









Regular Meeting of the  
**Santa Clara County Health Authority  
Provider Advisory Council**

Wednesday, May 8, 2019, 12:15 PM – 1:45 PM  
Santa Clara Family Health Plan, Boardroom  
6201 San Ignacio Ave, San Jose, CA 95119

## **AGENDA**

	<u>AGENDA ITEM</u>	<u>RESPONSIBLE PARTY</u>	<u>TIME ALLOTMENT</u>
1.	<b>Roll Call / Establish Quorum</b> Introductions	Dr. Padua, Chair	5 Minutes
2.	<b>Meeting Minutes (Attachment </b> Review minutes of the February 13, 2019 Provider Advisory Committee <b>Possible Action:</b> Approve minutes	Dr. Padua, Chair	5 Minutes
3.	<b>Public Comment</b> Members of the public may speak to any item not on the agenda; 2 minutes per speaker. The Committee reserves the right to limit the duration of public comment period to 30 minutes	Dr. Padua, Chair	5 Minutes
4.	<b>Chief Executive Officer (Attachment </b> Discussion on SCFHP membership and current topics	Ms. Tomcala, CEO	5 Minutes
5.	<b>PAC Membership (Attachment </b> Discussion on PAC membership and requirements	Dr. Robertson	5 minutes
6.	<b>Durable Medical Equipment (DME) (Attachment </b> Presentation of DME prior authorization grid	Dr. Robertson	5 minutes
7.	<b>Quality (Attachment </b> Presentation on pivot to quality	Johanna Liu, PharmD	30 minutes
8.	<b>Pharmacy (Attachment </b> Discussion on prescription drug cost and utilization reports	Dang Huynh, PharmD	10 minutes
9.	<b>August Meeting</b> Reminder of rescheduled date for August meeting only: August 7th	Dr. Nakahira	5 minutes
10.	<b>Discussion / Recommendations</b>	All	5 minutes
11.	<b>Adjournment</b>		

**Next Meeting: August 7, 2019 – 6201 San Ignacio Ave., San Jose CA 95119**

### **Notice to the Public—Meeting Procedures**

- Persons wishing to address the Committee on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.
- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Robyn Esparza 48 hours prior to the meeting at 408-874-1780.
- To obtain a copy of any supporting document that is available, contact Robyn Esparza at 408 874-1780. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at [www.scfhp.com](http://www.scfhp.com)

**Hien Ngoc Truong, M.D.**  
**2593 So. King Rd #4**  
**San Jose, CA 95122**  
**(408) 532-0960**

CURRICULUM VITAE

December 1974	Graduate University of Saigon, Faculty of Medicine MD degree
March 1975	Military Doctor of Marine Corp of South Vietnam
March 26 <sup>th</sup> , 1975	Reeducated Camp
June 1978	Work at District Hospital in Saigon as general practice
July 1981	Come to the USA as a Boat People
July 1982	Passed the ECFMG
December 1982	Passed the flex of CA
December 1982 to 1990	Continue study awaiting for residency and work for living
July 1988 to July 1990	Voluntary at Pediatrics Department of Maine Medical Center
July 1990 to July 1991	Internship at University of South Alabama in Pediatrics
July 1991 to July 1994	Residency at New York Methodist Hospital in Pediatrics
July 1994 to July 1995	Work at Pediatrics outpatient clinic of Alexander Brother Hospital in San Jose CA
July 1995 to current	Medical Practice in Pediatrics and General Practice, Privilege at Regional Medical Center and O'Connor Hospital in Pediatrics

# MINUTES

For a Regular Meeting of the  
**SANTA CLARA COUNTY HEALTH AUTHORITY  
PROVIDER ADVISORY COUNCIL (PAC)**

Wednesday, February 13, 2019, 12:15 – 1:45 PM  
Santa Clara Family Health Plan  
Boardroom  
6201 San Ignacio Ave, San Jose, CA 95119

## COMMITTEE MEMBERS PRESENT

Chung Vu, MD  
Clara Adams, LCSW  
David Mineta  
Jimmy Lin, MD  
Meg Tabaka, M.D., Resident  
Peter Nguyen, MD  
Sherri Sager  
Thad Padua, MD, Chair

## COMMITTEE MEMBERS ABSENT

Bridget Harrison, MD  
Dolly Goel, MD  
Kingston Lum

## STAFF PRESENT:

Christine Tomcala, CEO  
Laurie Nakahira, DO, CMO  
Jeff Robertson, MD, Medical Director  
Eric Tatum, Director, PNM  
Johanna Liu, Director, RX & QI

## OTHERS PRESENT:

Jana Castillo, RN, BSN, Mgr, UM  
Dang Huynh, Pharm.D, Mgr, RX Department  
Robyn Esparza, Admin Asst, PNM

## **ROLL CALL/ESTABLISH QUORUM**

Thad Padula, MD, Chair, called the meeting to order at 12:24 pm.

- Roll call was taken and a quorum was established at 12:25.
- Introduction of new Council members:
  - ✓ Clara Adams, LCSW

## **1. MEETING MINUTES (ATTACHMENT )**

The previous minutes from November 14, 2018 were reviewed

- November 14, 2018 minutes were approved with two minor revisions.

## **2. PUBLIC COMMENT**

- There were no public comments.

### 3. CHIEF EXECUTIVE OFFICER UPDATE (ATTACHMENT )

Christine Tomcala, CEO, presented the January 2019 Membership Summary (copy attached herein), noting no dramatic changes in the current enrollment (251,000):

- Healthy Kids: 3,252 ( 1%)
- Cal MediConnect: 7,750 ( 3%)
- Medi-Cal: 239,998 ( 96%)
- Total: 251,000 (100%)

With regard to Medi-Cal Membership by Age Group the following was noted:

- Pediatrics: 97,516 ( 41%)
- Adults: 142,482 ( 59%)
- Total: 239,998 (100%)

The following current event was noted:

- Regulatory Audits and NCQA Survey

Ms. Tomcala briefed the Council on the CMS and DHCS audits and also the recent NCQA survey. She stated that CMS has accepted SCFHP's Corrective Action Plan that was submitted after CMS audited SCFHP's Cal MediConnect product. Next, she advised the Council that the Plan is currently preparing for a DHCS audit that will take place in March.

In addition, Ms. Tomcala stated that NCQA was recently onsite for two-days to audit the Plan's Cal MediConnect product. She said that that the Plan doesn't have the final results yet, but believes it went well and should have good news the next time we meet. Ms. Tomcala praised the effort of the Plan's staff, and specifically noted the diligent efforts of the Medical Management team on preparing for the NCQA audit.

- No action required. Informational only.

### 4. QUALITY AND PHARMACY (ATTACHMENT )

Dr. Johanna Liu, Director of RX and QI, presented drug utilization reports on the Top 10 Drugs by Total Cost and Top 10 Drugs by Prior Authorization for the date range October 1, 2018 – December 31, 2018 (Copy Attached Herein).

- No action required. Informational only.

### 5. CME ON MARCH 5<sup>TH</sup> 2019 ON NEURODEVELOPMENTAL DISORDERS & BEHAVIORAL HEALTH TREATMENT (ATTACHMENT )

Dr. Robertson, Medical Director, advised the Council members of an upcoming Continuing Education Program on Neurodevelopmental Disorders and Behavioral Health on March 5, 2019 at Fiorillo's Restaurant. The keynote speakers will be Manmeet K. Rattu, Psy.D. and Jesse Lam, Psy.D. Attendees will be entitled to two hours of CEU/CME credits.

- The Council members were instructed to complete the registration form and return it if they are interested in attending.

## 6. PRIOR AUTHORIZATION GRID (ATTACHMENT )

Ms. Jana Castillo, Manager of Utilization Management, presented the finalized 2019 Medical Services Prior Authorization Grid and the 2019 Medical Benefit Drug Prior Authorization Grid (copies attached herein). She stated that the grids are no longer separated by lines of business, which makes it a much cleaner and easier to understand.

- No action required. Informational only.

## 7. MEMBERSHIP OF PAC

Dr. Nakahira stated that she would like to take a new look at the membership of the Council. She has reviewed the 6 C's and wants to focus on providers in the community and how the Council can support quality improvement. She is currently reviewing HEDIS and Quality measures. She would like to hear Council members' best practices and would like to coordinate initiatives to improve our scores collaboratively. She noted that appointed Council members are required to attend a minimum of two meetings per year. Ms. Sherri Sager reminded the Council that she has two Pediatric residents that are very interested in joining the Council

The Council then discussed a number of quality measures. They voiced concern over the need to see all new patients within 120 days of enrollment. Dr. Padua agreed that it is difficult to accomplish this task in this timeframe and noted that there is usually inaccuracy in the report as some patients have already been seen. Council members stressed the importance of focusing on the patient's healthcare, rather than excessive paperwork and audits.

Dr. Robertson indicated that the regulatory bodies have requirements and they want statistics. He noted that SCFHP has a compliance rate that is below other health plans in the state. He knows that providers are doing quality work and that it's just a matter of capturing the data. He advised that if a patient declines the screening, then the office just needs to document this information in the health record in order for the Plan to receive the appropriate credit.

Dr. Nakahira noted that the Plan's Information Technology Department is working on an initiative to capture the data in physician's EMRs. Dr. Padua stressed that there is a need for assistance from the health plan to reduce administrative burdens of its contracted physicians and specifically requested assistance with the following: HEDIS measures, the requirement to see patients with 120 days of enrollment, and the developmental delay screenings.

- Health Plan representatives to present solutions to reduce administrative burdens of contracted physicians with HEDIS, 120 day health screenings and developmental delay screenings.

## 8. CONFIDENTIALITY AGREEMENT

Council members were asked to sign their annual Confidentiality Statement.

- Statements to be filed accordingly.

