



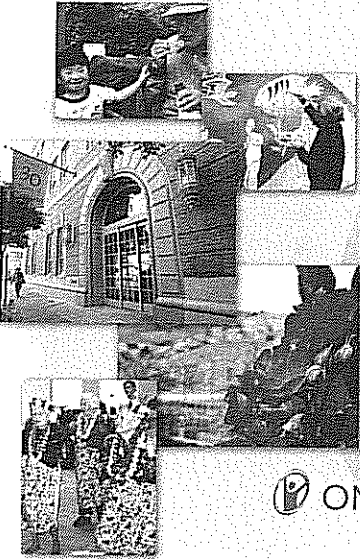
Santa Clara  
Family Health Plan

*The Spirit of Care*

**Santa Clara Family Health Plan  
Provider Advisory Council  
Wednesday May 23, 2012  
12:15 - 2:00  
Board Room**


- |   |  |
|---|--|
| <b>I. Call to Order</b> <ul style="list-style-type: none"><li>● Welcome Dr. Kenneth Phan</li></ul>  | Paul Estess, Chair   |
| <b>II. Review / Approval of Minutes –Attachment</b>   | All  |
| <b>III. Chief Executive Officer Report</b>  | Elizabeth Darrow, CEO  |
| <b>IV. On Lok Presentation</b>  | Eileen Kunz, Director of Policy,<br>Regulatory Affairs and Compliance<br>On Lok Senior Health Services |
| <b>V. Medical Director’s Report</b> <ul style="list-style-type: none"><li>● SPD Data</li><li>● Grievance Report - <i>Attachment</i></li><li>● Breathe California<ol style="list-style-type: none"><li>1. Pediatric Asthma Camp – <i>Attachment</i></li><li>2. Tobacco Cessation Program - <i>Attachment</i></li></ol></li></ul> | Dr. Thad Padua, Medical Director   |
| <b>VI. Provider Services</b> <ul style="list-style-type: none"><li>● Delegated Groups Survey Results<ol style="list-style-type: none"><li>1. Timely Access Survey</li><li>2. Provider Satisfaction Survey</li></ol></li></ul>   | Mike Lipman, VP Provider Operations  |
| <b>VII. Information Technology</b> <ul style="list-style-type: none"><li>● Encounter Data</li><li>● SPD Reporting</li><li>● Connect Provider Portal</li></ul>   | Rayne Johnson, CIO   |

**Next Meeting:  
Wednesday, September 26, 2012**




## Overview of PACE and On Lok Lifeways

Presentation to Santa Clara Family Health Plan Provider Advisory Council  
May 23, 2012




ON LOK, inc.



## What is On Lok?

- **Original Vision:**
  - Help the low-income seniors in Chinatown/North Beach area of San Francisco stay in their own homes with health and social services needed to maintain independence
  - National prototype for the Program of All-inclusive Care for the Elderly (PACE) model of care
- **Structure Today:**
  - On Lok Lifeways, our PACE program, serves almost 1,200 frail seniors in three San Francisco Bay Area Counties
  - On Lok's 30<sup>th</sup> Street Senior Center services over 5,000 seniors annually with traditional senior center services
  - Owns and operates three housing facilities



ON LOK, inc.

## What is PACE?

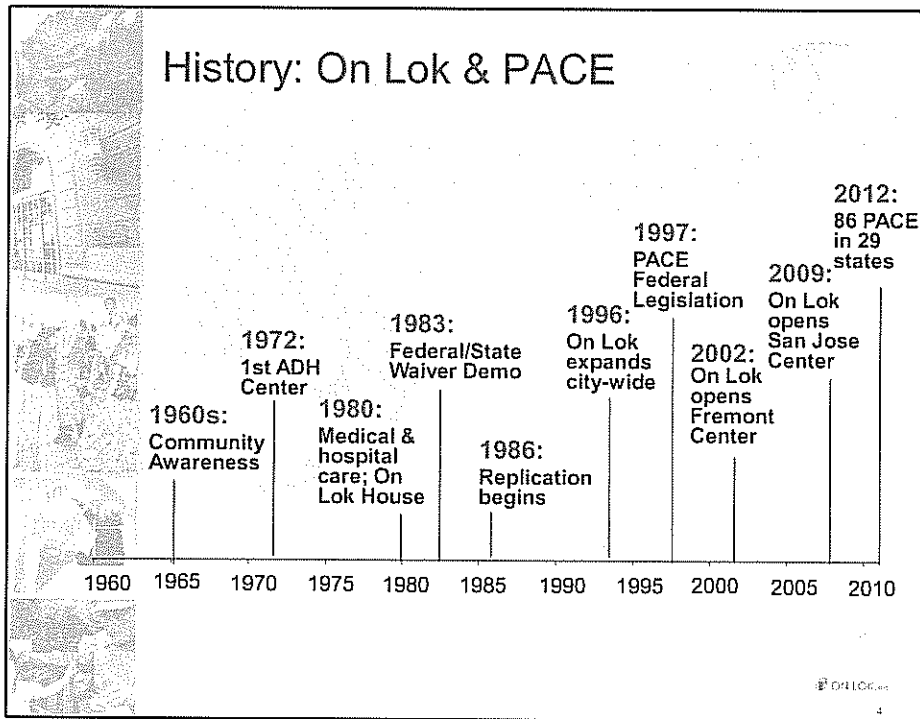
### Program of All-inclusive Care for the Elderly

- **Eligibility:**
  - Individuals 55 years of age or older who meet Medi-Cal nursing home level of care and can live safely in the community at intake
- **Comprehensive services:**
  - Preventive care
  - Primary care
  - Medications
  - Acute care
  - Long-term care, including nursing facility when needed
  - Transportation
  - Meals
  - Medical specialists
  - Dental & vision
  - Emergency care
  - Behavioral and mental health
- **Capitation funding (per member per month):**
  - Combines Medicare, Medicaid, private
  - Program has full financial risk (with no carve-outs)
- **Alignment of care needs and financial interests**
  - Monitors elders closely – takes action early to restore health, control cost

