Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Wednesday, June 12, 2019, 6:00-8:00 PM
Santa Clara Family Health Plan, Redwood
6201 San Ignacio Ave, San Jose, CA 95119

VIA TELECONFERENCE AT:
Residence
3411 S. Conway Ct.
Kennewick, WA 99337

AGENDA

1.	**Introduction**	Dr. Paul	6:00	5 min
2.	**Meeting Minutes** Review meeting minutes of the April 10, 2019 Quality Improvement Committee. **Possible Action:** Approve April 10, 2019 Quality Improvement Committee Minutes.	Dr. Paul	6:05	5 min
3.	**Public Comment** Members of the public may speak to any item not on the agenda; two minutes per speaker. The Quality Improvement Committee reserves the right to limit the duration of public comment period to 30 minutes.	Dr. Paul	6:10	5 min
4.	**CEO Update** Discuss status of current topics and initiatives.	Ms. Tomcala	6:15	5 min
5.	**Action Items**		6:20	45 min
a.	**CMC Assessment of Member Cultural and Linguistic Needs and Preferences** **Possible Action:** Approve the CMC Assessment of Member Cultural and Linguistic Needs and Preferences.	Ms. Switzer		
b.	**Review of Population Health Management Strategy 2019** Annual review of the Population Health Management Strategy 2019. **Possible Action:** Approve Population Health Management Strategy 2019.	Ms. Carlson		
c.	**Review of Quality Improvement Policies** i. QI.13 Comprehensive Case Management ii. QI.15 Transitions of Care iii. QI.16 Managed Long Term Services and Support (MLTSS) Care Coordination iv. QI.17 Behavioral Health Care Coordination v. QI.18 Sensitive Services, Confidentiality, Rights of Adults and Minors vi. QI.19 Care Coordination Staff Training vii. QI.20 Information Sharing with San Andreas Regional Center (SARC)			

viii. QI.21 Information Exchange Between Santa Clara Family Health Plan & Health Services Department
ix. QI.22 Early Start Program (Early Intervention Services)
x. QI.23 Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care
xi. QI.24 Outpatient Mental Health Services: Mental Health Parity
xii. QI.25 Intensive Outpatient Palliative Care
xiii. QI.27 Informing Members of Behavioral Health Services

6.	**Discussion Items**		7:05	30 min
	a. Appeals and Grievances.	Mr. Breakbill		
7.	**Committee Reports**			
	a. Credentialing Committee Review April 3, 2019 report of the **Credentialing Committee** Meeting. **Possible Action:** Accept April 3, 2019 Credentialing Committee report as presented.	Dr. Nakahira	7:35	5 min
	b. Pharmacy and Therapeutics Committee Review minutes of the March 21, 2019 **Pharmacy and Therapeutics Committee** Meeting. **Possible Action:** Accept March 21, 2019 Pharmacy and Therapeutics Committee minutes as presented.	Dr. Lin	7:40	5 min
	c. Utilization Management Committee Review minutes of the April 17, 2019 **UM Committee** Meeting. **Possible Action:** Accept April 17, 2019 Utilization Management Committee minutes as presented.	Dr. Lin	7:45	5 min
	d. Compliance Report	Ms. Larmer	7:50	5 min
	e. Quality Dashboard	Dr. Liu	7:55	5 min
8.	**Adjournment** Next Quality Improvement Committee meeting: Wednesday, August 14, 2019.	Dr. Paul	8:00	

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 Nancy Aguirre 48 hours prior to the meeting at 408-874-1835 or naguirre@scfhp.com.
- To obtain a copy of any supporting document that is available, contact Nancy Aguirre at 408-874-1835 or naguirre@scfhp.com. 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

Santa Clara Family Health Plan™

Quality Improvement Committee

Meeting Minutes

April 10, 2019

Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Wednesday, April 10, 2019, 6:00-8:00 PM
Santa Clara Family Health Plan, Redwood
6201 San Ignacio Ave, San Jose, CA 95119

VIA TELECONFERENCE AT:

Residence
3411 S. Conway Ct.
Kennewick, WA 99337

Committee Members Present:
Ria Paul, MD and Chair
Ali Alkoraishi, MD, Psychiatrist
Christine Tomcala, CEO
Jennifer Foreman, MD, Pediatric CSG
Jimmy Lin, MD, Internal Medicine
Laurie Nakahira, DO, Chief Medical Officer

Non-Committee Members Present:
Johanna Liu, Director of Quality and Pharmacy
Zara Hernandez, QI Coordinator
Sandra Carlson, Director of Medical Management
Kelsey Kaku, Pharmacy Resident
Darryl Breakbill, Director of Grievances and Appeals
Chris Turner, COO
Divya Shah, Health Educator
Jessica Bautista, Health Homes Program Manager
Mai Chang, Manager of Quality Improvement
Robin Larmer, Chief Compliance and Regulatory Affairs Officer

Via Teleconference:
Carmen Switzer, Provider Network Access Manager

1. **Introduction**
    a. Prior to the Introductions, Robin Larmer spoke with Dr. Dawood via teleconference to advise that, in compliance with the Brown Act, as her name was not previously listed on the Agenda as attending via teleconference, her participation in this evening's meeting is not required. Dr. Dawood disconnected the phone.
    b. Dr. Ria Paul called the meeting to order at 6:06 p.m. A Quorum was established at this time.

2. **Review and Approval of Meeting Minutes**
    a. The minutes of the February 13, 2019 Quality Improvement Committee were reviewed. It was moved and seconded to approve the minutes as written.

3. **Public Comment**
    a. No Public Comment.

4. **CEO Update**

Christine Tomcala, CEO, shared the following updates:
As of January 2019, membership was at 251,000 members. As of April 2019, membership was at 250,778 which is slightly down from January but remains fairly stable.

Department of Managed Health Care (DMHC) and Department of Healthcare Services (DHCS) audits: DMHC and DHCS will be onsite for two weeks in March. DMHC does not leave behind a report when their audit is completed. DHCS conducts an exit conference before they leave, though their findings at that point are not necessarily final.

National Committee for Quality Assurance (NCQA) Survey: Santa Clara Family Health Plan (SCFHP) has achieved the three year NCQA accreditation for their Cal MediConnect (CMC) program. Congratulations to Johanna, the Quality team and the whole organization for their efforts.

O'Connor Hospital and St. Louise Regional acquisition: Both hospitals have been acquired by Santa Clara County and are working through the transition.

Regional Medical Center: SCFHP has signed a contract with Regional Medical Center for all product lines.

This concluded Ms. Tomcala's update.

5. **Action Items**

a. Review of Quality Improvement Program Evaluation 2018

Johanna Liu, Director of Quality and Pharmacy, presented the following updates for the Medi-Cal Population:

The 2018 Childhood Immunization Status (CIS) rates went up from 2017.