## 9. DISCUSSION / RECOMMENDATIONS

- There were no further discussion / recommendations.

## 10. ADJOURNMENT

It was moved, seconded and approved to adjourn the meeting at 1:27pm. The next meeting is scheduled for Wednesday, May 8, 2019. A meeting reminder will be sent in the near future, confirming meeting and location.

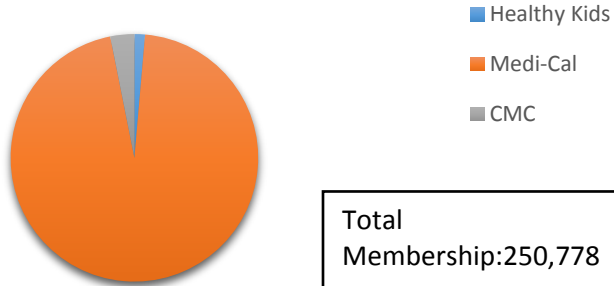
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Dr. Thad Padua, Committee Chairman

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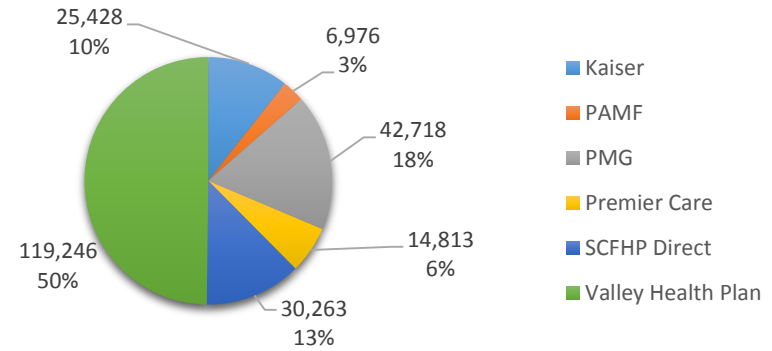
Date

### Membership by Line of Business

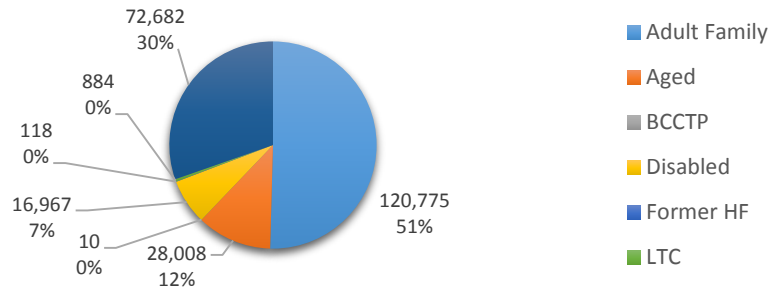


Total Membership: 250,778

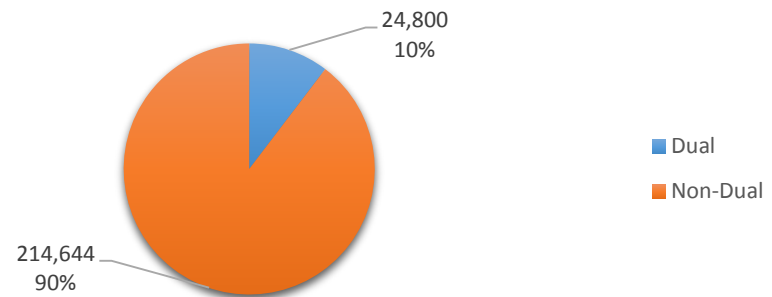
### Medi-Cal Membership by Network



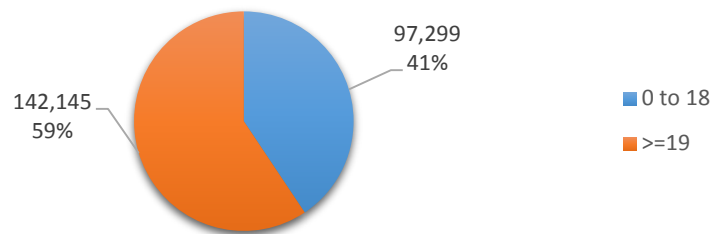
### Medi-Cal Membership by Aid Category



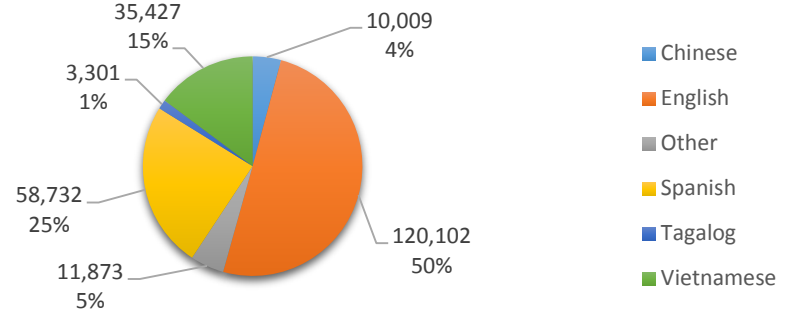
### Medi-Cal Membership by Dual Status



### Medi-Cal Membership by Age Group



### Medi-Cal Membership by Language



### Medi-Cal Membership by Age Group and Network

April 2019

Age Group	SCFHP Direct	VHP	Kaiser	PAMF	PMG	Premier Care	Total	%
0 to 6	1,881	13,784	3,716	591	6,426	1,080	27,478	11.5%
6 to 17	5,120	29,777	8,214	1,635	15,792	4,013	64,551	27.0%
18 to 34	4,109	28,237	5,555	1,203	8,041	3,054	50,199	21.0%
35 to 44	1,749	10,091	1,997	478	2,991	1,262	18,568	7.8%
45 to 54	1,821	10,721	1,842	532	3,660	2,269	20,845	8.7%
55 to 64	2,231	13,850	1,890	663	4,146	2,612	25,392	10.6%
65 to 74	6,036	7,006	807	445	1,045	379	15,718	6.6%
75 to 84	4,922	4,302	892	917	530	125	11,688	4.9%
>= 85	2,394	1,478	515	512	87	19	5,005	2.1%
<b>Total</b>	<b>30,263</b>	<b>119,246</b>	<b>25,428</b>	<b>6,976</b>	<b>42,718</b>	<b>14,813</b>	<b>239,444</b>	100.0%
Percentage	12.6%	49.8%	10.6%	2.9%	17.8%	6.2%	100.0%	



**PROVIDER ADVISORY COUNCIL MEETING**  
**R O S T E R**  
**2018-2019**

NAME	STIPEND	COMPANY	OFFICE INFORMATION	2018				2019				
				Feb	May	Aug	Nov	Feb	May	Aug	Nov	
N. Thad Padua, M.D. NT 50-Pedi & Adolescent Med	*Yes*	IHC – Pediatric Center	2039 Forest Ave., #105 San Jose, CA 95128 408-947-2697 (Ofc) <a href="mailto:ntpadua@ihcscv.org">ntpadua@ihcscv.org</a>	∅	✓	✓	✓	✓				
Sherri Sager NT 10	*Yes*	LPCH - DSH	725 Welch Road, Mail Code 5524, Palo Alto, CA 94304 650-497-8277 (Ofc) <a href="mailto:SSager@stanfordchildrens.org">SSager@stanfordchildrens.org</a>	✓	✓	✓	✓	✓				
Peter L. Nguyen, D.O. NT 50 – Family Practice Hospital Affiliation: OCH	*Yes*	Kelly Park Medical Clinic	749 Story Road, Suite #20 San Jose, CA 95122 408-794-2088 (Ofc) <a href="mailto:lpnguyendo@yahoo.com">lpnguyendo@yahoo.com</a>	✓	∅	✓	✓	✓				
Bridget Harrison, M.D. NT 20 changed in 2016 to NT 10		IHC	<a href="mailto:bridget.m.harrison@gmail.com">bridget.m.harrison@gmail.com</a>	∅	✓	✓	✓	∅				
Chung Vu, MD President – NT60		Premiere Care - IPA	2593 S. King Road, #15, San Jose, CA 95122 408-274-9226 <a href="mailto:chungvumd@yahoo.com">chungvumd@yahoo.com</a>	✓	✓	∅	∅	✓				
Dolly Goel, MD, CMO NT 20		VHP	2480 N First Street, San Jose, CA 95131 <a href="mailto:dolly.goel@VHP.sccgov.org">dolly.goel@VHP.sccgov.org</a> <a href="mailto:melissag.miner@VHP.sccgov.org">melissag.miner@VHP.sccgov.org</a>	✓	∅	∅	∅	∅				
Jimmy Lin, MD Internal Medicine - PCP	*Yes*	Premiere Care	2411 Forest Ave, San Jose, CA 95128 (408) 983-1012 <a href="mailto:docjil@hotmail.com">docjil@hotmail.com</a>	✓	∅	✓	✓	✓				
David Mineta Mental Health Representative	*Yes*	Momentum for Mental Health	5103 Elrose Ave, San Jose, CA 95124 650.270.7511 <a href="mailto:davidmineta@gmail.com">davidmineta@gmail.com</a> <a href="mailto:kaguino@momentummh.org">kaguino@momentummh.org</a>	∅	∅	∅	∅	✓				
Kingston Lum		IHSS	(408) 792-1666 <a href="mailto:Kingston.Lum@ssa.sccgov.org">Kingston.Lum@ssa.sccgov.org</a>	∅	∅	∅	∅	∅				
Meg Tabaka, MD,	*Yes*	Resident O'Connor	(781) 290-7599 <a href="mailto:mtabaka@stanford.edu">mtabaka@stanford.edu</a>	N/A	N/A	N/A	✓	✓				
Clara Adams, LCSW	*Yes*	Private Practice	3033 Moorpark Ave, #7 San Jose, CA 95128 (408) 7781-2523 <a href="mailto:claraadams@comcast.net">claraadams@comcast.net</a>	N/A	N/A	N/A	N/A	✓				

## PROVIDER MEMO

**To:** SCFHP DME/Medical Supply Contracted Vendors  
**From:** Chris Turner  
Chief Operating Officer  
**Date:** April 05, 2019  
**Subject:** Changes to DME & Medical Supplies Provider Network

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Santa Clara Family Health Plan (SCFHP) has made some changes to our provider network for Durable Medical Equipment (DME) and medical supplies. Effective **March 1, 2019**, California Home Medical Equipment (CHME) remains a contracted vendor but is no longer the preferred distributor for SCFHP's Medi-Cal and Healthy Kids lines of business. This change allows all SCFHP contracted DME/medical supply vendors to provide services to SCFHP Medi-Cal, Healthy Kids, and Cal MediConnect members in accordance with the vendor's contracts.

