Santa Clara Family Health Plan
Provider Advisory Council
Wednesday February 22, 2012
12:15 - 2:00
Board Room

I.	**Call to Order**	Paul Estess, Chair
II.	**Review / Approval of Minutes** –*Attachment*	All
III.	**Chief Executive Officer Report**	Elizabeth Darrow, CEO
IV.	**Chief Operations Officer Report**	Matthew Woodruff, COO
V.	**Provider Services Department Report** • Timely Access Regulations – Update	Mike Lipman, VP, Provider Operations
VI.	**Grievance Report**	Attachment only
VII.	**Medical Director's Report** • COPE Project • HEDIS • SPD's	Dr. Thad Padua, Medical Director
VIII.	**Nominations & Appointments** • PAC Nomination – Kenneth T. Phan, M.D	Dr. Thad Padua, Medical Director Attachment
IX.	**Committee Report Out** • Quality • Utilization Management • Credentialing • P & T	Dr. Thad Padua, Medical Director
X.	**IT Update** • Connect • Electronic Claims • PM160's	Ron Schmidt, CIO & Mike Lipman, VP, Provider Operations

Next Meeting:
Wednesday, May 23, 2012

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Provider Advisory Council
November 30, 2011
Boardroom

PAC Attendees: Paul Estess, Peter L. Nguyen, DO, Bridget Harrison, MD, Michelle Hugin, MD, Sheri Sager, Dr. Richard Lopez

Delegated Groups: Larry Bonham, MD; Stephen Ho, MD

SCFHP Attendees: Elizabeth Darrow, Thad Padua, MD, Jimmy Lin, MD, Mike Lipman, Diane Brown,, Sarah Moline, Melinda Shaw, Vivian Than, Stacy Renteria, Beth Paige, Irene Walsh, Ron Schmidt

ITEM	DISCUSSION	ACTION	RESPONSIBLE PARTIES	DUE DATE
Meeting Called To Order	Meeting is called to order at 12:25 by Chairperson Paul Estess and introductions/roll call is completed.	None		
Review of Minutes	Meeting minutes are approved by the Committee.	None		
CEO Report	Health Plan Enrollment Elizabeth Darrow, CEO gave an update on the Health Plan's membership for October, 2011 as 134, 247 members which is a 5.7% increase from last year. There has been an increase in the Health Plan's Seniors and Persons with Disabilities population as expected. State Budgetary Issues Ms. Darrow discussed the lawsuit against DHCS regarding the overall Medi-Cal reimbursement cuts. Many different healthcare provider organizations are suing the Department of Health Care Services. CMS has yet to make a decision about the cost-sharing that was proposed in the governor's budget. Rumor has it that CMS is not going to approve that, which is good news. From Santa Clara Family Health Plan's standpoint in terms of these rates we are not going to pass the deficit cut onto our contracted provider	None None		

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	community. The Health Plan is monitoring proposed cuts in the specialty services and the state's push to move patients into managed care.			
	Seniors and Persons with Disabilities This population continues to grow with new members coming on board each month. It has proven to be very labor intensive. The Health Plan is responsible for meeting many regulatory compliance guidelines and that after this initial year, hope everything runs smoothly and efficiently with the help of Diane Brown, our Medical Services manager and her staff.	None		
	Encounter Data The State now wants to issue fines around late or incomplete encounter data. This is something that the Health Plan will pass onto delegated groups and to providers, as this will be the only motivation or incentive for timely data submissions.	None		
	St. Louise Hospital Contract The Health Plan and St. Louise Hospital are not proceeding with the contract termination. St. Louise is still a contracted hospital with Santa Clara Family Health Plan.	None		
	Health Kids 10th Anniversary Tonight the Health Plan is going to have a 10th year anniversary celebration for Health Kids and to promote	None		