Well Child visits in the 3rd, 4th, 5th, and 6th years of life (W34) dropped slightly, but the rate is still well above the Minimum Performance Level (MPL) for 2018. A new member incentive will roll-out this year.

The Prenatal and Postnatal Care (PPC) rates show a slight upward trend, with an ongoing member incentive program for PPC prenatal. In addition, we are in the process of expanding the program to more networks. It is challenging to find expectant mothers before they enter the healthcare system. A discussion ensued as to potential incentives that will enhance the upward trend.

Cervical Cancer Screening (CCS) screening levels met the goal to exceed MPL of 51.88%, but below High Performance Level (HPL) of 70.80%. The rate decreased 3.16% from Health Effectiveness Data Information Set (HEDIS) 2017.

Comprehensive Diabetes Care (CDC) measure has multiple parts. SCFHP met the goal of exceeding the MPL for all CDC HbA1c indicators. HbA1c good control went up a bit and HbA1c poor control went down a bit.

Controlling High Blood Pressure (CBP) shows a very slight decline, but the goal was met of blood pressure control exceeding MPL of 52.55%, but below HPL of 71.69%.

Ms. Tomcala added that our new Governor has new expectations and new measures that Health Plans will be required to report for Measurement Year 2019. The measures will be retroactive to 1/1/2019.

For our CMC population, Ms. Liu presented the following:
For the Plan All-Cause Readmission (PCR) measure, lower is better, and our rate increased slightly by 1.30%. HEDIS is changing the system of measurement for this measure. Lack of timely notification of a patient's discharge is a disadvantage for tracking this measure.

Follow-Up After Hospitalization for Mental Illness (FUH) shows improvement between 2017 and 2018. The goal is to get to the 56% benchmark; however, SCFHP gets credit for any improvement within the 10% range from our past score.

Controlling High Blood Pressure (CBP) shows an improvement between 2017 and 2018.

Ms. Liu concluded her presentation with a summary of Quality Improvement and Performance Improvement projects for 2018.

Action: It was moved and seconded to approve the Quality Improvement Program Evaluation 2018. The motion carried.

b. Review of Quality Improvement Work Plan 2019

Ms. Chang provided an overview of the Work Plan's goals for 2019.

Action: Chair Paul called for a motion to approve the Quality Improvement Work Plan 2019. It was moved and seconded to approve the Quality Improvement Work Plan 2019. The motion carried.

c. Review of Population Health Assessment 2019

Ms. Shah presented an overview of the Population Health Assessment for 2019. Ms. Shah explained this is a comprehensive assessment of SCFHP's CMC population and can help to identify this population's needs.

Action: Chair Paul called for a motion to approve the Population Health Assessment 2019. It was moved and seconded to approve the Population Health Assessment 2019. The motion carried.

d. Review of Complex Case Management Experience Report 2019

Ms. Carlson presented the Complex Case Management Experience Report for 2019. Ms. Carlson stressed that, in 2018, the performance goal was not met due to the fact that the program was brand new at that time.
The survey has since been re-designed for the January-April 2019 performance period to gather more specific data, and SCFHP did meet the 90% performance goal.

Action: Chair Paul called for a motion to approve the Complex Case Management Experience Report 2019. It was moved and seconded to approve the Complex Case Management Experience Report 2019. The motion carried.

e. Review of Quality Improvement Policies

i. QI.01 Conflict of Interest
ii. QI.02 Clinical Practice Guidelines
iii. QI.03 Distribution of Quality Improvement Information
iv. QI.04 Peer Review Process
v. QI.06 Quality Improvement Study Design/Performance Improvement Program Reporting
vi. QI.08 Cultural and Linguistically Competent Services
vii. QI.09 Health Education Program and Delivery System Policy
viii. QI.11 Member Non-Monetary Incentives
ix. QI.12 SBIRT
x. QI.28 Health Homes Program Policy

Ms. Liu presented the annual Review of the Quality Improvement Policies itemized above. Ms. Liu stated there are no updates, and all policies are current. There is a new policy, QI.28, the Health Homes Program policy. This policy is per a new Medi-Cal requirement that begins July 1, 2019.

Action: Chair Paul called for a motion to approve the Review of Quality Improvement Policies. It was moved and seconded to approve the Review of Quality Improvement Policies. The motion carried.

6. Discussion Items

a. Appeals and Grievances:
Mr. Breakbill explained that his department is monitoring California Home Medical Equipment (CHME) to ensure members get what they need, and he gave an overview of the year to date (YTD) grievances that have been filed. As of January 1, 2018, there have been 403 complaints filed. Their department averages a monthly intake of approximately 300-400 cases. Mr. Breakbill spoke to the relationship change with CHME, and the many opportunities for outreach with Utilization Management (UM) and vendors.

b. Access and Availability:
Ms. Switzer discussed the Provider Satisfaction Survey Results for 2018. Several new measures were added to meet NCQA accreditation requirements and to identify other potential internal quality improvement opportunities. This report does not include Valley Health Plan or Kaiser as they conduct their own annual surveys. Ms. Switzer provided an overview of the criteria used to conduct the survey, and presented the results in detail.

c. Initial Health Assessment (IHA): 3Q & 4Q Reports:
Ms. Chang explained this is a complete medical, social, and needs assessment within the first 120 days of enrollment. Ms. Chang then went on to present an overview of the IHA Audit Components and the subsequent results.

7. **Committee Reports**

   a. **Credentialing Committee**

   Dr. Nakahira presented a review of the February 27, 2019 Credentialing Committee report. A discussion was initiated by Dr. Alkoraishi in regards to integrating the credentialing process. Dr. Alkoraishi stated that he is constantly in the process of being credentialed, and it is time consuming. Dr. Nakahira advised she can look into this process.

   Action: Chair Paul called for a motion to approve the February 27, 2019 Credentialing Committee Report. It was moved and seconded to approve the February 27, 2019 Credentialing Committee Report as presented. The motion carried.

   b. **Pharmacy and Therapeutics Committee**

   Dr. Lin presented a review of the December 13, 2018 Pharmacy and Therapeutics Committee meeting minutes.

   Action: Chair Paul called for a motion to approve the December 13, 2018 Pharmacy and Therapeutics Committee meeting minutes. It was moved and seconded to approve the December 13, 2018 Pharmacy and Therapeutics Committee meeting minutes.

   c. **Utlization Management Committee**

   Dr. Lin next presented a review of the January 16, 2019 UM Committee meeting minutes.