Related to this change, SCFHP has updated our prior authorization requirements. The changes are summarized below:

- Authorization requests for DME and medical supplies should be directed to SCFHP utilizing the **Prior Authorization Request Form**.
- For new or renewing orders, providers may refer to any contracted DME or medical supply vendor by submitting the SCFHP Durable Medical Equipment Order Form to the vendor.
- DME is subject to the prior authorization requirements outlined on SCFHP's **2019 Prior Authorization Grid**.

Attachments to this memo:

- 2019 Prior Authorization Grid
- DME Specialty Device List
- Prior Authorization Request Form
- **Change Notification Form:** SCFHP requests that you complete and submit this to SCFHP Provider Network Management at your earliest convenience. Updating your organization's information allows us to accurately display your organization in our provider directory and helps facilitate timely claims payment.

If you have any questions regarding this information, please contact Art Shaffer, Provider Network Management Associate, at (408) 874-1762 or [AShaffer@scfhp.com](mailto:AShaffer@scfhp.com).

This Prior Authorization Grid contains services that require prior authorization only and is not intended to be a comprehensive list of covered services. Providers should refer to the appropriate Evidence of Coverage (EOC) for a complete list of covered services.

### **SCFHP Utilization Management Department:**

Telephone: 408-874-1821

Prior Authorization Request Submission Fax Lines: 408-874-1957 or  
408-376-3548

When faxing a request to SCFHP, please:

1. Use the SCFHP Prior Authorization Request – Medical Services Form found at [www.scfhp.com](http://www.scfhp.com)
2. Attach pertinent medical records, treatment plans, test results and evidence of conservative treatment to support medical necessity.

### **Other Contact Information:**

SCFHP Automated Eligibility: 1-800-720-3455

SCFHP Customer Service:

Medi-Cal & Healthy Kids: 1-800-260-2055

Cal MediConnect: 1-877-723-4795

For Non-Emergency Medical Transportation & Non-Emergency Transportation contact SCFHP Customer Service

### **Benefits Authorized by Vendors:**

Dental Services:

Medi-Cal & Cal MediConnect: Contact Denti-Cal at 1-800-322-6384

Healthy Kids: Contact Liberty Dental at 1-888-902-0403

Vision Services: Contact Vision Service Plan (VSP) at 1-844-613-4479

Category of Service	Services Requiring Prior Authorization	
Behavioral Health Treatment	All Behavioral Health Treatment Services for members age 21 years and under with behavioral conditions that may or may not include autism spectrum	
Durable Medical Equipment  <i>*Benefit and frequency limits apply. Refer to CMS, Noridian, and/or Medi-Cal Provider Manual</i>	<b>Cal MediConnect</b>	<b>Medi-Cal &amp; Healthy Kids HMO</b>
	<ul style="list-style-type: none"> <li>• Custom Made Items</li> <li>• Any other DME or Medical Supply Item Exceeding \$1000</li> <li>• Prosthetics &amp; Customized Orthotics Exceeding \$1000</li> <li>• Hearing Aids</li> <li>• Other Specialty Devices</li> </ul>	<ul style="list-style-type: none"> <li>• CPAP and BIPAP</li> <li>• Enteral Formula and Supplies</li> <li>• Hospital Bed and Mattress</li> <li>• Oxygen</li> <li>• Requests Over the Benefit Limit</li> <li>• Power Wheelchairs, Scooters, Manual Wheelchairs (except standard adult and pediatric), and motorized wheelchairs and Accessories</li> <li>• Respiratory: Oxygen, BIPAP, CPAP, ventilators</li> <li>• Prosthetics &amp; Customized Orthotics, not including off-the-shelf covered items</li> <li>• Hearing Aids</li> <li>• Other Specialty Devices</li> </ul>
Experimental Procedure	<ul style="list-style-type: none"> <li>• Experimental Procedures</li> <li>• Investigational Procedures</li> <li>• New Technologies</li> </ul>	
Home Health	<ul style="list-style-type: none"> <li>• All Home Health Services</li> <li>• Home IV Infusion Services</li> </ul>	
Inpatient Admissions	<p>All elective medical and surgical inpatient admissions to:</p> <ul style="list-style-type: none"> <li>• Acute Hospital</li> <li>• Long Term Acute Care (LTAC)</li> </ul> <p>All admissions for:</p> <ul style="list-style-type: none"> <li>• Acute Inpatient Psychiatric</li> <li>• Partial Hospital Psychiatric Treatment</li> <li>• Substance Use Disorder including Detoxification</li> </ul> <p>Rehabilitation and Therapy Services</p> <ul style="list-style-type: none"> <li>• Acute Rehabilitation Facilities</li> <li>• Skilled Nursing Facilities (SNF)</li> </ul>	
Long-Term Services and Supports (LTSS)	<ul style="list-style-type: none"> <li>• Community-Based Adult Services (CBAS)</li> <li>• Long-Term Care</li> </ul>	
Medications	<ul style="list-style-type: none"> <li>• Refer to the 2019 Medical Benefit Drug Prior Authorization Grid</li> <li>• Drugs administered in the doctor's office or in an outpatient setting</li> </ul>	

Category of Service	Services Requiring Prior Authorization
Non-Contracted Providers	All non-urgent/emergent services provided by non-contracted providers
Organ Transplant	All Organ Transplants
Outpatient Services and Procedures	<ul style="list-style-type: none"> <li>• Abdominoplasty/Panniculectomy</li> <li>• Bariatric Surgery</li> <li>• Breast Reduction and Augmentation Surgery</li> <li>• Cataract Surgery</li> <li>• Cochlear Auditory Implant</li> <li>• Dental Surgery, Jaw Surgery and Orthognathic Procedures</li> <li>• Dermatology: <ul style="list-style-type: none"> <li>• Laser treatment</li> <li>• Skin Injections</li> <li>• Implants</li> </ul> </li> <li>• All types of Endoscopy, <b>except</b> Colonoscopy</li> <li>• Gender Reassignment Surgery</li> <li>• Genetic Testing and Counseling</li> <li>• Hyperbaric Oxygen Therapy</li> <li>• Intensive Outpatient Palliative Care (IOPC)</li> <li>• Neuro and Spinal Cord Stimulators</li> <li>• Outpatient Diagnostic Imaging: <ul style="list-style-type: none"> <li>• Magnetic Resonance Imaging (MRI)</li> <li>• Magnetic Resonance Angiography (MRA)</li> <li>• Nuclear Cardiology Procedures</li> <li>• Single-Photon Emission Computerized Tomography (SPECT)</li> <li>• Positron-Emission Tomography (PET/PET-CT)</li> </ul> </li> <li>• Outpatient Therapies <ul style="list-style-type: none"> <li>• Occupational Therapy (OT)</li> <li>• Physical Therapy (PT)</li> <li>• Speech Therapy (ST)</li> </ul> </li> <li>• All Plastic Surgery and Reconstructive Procedures</li> <li>• All Podiatric procedures and surgery</li> <li>• Radiation Therapy: <ul style="list-style-type: none"> <li>• Intensity Modulated Radiation Therapy (IMRT)</li> <li>• Proton Beam Therapy</li> <li>• Stereotactic Radiation Treatment (SBRT)</li> </ul> </li> <li>• Sleep studies</li> <li>• Spinal Procedures, <b>except</b> Epidural Injections</li> <li>• Surgery for Obstructive Sleep Apnea</li> <li>• Temporomandibular Disorder (TMJ) Treatment</li> <li>• Transplant-related services (EXCEPT Cornea transplant): Prior to surgery</li> <li>• Unclassified Procedures</li> <li>• Varicose Vein Treatment</li> </ul>



Category of Service	Services Requiring Prior Authorization
Transportation	Non-Emergency Medical Transportation for ground and air <u>except</u> ground transportation from facility to facility and hospital to home.

Santa Clara Family Health Plan (SCFHP) follows Medi-Cal and Medicare coverage requirements for Durable Medical Equipment including DME considered to be specialty devices. A specialty device order is required to be reviewed by SCFHP's Utilization Management department for medical necessity, coverage and benefit limits. The following items are examples of specialty devices that require prior authorization. This list is not all inclusive and is subject to change.

**Specialty Device**

- AED
- Bone Growth Stimulator
- Continuous Glucose Monitor (CGM)
- Cough Assist Device/ Cough Stimulating Device
- Continuous Passive Motion Exercise Device, Knee (CPM)
- High Frequency Chest Wall Oscillation (HFCWO) Device
- Pneumatic Compression Device
- Speech Generating Device
- Suction Machine
- TENS Unit
- Wound Vac/NPWT

If you have questions regarding whether an item is considered a specialty device, please contact our Utilization Management department at 1-408-874-1821, Monday-Friday from 8:30 AM-5:00 PM.