## Who benefits from PACE?

- **Frail older people** who want to live in the community
- **Family members** caring for an elder
- **Providers** who want to deliver seamless, high quality care
- **Senior housing facilities** where elders age in place
- **Policy makers** seeking to save tax-payer money and deliver effective care





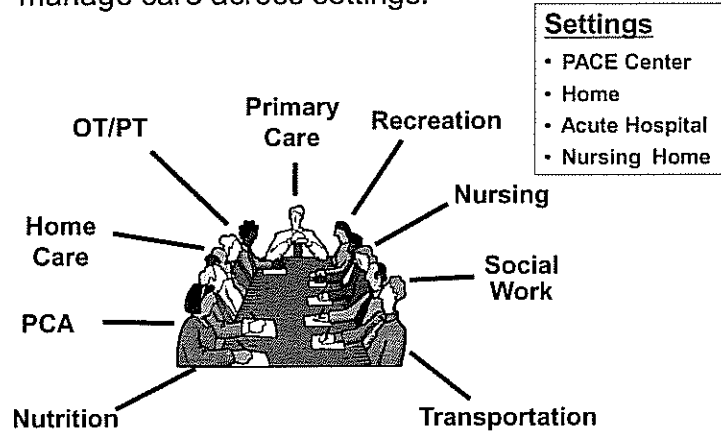
## On Lok's PACE Participant Profile

- **Profile of typical participant**
  - Female; average age of 83
  - 16 medical conditions
  - Dependent in 3.7 ADLs (bathing, dressing, etc.)
  - Dependent in 6.7 out of 7 IADLs (medication management, money management, etc.)
  - Has some degree of cognitive impairment (62%)
  - Dually-eligible for Medicare & Medi-Cal (94%)
  - Enrolled in program last 5.6 years of life
- **Serves culturally and linguistically diverse population**
  - 62% Asian/Pacific Islander, 20% Caucasian, 12% Hispanic, 5% African American, 1% Other
  - Multi-lingual participants and staff

ON LOK

## How does PACE work?

Interdisciplinary teams assess need, deliver & manage care across settings:



## How is PACE Care Delivered?

- The center of care delivery is the interdisciplinary team (IDT)
- Care plans are created *with* (not just *for*) the individual and family and includes social, cultural, functional aspects of care – in addition to the medical needs
- Most of the services are coordinated through the PACE center – thus social is integrated directly with medical care






## PACE Team Approach to Care Management



- IDT meets regularly: each participant is assessed at least semi-annually with his/her care plan updated at each interval and with a significant change in condition
- The goal is to maximize medical management in the outpatient setting – participants are seen timely in clinic to address new issues
- The team coordinates information and transitions between hospital and nursing home
- Address person-centered values for end-of-life care
- Electronic Health Record supports person-centered care planning

PHILIP



## Medical Management

- The goal is to maximize medical management in outpatient setting and integrate social and functional support needs with IDT
- Primary care team on-site: MD, NP, RN
- Full-service clinic for urgent care and management of chronic conditions
  - IV and Respiratory therapy
  - Wound care management
  - Frequent visits for management of chronic disease such as CHF, diabetes, chronic lung disease
- Effective delivery of end-of-life care
  - Discussion of advance healthcare directives to promote end of life care based on the values of the person
- 24 hour call system with on-call physicians and nurses linking to IDT

PHILIP

## What difference does the PACE model make in acute care use?

Utilization Measure	On Lok*	Medicare FFS**	Medicare HMO***
Acute Days /1000	1568	1841	1609
Avg. Stay (ALOS)	4.8	5.5	6.0
Readmission Rate (30-day)	11.2%	19.6%	14.5% <small>(per AHP for 2008-2009)</small>
ER Visits/1000/annum	166	306 <small>(2006 US 65 yrs and older)</small>	Not Available

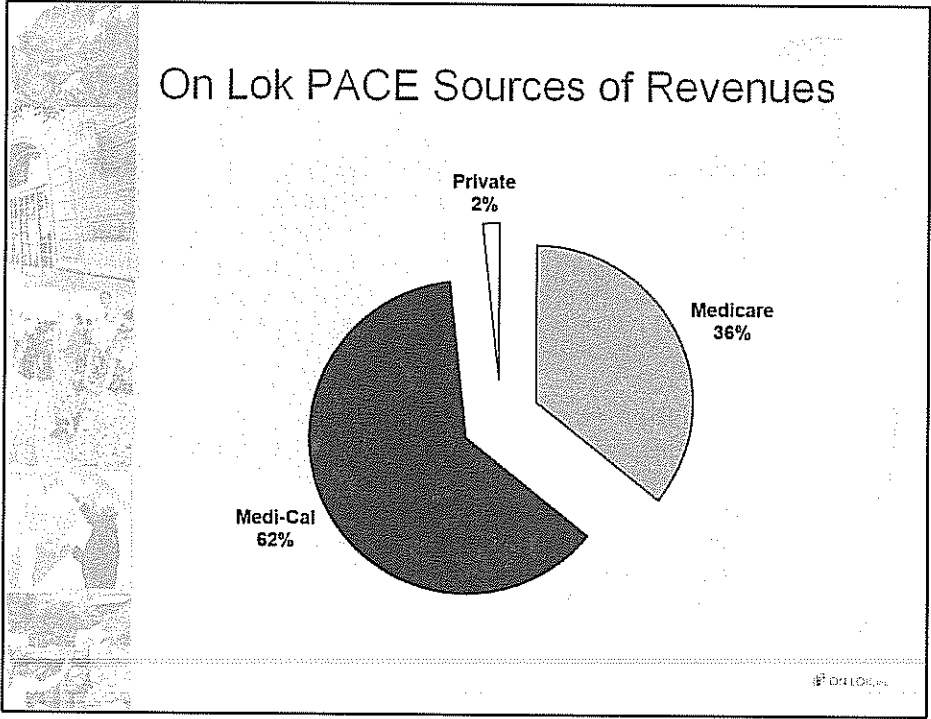
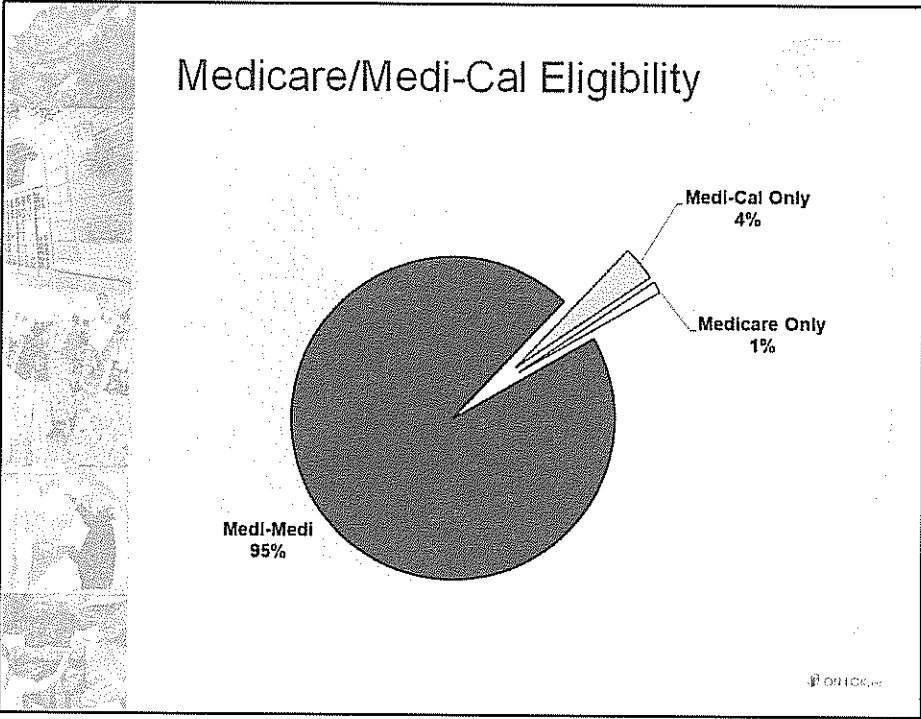
\*CY 2011 On Lok  
 \*\*2008 Medicare Data except Readmission data  
 \*\*\*2010 <http://www.managedcaredigest.com>

