like Santa Clara County with dual eligible members On-Lok can only take members that are eligible for nursing care services.</p> <p>Ms. Darrow stated when SCFHP had the Healthy Generations line of business the first people we called was On-Lok to help find those members in the Healthy Generations line of business who were eligible for On-Lok services, the challenge is if the member has a physician that they have a relationship with the member has to give up that physician to receive care through On-Lok. That is one of the biggest challenges in this market and especially California, in some counties there is a competitive feel for PACE. SCFHP's view is we want a referral to PACE for our members because some of the members we are not the best solution for them. With the loss of Adult Day Care and with new CBAS there will be a trickle of members that make it to On-Lok. There will most likely be more Special Needs/Disabled members moving to an On-Lok model due to any frailty issues because of the wrap-around services at On-Lok. PACE programs like On-Lok are not competitors to the Health Plan because their bandwidth is limited. There are some PAC programs around the country that have only 37 enrollees and they don't want to grow, and its very specific and usually attached to hospitals or physicians. When the Health Plan had the Healthy Generations line of business, less than 10 of the 5,000 enrollees went into On-Lok's system. It's not a one-size fits all model.</p>			

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<b>Medical Director's Report</b>	<p><b><u>SPD Data</u></b> Dr. Thad Padua, Medical Director reviewed his Powerpoint presentation on SPD data to the Committee. His report focused on risk assessment data around chronic health conditions and identifying barriers to care.</p> <p>The Committee discussed communication between providers, IPA's and the Health Plan around the SPD population.</p> <p><b><u>Grievance Report</u></b> Dr. Padua reviewed the small number of grievances noted on the report with the Committee.</p> <p><b><u>Breathe California</u></b> Dr. Padua reviewed the enclosed marketing materials around the Pediatric Asthma Camp and the Tobacco Cessation Program sponsored through Breathe California. Members can self-refer by contacting the Health Plan's Member service department or call Breathe California directly for either program.</p>	None	N/A	N/A
<b>Provider Services</b>	<p><b><u>Delegated Groups Survey Results</u></b> Mike Lipman, VP Provider Operations, reviewed the results from the Timely Access Surveys and Provider Satisfaction Surveys with the Committee. The survey guidelines and results were reviewed via PowerPoint presentation and discussed with the Committee. Mike discussed the Industry Collaboration Effort (ICE) in the hope to standardize the surveys for all delegated entities to use; this would help eliminate the survey discrepancies for reporting purposes. These surveys are</p>	None	N/A	N/A

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	<p>conducted in each delegated group wherever SCFHP members are located and not to compare delegated groups to one another.</p>			
<p><b>Information Technology</b></p>	<p>Rayne Johnson, CIO is introduced to the Committee as the newest employee addition to the Health Plan. He hopes to address any and all information issues providers and delegated entities may have with the Health Plan.</p> <p><b><u>Encounter Data and SPD Reporting</u></b>            Rayne stated that he will be looking at all encounter data issues and reporting issues since he does not have anything specific to report out to the Committee.</p> <p><b><u>Connect Provider Portal</u></b>            Mike stated the Health Plan went live with the Connect Provider Portal last week and Provider Services started out in the field to train provider offices. To date 15 offices and vendors have been trained. He did a quick overview of what the training covers.</p>	<p>None</p> <p>None</p>	<p>N/A</p> <p>N/A</p>	<p>N/A</p> <p>N/A</p>
<p><b>Adjournment</b></p>	<p>Meeting adjourned at 1:51 pm</p>			

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





## **Santa Clara Family Health Plan Provider Advisory Council**

### **Purpose Statement:**

Santa Clara Family Health Plan's (SCFHP) Provider Advisory Council (PAC) shall act as an advisory body to assist SCFHP in achieving the highest quality of care for patients of the health plan.

### **Goals and Objectives:**

- Address clinical and administrative topics that affect interactions between physicians/providers and SCFHP
- Discuss regional, state, and national issues related to enhancing patient care
- Provide input on health care services of SCFHP
- Provide input on the coordination of services between networks of SCFHP
- Improve communications, relations, and cooperation between physicians/providers and SCFHP
- Provide expertise to SCFHP relative to their area of practice

### **Committee Representation:**

The Provider Advisory Council (PAC) is comprised of at least one contracted Primary Care Physician and/or Specialist from each of SCFHP's physician networks, an affiliated physician or representative from each contracted hospital, and a physician or representative from the County and Community clinics, and representatives from the ancillary network to include: behavioral health, long-term care and support services, and community based providers.

### **Meeting Requirements:**

- PAC shall meet at least four (4) times per year
- Quorum shall consist of at least one third (1/3) of the Committee members
- In the event a PAC Committee Member misses 2 meetings in a given year, the Committee member will be replaced with a physician/representative who can attend the quarterly meetings

**Karen Anton**

Program Director

Asian American Recovery Services, Inc.

1340 Tully Rd. Suite 304

San José, CA 95122

[kanton@aars.org](mailto:kanton@aars.org)

T: (408)271-3900 ext. 304

F: (408)271-3909

**Karen Anton** is the Program Director of Asian American Recovery Services (AARS), a 501(c)3 committed to reducing the impact and incident of substance abuse among the Asian/Pacific Islander and other underrepresented communities of the greater San Francisco Bay Area. Karen has been instrumental in working closely with stakeholders in Santa Clara County to ensure culturally responsive behavioral health services - and particularly substance abuse prevention, intervention, and treatment services - are integrated into the County's overall strategy for health care reform.