Today's Date: \_\_\_\_\_

Type of Request:

- Routine (5 business days) Expedited (3 business days) Retro (30 calendar days)

SCFHP MEMBER INFORMATION

Member Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SCFHP ID: \_\_\_\_\_

Line of Business: Medi-Cal Healthy Kids Cal MediConnect

REFERRING PROVIDER INFORMATION

Referring MD: \_\_\_\_\_

Contact Name: \_\_\_\_\_

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

SERVICES(S) REQUESTED\*:

\*Supporting documentation and physician order MUST accompany request. Failure to provide documentation will delay processing and may result in a denial of services.

Referring to: \_\_\_\_\_

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

Service(s) Requested: \_\_\_\_\_

CPT/HCPCS: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Number of units/visits: \_\_\_\_\_ Date(s) requested: \_\_\_\_\_

Place of Service: Inpatient Outpatient MD Office Amb Surg

Other (specify): \_\_\_\_\_

Confidentiality Notice: This electronic fax transmission (including any documents, files or previous email messages attached to it) may contain confidential information that is intended for a specific individual and purpose and that is privileged or otherwise protected by law. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, please delete this fax and notify SCFHP UM of the error. Any disclosure, copying or distribution of this message, or taking of any action based on it, is strictly prohibited.



<b>To</b>	Provider Network Management	<b>Fax</b>	1-408-362-9817 or email to <a href="mailto:ProviderServices@scfhp.com">ProviderServices@scfhp.com</a>
<b>From</b>		<b>Date</b>	

Please fill out the form below to notify Santa Clara Family Health Plan of any changes to your demographic information. You are required to notify SCFHP immediately of changes to this information. If you wish to make changes in your participation status or have questions, please call our Provider Network Management Department at 1-408-874-1788.

<b>Provider Name</b> (Required)				<b>NPI</b> (Required)		
<b>License #</b> (Required)		<b>Expiration Date</b> (Required)		<b>Accepting New Patients</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Address</b>						
<b>Phone</b>				<b>Fax</b>		
<b>Provider Email</b>	<input type="checkbox"/> This email is intended for patient communication and should be published in the provider directory.					
<b>Website</b>				<b>Office Hours</b>		
<b>Specialty with Taxonomy Code</b> (Required)					Board Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	
					Board Certified <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Hospital Privileges</b>						
<b>IPA/Provider Group/Medical Group</b>						
<b>Languages Spoken by Provider</b>						
<b>Languages Spoken by Office Staff (Non-Clinical)</b>						
<b>Languages Spoken by Clinical Staff</b>						
<b>Languages Spoken by Skilled Medical Interpreters at this Location</b>						
<b>Age Limits</b> (Please Specify)				<b>Gender Limits</b> (Please Specify)		
<b>Current Tax ID #</b>		<b>New Tax ID #*</b>		<b>Effective Date</b>		

\*If submitting a new tax ID number, please [complete a W-9 form](#).

## PROVIDER MEMO

**To:** SCFHP Contracted Providers  
**From:** Chris Turner  
Chief Operating Officer  
**Date:** March 15, 2019  
**Subject:** Updated 2019 Prior Authorization Requirements

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Santa Clara Family Health Plan (SCFHP) has updated our prior authorization requirements effective for dates of services on or after **March 1, 2019**. The changes are summarized below:

- Durable Medical Equipment (DME): Authorization requests for DME and medical supplies should be directed to SCFHP, instead of CHME. Existing DME/medical supply orders for services provided by CHME do not need to be resubmitted and CHME is responsible for receiving prior authorization from SCFHP. For new or renewing orders, providers may refer to any contracted DME or medical supply vendor by submitting the SCFHP Durable Medical Equipment Form. A complete list of SCFHP's contracted vendors is attached. New orders are subject to SCFHP prior authorization requirements.
- Behavioral Health Treatment: We clarify that behavioral health treatment for members age 21 and under requires authorization for all behavioral conditions, including but not limited to autism spectrum disorder.

Additional resources included with this memo:

- A revised 2019 Medical Services Prior Authorization Grid.
- The SCFHP Durable Medical Equipment Form, to be submitted to the DME provider when placing an order.
- A list of SCFHP's contracted DME and Medical Supplies providers. Or, refer to the SCFHP Provider Search Tool at [www.scfhp.com/for-members/find-a-doctor](http://www.scfhp.com/for-members/find-a-doctor).

Please contact Art Shaffer, Provider Network Management Associate, at (408) 874-1762 or [AShaffer@scfhp.com](mailto:AShaffer@scfhp.com) regarding the DME and medical supply vendor referral process.

This Prior Authorization Grid contains services that require prior authorization only and is not intended to be a comprehensive list of covered services. Providers should refer to the appropriate Evidence of Coverage (EOC) for a complete list of covered services.

### **SCFHP Utilization Management Department:**

Telephone: 408-874-1821

Prior Authorization Request Submission Fax Lines: 408-874-1957 or  
408-376-3548

When faxing a request to SCFHP, please:

1. Use the SCFHP Prior Authorization Request – Medical Services Form found at [www.scfhp.com](http://www.scfhp.com)
2. Attach pertinent medical records, treatment plans, test results and evidence of conservative treatment to support medical necessity.

### **Other Contact Information:**

SCFHP Automated Eligibility: 1-800-720-3455

SCFHP Customer Service:

Medi-Cal & Healthy Kids: 1-800-260-2055

Cal MediConnect: 1-877-723-4795

For Non-Emergency Medical Transportation & Non-Emergency Transportation contact SCFHP Customer Service

### **Benefits Authorized by Vendors:**

Dental Services:

Medi-Cal & Cal MediConnect: Contact Denti-Cal at 1-800-322-6384

Healthy Kids: Contact Liberty Dental at 1-888-902-0403

Vision Services: Contact Vision Service Plan (VSP) at 1-844-613-4479

Category of Service	Services Requiring Prior Authorization	
Behavioral Health Treatment	All Behavioral Health Treatment Services for members age 21 years and under with behavioral conditions that may or may not include autism spectrum	
Durable Medical Equipment  <i>*Benefit and frequency limits apply. Refer to CMS, Noridian, and/or Medi-Cal Provider Manual</i>	<b>Cal MediConnect</b>	<b>Medi-Cal &amp; Healthy Kids HMO</b>
	<ul style="list-style-type: none"> <li>• Custom Made Items</li> <li>• Any other DME or Medical Supply Item Exceeding \$1000</li> <li>• Prosthetics &amp; Customized Orthotics Exceeding \$1000</li> <li>• Hearing Aids</li> <li>• Other Specialty Devices</li> </ul>	<ul style="list-style-type: none"> <li>• CPAP and BIPAP</li> <li>• Enteral Formula and Supplies</li> <li>• Hospital Bed and Mattress</li> <li>• Oxygen</li> <li>• Requests Over the Benefit Limit</li> <li>• Power Wheelchairs, Scooters, Manual Wheelchairs (except standard adult and pediatric), and motorized wheelchairs and Accessories</li> <li>• Respiratory: Oxygen, BIPAP, CPAP, ventilators</li> <li>• Prosthetics &amp; Customized Orthotics, not including off-the-shelf covered items</li> <li>• Hearing Aids</li> <li>• Other Specialty Devices</li> </ul>
Experimental Procedure	<ul style="list-style-type: none"> <li>• Experimental Procedures</li> <li>• Investigational Procedures</li> <li>• New Technologies</li> </ul>	
Home Health	<ul style="list-style-type: none"> <li>• All Home Health Services</li> <li>• Home IV Infusion Services</li> </ul>	
Inpatient Admissions	<p>All elective medical and surgical inpatient admissions to:</p> <ul style="list-style-type: none"> <li>• Acute Hospital</li> <li>• Long Term Acute Care (LTAC)</li> </ul> <p>All admissions for:</p> <ul style="list-style-type: none"> <li>• Acute Inpatient Psychiatric</li> <li>• Partial Hospital Psychiatric Treatment</li> <li>• Substance Use Disorder including Detoxification</li> </ul> <p>Rehabilitation and Therapy Services</p> <ul style="list-style-type: none"> <li>• Acute Rehabilitation Facilities</li> <li>• Skilled Nursing Facilities (SNF)</li> </ul>	
Long-Term Services and Supports (LTSS)	<ul style="list-style-type: none"> <li>• Community-Based Adult Services (CBAS)</li> <li>• Long-Term Care</li> </ul>	
Medications	<ul style="list-style-type: none"> <li>• Refer to the 2019 Medical Benefit Drug Prior Authorization Grid</li> <li>• Drugs administered in the doctor's office or in an outpatient setting</li> </ul>	