   Action: Chair Paul called for a motion to approve the January 16, 2019 UM Committee meeting minutes. It was moved and seconded to approve the January 16, 2019 UM Committee meeting minutes.

   d. **Compliance Report**

   Ms. Larmer presented the February 28, 2019 Compliance Activity Report and the resulting CAR Conditions. Ms. Larmer also discussed the 2018 CMS Program Audit Update, and the 2019 DMHC and DHCS Audit results.

   Action: Chair Paul called for a motion to approve the Compliance Activity Report. It was moved and seconded to approve the Compliance Activity Report. The motion carried.

   e. **Quality Dashboard**

   Ms. Liu presented the 2019 Quality Improvement Dashboard results.

   Action: Chair Paul called for a motion to approve the 2019 Quality Improvement Dashboard. It was moved and seconded to approve the 2019 Quality Improvement Dashboard. The motion carried.

8. **Adjournment**

   The meeting adjourned at 7:55 p.m.

   The next meeting is scheduled for Wednesday, June 12, 2019

_____ _____

Ria Paul, MD Quality Improvement Committee Chairperson Date

Santa Clara Family Health Plan™

Assessment of Member Cultural & Linguistic Needs and Preferences

Santa Clara Family Health Plan™

Assessment of Member Cultural and Linguistic Needs and Preferences Cal MediConnect

Prepared by: Carmen Switzer, Provider Network Access Manager

For review and approval by the Quality Improvement Committee

June 12, 2019

Introduction

Santa Clara Family Health Plan collects data on the cultural, ethnic, racial and linguistic needs and preferences of its membership and the availability of providers in the network with these same characteristics to determine the adequacy of the provider network to meet the needs of its members.

SCFHP is committed to providing language services at no cost and equal access to services for members with hearing or language related needs. Oral Interpreters, signers, bilingual providers are available at all key points of contact. These services are provided in all languages spoken by SCFHP members.

This report includes a data analysis for Cal-MediConnect and is exclusive to its members/enrollees.

Data collection is from January 1, 2018 - December 31, 2018.

Member and Provider Language Assessment

Member Languages Spoken at Home **(N=7869)**

Language	Member Count	% of Members Speak the Language
English	3173	40%
Spanish	1500	19%
Vietnamese	1031	13%
Chinese	946	12%
Other	1219	15%

Top 3 - Most common non-English languages spoken by CMC Members

- Table shows the total number of members who speak English and the top 3 most common non-English languages spoken by CMC members.

Member and Provider Language Assessment

PROVIDER LANGUAGE ASSESSMENT **(CMC Providers)**

Provider Type	# of Providers	# Speaks Spanish	# Speaks Vietnamese	# Speaks Chinese
PCP	476	70	67	45
Specialist	1469	117	59	49
Behavioral Health	189	26	12	7

- Table shows the number of PCP's, Specialists and BH providers who speak the top 3 languages spoken by CMC members.

Member and Provider Language Assessment

Santa Clara Family Health Plan

Provider to Member Ratios (Top 3 Languages) – *slides 5-8*

PCP, Specialists, Behavioral Health (ALL)

		Spanish (Member N=1500)			Vietnamese (Member N=1031)			Chinese (Member N=946)		
Provider Type	Provider Count	Providers - Spanish	% of Providers	Provider to Member Ratio	Providers-Vietnamese	% of Providers	Provider to Member Ratio	Providers -Chinese	% of Providers	Provider to Member Ratio
Primary Care	472	70	15%	1:21	67	14%	1:15	45	9%	1:21
Specialists	1469	117	8%	1:13	59	4%	1:17	49	3%	1:19
Behavioral Health	189	26	14%	1:58	12	6%	1:86	7	4%	1:135

- Table shows the number and percentage of providers who speak the top 3 languages spoken by our CMC members.
- Provider to member ratios are also noted in the table.

Member and Provider Language Assessment

Santa Clara Family Health Plan

Primary Care Providers

		Spanish (Member N=1500)			Vietnamese (Member N=1031)			Chinese (Member N=946)		
Provider Type	Provider Count	Providers - Spanish	% of Providers	Provider to Member Ratio	Providers- Vietnamese	% of Providers	Provider to Member Ratio	Providers- Chinese	% of Providers	Provider to Member Ratio
Family Practice	208	40	19%	1:38	25	12%	1:41	21	10%	1:45
General Practice	12	3	25%	1:500	6	50%	1:171	2	17%	1:473
Internal Medicine	252	27	11%	1:56	36	14%	1:29	22	9%	1:43

- Table shows the number and percentage of providers who speak the top 3 languages spoken by our CMC members.
- Provider to member ratios are also noted in the table.

Member and Provider Language Assessment

Santa Clara Family Health Plan

Specialists – High Volume/Impact

		Spanish (Member N=1500)			Vietnamese (Member N=1031)			Chinese (Member N=946)		
Provider Type	Provider Count	Providers-Spanish	% of Providers	Provider to Member Ratio	Providers-Vietnamese	% of Providers	Provider to Member Ratio	Providers-Chinese	% of Providers	Provider to Member Ratio
Cardiology	114	8	7%	1:188	5	4%	1:206	14	12%	1:68
Ophthalmology	76	14	18%	1:107	10	13%	1:103	13	17%	1:73
Physical Therapy	43	7	16%	1:214	0	0%	0	2	5%	1:473
Gynecology	137	33	24%	1:45	13	9%	1:79	12	9%	1:79
Hematology/Oncology	57	5	9%	1:300	4	7%	1:258	5	9%	1:189

- Table shows the number and percentage of High Volume/Impact Specialists who speak the top 3 languages spoken by our CMC members.
- Provider to member ratios are also noted in the table.

Member and Provider Language Assessment

Behavioral Health Providers

		Spanish (Member N=1500)			Vietnamese (Member N=1031)			Chinese (Member N=946)		
Provider Type	Provider Count	Providers - Spanish	% of Providers	Provider to Member Ratio	Providers-Vietnamese	% of Providers	Provider to Member Ratio	Providers-Chinese	% of Providers	Provider to Member Ratio
Psychiatrist	86	3	3%	1:500	4	5%	1:258	5	6%	1:189
Clinical Social Worker	34	10	29%	1:150	4	12%	1:258	1	3%	1:946
*F/M Counseling	21	4	19%	1:375	0	0%	0	0	0%	0
Addiction Medicine	3	0	0%	0	0	0%	0	0	0%	0

*Denotes Family and Marriage Counseling

- Table shows the number and percentage of Behavioral Health providers who speak the top 3 languages spoken by our CMC members.
- Provider to member ratios are also noted in the table.

Member Translation Requests

Member Telephonic Requests – Top 5 Languages

Language	Total Members with Request	% of Member Requests
Spanish (N=1500)	603	40%
Vietnamese (N=1031)	525	51%
Chinese (N=946)	398	42%
Tagalog (N=333)	194	58%
Russian (N=99)	52	53%

- Table shows the number and percentage of members who requested telephonic translation assistance.