Karen has contractual and fiscal oversight across all AARS programming in Santa Clara County totaling over \$2 million across 30 staff and interns. She has experience contracting with local departments including the Department of Alcohol and Drugs Services, the Department of Mental Health, the Probation Department, and the City of San Jose. She works with executive management in the research and drafting of funding submissions and has extensive experience coaching and supporting mid-level management.

She holds a Master's Degree in Ethnic Studies, American Indian emphasis from San Francisco State University and a B.A. degree in Human Communication. She has worked with California native tribes around contemporary issues ranging from health, education, tribal recognition, and cultural preservation.

Prior to her current role she also held various positions with AARS including Youth Intervention Worker and Adult Program Manager.

**Paul S. Taylor, CPRP**

President and CEO

Momentum for Mental Health

408-254-6820 Ext. 1218

FAX: 408-259-2273

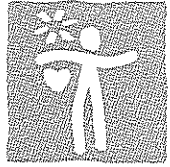
[Ptaylor@MomentumMH.org](mailto:Ptaylor@MomentumMH.org)

[www.momentumformentalhealth.org](http://www.momentumformentalhealth.org)

Paul has worked in community mental health programs since 1972 and for Momentum since 1975. Over the course of his career he helped establish one of the first residential treatment programs in the nation for mentally ill ex-offenders, has been active and held several Officer positions, including past President of the California Association of Social Rehabilitation Agencies (CASRA), served as President of the California chapter of United States Psychiatric Rehabilitation Association (USPRA), and has served as President of the Association of Mental Health Contractors in Santa Clara County and on the Board of the California Council of Community Mental Health Agencies who co-authored the Mental Health Services Act. He currently is President of The Foundation for Mental Health.

Paul founded La Selva, the first residential treatment program for mentally ill adults in California funded by both commercial insurance and private pay. His first job was living in what was then called a "halfway house" for adults with psychiatric disabilities, where he learned the value of listening to consumer concerns. He recognized the importance of family partnerships in 1979, and worked to help establish both family support and multi-family therapy groups that greatly increased the opportunity for individual clients to move forward in their recovery process. He has worked in or overseen residential programs, day programs, employment services, and various types of outpatient services. Paul enjoys strong support from staff and managers at Momentum for his consumer centered values and supportive leadership style. He is a strong and effective advocate for helping both the individual and community understand what elements are important to help people affected by serious mental illness to fully participate in life.

He is a graduate of Beloit College, a certified psychiatric rehabilitation practitioner (CPRP), and a recognized leader locally and throughout the state. Paul lives with his wife and two cats in Palo Alto, and is the proud father of three adult children--a daughter and two sons.

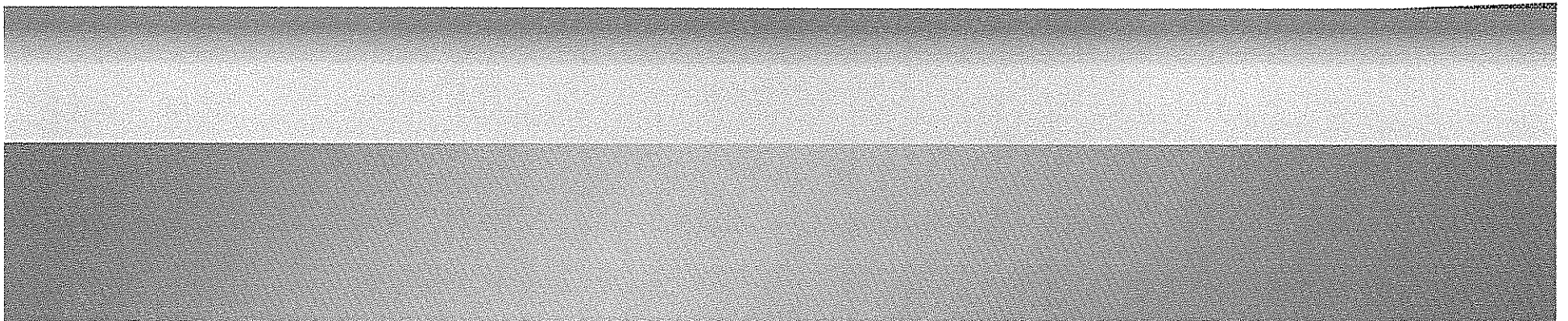


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Family Health Plan

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# Community Based Adult Services CBAS



# What is CBAS?

Adult Day Health Care (ADHC) is now Community Based Adult Services (CBAS).

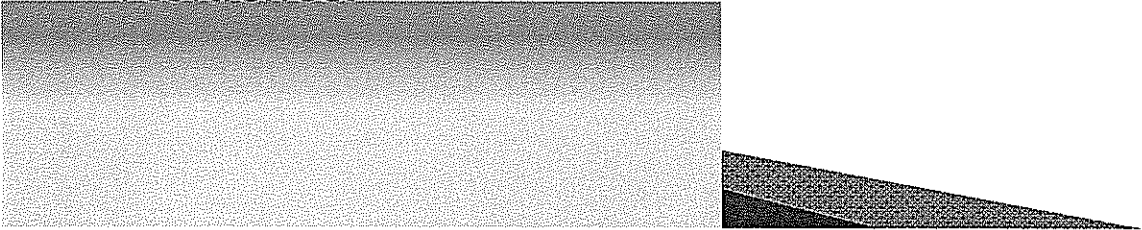
CBAS is a Managed Medi-cal Benefit and is not available through Fee for Service Medi-cal.