Category of Service	Services Requiring Prior Authorization
Non-Contracted Providers	All non-urgent/emergent services provided by non-contracted providers
Organ Transplant	All Organ Transplants
Outpatient Services and Procedures	<ul style="list-style-type: none"> <li>• Abdominoplasty/Panniculectomy</li> <li>• Bariatric Surgery</li> <li>• Breast Reduction and Augmentation Surgery</li> <li>• Cataract Surgery</li> <li>• Cochlear Auditory Implant</li> <li>• Dental Surgery, Jaw Surgery and Orthognathic Procedures</li> <li>• Dermatology: <ul style="list-style-type: none"> <li>• Laser treatment</li> <li>• Skin Injections</li> <li>• Implants</li> </ul> </li> <li>• All types of Endoscopy, <b>except</b> Colonoscopy</li> <li>• Gender Reassignment Surgery</li> <li>• Genetic Testing and Counseling</li> <li>• Hyperbaric Oxygen Therapy</li> <li>• Intensive Outpatient Palliative Care (IOPC)</li> <li>• Neuro and Spinal Cord Stimulators</li> <li>• Outpatient Diagnostic Imaging: <ul style="list-style-type: none"> <li>• Magnetic Resonance Imaging (MRI)</li> <li>• Magnetic Resonance Angiography (MRA)</li> <li>• Nuclear Cardiology Procedures</li> <li>• Single-Photon Emission Computerized Tomography (SPECT)</li> <li>• Positron-Emission Tomography (PET/PET-CT)</li> </ul> </li> <li>• Outpatient Therapies <ul style="list-style-type: none"> <li>• Occupational Therapy (OT)</li> <li>• Physical Therapy (PT)</li> <li>• Speech Therapy (ST)</li> </ul> </li> <li>• All Plastic Surgery and Reconstructive Procedures</li> <li>• All Podiatric procedures and surgery</li> <li>• Radiation Therapy: <ul style="list-style-type: none"> <li>• Intensity Modulated Radiation Therapy (IMRT)</li> <li>• Proton Beam Therapy</li> <li>• Stereotactic Radiation Treatment (SBRT)</li> </ul> </li> <li>• Sleep studies</li> <li>• Spinal Procedures, <b>except</b> Epidural Injections</li> <li>• Surgery for Obstructive Sleep Apnea</li> <li>• Temporomandibular Disorder (TMJ) Treatment</li> <li>• Transplant-related services (EXCEPT Cornea transplant): Prior to surgery</li> <li>• Unclassified Procedures</li> <li>• Varicose Vein Treatment</li> </ul>



Category of Service	Services Requiring Prior Authorization
Transportation	Non-Emergency Medical Transportation for ground and air <b><u>except</u></b> ground transportation from facility to facility and hospital to home.

A list of Durable Medical Equipment (DME) providers can be found using the Santa Clara Family Health Plan (SCFHP) Provider Search Tool at [www.scfhp.com/for-members/find-a-doctor](http://www.scfhp.com/for-members/find-a-doctor). Submit this order form directly to the DME provider using their submission contact information. DME orders must include clinical documentation such as physician visit notes, progress notes, etc. to support the DME items requested.

To request DME authorization, please use the SCFHP Prior Authorization Form found on the Provider Forms and Documents page on the SCFHP website.

Member Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

Plan:       Medi-Cal       Healthy Kids HMO       Cal MediConnect

Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Please check the DME being requested and offer details where appropriate.**

<input type="checkbox"/> Wheel Chair		Months Needed: _____
<input type="checkbox"/> Standard Wheelchair (250 lbs Max) <input type="checkbox"/> Heavy-Duty Wheelchair (Over 250 lbs) <input type="checkbox"/> Wheelchair Cushion. Size: _____	<input type="checkbox"/> Detachable Arms <input type="checkbox"/> Elevating Leg Rest <input type="checkbox"/> Evaluation for Power Wheelchair and Power Wheelchair	
<input type="checkbox"/> Hospital Bed		Months Needed: _____
<input type="checkbox"/> Semi-Electric <input type="checkbox"/> Full Electric <input type="checkbox"/> Half Side Rails <input type="checkbox"/> Full Side Rails	<input type="checkbox"/> Over Head Trapeze <input type="checkbox"/> Low Air Loss Mattress <input type="checkbox"/> Alternating Pressure Pump and Pad (APP) <input type="checkbox"/> Gel Mattress Overlay	
<input type="checkbox"/> Assistive Device		Months Needed: _____
<input type="checkbox"/> Bedside Commode <input type="checkbox"/> Front Wheeled Walker <input type="checkbox"/> Crutches <input type="checkbox"/> Quad Cane	<input type="checkbox"/> Single Point Cane <input type="checkbox"/> Transfer Bench <input type="checkbox"/> Sliding Board <input type="checkbox"/> Raised Toilet Seat	



<input type="checkbox"/> Incontinence Supply		Months Needed: _____
<input type="checkbox"/> Diaper Size: _____ <input type="checkbox"/> Underpad	<input type="checkbox"/> Number per month: _____	
<input type="checkbox"/> Enteral Nutrition		Frequency Needed: _____
<input type="checkbox"/> Formula: _____ <input type="checkbox"/> Feeding Tube <input type="checkbox"/> NGT <input type="checkbox"/> Gastrostomy <input type="checkbox"/> Jejunostomy	<input type="checkbox"/> Administration <input type="checkbox"/> Bolus <input type="checkbox"/> Pump <input type="checkbox"/> Daily Total: : _____ Calorie/mL <input type="checkbox"/> Syringe Size: _____ <input type="checkbox"/> Water Flushing: _____	
<input type="checkbox"/> Respiratory		Months Needed: _____
<input type="checkbox"/> Oxygen at _____ LPM Administration <input type="checkbox"/> Nasal Cannula <input type="checkbox"/> Mask System <input type="checkbox"/> Concentrator <input type="checkbox"/> E-Tanks	<input type="checkbox"/> CPAP Setting: _____ <input type="checkbox"/> BIPAP Setting: _____ <input type="checkbox"/> Nebulizer	
<input type="checkbox"/> Other. Please Provide Details Below:		
_____		
_____		

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Contact Name (if different from physician): \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Vendor Name	Items Offered	Contact Info
Advanced Respiratory	Respiratory	1020 W County Rd #F Saint Paul, MN 55126 1-800-426-4224
Amerasian Medical Supply Co	DME & Incontinence Supplies	1668 Alum Rock Ave San Jose, CA 95116 1-408-937-0166
American Medical & Equipment	DME & Medical Supplies	3725 Union Ave San Jose, CA 95124 1-408-559-5800
Animas Diabetes Care	Diabetic Supplies & Insulin Pumps	200 Lawrence Dr. West Chester, PA 19380 (610) 644-8990
Berke, Gary, CProst	Prosthetics & Orthotics	2001 Winward Way #100 San Mateo, CA 94404 1-650-570-5861
Bio-Concepts, Inc	Custom Compression Garments	2424 E University Dr. Phoenix, AZ 85034 1-800-421-5647
Bowman Medical	Urological, Orthopedic Supplies, & Wound Care	1200 Industrial Rd #16 San Carlos, CA 94070 1-650-654-5525
Brannon's Rental & Sales	CPAP & BIPAP, Wheelchair, Lift Chairs, Misc. Respiratory, & Medical Supplies	2052 Lincoln Ave San Jose, CA 95125 1-408-448-3000
Brooks Health Care * MediCal only	Home Infusion, Nutrition, & Specialty Pharmacy	5070 N 6th St #164 Fresno, CA 93710 1-877-889-3424
Byram Healthcare Centers Inc	Ostomy & Wound Care	5302 Rancho Rd Huntington Beach, CA 92647 1-714-799-1222
CA Home Medical Equipment (CHME)	DME, Medical Supplies, & Incontinence Supplies	289 Foster City Blvd #A San Mateo, CA 94404 1-650-357-8550
Caremax RM Corporation	DME & Incontinence Supplies	8271 Commonwealth Ave Buena Park, CA 90622 1-800-626-2600
DJO, LLC Former DJ Orthopedics *MediCal / Healthy Kids only	DME, Orthotics, & Prosthetics	1430 Decision St Vista, CA 92081 1-888-225-4398

Updated 3/14/19. For a current list of vendors, use the Provider Search Tool at [www.scfhp.com/for-members/find-a-doctor](http://www.scfhp.com/for-members/find-a-doctor)

All product lines unless noted\*

Vendor Name	Items Offered	Contact Info
Ebi, LP	Orthopedic & Bone Growth	4861 E Airport Dr. Ontario, CA 91761 1-800-526-2579
Ecologically Sound Med Serv	DME Supplies, Incontinence, & Supplies Wound Care	1865 N Macarthur Dr. Tracy, CA 95376 1-209-835-6868
Freedom Mobility Center LLC	Air Fluidized Beds, Electric Patient Lifts, & Speech Generating Devices	586 Parker Ave Rodeo, CA 94572 1-510-799-9920
Hanger Prosthetics & Ortho	Prosthetics & Orthotics	9460 No Name Uno #240 Gilroy, CA 95020 1-408-484-3163
Hanger Prosthetics & Ortho	Prosthetics & Orthotics	298 San Antonio Rd #150 Mountain View, CA 94040 1-650-559-1711
Hanger Prosthetics & Ortho	Prosthetics & Orthotics	125 Ciro Ave #240 San Jose, CA 95128 1-408-484-3163
Home Health Resource Inc	Respiratory, Trach, Enteral, & In Home Critical Care Vents	4361 Technology Dr. #C Livermore, CA 94551 1-510-352-9592
Hometown Medical Supply LLC	All DME (with the exception of Respiratory & Ox) & Wound Care	140 Lewis Rd #5 San Jose, CA 95111 1-408-279-3955
KCI USA, Inc	Medical Supplies	1040 Commercial St #110 San Jose, CA 95112 1-800-275-4524
Kids Korner Medical Supply	DME & Incontinence Supplies	165 Lewis Rd #10 San Jose, CA 95111 1-408-971-1034
MD Mart Inc	DME & Medical Supplies	1630 Oakland Rd # A108 San Jose, CA 95131 1-408-453-6468
Mini Pharmacy Enterprises	Insulin Pumps	2425 Porter St Los Angeles, CA 90021 1-888-545-6464
Minimed Distribution Corp	Insulin Pumps	13101 Collection Center Dr. Chicago, IL 60693 1-800-933-3322
Mothers Milk Bank	Brest Pumps	751 S Bascom Ave  1-408-998-4550

Updated 3/14/19. For a current list of vendors, use the Provider Search Tool at  
[www.scfhp.com/for-members/find-a-doctor](http://www.scfhp.com/for-members/find-a-doctor)