ON LOK...

## On Lok PACE Outcomes Summary

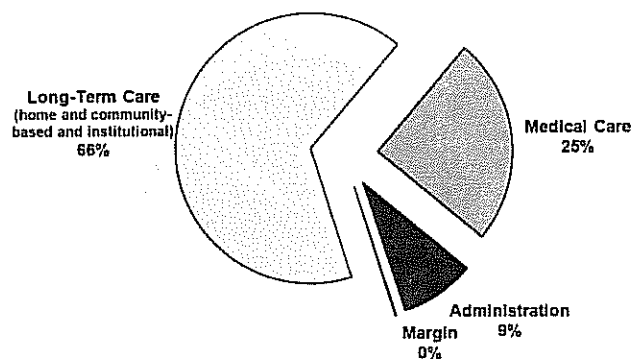
- **Medical Home:** 100% of participants have a medical home with a primary care physician and interdisciplinary team responsible for coordinating and providing direct care.
- **Lower inpatient utilization:** Acute care utilization is comparable to the Medicare population even though PACE enrolls an exclusively frail population.
- **Better follow-up after acute care stay:** Readmission rate to acute hospital within 30 days of discharge is half the Medicare average.
- **End of Life Care:** Vast majority of participants remain enrolled through end of life care: 96%
- **High Rates of Community Residence:** 93% reside in the community rather than a nursing home.
- **High Consumer Satisfaction:** In 2011, 93% of participants interviewed at California PACE programs reported that they were very satisfied with the program and 95% reported that would refer a close friend to the program.

ON LOK...





## How On Lok PACE Dollars are Spent



Note: Percentages represent proportion of total service revenues for FY10-11 (\$68.9M)  
Medical Loss Ratio = 91%

ON LOK

## On Lok Lifeways: PACE Operations

- **Provider Operations include:**
  - Nine PACE centers and 10 Interdisciplinary Teams
  - Home care services, transportation, dietary services
  - Primary care providers (physicians and nurse practitioners)
  - Complete network of contract inpatient and specialty providers: hospitals, nursing homes, specialty care, lab, x-ray, pharmacy, etc.
- **Health Plan Functions include:**
  - Marketing/Member Enrollment: Member services, enrollment, disenrollment
  - Complaint, grievance and appeals processes
  - Network management/contract services
  - Quality assurance and Improvement program
  - Electronic health records
  - Claims processing

ON LOK

## San Jose PACE Center



299 Stockton Avenue, San Jose

Serving Santa Clara County except San Martin, Morgan Hill and Gilroy.



## East Bay Locations

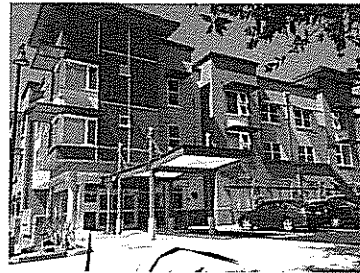


### Fremont Center

159 Washington Blvd, Fremont

### Peralta Center

3701 Peralta Blvd, Fremont



Serving the cities of Fremont, Newark and Union City in Alameda County and Milpitas in Santa Clara County.