# CBAS Services are bundled and include:

**Core Services:** each waiver participant shall receive ALL of these services on each day of attendance at the CBAS center:

- a. Professional nursing.
- b. Social services and/or personal care services.
- c. Therapeutic activities.
- d. One meal offered per day.

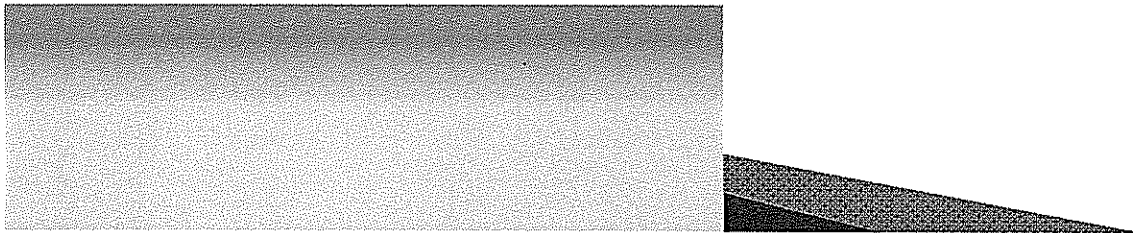
**Additional Services:** each waiver participant shall receive any of the following services specified:

- a. Physical therapy.
  - b. Occupational therapy.
  - c. Speech therapy.
  - d. Mental health services.
  - e. Registered dietitian services.
  - f. Transportation to/from CBAS center and participant's place of residence.
- 

# Who is eligible for CBAS?

Must meet all 3 of the following criteria to qualify for CBAS:  
(Welfare and Institutions Code, Section 14525)

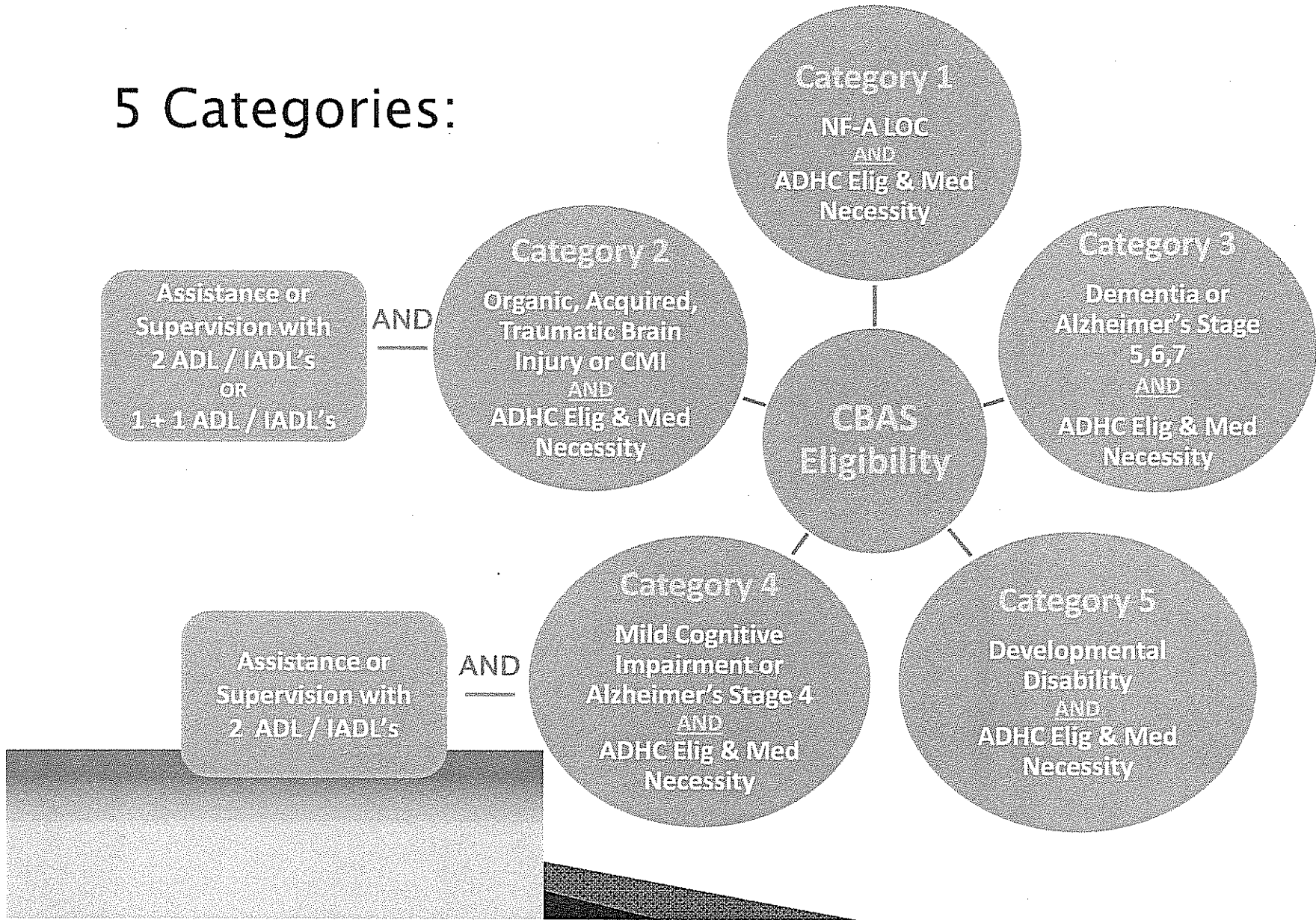
- ▶ 1. The person is 18 years of age or older and has one or more chronic or post acute medical, cognitive, or mental health conditions, and a physician, nurse practitioner, or other health care provider has, within his or her scope of practice, requested ADHC services for the person
- ▶ 2. The person requires ongoing or intermittent protective supervision, skilled observation, assessment, or intervention by a skilled health or mental health professional to improve, stabilize, maintain, or minimize deterioration of the medical, cognitive, or mental health condition.
- ▶ 3. The person requires adult day health care services, as defined in Section 14550, that are individualized and planned, including, when necessary, the coordination of formal and informal services outside of the adult day health care program to support the individual and his or her family or caregiver in the living arrangement of his or her choice and to avoid or delay the use of institutional services, including, but not limited to, hospital emergency department services, inpatient acute care hospital services, inpatient mental health services, or placement in a nursing facility or a nursing or intermediate care facility for the developmentally disabled providing continuous nursing care.