All product lines unless noted\*

Vendor Name	Items Offered	Contact Info
My Best Homecare	Respiratory	420 S Hillview Dr. Milpitas, CA 95035 1-408-934-9617
National Seating & Mobility Inc	DME Manual & Power Wheelchairs	1190 Dell Ave #1 Campbell, CA 95008 (408) 920-0390
Numotion	Wheelchairs Both Manual and Power & Repair	610 N Pastoria Ave Sunnyvale, CA 94085 1-408-522-1200
Orthofix Inc	Extremity Fixation Spine Fixation	3451 Plano Pkwy Lewisville, TX 75056 1-855-527-0404
Pacific Medical Inc	Prosthetics & Orthotics	123 Di Salvo Ave San Jose, CA 95128 1-408-217-9387
Pacific Pulmonary Services	Oxygen & Nebulizers	773 San Marin Dr. #2230 Novato, CA 94945 1-408-954-1961
Prosthetics Solutions Inc	DME, Orthotics & Prosthetics Supply	3350 Scott Blvd #6301 Santa Clara, CA 95054 1-408-845-9245
Pulmonary Solutions LLC	Oxygen & Nebulizers	2255 Martin Ave #e Santa Clara, CA 95050 1-408-492-9504
Senter Pharmacy	DME & Incontinence Supplies	2643 Senter Rd # A San Jose, CA 95111 1-408-287-4899
Walk Rite for Life	Diabetic Shoes	4701 Hamilton Ave #705 San Jose, CA 95130 1-408-376-0495

Updated 3/14/19. For a current list of vendors, use the Provider Search Tool at [www.scfhp.com/for-members/find-a-doctor](http://www.scfhp.com/for-members/find-a-doctor)

All product lines unless noted\*



# Santa Clara Family Health Plan™

DHCS Advancements in Monitoring Quality 2019

Johanna Liu, PharmD, MBA - Director, Quality and Process Improvement

# Presentation Agenda

2019 DHCS Advancements in  
Monitoring Quality in Managed Care

Health Plan Impact

SCFHP's Quality Program  
Enhancements

# DHCS Advancements in Monitoring Quality

## DHCS Medi-Cal Managed Care Advisory Group - March 2019



- Governor's Focus on Medi-Cal:
  - Expand Medi-Cal to undocumented adults up to age 26
  - Value Based Payment Program to improve care for certain high-need, high-cost populations
  - Consolidate pharmaceutical purchasing under Medi-Cal
  - Prop 56 funds to increase provider payments, family planning services and developmental screenings, and trauma screenings
  - Funds for mental health workforce training and early treatment/detection programs
  - Funds for Whole Person Care pilot program intended for supportive housing services

# DHCS Advancements in Monitoring Quality

## DHCS Medi-Cal Managed Care Advisory Group - March 2019

- Governor's Focus on Children:
  - Affordable access to quality health care
  - Commitment to early childhood development
  - Emphases on populations that are at-risk or low-income (Medi-Cal)

# DHCS Advancements in Monitoring Quality

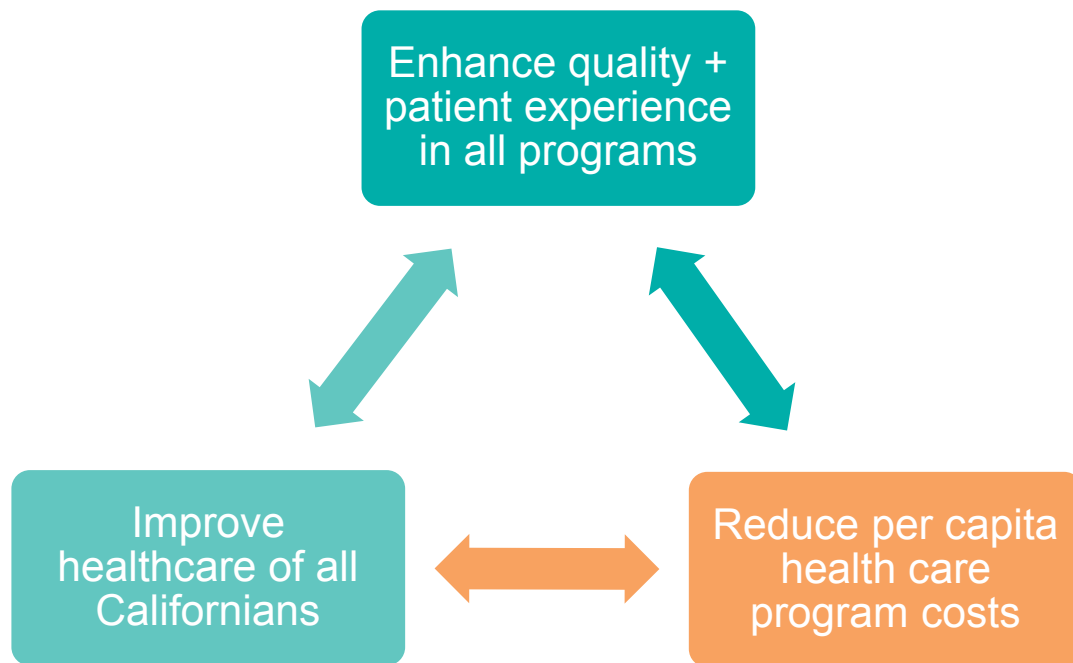
## Governor's Requests to Health Plans and DHCS:

- Asked all California health plans to review their networks, processes, outreach and metrics for pediatric screenings and services
- Directed DHCS to review its data in regards to pediatric measures and identify areas that require improvement
- Partnership and collaboration as California increases its commitment towards early childhood development



# DHCS Advancements in Monitoring Quality

## DHCS Quality Strategy Goals:



## Seven Priorities:

- Improve patient safety
- Deliver effective, efficient, affordable care
- Engage persons and families in their health
- Enhance communication and coordination of care
- Advance prevention
- Foster healthy communities
- Eliminate health disparities

# DHCS Advancements in Monitoring Quality

## Changes to Quality Measures

- Advancements:
  - ✓ *Include 21 Measures from Centers for Medicare & Medicaid Services (CMS) Child and Adult Core Sets*
  - ✓ *Begin in Reporting Year 2020 for care that is delivered during Measurement Year 2019*
  - ✓ *Require Plans to perform at least at the 50<sup>th</sup> percentile (new MPL)*
  - ✓ *Impose immediate corrective action plans and sanctions for not meeting MPLs*

# DHCS Advancements in Monitoring Quality

## Required Measures for Reporting Year 2020

Children's Health	Women's Health	Behavioral Health	Acute & Chronic Disease Mgmt
<ul style="list-style-type: none"> <li>• *WCC BMI</li> <li>• *CIS 10</li> <li>• *W15</li> <li>• *W34</li> <li>• *IMA 2</li> <li>• *AWC</li> </ul>	<ul style="list-style-type: none"> <li>• *CCS</li> <li>• Chlamydia</li> <li>• BCS</li> <li>• *PPC-Pre</li> <li>• *PPC-Pst</li> </ul>	<ul style="list-style-type: none"> <li>• FU ADHD Meds Int.</li> <li>• FU ADHD Meds Cont.</li> <li>• Antidepressant Med Mgmt Acute</li> <li>• Antidepressant Med Mgmt Cont.</li> </ul>	<ul style="list-style-type: none"> <li>• *Adult BMI</li> <li>• *CBP</li> <li>• *CDC HT</li> <li>• *CDC H9</li> <li>• AMR</li> <li>• PCR</li> </ul>

\* Denotes a measure reported with hybrid methodology.

# DHCS Advancements in Monitoring Quality

## Additional Measures DHCS may report on for Reporting Year 2020

Children's Health	Women's Health	Behavioral Health	Acute & Chronic Disease Mgmt
<ul style="list-style-type: none"><li>• Developmental Screening</li><li>• CAP</li><li>• Audiological Diagnosis</li><li>• AMB-ED</li></ul>	<ul style="list-style-type: none"><li>• Elective Delivery</li><li>• Cesarean Section</li><li>• Contraceptive Care All Women</li><li>• Contraceptive Care Postpartum</li></ul>	<ul style="list-style-type: none"><li>• Depression Screening</li><li>• DM Screening SMI</li><li>• DM Care SMI H9</li><li>• Opioids high dose</li><li>• Opioids and benzos</li></ul>	<ul style="list-style-type: none"><li>• PQI Diabetes</li><li>• PQI COPD</li><li>• PQI CHF</li><li>• PQI Asthma</li><li>• HIV Viral Load Suppression</li><li>• MPM</li></ul>

# DHCS Advancements in Monitoring Quality

## Three Quality Oversight Tiers

- Tier 1 = QI work and sanctions, no CAP
- Tier 2 = Lower CAP tier, including QI work and sanctions
- Tier 3 = Higher CAP tier, including QI work and sanctions
  - Up to 10 QI projects, quarterly summary progress reports submitted to DHCS, technical assistance telephone meetings quarterly, in person executive leadership meetings with DHCS biannually
  - If plan remains on Tier 3 for multiple years, DHCS reserves the right to impose progressive sanctions, including but not limited to:
    - Additional financial sanctions, placement of a MCP monitor or consultant, contract termination

# Health Plan Impact

## Impacts to Quality Reporting

- 10 out of 21 measures are new
- DHCS may report on admin measures
- DHCS will develop a public Annual Compliance Report including information on:
  - Preventative services
  - Network compliance
  - Corrective action plans
  - Sanctions

# SCFHP Quality Program Enhancements – Under Consideration

## Member Interventions

- Increasing member incentives and expanding to more networks
- Inbound call center gaps in care reminders
- Outbound Call outreach for gaps in care reminders
- Call center hold time educational message
- Member newsletter articles
- Gaps in care loaded into member portal
- Community outreach events

# SCFHP Quality Program Enhancements – Under Consideration

## Provider Interventions

- Enhancing Provider Performance Program to include more measures and supplemental data
- Provider office incentives
- Increasing clinic days with provider groups
- Provider newsletter articles
- Monthly report cards and gaps in care
- Monthly delegate meetings
- Gaps in care availability in provider portal





# Santa Clara Family Health Plan™

Questions?