## PACE vs Traditional Managed Care

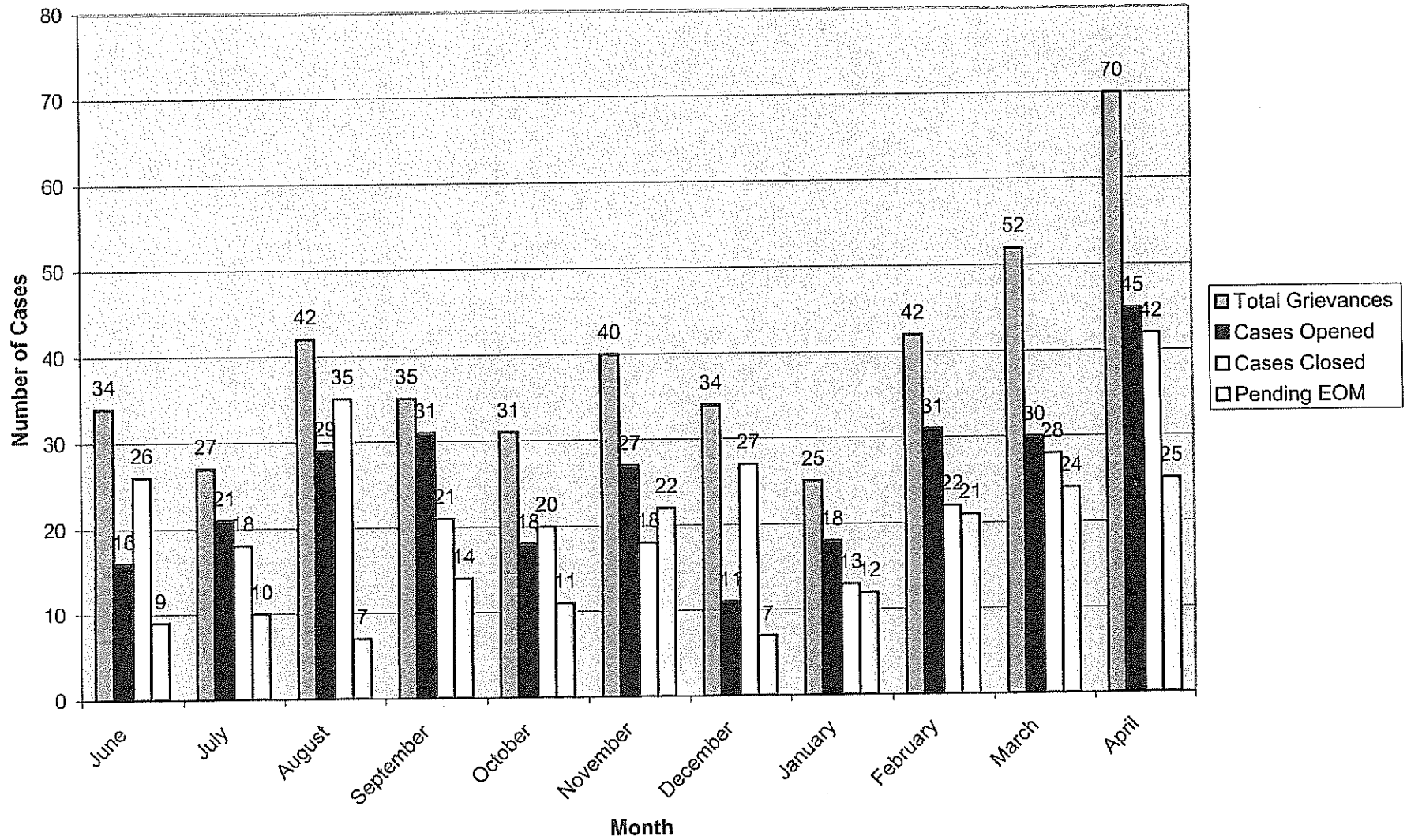
PACE	Managed Care
<ul style="list-style-type: none"> <li>Enrolls only nursing home eligible beneficiaries - a small subset of total population</li> <li>PACE is both an insurer and provider of care</li> <li>Benefit package includes all Medicare and Medi-Cal services</li> <li>Covers all home and community-based services (HCBS) and institutional long-term care</li> <li>Payments are set based on cost of comparable population with services delivered regardless of payment source</li> </ul>	<ul style="list-style-type: none"> <li>Enrolls large numbers of Medi-Cal or Medicare beneficiaries based on eligibility categories</li> <li>Traditional insurance model – contracts and pays for services</li> <li>Benefit package includes Medicare or Medi-Cal medical services</li> <li>Does not cover HCBS services or institutional long-term care services beyond short-stay</li> <li>Payments are set based on actual costs of providing covered benefits (e.g., Medicare benefit package)</li> </ul>

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## Q & A and Wrap Up

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### Total Grievances



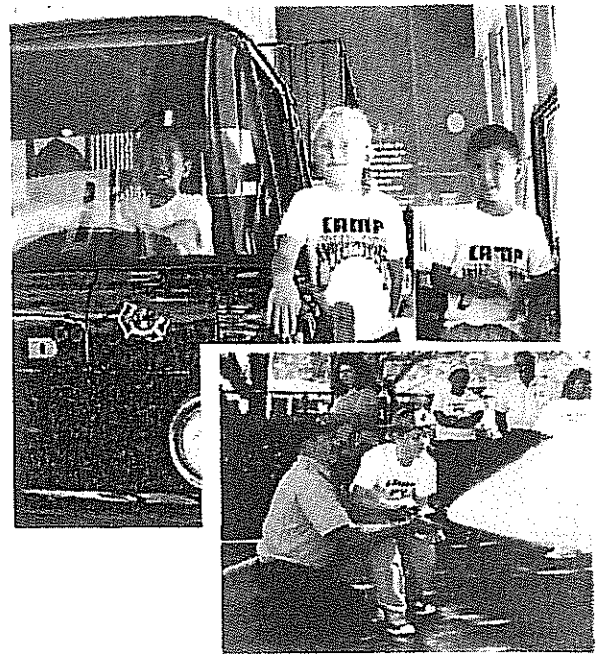
# Camp Superstuff

## Asthma Camp 2012

Join us for our annual asthma camp hosted by Breathe California of the Bay Area! Designed for asthmatic children ages 6 to 12, Camp Superstuff utilizes trained staff and volunteers to teach participants important techniques critical to managing one's asthma. This includes:

- ◆ Understanding different aspects of the disease
- ◆ Recognizing the triggers of asthma attacks
- ◆ Knowing when/how to take your medication
- ◆ Learning how to support your asthmatic peers

In addition to offering a supportive educational environment, Camp Superstuff provides campers with the opportunity to take part in traditional camp activities. Throughout the week, your child will enjoy a variety of field trips, games, arts & crafts, skits, songs and more!