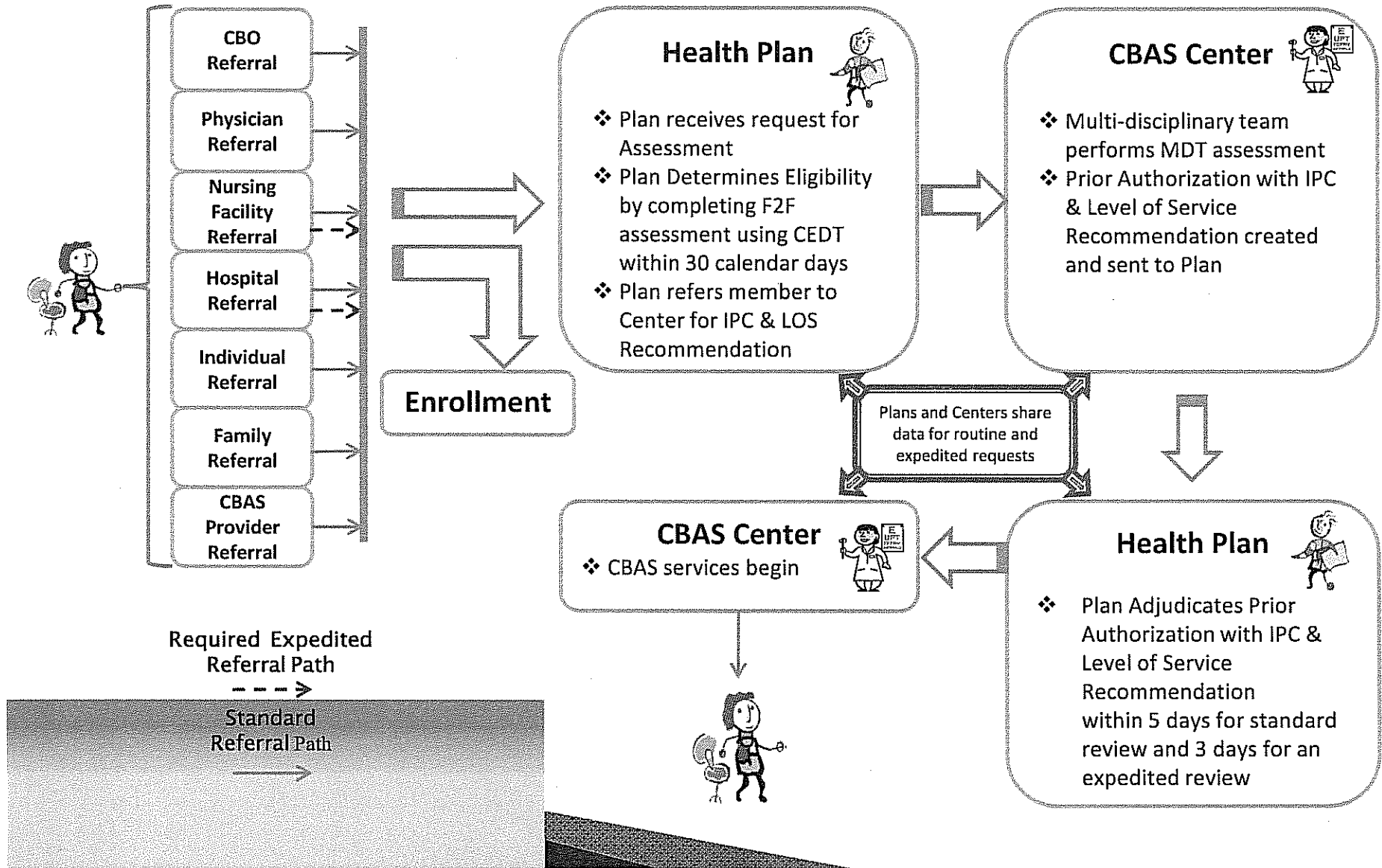
# CBAS Criteria

5 Categories:



# How to initiate referral for CBAS?

## Referral Flow Chart



# What to expect after CBAS service has been initiated...

- ▶ CBAS center will create an Individualized Plan of Care (IPC) which will be reviewed every six months by the CBAS Center's Interdisciplinary team.
- ▶ Health Plan will review the IPC to reauthorize services every six month.