Contact Johanna Liu: [jliu@scfhp.com](mailto:jliu@scfhp.com)

# Santa Clara Family Health Plan

## Top 10 Drugs by Total Cost

Fill date: 1/1/2019 – 3/31/2019

### SAC01 – Medi-Cal

	Label Name	Total Cost	Patient Paid	Plan Paid	% of Total Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claims	Generic % of Total Claims	Plan Paid / Day	Plan Paid / Claim
1	<a href="#">HUMIRA PEN 40 MG/0.8 ML</a>	\$1,585,935	\$0.00	\$1,585,935	5.1%	0.0%	291	0.1%	0.0%	\$194.64	\$5,449.95
2	<a href="#">MAVYRET 100-40 MG TABLET</a>	\$1,217,418	\$0.00	\$1,217,418	3.9%	0.0%	191	0.0%	0.0%	\$452.91	\$6,373.92
3	<a href="#">FREESTYLE LITE TEST STRIP</a>	\$937,402	\$0.00	\$937,417	3.0%	0.0%	7,966	1.5%	0.0%	\$3.13	\$117.68
4	<a href="#">BASAGLAR 100 UNIT/ML KWIKPEN</a>	\$856,988	\$0.00	\$856,992	2.8%	0.0%	3,466	0.7%	0.0%	\$8.01	\$247.26
5	<a href="#">STELARA 90 MG/ML SYRINGE</a>	\$528,622	\$0.00	\$528,622	1.7%	0.0%	25	0.0%	0.0%	\$369.15	\$21,144.90
6	<a href="#">TRULICITY 0.75 MG/0.5 ML PEN</a>	\$519,444	\$0.00	\$519,444	1.7%	0.0%	658	0.1%	0.0%	\$28.28	\$789.43
7	<a href="#">TRULICITY 1.5 MG/0.5 ML PEN</a>	\$487,368	\$0.00	\$487,368	1.6%	0.0%	618	0.1%	0.0%	\$27.89	\$788.62
8	<a href="#">ENBREL 50 MG/ML SURECLICK SYR</a>	\$438,427	\$0.00	\$438,427	1.4%	0.0%	88	0.0%	0.0%	\$177.93	\$4,982.12
9	<a href="#">ADMELOG SOLOSTAR 100 UNIT/ML</a>	\$424,841	\$0.00	\$424,841	1.4%	0.0%	901	0.2%	0.0%	\$15.71	\$471.52
10	<a href="#">VEINTOLIN HFA 90 MCG INHALER</a>	\$393,079	\$0.00	\$393,079	1.3%	0.0%	6,659	1.3%	0.0%	\$2.64	\$59.03
Totals for Top 10		\$7,389,523	\$0.00	\$7,389,542	23.9%	0.0%	20,863	4.0%	0.0%	\$11.68	\$354.19
Totals for SAC		\$30,872,065	\$47	\$30,872,073	100.0%	27.1%	518,051	100.0%	90.3%	\$1.84	\$59.59

### SAC02 – Healthy Kids

	Label Name	Total Cost	Patient Paid	Plan Paid	% of Total Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claims	Generic % of Total Claims	Plan Paid / Day	Plan Paid / Claim
1	<a href="#">PROGRAF 5 MG CAPSULE</a>	\$8,786	\$0.00	\$8,786	7.2%	0.0%	6	0.3%	0.0%	\$50.49	\$1,464.29
2	<a href="#">HUMALOG 100 UNIT/ML VIAL</a>	\$5,542	\$0.00	\$5,542	4.6%	0.0%	7	0.4%	0.0%	\$29.63	\$791.66
3	<a href="#">CREON DR 24,000 UNITS CAPSULE</a>	\$4,976	\$0.00	\$4,976	4.1%	0.0%	3	0.2%	0.0%	\$55.29	\$1,658.63
4	<a href="#">VEINTOLIN HFA 90 MCG INHALER</a>	\$4,963	\$0.00	\$4,963	4.1%	0.0%	84	4.6%	0.0%	\$3.07	\$59.09
5	<a href="#">OSELTAMIVIR 6 MG/ML SUSPENSION</a>	\$4,945	\$0.00	\$4,945	4.1%	100.0%	28	1.5%	100.0%	\$31.70	\$176.62
6	<a href="#">MYCOPHENOLATE 200 MG/ML SUSP</a>	\$4,816	\$0.00	\$4,816	4.0%	100.0%	4	0.2%	100.0%	\$30.10	\$1,203.94
7	<a href="#">QVAR REDHALER 40 MCG</a>	\$3,481	\$0.00	\$3,481	2.9%	0.0%	18	1.0%	0.0%	\$5.28	\$193.40
8	<a href="#">EPINEPHRINE 0.15 MG AUTO-INJECT</a>	\$3,045	\$0.00	\$3,045	2.5%	100.0%	9	0.5%	100.0%	\$20.17	\$338.37
9	<a href="#">MEPHYTON 5 MG TABLET</a>	\$2,928	\$0.00	\$2,928	2.4%	0.0%	2	0.1%	0.0%	\$58.56	\$1,463.98
10	<a href="#">XIFAXAN 200 MG TABLET</a>	\$2,781	\$0.00	\$2,781	2.3%	0.0%	1	0.1%	0.0%	\$92.70	\$2,781.05
Totals for Top 10		\$46,263	\$0.00	\$46,263	38.0%	27.7%	162	8.9%	25.3%	\$14.14	\$285.58
Totals for SAC		\$121,728	\$0.00	\$121,728	100.0%	52.6%	1,816	100.0%	86.3%	\$3.23	\$67.03

SAC06 – Cal MediConnect

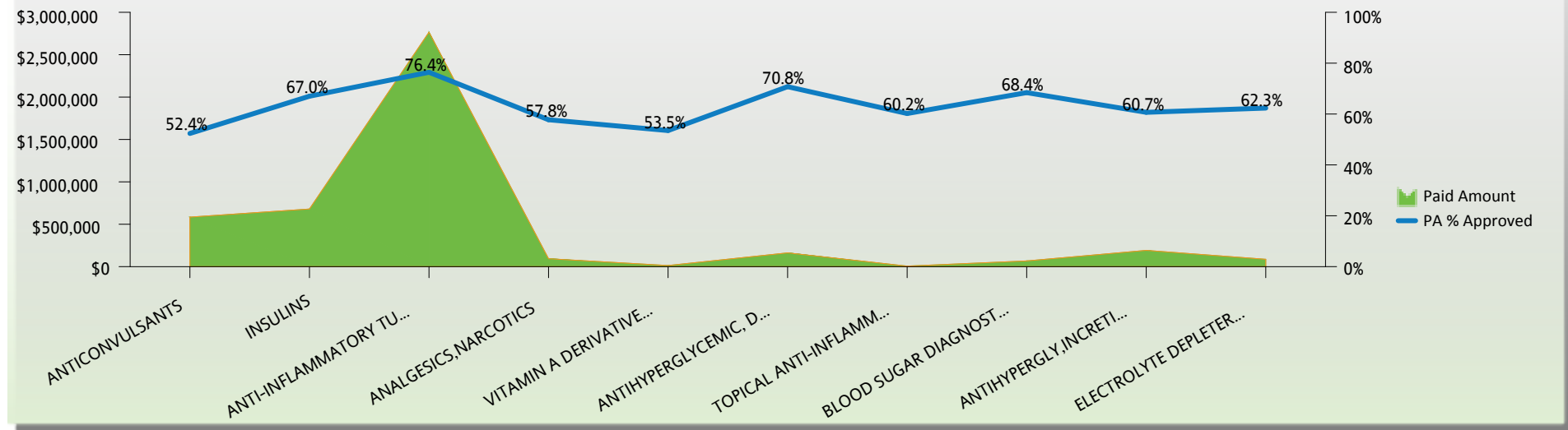
	Label Name	Total Cost	Patient Paid	Plan Paid	% of Total Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claims	Generic % of Total Claims	Plan Paid / Day	Plan Paid / Claim
1	<a href="#">FREESTYLE LITE TEST STRIP</a>	\$245,380	\$0.00	\$245,380	2.8%	0.0%	1,597	2.1%	0.0%	\$2.81	\$153.65
2	<a href="#">JANUVIA 100 MG TABLET</a>	\$237,349	\$946	\$236,403	2.7%	0.0%	278	0.4%	0.0%	\$14.01	\$850.37
3	<a href="#">HUMIRA PEN 40 MG/0.8 ML</a>	\$217,035	\$81	\$216,954	2.4%	0.0%	37	0.0%	0.0%	\$212.28	\$5,863.61
4	<a href="#">BIKTARVY 50-200-25 MG TABLET</a>	\$200,699	\$220	\$200,479	2.3%	0.0%	71	0.1%	0.0%	\$95.56	\$2,823.65
5	<a href="#">INVEGA SUSTENNA 234 MG/1.5 ML</a>	\$179,302	\$198	\$179,104	2.0%	0.0%	68	0.1%	0.0%	\$94.02	\$2,633.89
6	<a href="#">XELJANZ 5 MG TABLET</a>	\$172,895	\$100	\$172,795	1.9%	0.0%	40	0.1%	0.0%	\$144.00	\$4,319.87
7	<a href="#">STELARA 90 MG/ML SYRINGE</a>	\$170,479	\$11	\$170,467	1.9%	0.0%	8	0.0%	0.0%	\$665.89	\$21,308.40
8	<a href="#">LANTUS SOLOSTAR 100 UNIT/ML</a>	\$166,870	\$1,263	\$165,607	1.9%	0.0%	349	0.5%	0.0%	\$9.10	\$474.52
9	<a href="#">TRADJENTA 5 MG TABLET</a>	\$147,570	\$627	\$146,943	1.6%	0.0%	168	0.2%	0.0%	\$13.52	\$874.66
10	<a href="#">NOVOLOG 100 UNIT/ML FLEXPEN</a>	\$130,013	\$525	\$129,488	1.5%	0.0%	148	0.2%	0.0%	\$19.53	\$874.92
Totals for Top 10		\$1,867,590	\$3,971	\$1,863,620	20.9%	0.0%	2,764	3.6%	0.0%	\$12.72	\$674.25
Totals for SAC		\$8,993,586	\$87,284	\$8,906,286	100.0%	13.1%	75,898	100.0%	83.0%	\$2.42	\$117.35