- WHEN** Mon, July 23<sup>rd</sup> – Fri, July 27<sup>th</sup>  
9 am – 5 pm
- WHERE** Mayfair Community Center  
2039 Kammerer Ave.  
San Jose, CA 95116
- COST** \$120 (scholarships are available for those who qualify)

*Mandatory parent orientation: 6pm-7:30pm, Friday, July 20 at Breathe California, 1469 Park Ave., SJ*  
*For more information, or to register for the 2012 Camp Superstuff, call us at (408) 998-5865 or visit our website at [www.lungsrus.org](http://www.lungsrus.org). Space is limited, so please sign up early.*



BREATHE  
CALIFORNIA



# Quit Smoking Today

For you, your family & your community

Call **BREATHE CALIFORNIA** at **(408) 998-5865**  
for advice and info on classes to help you **QUIT TODAY**

For a free consultation, call the **NO BUTTS** hotline:

English: 1-800-662-8887

Cantonese: 1-800-838-8917

Korean: 1-800-556-5564

Mandarin: 1-800-838-8917

Spanish: 1-800-456-6386

Vietnamese: 1-800-778-8440

# Secondhand Smoke Fact Sheet

**S**econdhand smoke (also known as environmental tobacco smoke, involuntary smoke, and passive smoke) is the smoke released by a burning tobacco product or exhaled by a smoker.<sup>1,4</sup>

***"Of the over 4,000 chemicals identified in secondhand tobacco smoke, 250 are known to be harmful."***

## Why Secondhand Smoke is a Health Issue

- Of the over 4,000 chemicals identified in secondhand tobacco smoke, 250 are known to be harmful and 50 may cause cancer.<sup>5</sup>
- There is no safe level of exposure to secondhand tobacco smoke.<sup>4</sup>
- In nonsmoking adults, exposure to secondhand smoke can cause heart disease and lung cancer.<sup>4,6</sup>
- Children who inhale secondhand smoke are at increased risk for sudden infant death syndrome (SIDS), asthma attacks, and ear infections.<sup>4,6</sup>
- Children are particularly vulnerable to secondhand smoke because they have a faster breathing rate than adults, their immune systems are still developing, and they have little control over their exposure.<sup>7</sup>

## Every year, secondhand smoke is responsible for an estimated<sup>8</sup>:

### California

- 21 cases of SIDS
- 1,600 cases of low birth weight in newborns
- 4,700 pre-term deliveries
- 31,000 asthma episodes in children
- 400 lung cancer deaths in adults
- 3,600 cardiac deaths in adults

### United States

- 8,000 to 26,000 new asthma cases in children
- 150,000 to 300,000 cases of pneumonia and bronchitis in infants and toddlers
- 3,000 lung cancer deaths in adults
- 35,000 to 62,000 heart disease deaths in adults

## Secondhand Smoke in Santa Clara County

In Santa Clara County, people are exposed to secondhand smoke at home and in cars.

### Secondhand Smoke at Home

Among Santa Clara County middle and high school youth:<sup>9</sup>

- 30% report living with someone who smokes cigarettes
- 25% say smoking is allowed inside their home
- 19% were in the same room at home with someone who was smoking cigarettes on one or more of the previous 7 days

Among Santa Clara County Adults:

- 67% prohibit smoking inside the house<sup>10</sup>
- 35% report someone inside the home had smoked every day in the past week (among respondents who reported that someone smokes cigarettes, cigars, or pipes inside their home)<sup>11</sup>

- Fewer are placing restrictions on smoking in the home even as the percentage of current smokers continues to decline<sup>10</sup>

### Secondhand Smoke in the Car

Among Santa Clara county middle and high school youth:

- 22% rode in a car with someone who was smoking cigarettes on one or more of the previous 7 days<sup>17</sup>

## References

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4. U.S. Department of Health and Human Services. The Health Consequences of Involuntary Exposure to Tobacco Smoke: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006.
5. National Institute of Occupational Safety and Health. Adverse health effects of smoking and the occupational environment. US DHEW CDC (NIOSH) Publication, 1979: n, 79-122.
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7. Winickoff JP, Friebely J, Tanski SE, Sherrod C, Matt GE, Hovel MF, McMillen RC. (2009). Beliefs about the health effects of "thirdhand" smoke and home smoking bans. *Pediatrics*, 123, e74-e79.
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9. California Student Tobacco Survey, 2007-2008.
10. Santa Clara County Department of Public Health, 1997-2009 Behavioral Risk Factor Survey.
11. California Health Interview Survey, 2009.
12. California Department of Public Health/California Tobacco Control Program- C-STATS Website, "C-STATS Report - County Snapshot". <http://www.cstats.info/> (accessed April 12, 2011)

## How You Can Protect Your Health

### Join our community coalitions

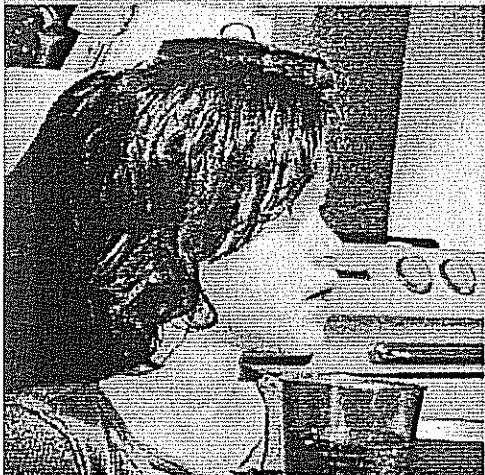
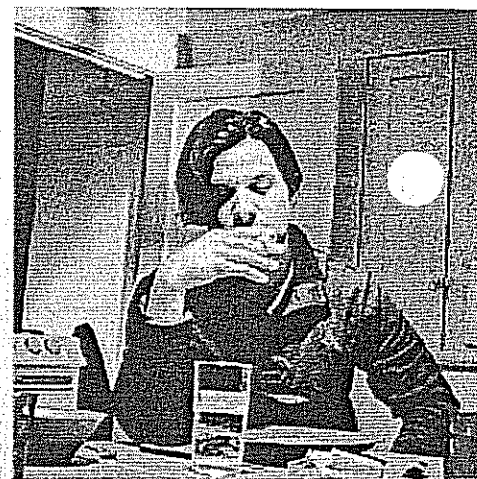
**Tobacco Free Coalition** – Meets monthly from 3 to 4:30pm at the Sobrato Center for Non-Profits, 1400 Parkmoor Avenue, San Jose, CA, 95126