The CBAS Center will continue to assist the member to coordinate care and communicate with the members physician as needs arise.





**Summary of significant changes effective 10/13/2012**

<b>Drug Name</b>	<b>Formulary Status</b>	<b>Comments</b>
ProAir HFA	<b>PA required</b>	Formulary product: <b>Ventolin HFA (no Prior Auth required)</b>
Keppra, Keppra XR, Felbatal, Gabitril	<b>Added additional age edit per FDA recommendation</b>	To ensure appropriate use
Gabapentin	<b>Added maximum daily dose edit of 3600mg.</b>	Claims with a dose >3600mg will require Prior Authorization
Montelukast (generic Singulair)	<b>Formulary, removed Step Therapy requirement</b>	Mandatory generic substitution required
Pioglitazone and Pioglitazone/metformin	<b>Formulary, removed Step Therapy requirement</b>	Mandatory generic substitution required

**Thank you for all you do in assisting our members.**

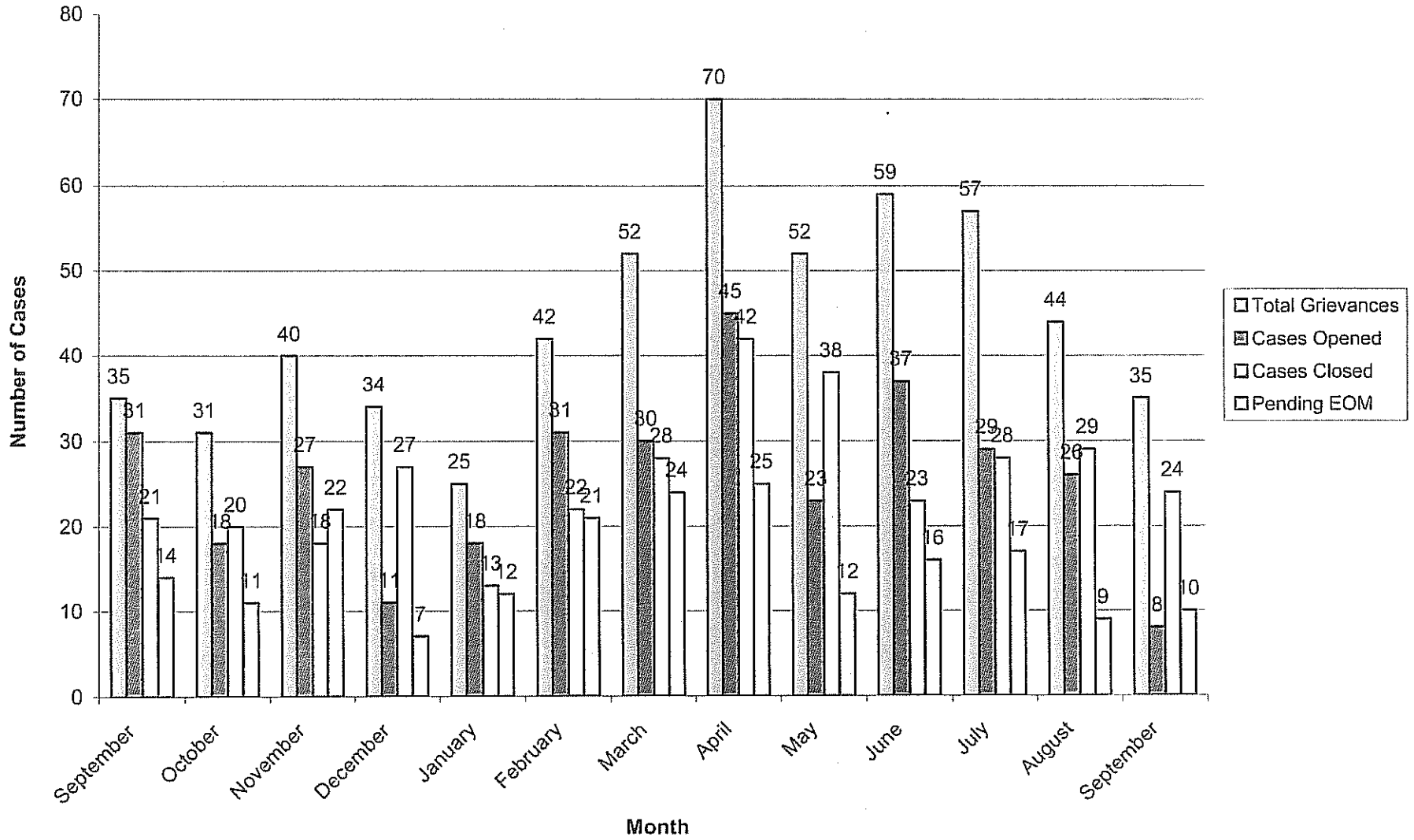
**Please direct any pharmacy related inquiries or requests for assistance to our Pharmacy Services Department:**