ITEM	DISCUSSION	ACTION	RESPONSIBLE PARTIES	DUE DATE
	further funding commitments from city and county officials. Discussion Chairman Estess initiated a discussion around the SPD population experience with the Committee. Ms. Darrow acknowledges a broader plan with respect to the SPD issue but it is nothing she can discuss publicly at this time. The Health Plan is hoping that after a year when things settle down with the transition of the SPD population into managed care and that advocates for this population can see the transition did not harm them. Ms. Darrow stated Adult Day Center benefit is still off the table and the Health Plan has no intention of implementing it. Because it is expensive and if the enrollees qualify for PACE or any other exemptions we have to move them in that direction. For a majority of these enrollees Medicare is the primary insurance and fee-for-service. This has been handled very poorly by DHCS.	None		
Provider Services Department Report	Provider Satisfaction Survey Mike Lipman, Vice-President of Provider Operations reviewed the annual provider satisfaction survey Powerpoint presentation with the Committee. The survey sample size for 2011 is our Network 10 contracted providers. The survey tool and results are available on request. Today's presentation does not cover all aspects of	None		

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	the survey. This presentation is broken out between PCP or Specialist providers. The Committee reviewed referrals and authorization processes results, pharmacy formulary results, claims results, customer service results, and health education results. The Committee discussed some drug shortages impact on the formulary results given. Sarah Moline, Pharmacy Director answered she agreed that the backorder of popular drugs can become an issue with providers and she has discussed this with the Health Plan's medical director, Dr. Thad Padua. Timely Access Standards Mike reviews the timely access standards effective 1/1/2011 portion of the presentation with the Committee. The Committee discussed pediatric access at Valley which is currently being meant and the challenges around the SPD population specialty care. Ms. Darrow asked if the delegated partners have the reporting templates they will need to report back to the Health Plan in March 2012. Mike Lipman responded the delegated entities do not have reporting templates to report back to the Health Plan. The Committee discussed the standards with Dr. Ho,	None		

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	Medical Director for PMG/Excel MSO stated PMG has been doing Timely Access Surveys for years. The Committee also discussed enforcement of the standards can mean fines and jeopardize future patient enrollment to a practice, but there will be a transition period to allow these benchmarks to be met. Specialty care access is discussed as an improvement around the Valley Health and Hospital system, more internal referrals versus outside community network referrals to the Health and Hospital system. Mike Lipman stated the Health Plan is compelled to track and report on these standards, regardless of how they are met, by March 31, 2012. He is trying to figure out a way to collect this data and try and go through an audit process in January. He would like to see what the delegated partners are doing around these issues and we can begin to collect the data, report it and then provide provider education around delegated entities to start thinking about this, developing a tool, and going through a corrective action plan if necessary. Process improvement in 2012 by complying with the developed standardized tools by ICE. Dr. Ho stated the commercial plans are now using CCHI for all the medical groups.			

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IT Project Updates	PM160's Ron Schmidt, CIO stated there are 3 sources that can submit PM160's to the Health Plan, Office Ally is in pilot phase to get providers to submit electronically. The Health Plan has accepted 1300 electronic PM160s along with clinical data from providers. The Health Plan is working with Valley on receiving electronic encounter data around PM160s. 5010 Just a reminder on the 5010 electronic format which is part of the ICD10 – 5010's deadline is January 1, 2012. The Health Plan is dealing with 15 different trading partners that we have to test and certify membership records, electronic claims files and a encounter files, averaging 25 files from each partner. Connect Connect is the Health Plan's provider portal project, Irene Walsh is doing the beta testing. Irene briefly speaks about the testing phase to the Committee and ready to roll out to providers in January.	None None None		
Medical Director's Report	PM160s Dr. Thad Padua, Medical Director addressed the Committee to review medical data collection. The quality improvement state mandated project is data collection for the childhood obesity program (COPE). The quality improvement	None		

ITEM	DISCUSSION	ACTION	RESPONSIBLE PARTIES	DUE DATE
	committee and this provider advisory committee have both agreed the data collection around childhood obesity is important which is why the Health Plan needs PM160 clinical data completed accurately and education to our members. The data collected from PM160 over the past year has been reviewed by network. In Network 10 only 2 percent of the data collection reported evidence of childhood obesity with members. Network 50 reported 9 percent of members and Network 60 reflected 8 percent of members with childhood obesity. Network 20 data came from both PM160 and encounter data with claims at 30 percent of members with childhood obesity and this reflects a closer number to the actual cases. Dr. Padua asked that more providers complete information accurately on PM160's and electronic claims in order to receive better information around this health issue. 2011 HEDIS Measures Dr.Padua reviews the HEDIS measures with the Committee and his concern around variances between Networks around the different HEDIS measures via Powerpoint presentation. The Committee discussed HEDIS measurements and data collection with Dr. Ho and Dr. Bonham.	Ron Schmidt to	Ron Schmidt	2/22/2012