Member Translation Requests

Member Face to Face Requests (All)

Translation Type	Total Members with Request	% of Member Requests
Sign Language (N=13)	1	0.0769%
Spanish (N=1500)	2	0.0013%
Vietnamese (N=1031)	2	0.0019%
Chinese (N=946)	3	0.0031%
Bosnian (N=1)	1	0.0030%

- Table shows the number and percentage of members who requested face to face translation assistance.

Member Grievances/Appeals

The grievances and appeals reports did not show that there were CMC member complaints or appeals relevant to race, ethnicity or language.

Conclusion:

Santa Clara Family Health Plan (SCFHP) serves a very diverse membership. Data USA reports that 52.7% of Santa Clara County citizens are speakers of a non-English language, which is higher than the national average of 21.5%.

The languages spoken by SCFHP's CMC members are heavily weighted on three languages (Spanish, Vietnamese and Chinese), where 83% of interpreter services requests come from those three languages. The assessment showed that a substantial number of the high volume/impact provider types speak the top three languages. The assessment also showed that within some provider types, there were a small number or none that speak the top 3 languages; however, interpreter services are available for members utilizing services from those provider, which concludes that member needs are being met overall.

Santa Clara Family Health Plan will continue to seek contracts with providers who have diverse backgrounds and language skills to meet the needs of our members. Santa Clara Family Health Plan will continue to evaluate the needs of its members to ensure they receive care and services in their preferred language.

Opportunity

Barrier	Opportunity	Selected for 2019	Date Initiated
Behavioral Health – HVBH provider type (Addiction Med) does not speak any of the top 3 non-English languages spoken by CMC members and HVBH provider (Family/Marriage Counseling) only speaks 1 of the top 3 non-English languages spoken by CMC members. Physical Therapy: none speak 2 of the 3 top non- English languages spoken by CMC members.	SCFHP will continue to seek contracts with providers who have diverse backgrounds and language skills to meet the needs of CMC members.	Yes	Ongoing

Approving Committee	Date of Approval	Recommendations
Quality Improvement Committee (QIC)		

Santa Clara Family Health Plan™

Review of

Population Health Management Strategy 2019

Santa Clara Family Health Plan™

Population Health Management Strategy 2019

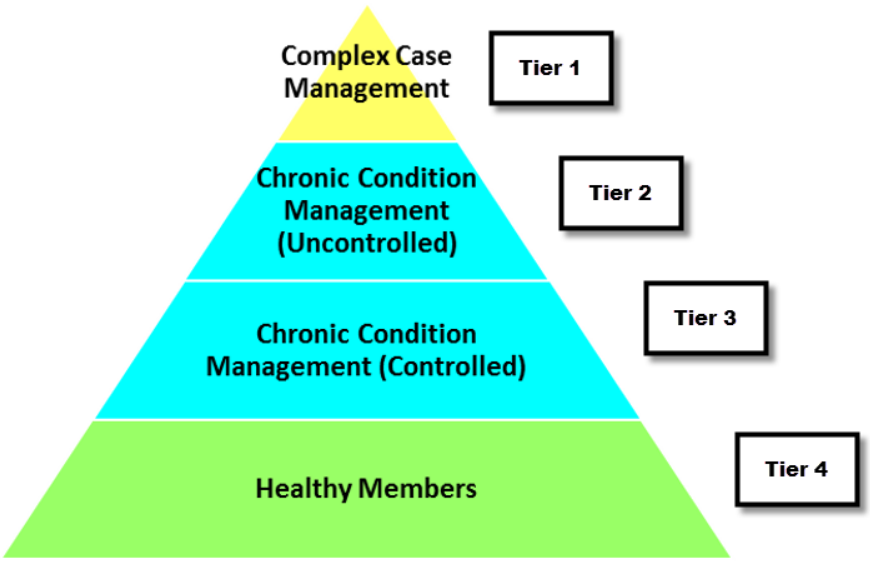
I. Comprehensive Population Health Management (PHM) Strategy

In accordance with the NCQA 2019 Standards and Guidelines for the Accreditation of Health Plans, Santa Clara Family Health Plan (SCFHP) has developed a basic framework to support a cohesive plan of action for addressing member needs across the continuum of care including the community setting, through participation, engagement and targeted interventions for a defined population. The framework is designed to address the four focus areas of population health, as outlined by NCQA, while using Cal MediConnect (CMC) and/or Medi-Cal Department of Health Care Services (DHCS)/Department of Managed Health Care (DMHC) required methods via health risk assessment (HRA) and individualized care planning (ICP) through an Interdisciplinary Care Team (ICT) approach.

At a minimum, annual evaluations of various elements of this PHM strategy will assess the Plan's performance against the Institute for Healthcare Improvement (IHI) Triple Aim dimensions to improve patient experience of care, improve the health of populations and reducing the per capita cost of healthcare.

The member population is segmented into subset targeted populations based off assessment of population needs and there are specific programs and services to address the four focus areas. To accomplish this, SCFHP has developed a tier of programs and qualifying populations that would be eligible for each program.

Populations Targeted for PHM:



A. Tier 1: Complex Case Management (CCM) Member Eligibility Criteria

Members have 3+ hospitalizations in the past year and one other Tier 1 criteria *or* members meet three or more Tier 1 criteria:

- Age 75+ with 3 ADLs
- >3 ED visits in the past year
- Hospitalized in the past 180 days
- 3+ Chronic Conditions and at least one uncontrolled*

  **Uncontrolled is defined as 1 ED Visit or Inpatient stay within the past year, with a primary diagnosis of the member's chronic condition)*

B. Tier 2: Chronic Condition Management Uncontrolled Eligibility Criteria

Newly enrolled members with no claims or utilization history *or* members that have at least one of the below criteria AND have at least one chronic condition that is uncontrolled:

- 75+ with 3 ADLs
- >3 ED Visits in the Past Year
- Hospitalized in the Past 180 Days
- 3+ Hospitalizations in the Past Year
- 1+ Social Determinant of Health (includes members with addresses indicative of homelessness)

OR

- Member is enrolled in the Multipurpose Senior Services Program (MSSP)
- Member has uncontrolled symptoms of severe mental illness (SMI)

C. Tier 3: Chronic Condition Controlled Member Eligibility criteria

Members that do not meet criteria for Tier 1 or 2 *and* have more than one controlled chronic conditions, and have greater than $3,000 claims costs per year, *or*

- Member is homeless,
- Member is in Long Term Care (LTC) with no discharge plan
- Member has been admitted to Hospice within the last 12 months

D. Tier 4 Healthy Members Eligibility

All other members that do not meet criteria for Tiers 1-3 are eligible for Tier 4.