**Community Advocate Teens of Today (CATT)** – Contact (408) 793-2700 to find out more about this youth-led coalition

**Contact Breathe California's Secondhand Smoke Helpline at (408) 999-0500 to report a smoking violation.**

[www.sccphd.org/tobacco-prevention](http://www.sccphd.org/tobacco-prevention)





# WHEN YOU SMOKE | THEY SMOKE

Secondhand smoke is more dangerous than you think

[YOUSMOKE.THEYSMOKE.ORG](http://YOUSMOKE.THEYSMOKE.ORG)

**INSPIRE**  
Tobacco Prevention

Funding: U.S. Department of Health and Human Services  
Design: Better World Advertising ([www.socialmarketing.com](http://www.socialmarketing.com))

Santa Clara County  
**PUBLIC HEALTH**

**3 MONTHS**  
after you quit smoking,  
your lung function improves  
up to 30%.

But right now, you're one day closer to EMPHYSEMA.



Quit smoking today. For help, text QUIT to 47848.

**INSPIRE**  
Tobacco Prevention

Made possible with funding from the Centers for Disease Control and Prevention.

Santa Clara County  
**PUBLIC HEALTH**



# Hãy Bỏ Hút Thuốc Hôm Nay

Cho bản thân quý vị, gia đình & cộng đồng

Hãy gọi **BREATHE CALIFORNIA** số **(408) 998-5865**  
để được cố vấn và biết thông tin về các lớp học giúp quý vị bỏ hút thuốc HÔM NAY

Muốn được tham vấn miễn phí, hãy gọi đường dây nóng **NO BUTTS:**

Việt Ngữ: 1-800-778-8440

Anh Ngữ: 1-800-662-8887

# Tài Liệu Thông Tin về Khói Thuốc của Người Khác

**K**hói thuốc của người khác (được biết đến như là khói thuốc của môi trường, bị hút thuốc ngoài ý muốn, và hít khói thuốc thụ động) là khói thuốc từ một điếu thuốc đang cháy hoặc từ một người đang hút thuốc.<sup>1-3</sup>

*“Trong số trên 4.000 hóa chất trong khói thuốc của người khác, có 250 loại được biết là có hại”*

## Tại Sao Khói Thuốc Của Người Khác Là Một Vấn Đề Sức Khỏe

- Trong số trên 4.000 loại hóa chất trong khói thuốc của người khác, có 250 loại được biết là có hại và 50 loại có thể gây bệnh ung thư.<sup>5</sup>
- Không có mức độ tiếp cận khói thuốc nào được xem là an toàn.<sup>4</sup>
- Những người không hút thuốc, khi tiếp cận với khói thuốc của người khác, có thể bị bệnh tim và ung thư phổi.<sup>4,6</sup>
- Trẻ em hít khói thuốc của người khác thì gia tăng nguy cơ bị chứng đột tử (SIDS), lên cơn suyễn và nhiễm trùng tai.<sup>4,6</sup>
- Trẻ em đặc biệt dễ bị ảnh hưởng của khói thuốc vì nhịp độ hít thở của trẻ em nhanh hơn của người lớn, hệ miễn dịch vẫn còn trong thời kỳ đang phát triển, và trẻ em khó tránh khỏi hoàn cảnh bị hít khói thuốc.<sup>7</sup>

## Mỗi năm, khói thuốc của người khác gây ra ước lượng khoảng<sup>8</sup>:

### California

- 21 trường hợp trẻ em đột tử (SIDS)
- 1.600 trường hợp trẻ sơ sinh có thể trọng thấp
- 4.700 trường hợp sanh thiếu tháng
- 31.000 cơn suyễn của trẻ em
- 400 trường hợp chết vì ung thư phổi của người lớn
- 3.600 trường hợp chết vì bệnh tim của người lớn

### Nước Mỹ

- 8.000 đến 26.000 trường hợp trẻ em mới bị bệnh suyễn
- 150.000 đến 300.000 trường hợp sưng phổi và viêm phế quản của em bé và trẻ em nhỏ
- 3.000 trường hợp chết vì ung thư phổi của người lớn
- 35.000 đến 62.000 trường hợp chết vì bệnh tim của người lớn

## Khói Thuốc của Người Khác Trong Hạt Santa Clara

Trong Hạt Santa Clara, nhiều người tiếp cận khói thuốc của người khác tại nhà và trong xe.

### Khói Thuốc của Người Khác tại Nhà

Trong số các học sinh trung học đệ nhất cấp và nhị cấp trong Hạt Santa Clara:<sup>9</sup>

- 30% cho biết là đang sống chung nhà với người hút thuốc
- 25% nói rằng gia đình các em cho phép hút thuốc trong nhà
- 19% đang sống chung phòng với người đã có hút thuốc một hoặc nhiều ngày trong 7 ngày qua

### Trong Số Những Người Lớn Trong Hạt Santa Clara:

- 67% cấm hút thuốc trong nhà<sup>10</sup>
- 35% cho biết rằng đã có người hút thuốc trong nhà mỗi ngày trong tuần vừa qua (những người này đã cho biết có người hút thuốc điếu, cigars, hoặc ống vố trong nhà của họ)<sup>11</sup>
- Ít có người cấm hút thuốc trong nhà, ngay cả khi tỷ lệ người hút thuốc hiện nay tiếp tục giảm<sup>10</sup>

### Khói Thuốc của Người Khác Trong Xe

Trong số các học sinh trung học đệ nhất cấp và nhị cấp trong Hạt Santa Clara:

- 22% đi chung xe với người hút thuốc trong một hoặc nhiều ngày trong 7 ngày qua<sup>12</sup>