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	The Committee also discussed the mandatory electronic PM160's due January 1, 2012. Ms. Darrow asked Ron Schmidt and Mike Lipman to communicate the mandatory electronic PM160 deadline to providers. Ron Schmidt to follow up with Office Ally regarding electronic PM160's and their pilot program. Mike Lipman suggested providers who already have Office Ally as a clearinghouse to become part of Office Ally's pilot program in filing electronic PM160's. Ron Schmidt and Irene Walsh from the Health Plan'sIT department agreed to include Dr. Peter Nguyen in Office Ally's pilot program. Dr. Larry Bonham is working with Network 20 community clinics around electronic claims filing. Diane Brown, Utilization Management Manager, stated every year in October the Health Plan runs it's HEDIS numbers collected via encounter data and claims data through the algorithm. It depends on how much data has been sent to the Health Plan, so by September the Quality Department can send something out to the providers as to what is missing and then Quality does another run at the end of November. The Committee discussed HEDIS collection methods.	contact Office Ally about provider pilot program around electronic PM160's Mike Lipman to notify providers about PM160 electronic filing and deadline	 Mike Lipman	 2/22/2012

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Nominations and Appointments	Committee Structure Dr. Padua reviewed the restructuring change in the Health Plan's internal Committees affecting the Quality Committee, Pharmacy Committee, the Credentialing and Peer Review Committee. He asked the Committee for any nominations for new providers to attend. Ms. Darrow stated the Health Plan is looking for new insight from providers to add to these Committee panels. These Committees meet 4 times a year, the goal is not to have the exact same providers on the same committees. These meetings are evening meetings, the Health Plan will provide dinner at these meetings.			
	PAC Nomination The Committee reviewed the attached provider CV to vote and send on to the Health Plan's Board for review. Mike Lipman stated this is a Premier Care provider for better representation at the PAC meeting from Premier Care. Dr. Nguyen stated he was under the impression that it was mandatory for delegated partners be represented at the Provider Advisory Council Meeting. It is not stated in the bylaws about a mandatory requirement but the Health Plan will continue to try to get Premier Care represented at PAC. The Committee noted the nominated provider is a podiatrist and podiatry is not a covered benefit for Medi-Cal population over the age of 21. Based on this discovery the Committee does not vote to nominate this provider. Dr.	Provider Services to invite Dr. Ngo to PAC again to represent Premier Care.	Mike Lipman	2/22/2012

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	Lim suggested getting a recommendation from Premier Care for a representative at PAC. Ms. Darrow asked this discussion be tabled and the Committee would come back to it at a later time.			
Pharmacy	Sarah Moline, Director of Pharmacy, reported to the Committee on drug utilization management per the handout given. She reviewed the top 10 drug by utilization/claims data for year-to-date 2011. Amoxicillin is the highest utilized drug. She also reviewed allergy medications utilizations and narcotic medication utilization. The Committee discussed formulary issues. Sarah reviewed medications that need a prior authorization.	None		
Grievance Report	Beth Paige, Grievance Manager reviewed the grievance cases with the Committee via Powerpoint. She noted the spike in grievance for the month of August; there are no trends or patterns for it. She reviewed the state fair hearing process and closed grievance cases with the Committee. There have been several SPD grievances around PCP complaints, benefit denial, continuity of care and network assignments.	None		
Utilization Management/Quality Improvement	Diane Brown stated she has nothing to report out at this time to the Committee.			