II. Population Health Program (PHM) Focus Areas

The following four areas of this strategy focus on a whole-person approach to identify members at risk, and to provide strategies, programs and services to mitigate or reduce that risk. We also aim to maintain or improve the physical and psychosocial well-being of individuals and address health disparities through cost-effective and tailored solutions.

1) Keeping members healthy
2) Managing members with emerging risk
3) Patient safety or outcomes across settings
4) Managing multiple chronic illnesses

III. PHM Programs and Services by Focus Area

Under the CMC line of business, SCFHP seeks to promote a program that is both sustainable, person-and family-centered, and enables beneficiaries to attain or maintain personal health goals. We do so by providing timely access to appropriate, coordinated health care services and community resources, including home- and community- based services and behavioral health services.

Table 1: Programs and Services by Focus Area

Programs & Services	Focus Area
Complex Case Management	2-4
Moderate Case Management	1-4
Basic Case Management	1-3
Long Term Care	3-4
Transitions of Care	1-4
Multipurpose Senior Services Program (MSSP)	1-4
Behavioral Health Severe Mental Illness	1-4
Provider Engagement	1-4
Nurse Advice Line	1-4
Utilization Management & Concurrent Review	1-4
Health Education	1-2
Community Resources	1-4
Whole Person Care Nursing Home Diversion	3-4
Medication Therapy Management (MTM)	4
Gaps in Care	1-4

IV. PHM Goals

SCFHP's plan of action for each of the focus areas include measurable goals for specific targeted Cal MediConnect (CMC) populations as follows:

Managing multiple chronic illnesses

Goal: Reduce the number of members with multiple chronic conditions with 3+ ED visits in the past year by 10 percentage points.

Goal Justification Statement: Through development of the stratification of our Population Health Tiers 1 and 2, we determined that over 500 (CMC) members visited the emergency department 3 or more times in the past year. Unmanaged multiple chronic conditions often results in avoidable ER utilization.

Populations Targeted: All CMC members with 3+ ED visits in the last year

Managing members with emerging risk

Goal: Increase HbA1c control rate by 2 percentage points compared to baseline

Goal Justification Statement: Within SCFHP CMC line of business, there are 1,450 or 18% of members that meet the HEDIS definition of diabetes. The plan also has a larger population of Hispanic and Asian members who are at higher risk for diabetes. Uncontrolled diabetes can lead to cardiac disease and progressive decline in health. Programs and services are aligned with HEDIS efforts decrease HbA1c and improve diabetic health outcomes for members.

Population Targeted: Tier 3 with a controlled chronic condition of diabetes

Keeping Members Healthy:

Goal: Reach a 5% increase in the number of CMC members with at least one annual wellness visit

Goal Justification: Based on analysis of risk adjustment data, SCFHP discovered that we did not have utilization information on many of our CMC members. Annual Wellness visits are critical to maintaining the health of our Tier 4 population as well as improving the health of our members with multiple chronic conditions (Tier 1-3).

Population Targeted: All CMC members (not in LTC facility)

Patient safety or outcomes across settings

Goal: Decrease 30 Day Readmission rate for CMC members by 1 percentage point

Goal Justification Statement: The intent is to promote transitions of care for members discharged from an acute or skilled nursing facility setting and improve continuity of care across acute care, long term care, behavioral health and home and community-based settings. Programs and services are aligned with HEDIS efforts to reduce all cause readmissions and improve health outcomes for members.

Population Targeted: Members readmitted within 30 days of discharge

V. PHM Goal Outcomes by Focus Area & Target Population

Segmentation by Focus Area: Managing Multiple Chronic Illness						
Goal	**Programs & Services**	**Targeted Population**	**Opt-in / Out**	**Member Communication**	**# of Eligible Members**	**% of participating Membership**
Decrease the number of members with 3+ ED Visits by 10 %	1. Complex Case Management *CMC *Medi-Cal SPD	Tier 1	Opt-In	Interactive	125 22	2% 1.7%
	2. Moderate Case Management	Tier 2	Opt-Out	Interactive	3028	40%
	3. Medication Therapy Management	Tier 1&2	Opt-In	Interactive	1761	23%
	4. Nurse Advice Line	Tier 1&2	Per benefit	Interactive	7500	100%
	5. Health Homes Program *Medi-Cal only	Tiers 1-2	Opt-In	Interactive	9,000	0%

Segmentation by Focus Area: Managing Members with Emerging Risk						
Goal	**Programs & Services**	**Targeted Population**	**Opt-in / Out**	**Member Communication**	**# of Eligible Members**	**% of participating Membership**
Goal **Increase HBA1c control rate by 2%**	1. Basic Case Management	Tier 3	Opt-Out	Interactive	1450	18%
	2. Health Education	All Tiers	Opt-In	Interactive	1450	18%
	3. Provider Engagement	All Tiers	Non-Member directed	Physician	7500	100%
	5. Behavioral Health, Severe Mental Illness (SMI)	Tier 1 & 2	Opt-Out	Interactive	1000	13%
	6. Gaps in Care	All Tiers	Non-Member driven	Data Sharing	1450	18%

Segmentation by Focus Area: Patient Safety across settings						
Goal	**Programs & Services**	**Targeted Population**	**Opt-in / Out**	**Member Communication**	**# of Eligible Members**	**% of participating Membership**
Decrease 30 day Readmission rate by 1%	1. Basic Case Management	Tier 3 & 4	Opt-out	Interactive	4447	59%
	2. Transition Of Care TOC	All Tiers	Opt-Out	Interactive	7500	100%
	3. Whole Person Care Nursing Home Diversion	Tier 2	Opt-Out	Interactive & Passive	260	.3%
	4. Provider Engagement	All Tiers	Opt-Out	Interactive & Passive	7500	100%

Segmentation by Focus Area: Keeping Members Healthy						
Goal	**Programs & Services**	**Targeted Population**	**Opt-in / Out**	**Member Communication**	**# of Eligible Members**	**% of participating Membership**
Increase the number of members with at least one annual wellness visit by 5%	1. Basic Case Management	Tier 3 & 4	Opt-out	Interactive	4447	59%
	2. Nurse Advice Line	All Tiers	Opt-Out	Interactive	7500	10%
	3. Health Education	All Tiers	Opt-Out	Interactive & Passive	7500	100%
	4. Wellness & Prevention	Per benefit	Opt-Out	Interactive & Passive	7500	100%
	5. Community Resource Integration	All Tiers	Opt-Out	Interactive	3153	41%
	6. Provider Engagement	All Tiers	Opt-Out	Physician Passive & Interactive	7500	100%

IV. Description of Case Management Program and Service Activities

Members are identified for case management through multiple sources, including eligibility files, medical and pharmacy claims data, health risk assessment data and utilization management data. Members may also self-refer, or be referred by providers, discharge planners, caregivers, delegates, vendors and community partners.