**Phone: (408) 874-1796**

**Fax: (408) 874-1444**

**E-mail: [pharmacy@scfhp.com](mailto:pharmacy@scfhp.com)**

### Total Grievances



**Cases Closed by IPA**

**3Q 2012**

**Total: 84**

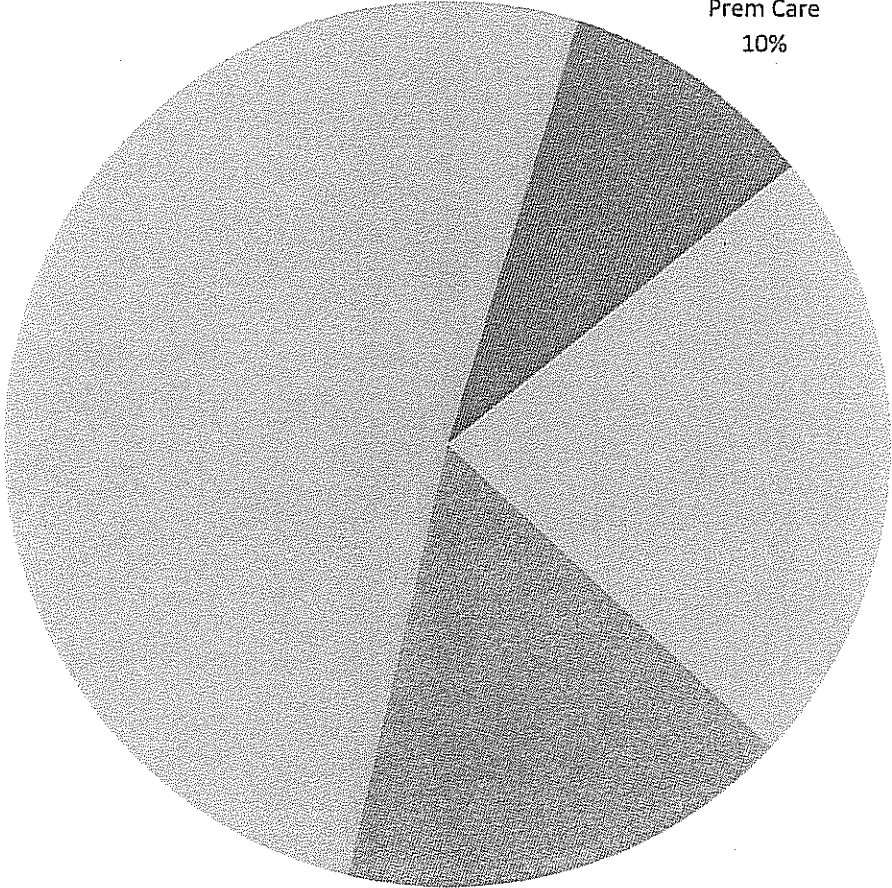
PAMF  
5%

Prem Care  
10%

VHP  
45%

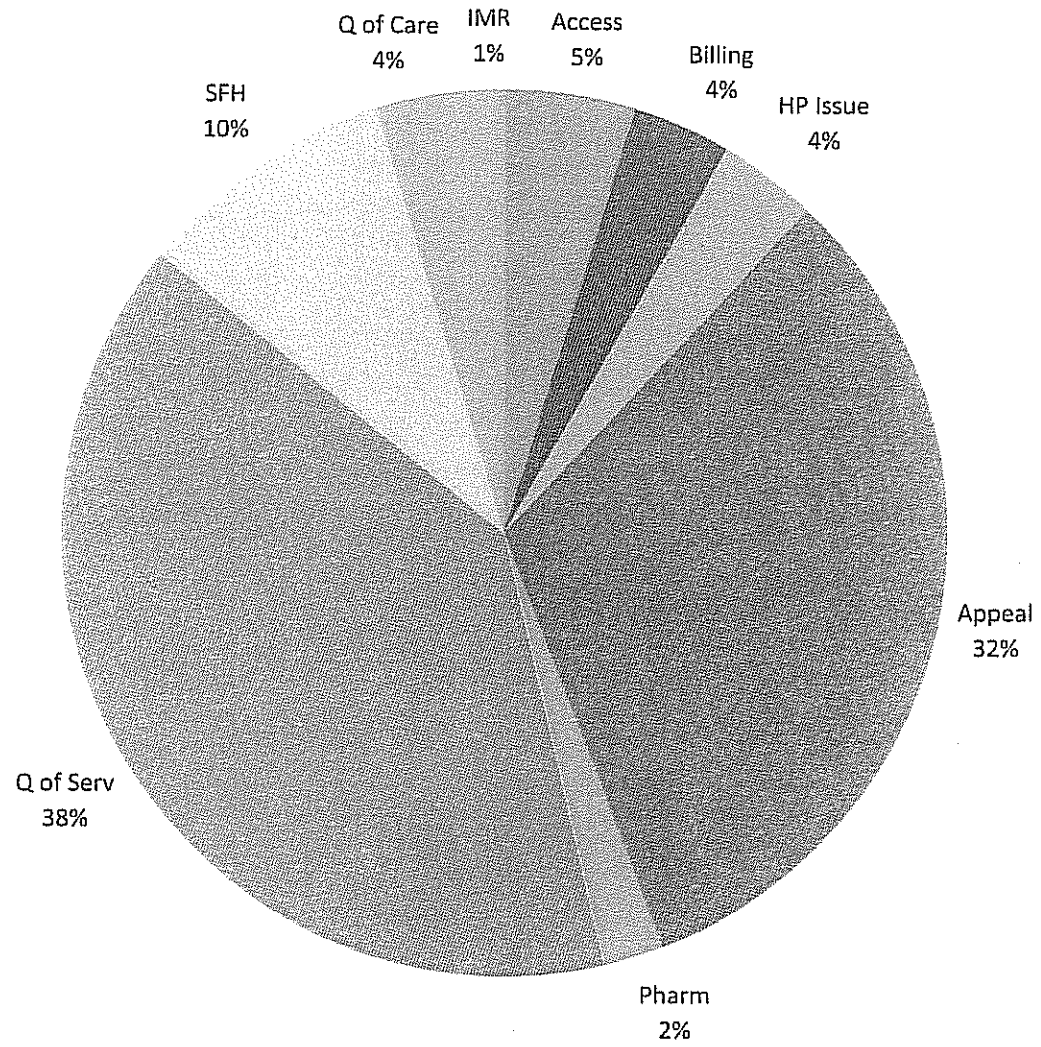
PMG  
23%

SCFHP  
17%



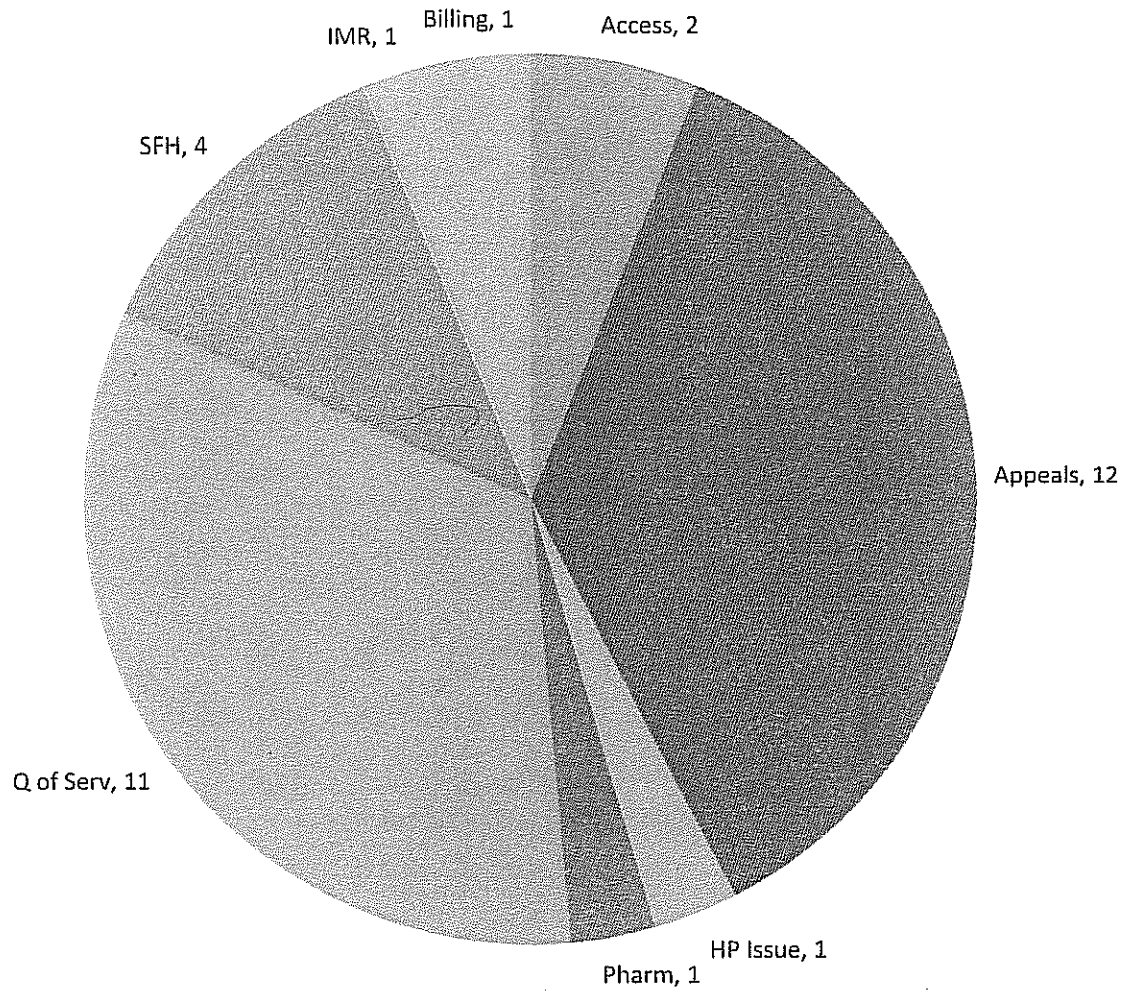
# Grievance by Category

## 3Q 2012



# SPD Grievances by Category

## 3Q Total: 33



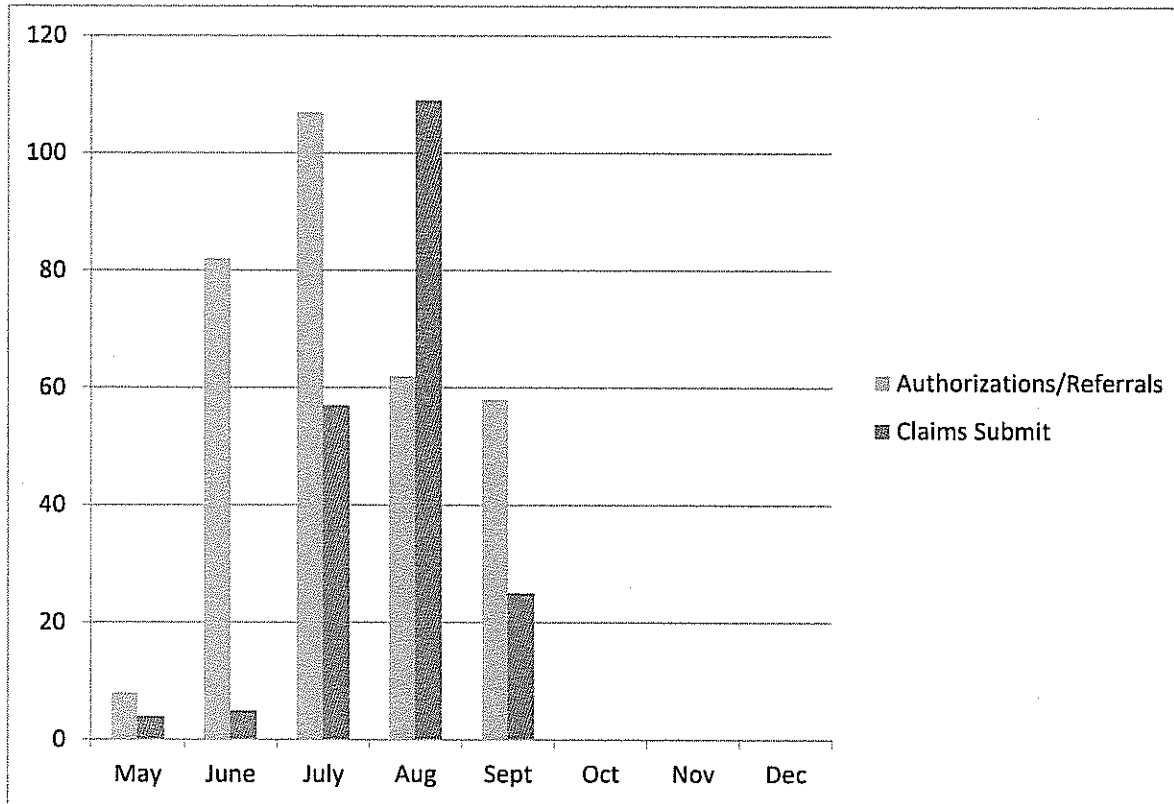




10/8/2012

# Monthly Report of Claims and Authorizations Submission / Usage for Connect

	May	June	July	Aug	Sept	Oct	Nov	Dec
Authorizations/Referrals	8	82	107	62	58			
Claims Submit	4	5	57	109	25			





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## *SAVE THE DATE*

**Thursday, October 18, 2012**

***FOR UPCOMING PROGRAM:***

# **ADDICTION SCIENCE AND MEDICINES USED IN THE TREATMENT OF ADDICTION**

*Keynote Facilitators:*

**MARK STANFORD, PH.D.**

**Location:**

**Fiorillo's Restaurant  
638 El Camino Real  