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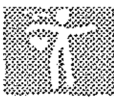
ITEM	DISCUSSION	ACTION	RESPONSIBLE PARTIES	DUE DATE
2012 PAC Calendar/Other	The Committee reviewed the calander. Ms. Darrow thanked the Committee for their continued support and attendance.			
Adjournment	Meeting adjourned at 2:00 pm			

Signature: Paul A. Estess

Date: 2-22-12



Quarterly Grievance Report

4th Qtr 2011

Grievance Categories	1st Qtr 11	2nd Qtr 11	3rd Qtr 11	4th Qtr 11
Billing	0	8	0	1
Pharmacy	2	3	0	0
Access	7	8	4	3
Quality of Care	2	1	4	10
Quality of Service	10	12	41	29
Provider Complaint	0	1	9	12
SCFHP Complaint	2	3	0	0
Enrollment/Disenrollment Issue	0	0	0	0
Cultural & Linguistic (C&L)	0	0	0	0
* PCP Changes	7	6	1	14
Total	**30**	**42**	**59**	**55**
Total per 1,000 Members	*0.2*	*0.3*	*0.4*	*0.4*
Days to Close				
Same Day	0	3	0	0
<7 Days	1	7	23	9
<30 Days	28	31	36	22
>30 Days	0	1	0	0
Average Days to Close	*19*	*19*	*11*	*9*
Grievances by LOB				
Medi-Cal	27	36	54	53
Healthy Families	1	3	1	2
Healthy Kids	1	2	4	0
Healthy Workers	0	1	0	0
Healthy Generations	0	0	0	0
Grievances by Network				
SCFHP	8	3	3	3
Valley Health Plan	4	21	14	11
Kaiser	1	0	23	26
PAMF	0	0	1	2
Physician Medical Group	13	15	17	13
Premier Care	3	3	1	0
Camino Medical Group	0	0	0	0

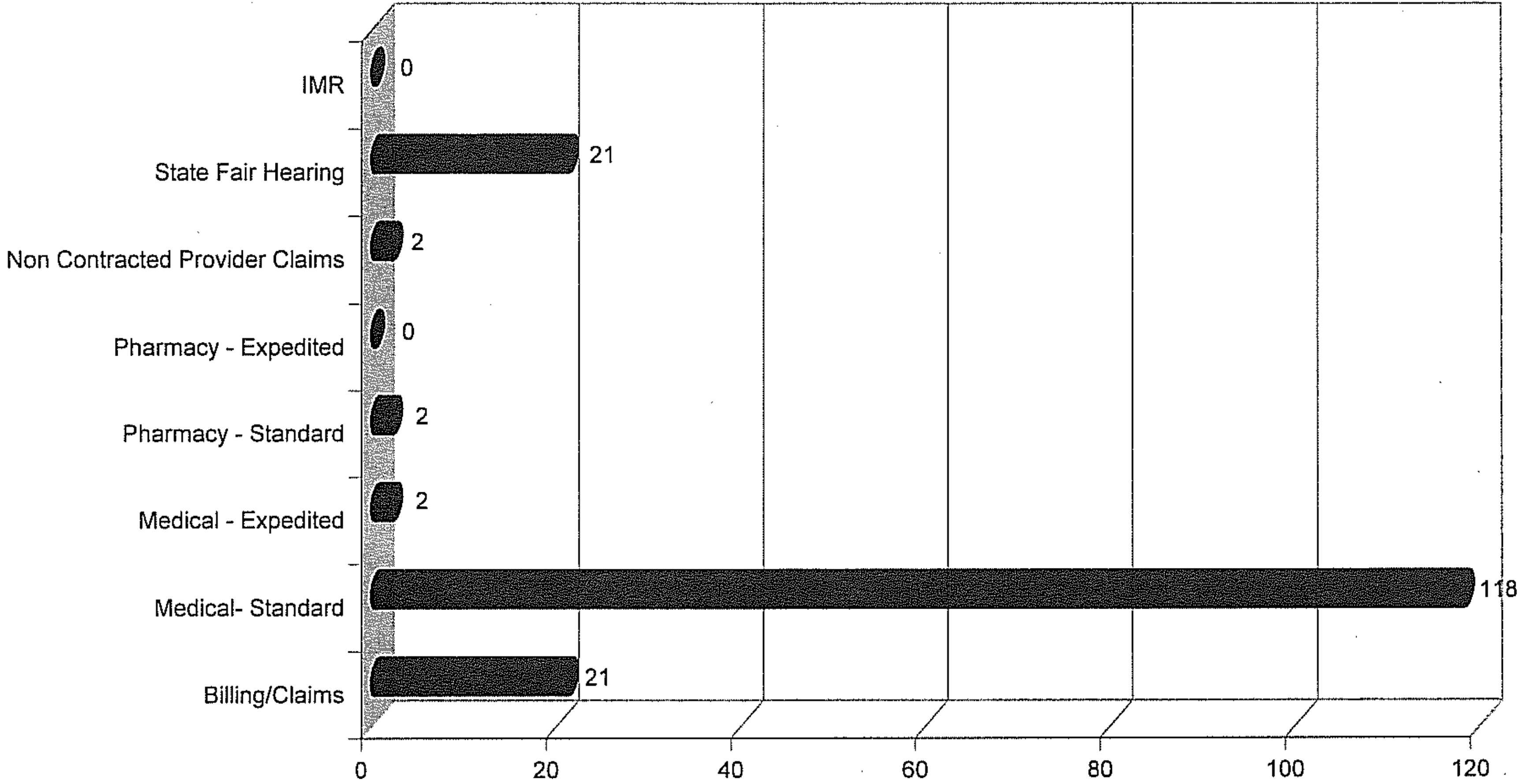
Prepared by: C. Graciano, SCFHP Grievance Manager