## Tham Khảo

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### Quy Vĩ Bảo Vệ Sức Khỏe Bằng Giản Nạp

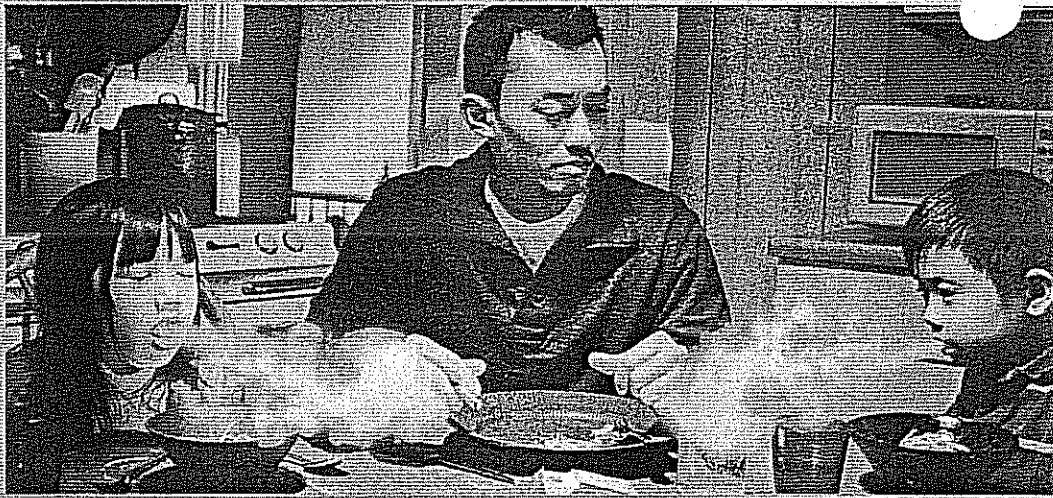
#### Gia nhập các liên minh trong cộng đồng

Tobacco Free Coalition – Họp hàng tháng từ 3 đến 4:30 chiều tại Sobrato Center, Bất Vụ Lợi, tại 1400 Parkmoor Avenue, San Jose, CA, 95126

Community Advocate Teens of Today (CATT) – Liên lạc số (408) 793-2700 để biết thêm về liên minh hướng dẫn thiếu niên

Liên lạc Breathe California's Secondhand Smoke Helpline, số (408) 999-0500 để báo cáo người vi phạm lệnh cấm hút thuốc.

[www.sccphd.org/tobacco-prevention](http://www.sccphd.org/tobacco-prevention)



**KHI QUÍ VỊ HÚT THUỐC**

**NGƯỜI KHÁC CŨNG BỊ HÚT THUỐC**

**Hít khói thuốc của người khác hút còn nguy hiểm hơn là quý vị nghĩ**

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# 3 THÁNG

sau khi quý vị bỏ hút thuốc,  
chức năng của phổi tăng đến  
30% trở hơn.

Nhưng bây giờ thì quý vị tiến thêm một ngày  
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Bỏ hút thuốc. Để được trợ giúp, gọi 1 (800) 778-8440.

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Santa Clara County  
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HEALTH**





# Provider Survey & Timely Access Reporting 2011



Central Florida  
Family Health Plan

The Standard of Care

Provider Advisory Council  
May 23, 2012

## Overview



Central Florida  
Family Health Plan

The Standard of Care

- The Department of Managed Health Care establishes Timely Access to Care regulations/guidelines
- Effective January 17, 2011.
- Health plans must ensure that appointments for various types of non-emergent care are offered within specified timeframes.

## Timely Access Regulations Standards

- **PCP: Non-Urgent Appointment - 10 Days**
- **Specialist--Non-Urgent Appointment - 15 Days**
- **PCP & Specialist:**
  - **Urgent Care Appointment:**
    - Services not requiring Prior Authorization— **48 Hours**
    - Services requiring Prior Authorization— **96 Hours**
  - **Telephone Triage - 24 hours per day, 7 days per week**
  - **Patient's calls returned within 30 minutes**

## Surveys Required to Monitor Compliance

- **Timely Access to Care**
- **Provider Satisfaction**
- **After Hours**

## Timely Access Regulations Surveys 2011

Question:	Regulations:	Networks				
		Directly Contracted Network	Kaiser	PAMF	PMGSJ	Premier Care of N.C.A.
1. PCP Non-Urgent Appointment - for the diagnosis or treatment of injury, illness or other health condition	10 business days	Yes	Yes	Yes	Yes	Yes
2. Specialist Non-Urgent Appointment - for the diagnosis or treatment of injury, illness or other health condition	15 business days	Yes	Yes	Yes	Yes	Yes
3. Urgent Care Appointment - Services not requiring Prior Authorization (PCP and Specialist)	48 hours	Yes	Yes	Yes	Yes	Yes

## Valley Health Plan - 2011 TIMELY ACCESS REPORTS

Question:	Regulations:	Adult Services that can meet the regulations	Pediatric Services that can meet the regulations	Adult and Pediatric services which did not meet the regulations
1. PCP Non-Urgent Appointment - for the diagnosis or treatment of injury, illness or other health condition	10 business days	Family Practice Obstetrics Family Practice - Gilroy Family Practice - Milpitas Internal Medicine - East Valley Internal Medicine - Moorpark Internal Medicine - Tully		Geriatrics Internal Medicine - Milpitas Internal Medicine - Sunnyvale
2. Specialist Non-Urgent Appointment - for the diagnosis or treatment of injury, illness or other health condition	15 business days	<b>Adult Specialties:</b> Cardiovascular Surgery Diabetes & Metabolism Otolaryngology Gastroenterology General Surgery Neurology Oncology Ophthalmology Orthopedics Physical Medicine and Rehabilitation Plastic Surgery Podiatry Pulmonary TB Clinic Urology Vascular Surgery Gynecology	<b>Pediatric Specialties:</b> Cardiology Endocrinology Gastroenterology Infectious Disease Pulmonary Renal Surgery	<b>Adult Specialties:</b> Allergy Cardiology Endocrine Hematology Neurosurgery Dermatology Rheumatology  <b>Pediatric Specialties:</b> Neurology
3. Urgent Care Appointment - Services not requiring Prior Authorization	48 hours	Yes	Yes	