Santa Clara, Ca 95050**

*Registration at 6:00pm*

*Dinner & Presentation at 6:30-8:30pm*

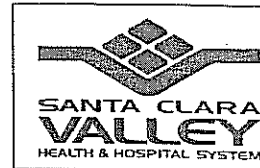
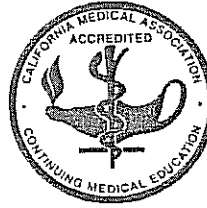
**Physicians, Nurse Practitioners, Medical Assistants, Physician Assistants, RN, RD, and Pediatric Health Care Professionals are invited to attend.**

**\*\* FREE OF CHARGE \*\***



Santa Clara  
Family Health Plan

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*You are cordially invited to attend a Continuing Education Program entitled:*

## **ADDICTION SCIENCE AND MEDICINES USED IN THE TREATMENT OF ADDICTION**

*Keynote Facilitator:*  
**MARK STANFORD, PH.D.**

**Thursday, October 18, 2012**

**Fiorillo's Restaurant  
638 El Camino Real  
Santa Clara, Ca 95050**

*Registration at 6:00pm  
Dinner & Presentation at 6:30-8:30pm*

**Physicians, Nurse Practitioners, Medical Assistants, Physician Assistants, RN, RD, Other Health  
Care Professional are invited to attend.**

**\*\* FREE OF CHARGE \*\***

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Institute for Medical Quality/California Medical Association (IMQ/CMA) through the joint sponsorship of **The Santa Clara Valley Medical Center (SCVMC)** and **Santa Clara Family Health Plan**. SCVMC is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians.

SCVMC designates this **Live Activity** for a maximum of 2 **AMA PRA Category 1 Credit(s)**<sup>TM</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**To register, complete the form and fax it to: 408-376-3537**

**Questions? Call Melinda Shaw, SCFHP Provider Services at 408-874-1784**

**Deadline to register is Monday, October 15, 2012**

Attendee name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Requesting CEU/CME credit: Yes/ No (circle one) ..... Your License # \_\_\_\_\_

**Entree Choices:** \_\_\_\_\_ N.Y. Steak \_\_\_\_\_ Baked Rigatoni (Veg.) \_\_\_\_\_ Chicken Marsala  
\_\_\_\_\_ Prawns Bordelaise (Pasta w/Prawns)