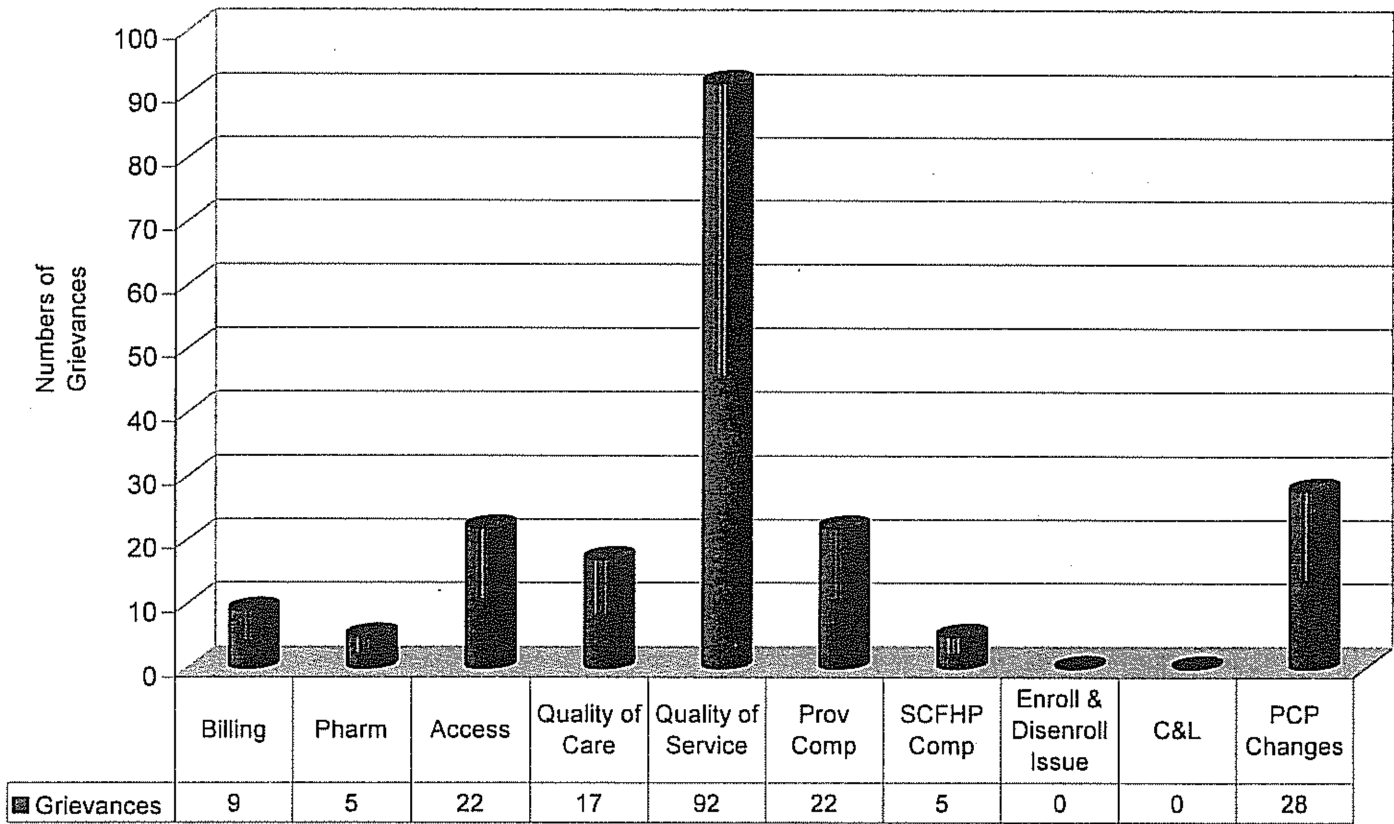
Quarterly Grievance Report

4th Qtr 2011

Grievance Categories	1st Qtr 11	2nd Qtr 11	3rd Qtr 11	4th Qtr 11	2011
Billing	0	8	0	1	9
Pharmacy	2	3	0	0	5
Access	7	8	4	3	22
Quality of Care	2	1	4	10	17
Quality of Service	10	12	41	29	92
Provider Complaint	0	1	9	12	22
SCFHP Complaint	2	3	0	0	5
Enrollment/Disenrollment Issue	0	0	0	0	0
Cultural & Linguistic (C&L)	0	0	0	0	0
* PCP Changes	7	6	1	14	28
Total	**30**	**42**	**59**	**55**	**186**
Total per 1,000 Members	*0.2*	*0.3*	*0.4*	*0.4*	
Days to Close					
Same Day	0	3	0	0	3
<7 Days	1	7	23	9	40
<30 Days	28	31	36	22	117
>30 Days	0	1	0	0	1
Average Days to Close	*19*	*19*	*11*	*9*	*14*
Grievances by LOB					
Medi-Cal	27	36	54	53	170
Healthy Families	1	3	1	2	7
Healthy Kids	1	2	4	0	7
Healthy Workers	0	1	0	0	1
Healthy Generations	0	0	0	0	0
Grievances by Network					
SCFHP	8	3	3	3	17
Valley Health Plan	4	21	14	11	50
Kaiser	1	0	23	26	50
PAMF	0	0	1	2	3
Physician Medical Group	13	15	17	13	58
Premier Care	3	3	1	0	7
Camino Medical Group	0	0	0	0	0

Prepared by: C. Graciano, SCFHP Grievance Manager


2011 Appeals
IMR
State Fair Hearing
Non Contracted Provider Claims
Pharmacy - Expedited
Pharmacy - Standard
Medical - Expedited
Medical- Standard
Billing/Claims
0
21
2
0
2
2
118
21
0
20
40
60
80
100
120


2011 Grievances
Numbers of Grievances
100
90
80
70
60
50
40
30
20
10
0
Billing
Pharm
Access
Quality of Care
Quality of Service