# Therapeutic PAs

SAC01 - Medi-Cal

Report Period: 01/01/2019 to 03/31/2019  
Comparison Period: 01/01/2018 to 03/31/2018

### Top Drug Classes by PA Volume



### Top Drugs by PA Volume

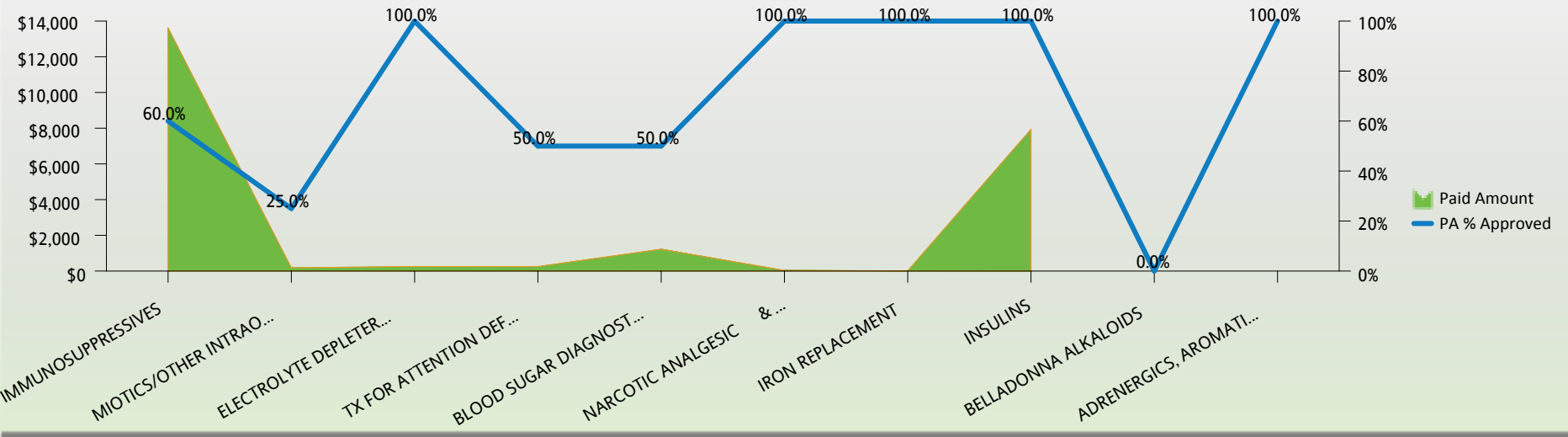
Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per Rx
1	2	LYRICA	112	50.0%	299	\$176,939.63	\$591.77
2	4	TRETINOIN	102	59.8%	77	\$40,352.76	\$524.06
3	5	DICLOFENAC SODIUM	97	59.8%	133	\$6,599.16	\$49.62
4	11	ALOGLIPTIN	67	77.6%	159	\$47,464.78	\$298.52
5	12	RESTASIS	56	51.8%	130	\$73,278.16	\$563.68
6	15	XIFAXAN	56	60.7%	122	\$301,630.94	\$2,472.38
7	17	MAVYRET	55	92.7%	169	\$1,073,191.90	\$6,350.25
8	28	TRULICITY	55	74.5%	158	\$126,833.39	\$802.74
9	6	HUMIRA PEN	54	81.5%	278	\$1,516,756.56	\$5,455.96
10	93	VELTASSA	54	61.1%	43	\$34,221.86	\$795.86
<b>Totals for Top 10</b>			<b>708</b>	<b>64.8%</b>	<b>1,568</b>	<b>\$3,397,269.14</b>	<b>\$2,166.63</b>
<b>Totals for All</b>			<b>4,400</b>	<b>53.8%</b>	<b>9,753</b>	<b>\$14,680,957.23</b>	<b>\$1,505.28</b>

# Therapeutic PAs

SAC02 - Healthy Kids

Report Period: 01/01/2019 to 03/31/2019  
Comparison Period: 01/01/2018 to 03/31/2018

### Top Drug Classes by PA Volume



### Top Drugs by PA Volume

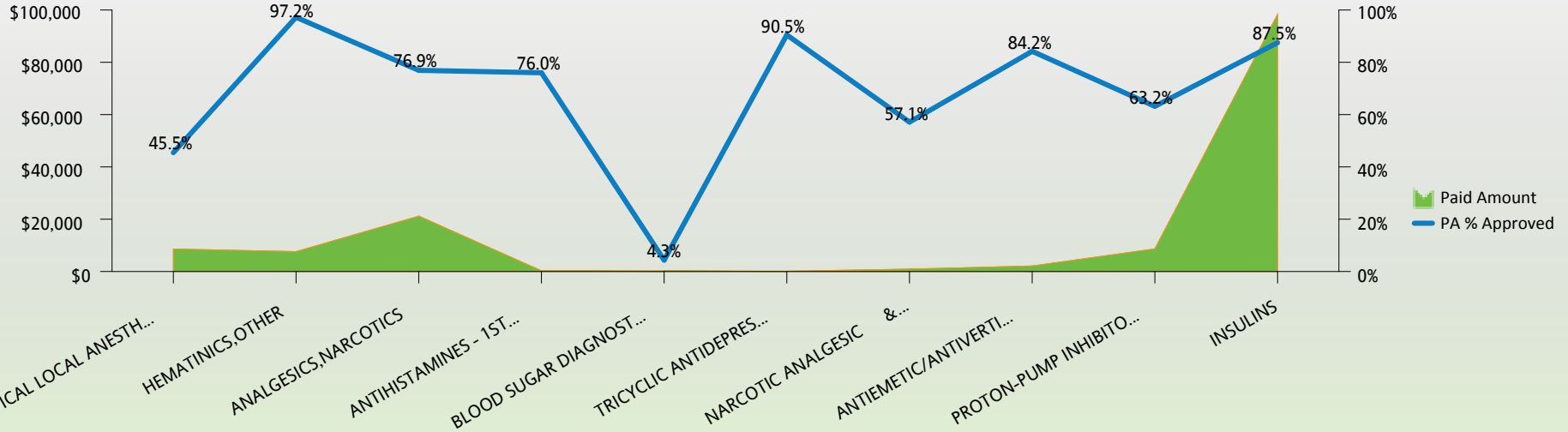
Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per Rx
1	8	MYCOPHENOLATE MOFETIL	3	66.7%	4	\$4,815.76	\$1,203.94
2	21	TIMOLOL-LATANOPROST	3	0.0%	0	\$0.00	\$0.00
3	2	PROGRAF	2	50.0%	6	\$8,785.75	\$1,464.29
4	3	METHYLPHENIDATE ER	2	50.0%	1	\$249.22	\$249.22
5	8	HYDROCODONE-ACETAMINOPHEN	2	100.0%	2	\$34.59	\$17.30
6	21	SEVELAMER CARBONATE	2	100.0%	0	\$0.00	\$0.00
7	1	TRETINOIN	1	100.0%	3	\$600.39	\$200.13
8	8	ACITRETIN	1	100.0%	3	\$1,077.30	\$359.10
9	8	CONTOUR NEXT TEST STRIP	1	100.0%	4	\$908.18	\$227.04
10	8	FERROUS SULFATE	1	100.0%	2	\$11.84	\$5.92
<b>Totals for Top 10</b>			<b>18</b>	<b>66.7%</b>	<b>25</b>	<b>\$16,483.03</b>	<b>\$659.32</b>
<b>Totals for All</b>			<b>36</b>	<b>61.1%</b>	<b>63</b>	<b>\$35,977.31</b>	<b>\$571.07</b>

# Therapeutic PAs

SAC06 - Cal MediConnect

Report Period: 01/01/2019 to 03/31/2019  
Comparison Period: 01/01/2018 to 03/31/2018

### Top Drug Classes by PA Volume



### Top Drugs by PA Volume

Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per Rx
1	2	LIDOCAINE	34	47.1%	64	\$7,678.06	\$119.97
2	3	PROCRIT	31	96.8%	9	\$7,168.91	\$796.55
3	1	HYDROXYZINE HCL	20	80.0%	16	\$183.71	\$11.48
4	217	AMITRIPTYLINE HCL	14	85.7%	2	\$50.97	\$25.48
5	4	ASSURE PLATINUM	12	8.3%	3	\$218.33	\$72.78
6	15	BENZTROPINE MESYLATE	12	33.3%	18	\$147.51	\$8.20
7	83	HYDROCODONE-ACETAMINOPHEN	12	58.3%	15	\$334.29	\$22.29
8	15	MEGESTROL ACETATE	9	66.7%	5	\$245.40	\$49.08
9	6	ASSURE LANCE	8	12.5%	8	\$126.31	\$15.79
10	8	XELJANZ	8	100.0%	40	\$172,788.96	\$4,319.72
<b>Totals for Top 10</b>			<b>160</b>	<b>63.1%</b>	<b>180</b>	<b>\$188,942.45</b>	<b>\$1,049.68</b>
<b>Totals for All</b>			<b>675</b>	<b>65.9%</b>	<b>1,645</b>	<b>\$2,454,439.08</b>	<b>\$1,492.06</b>