Members are assigned to CM programs based on risk stratification, member's responses to the health risk assessment, additional assessments, clinical evaluation and consultation with members to determine their willingness to participate. Members can move between programs as appropriate to provide the right level of support at the right time.

A. Case Management Activities:

Health Risk Assessment (HRA)

The HRA identifies the need for further case management assessment and helps to identify wellness goals and appropriate assignment for case management programs and other services. Additional assessments which may be utilized include all assessments in our care management platform, Essette.

Individualized Care Plan (ICP)

Members work with their case manager to identify goals and develop a member centric individualized care plan (ICP). During development of the care plan, members are educated and supported by the case manager on how to achieve their goals, including preventive care, exams and annual wellness visits. Responses from the HRA help to guide the development of the ICP. Providers can give input to the ICP at any time. Care plans are updated annually or as a member's health condition requires.

Interdisciplinary Care Team (ICT)

At a minimum, all members have an ICT composed of their PCP and case manager. Additional providers, such as social worker, specialists, LTSS provider, community-based case manager, and caregivers are included at the request of the member. The ICT provides input into the member's ICP. Meetings with the ICT are scheduled as needed for the member's care or if requested by the member.

Member Outreach Coordination

SCFHP is undergoing an initiative to streamline all member outreach across the organization. This Member Retention and Engagement Workgroup (MREW) has initiated the categorization of all outreach to members specifically about member programs and to ensure consistent messaging from all health plan callers. The MREW will be facilitating surveys and focus groups with the member population to solicit feedback on how we can improve our communication, lessen confusion, and encourage member engagement. SCFHP also holds a Consumer Advisory Council to obtain additional feedback from members on ways to improve coordination of service delivery and communication. These meetings result in actionable items that the SCFHP Health Services staff can use to improve coordination strategies. Initially proposed considerations to facilitate the improvement of these coordination strategies include enhancements to Essette which would

allow for various forms of communications from internal and external partners to be uploaded directly into individual member case files.

Use of SCFHP Software Systems to Coordinate Member and Provider Programs

Essette is the care management platform that includes data from all areas of the plan for care coordination communication. Data includes pharmacy claims, medical claims (including ED visits and hospitalizations), UM authorizations, and lab data to inform member care planning by the case manager and the ICT. Member demographic data flows from QNXT, our claims processing platform, which is the source of truth for that information. Care coordination outreach by all departments is documented in Essette for cross departmental transparency. Some external care coordination vendors also use Essette to document their work for real time updates. Case management referrals are also documented within Essette. There is ongoing initiatives to include information from additional vendors, such as assessments, medication therapy management, etc.

B. Case management programs

1. **Complex Case Management** is provided to all eligible members in Tier 1 and is described in detail in the corresponding Complex Case Management summary. These members are offered intensive support and are contacted as often as weekly. Members are engaged in a thorough initial assessment.
2. **Moderate Case Management** is provided to members in Tier 2 and includes those members with multiple chronic conditions with at least one uncontrolled and complex social determinants of health. It includes members receiving MSSP services and care coordination around severe mental illness (SMI).
3. **Basic Case Management** is provided to members in Tiers 3 and 4 and includes at a minimum, the completion of a health risk assessment (HRA) and further assessment as needed for benefit coordination in collaboration with the PCP.
4. **Transitions of Care (TOC)** is provided across all CM Tiers for members and is episodic case management with Utilization Management (UM) coordination to support discharge planning from acute hospital or long term care facility. TOC calls are made by Case Managers who complete a TOC assessment to ensure a safe transition to the appropriate level of care and minimize risk of readmission. This service is also provided to support continuity of care for members transitioning between providers. Behavioral Health case managers complete TOC assessments specific to psychiatric admissions and follow up needs. Members will be reassessed for the appropriate tier of CM after their transition period. Case management services include integration of the discharge plan into the current ICP including facilitating follow up visits to the member's providers, post-discharge medication reconciliation, and confirmation that the discharge plan has been implemented. If a member is not connected to a BH care team in the community, both the discharging hospital and the BH CM need to ensure coordination of a visit within 7 and 30 days post discharge.

5. **Long Term Care (LTC)** Transition case management is provided to the subgroup of nursing facility members who are authorized for long term care but have been identified as able to discharge back to the community. Case management includes working with the member and their family or caregivers and the nursing facility team to assess readiness for discharge and coordinate on a discharge plan. The LTC RN CM visits the member to conduct a face-to-face assessment, provides information about long term services and supports (LTSS) benefits and other community-based resources, and facilitates arrangement of and authorization for services and supports needed post-discharge. This includes addressing social determinants that may be a barrier to discharge including income benefits, lack of housing and family support and coordination with community resources. The Case Manager conducts a TOC call following discharge and transitions the member to another case management program, as appropriate.
6. **Multipurpose Senior Services Program (MSSP)** is a case management program that is available as a managed Medi-Cal Long Term Services and Supports (LTSS) benefit for members that are over age 65 and meet criteria for nursing home placement but reside in the community. These members are assigned to Tier 2.
7. **Behavioral Health (BH)** case management is a program for members who are diagnosed with Severe Mental Illness (SMI) may be found in any tier, based on their level of stability. The members will likely be assigned to Tier 2 and will be managed internally by the BH CM team. The BH CM team will participate with the other CM teams to coordinate the medical case management services as needed. Behavioral Health Services as provided by the SCFHP BH CM team, include comprehensive services across all settings. Specific focus areas of BH Services include:
    a. Reduction of ED visits for those who have any BH diagnosis;
    b. Concurrent review and follow up for all members who are hospitalized in a psychiatric hospital;
    c. Follow up after psychiatric hospitalization to ensure safety for members and that all members have a follow up visit with a BH provider at 7 and 30 days
    d. Care coordination with community BH providers for the SMI population who are served in Specialty Mental Health clinics. All CM teams are able to consult with the BH CM team for behavioral health components of their cases.

8. **Provider Engagement**: SCFHP engages providers in the member's care in various ways. Member PCPs are provided their specific CMC enrollment data monthly so that they can identify new members requiring an Initial Health Assessment (IHA). They also receive a copy of the member's ICP, which includes the Annual Wellness Visit Goal. Through IHA and the ICP the provider can engage the member in discussions about preventative services, regular screenings, maintenance therapies, and health education programs, such as nutrition and physical activity education. PCPs are also members of the members' Interdisciplinary Care Team (ICT) and are invited to attend all scheduled ICT meetings.