Prov Comp
SCFHP Comp
Enroll & Disenroll Issue
C&L
PCP Changes
Grievances
9
5
22
17
92
22
5
0
0
28

Santa Clara
Family Health Plan

The Spirit of Care

Medical Director Report

PAC

February 22, 2012

QIP: Childhood Obesity Partnership and Education (COPE Task Force)

- Improve Data collection
- Improve Access to Healthy Living programs:
  - Pediatric Healthy Lifestyles Clinic
  - Healthy Activity programs
  - Healthy Nutrition programs
- Physician Education
- Member Education

QIP: All-cause Hospital Readmissions

- Members 21 years of age and older
- Acute readmission for any diagnosis within 30 days of index discharge date

2012 HEDIS Measures

- DHCS uses the National Committee for Quality Assurance's (NCQA) Health Effectiveness Data and Information Set (HEDIS®) to determine Quality Performance
- 25 Quality Measures
- Different measures for MC, HF, HK
- 5 new measures:
  - Immunizations for adolescents
  - Annual monitoring for patients on persistent medications
  - Children & Adolescent access to primary care practitioners
  - Ambulatory care – outpatient and ED visits
  - All cause readmissions

SPD Membership

Risk	Member Count
High	6074
Low	3731
Not Determined	6
Total	9811

Provider Committees

- Quality Improvement Committee
- Utilization Management Committee
- Pharmacy & Therapeutics Committee
- Credentials Committee

New Member Nomination

- Kenneth T. Phan, MD, FACOG