## PROVIDER SATISFACTION SURVEYS 2011

Question:	VALLEY HEALTH PLAN						PMGSJ					RAMF				
	Very Satisfied	Somewhat Satisfied	Somewhat Dissatisfied	Very Dissatisfied	Not Applicable	Don't Know	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable Don't Know	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Not Applicable Don't Know
1. The referral and/prior auth process necessary for your patients to obtain services.	14%	26%	21%	24%	5%	9%	48%	41%	4%	5%	1%		100%			
2. Your patients access to urgent care.	32%	34%	6%	4%	8%	16%	33%	38%	10%	4%	15%	50%	25%			25%
3. Your patients access to non-urgent primary care.	19%	21%	20%	15%	8%	18%	36%	48%	3%	4%	10%	50%	50%			
4. Your patients access to non-urgent specialty services.	15%	19%	25%	24%	4%	13%	38%	53%	1%	4%	3%	25%	50%	25%		
5. Your patients access to non-urgent ancillary diagnostic and treatment services.	19%	18%	23%	19%	5%	16%	37%	49%	4%	1%	8%	25%	50%			25%
6. Your patients access to behavioral health non-urgent care.	12%	19%	15%	20%	10%	24%	5%	15%	5%	5%	68%			25%	50%	25%
	117 Providers responded						73 Providers responded					4 Providers responded				

## KAISER FOUNDATION HEALTH PLAN, INC.

### Provider Satisfaction Survey – 2011 Annual Report

Service Area	a. Access to urgent care?*	b. Access to non-urgent primary care?*	c. Access to non-urgent specialty services?*	d. Access to non-urgent ancillary diagnostic and treatment services?*	e. If applicable, access to the referral and/or prior authorization process necessary for your patients to obtain covered services?*	Overall Rating**
San Jose	4.57	4.56	4.44	4.49	4.49	<b>4.51</b>
Santa Clara	4.53	4.43	4.34	4.33	4.28	<b>4.38</b>

The five possible responses were scored as follows:

1 – Very Dissatisfied

2 – Dissatisfied

3 – Neither Dissatisfied nor Satisfied

4 – Satisfied ←

5 – Very Satisfied ←

**Santa Clara Family Health Plan - Directly Contracted Providers  
2011 Provider Satisfaction Survey**

Questions:	Excellent	Good	Fair	Poor	Not Applicable
1. Ease of prior authorization process	25%	41%	18%	5%	11%
2. Timeliness of prior authorization response	25%	41%	21%	4%	9%
3. Satisfaction with prior authorization decision	20%	50%	18%	4%	9%
4. Do you need more information on case management services (yes/no)	9% Yes	91% No			
5. Satisfaction with the formulary	4%	38%	17%	11%	30%
6. Ease of prior authorization process - Rx	9%	45%	11%	6%	28%
7. Do you know how to access the form to make formulary change recommendations?	24% Yes	76% No			
8. Timeliness and accuracy of claims reimbursement	11%	40%	31%	9%	9%
9. Responsiveness to claims status inquiries	15%	44%	27%	4%	10%
10. Ease of claims reconsideration process	13%	42%	29%	6%	10%
11. Satisfaction with Electronic Claims Process	12%	42%	18%	4%	24%
12. Ease of use of on-line eligibility verification tool	26%	39%	11%	2%	22%
13. Responsiveness of Health Plan staff to your questions	30%	43%	11%	6%	11%
14. Timeliness of problem resolution and notification	23%	45%	13%	7%	1%
15. Do you need information on what SCFHP Health Ed services are available	15% Yes	85% No			

**Premier Care of Northern California  
2011 - Provider Satisfaction Survey**

Question	Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied	Does Not Apply
When you call, how satisfied are you that you're able to speak with the UM staff almost immediately?	13%	17%	30%	22%	0%	17%
When you leave a message, how satisfied are you that UM returns your call in a timely manner?	17%	13%	43%	4%	4%	17%
How satisfied are you that the UM staff is helpful and efficient in the referral process?	13%	26%	13%	30%	9%	9%
How satisfied are you that authorization questions are handled quickly and appropriately?	17%	17%	22%	30%	9%	4%
How satisfied are you that the Referral/Authorization forms are easy to use?	13%	30%	35%	13%	4%	4%
How satisfied are you that the UM requests for additional information are clear and specific?	22%	35%	17%	17%	9%	0%
How satisfied are you that the Specialist consult reports are received timely?	17%	17%	22%	9%	4%	30%
How satisfied are you that the online referral forms are easy to use?	17%	22%	26%	17%	0%	17%
When you contact Provider Relations, how satisfied are you that you receive a timely response?	17%	26%	17%	26%	0%	13%
How satisfied are you that your Provider Relations Coordinator is helpful in resolving problems?	13%	43%	22%	9%	0%	13%
How satisfied are you that online HEDIS reports are a valuable tool?	9%	13%	39%	13%	0%	26%
How satisfied are you that claims are processed in a timely manner?	17%	17%	35%	17%	9%	4%
How satisfied are you that claims are processed correctly?	13%	30%	26%	13%	13%	4%
How satisfied are you that questions regarding claims are handled quickly and appropriately?	13%	26%	17%	17%	17%	9%
How satisfied are you that issues requiring follow-up are handled in a timely manner?	9%	30%	22%	22%	13%	4%
How satisfied are you that PCPs in the IPA/medical group clearly communicate the reason for the referral?	4%	22%	35%	4%	0%	35%
How satisfied are you that adequate medical information, such as medical records, diagnostic study results, and x-rays, are available when you see the patient?	4%	17%	35%	4%	4%	35%

## Next Steps



- Provide ongoing feedback to Non Complaint offices – Audit/CAP
- Work with our Delegated Entities to Streamline and Standardize Survey Process and Tools.
- Continue to Educate Providers of Timely Access Standards



## Questions

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