    To further engage our provider network, we offer educational materials that are available on our website. Our Provider Network Management team also schedules visits and distributes a quarterly provider newsletter.

C. Case Management Supportive Services

24/7 Nurse Advice Line:

The Nurse Advice Line is a nurse-driven telephonic support program that empowers members to better manage their health. Highly trained registered nurses help participants navigate through questions and concerns about symptoms, appropriate treatment choices, comorbid conditions and additional risk factors. Nurse Advice Line data is available to case management staff on a monthly basis. All Nurse Advice Line calls resulting in a 911 disposition will be immediately referred to SCFHP case management for follow-up.

Whole Person Care Nursing Home Diversion Program

SCFHP has partnered with the Santa Clara County Health and Hospital System in the operation of their Whole Person Care (WPC) Pilot through the year 2020. One component of the WPC program is the Nursing Home Diversion Program that combines intensive case management, housing services and additional services to enable successful transitions for long term care members in a nursing facility. This program is administered by a provider contracted with the County – Institute on Aging (IOA) in partnership with community housing resources, safety net hospital, Behavioral Health Department and other community-based providers. SCFHP members may be identified for the program by the nursing facility staff, Institute on Aging or SCFHP UM or case management staff. The targeted population is members whose primary barrier to transition is the lack of housing and the need for ongoing intensive case management pre and post-discharge from Long Term Care. WPC case management is provided in collaboration with the SCFHP assigned case manager.

Health Homes Program

The Health Homes Program (HHP) becomes a benefit for Medi-Cal members enrolled in Managed Care Plans (MCPs) on July 1, 2019. This program services members with multiple chronic conditions and social determinants, and will begin serving members with Serious Mental Illness beginning January 1, 2020. The HHP serves eligible Medi-Cal beneficiaries with complex medical needs and chronic conditions who may benefit from enhanced care management and coordination. The HHP coordinates the full range of physical health, behavioral health, and community-based long-term services and supports (LTSS) needed by eligible beneficiaries. SCFHP contracts with local clinics and agencies in the community to provide these services to our members on behalf of the plan. SCFHP also directly provides HHP services to a portion of eligible members that cannot be assigned to a local clinic and/or agency due to capacity or other reasons.

Utilization Management and Concurrent Review

Utilization Management Concurrent Review and Discharge Planning nurses are assigned admission review cases using an alphabetized process using the first initial of a member's last name. This process allows for the same nurse to follow the ongoing clinical status for any individual member thru an initial acute hospital admission, to all lower levels of care including home or Long Term

Care placement. Concurrent review processes identify members expected to be discharged and include collaborative discussions with the facility and other providers to coordinate member's discharge needs and related follow up care. Care coordination related to discharge planning may include referrals to any available CM programs and coordinating benefits across health care settings, such as DME, home health, Long Term Services and Supports (LTSS), behavioral health and outpatient services.

Within 72 business hours of a member's discharge to a residential home or his or her community setting such as an Assisted Living facility, Concurrent Review nurses notify the Case Management team to conduct a total of three documented attempts to reach the member or their caregiver all of which are expected to be completed within 5 business days from discharge. Outreach calls will be made on different days and/or different times of the day, in order to meet this process requirement. The TOC assessment within Essette evaluates for any member or caregiver supports and/or resources which are needed to minimize gaps in care which may otherwise result in readmissions or preventable emergency room visits.

Health Education

The Health Education program has a variety of classes and workshops available for members to help maintain and improve their health and manage their illnesses. SCFHP works with a number of agencies within the community to provide programs covering topics from chronic disease, counseling services, weight management, smoking cessation, safety programs, and more. Members may self-refer to all programs, except for Weight Watchers and the Diabetes Prevention Program. Referrals are received from PCPs and all SCFHP departments.

Category	Class	Organization/Contact
Chronic Disease Self-Management	Asthma Education	Breathe California
	Diabetes/Nutritional Counseling	Indian Health Center
		The Health Trust
		Solera
	Chronic Pain Management	The Health Trust
	Chronic Disease/Condition Management (HBP, Heart Disease, Arthritis, Medical Nutrition Therapy)	SCVMC Ambulatory Health Education Department
		The Health Trust
Counseling & Support Services	Group Counseling & Support	ACT for Mental Health
	Stress Management Class	
	Anger Management Class	
Nutrition & Weight Management	Adult Weight Management (Weight Watchers)	Weight Watchers

Prenatal Education	Infant/Child CPR & First Aid	El Camino Hospital, SCVMC Ambulatory Health Education Department
	Infant Care	El Camino Hospital, SCVMC Ambulatory Health Education Department
Safety Programs	Infant/Child CPR & First Aid	El Camino Hospital, SCVMC Ambulatory Health Education Department
	Car Seat Safety	Santa Clara County Car Seat Safety Program
Smoking Cessation	Smoker's Help-Line	English: 800.662.8887 Spanish: 800.456.6386 Vietnamese: 800.778.8440 Chinese: 800.838.8917
	Smoking Cessation Program	SCVMC Ambulatory Health Education Department
		Breathe California
Others:	Health Education Materials Requests	

Community Resources Integration

This program addresses the social determinants of health experienced by SCFHP members and is managed by the Long Term Services and Supports staff in support of all case management programs. As part of the care plan development and goal setting, to facilitate coordination of benefits and community resources, referrals may be made to community based programs and other resources. These are coordinated through case management or provided by community based organizations, public agencies and hospitals.

Community resources, information and contacts are made available to case managers for integration into the member care plan as needed and include programs that address the most common needs identified by our members. These include food, housing, transportation, socialization, caregiver support and respite, legal services, public services such as protective services, and specialized case management (e.g. HIV). Designated SCFHP LTSS staff manage relationships with key community providers and attend relevant community meetings to stay abreast of available resources and changes in eligibility.

An initial training on community-based programs and services is provided to all case managers with detailed information on programs scope, eligibility, referral processes and key contacts. This information is also available on the SCFHP shared drive for staff and is updated at least annually. Case managers and supporting staff also have access to trainings with providers, face-to- face

visits and presentations by providers with new resources shared on an ongoing basis. Information on community resources is also provided on the SCFHP website for member access.

Medication Management Therapy (MTM)

The goal of MTM is to optimize drug therapy and improve therapeutic outcomes for members. Members that take medications for multiple different medical conditions may be eligible to receive MTM services at no cost. Members that qualify are automatically enrolled in to the program and mailed a welcome letter explaining the program and instructions for opting out. Specific eligibility criteria is posted both on www.scfhp.com and within the member handbook. MTM is only performed for the CMC line of business. MTM services may include:

- Calls from a pharmacist or other health professional to review all of the members' medications and discuss medication benefits, concerns, and questions
- Written, mailed summary of the medical review as well as a medication action plan and personal medication list
- Follow up from the pharmacist or other health professional every 3 months to ensure records are up to date as well as the safety and cost effectiveness of medications

Gaps in Care

When a member's profile is searched in QNXT, automated notifications pop up that alert the reader when a member has not received a specific wellness screening. Customer Service Representatives can provide members with this information when they call in to ask a question. Members who have questions or who need assistance to schedule appointments to their PCP or require transportation assistance can be helped immediately. Gaps in Care pop-ups also serve to alert the care coordination team to include annual wellness and prevention screening elements as a members goal of care.

V. Informing Members

Members are informed about all available PHM programs and services at any level of contact including the Plan's website, direct mail, e-mail, text or other mobile applications, telephone or in-person. Many programs offered are communicated to members within their Evidence of Coverage/Member Handbook document, which is mailed to members annually and upon enrollment, as well as through www.scfhp.com. Additionally, a catalog of all PHM programs was created and made available on the health plan website so that members may be informed of all programs that they may be eligible for. The catalog will be updated annually and can be mailed to members upon their request. Annually members will receive a mailing on how to access this information on line or how to request it from customer services.

Members deemed eligible for inclusion in any PHM program involving interactive contact may opt-out of participation at any time. Members or their Authorized Representatives may request to opt-out by calling SCFHP's Customer Service department at 408-376-2000, sending a secure email to the SCFHP's case management department at www.CaseManagementhelpdesk@scfhp.com, or via USPS mail delivery.

Indirect Member Interventions by Focus Area

Activities conducted by the Plan that support PHM programs or services not directed at individual members.

Table 2: Indirect Member Interventions

Indirect Interventions	Focus Area(s)
Case Management shares data and information with providers regarding member's HRA results, ICPs, and supplemental assessments. Sharing is completed by mail, e-mail, fax, ICT meetings, and phone.	1-4
SCFHP's Provider Network Management (PNM) team completes provider education and required trainings, including the provision of continuing education units (CEUs/CMEs). These trainings include: cultural competency, Screening, Brief Intervention and Referral to Treatment (SBIRT), communicating across language barriers, Long Term Services and Supports (LTSS), and the Staying Healthy Assessment.	1-4
Quarterly provider newsletters, distributed by fax and e-mail and posted on the website	1-4
SCFHP presents quarterly to a Provider Advisory Council (PAC) on topics such as behavioral health treatment advances, opioid addiction, and other topics relevant to the characteristics of our SCFHP member population.	2, 3
SCFHP participates in monthly community Safety Net Network meetings. Discussions within these meetings with our community partners include topics such as food resources, housing, and resources that address social determinants impacting the member population.	1, 3
Coordination with Housing Services Information System: SCFHP participates in the County's Homeless Management Information System (HMIS) - an online database that enables organizations to collect data on the services they provide to people experiencing homelessness and people who are at risk for homelessness. Members who are in the HMIS database may have priority access to housing assistance.	2-4
SCFHP financially supports community clinics with their Patient Centered Medical Home (PCMH) certification when appropriate. By supporting this effort, we are ensuring the safety and quality treatment for our members.	3

Nursing Home Support and Training SCFHP has a designated staff liaison to manage relationships with all contracted nursing facilities serving a large member population. This includes conducting annual visits, monitoring quality measures, troubleshooting on issues related to authorizations, claims, notification of relevant trainings, and involvement in local shared initiatives around reducing readmissions.	2-4
Behavioral Health Services coordinates and partners with the County Behavioral Health Services Department (CBHSD), community-based organizations, and providers to facilitate patient outcomes across all settings. The coordination includes continuous education to Specialty Mental Health Clinics about the CMC population, consultation to providers and regular monthly CMC care coordination meetings.	1-4
Behavioral Health Services provides training materials to provider offices regarding SBIRT assessment and counseling.	1-4
Quality department provides intermittent training for contracted providers on appropriate wellness and preventative services (e.g. USPSTF, clinical practice guidelines) as appropriate. Clinical practice guidelines are also available to providers on the website.	1, 3
Pharmacy department performs quarterly drug use evaluations (DUEs) on various clinical areas (e.g. polypharmacy, asthma controller medication review) to look for gaps in care and contacts providers as appropriate for intervention.	1-4

VI. Population Health Delivery System Support

SCFHP provides support to practitioners and providers providing population health management to our members and to support the achievement of program goals.

A) Sharing Data
   a. SCFHP shares member data with providers to assist them in delivering services, programs and care to our members. We mail, fax, and/or verbally inform providers of their members individualized care plans and goals at least annually and after any updates. We also inform providers via fax when we have been unable to reach a member to complete a comprehensive Health Risk Assessment (HRA) and request their assistance. Additionally, we electronically send our providers member eligibility reports, language, and demographic data, and are working toward sending gaps in care reminders via the online provider portal.

B) Evidence-Based Guidelines

a. SCFHP shares evidence-based guidelines with our provider network on the health plan website, scfhp.com. The information is located within the Provider Resources section on the website and includes guidelines for:
    i. Cervical Cancer Screening
    ii. Clinical and Preventive
    iii. BMI calculations
    iv. Recommended immunization schedules

C) Practice Transformation Support
    a. SCFHP financially assists willing network providers from federally qualified health centers (FQHCs) who are actively working towards Patient Centered Medical Home (PCMH) certification in an effort to support their advancement toward value-based care delivery.

VII. Coordination of member programs

Internal and external population health programs and services are coordinated across settings, providers and levels of care to minimize confusion to members from being contacted from multiple sources.

To provide care in a coordinated manner, SCFHP has several programs offered to members as specified in Section IV, depending on their clinical conditions and psychosocial needs. The health plan strives to provide the right care at the right time in the right place to members in order to improve patient experience of care, the health of populations and reduce the per capita cost of healthcare.

Case management and interdepartmental coordination are key to effective service coordination. SCFHP's case management software platform, Essette, acts as the central point of documentation for all care management programs and services related to the member. All members are assigned a lead care coordinator who acts as the primary point of contact for population health management support. In addition to the ICT discussed above, internal case conferencing across specialties is facilitated for coordination of care plan development and implementation across member needs including medical, LTSS and BH. The case conferences include case presentation and identification of the needs of the members and the role the various departments can play.

VIII. Impact analysis of Population Health Management Strategy

At least annually, SCFHP conducts a comprehensive analysis of the impact of its PHM strategy that includes the following; Quantitative results for relevant clinical/cost, utilization and experience measures. Quantitative and qualitative analysis is conducted on the results. Comparison of results with established benchmarks are evaluated for evidence of program effectiveness and room for improvement. This analysis will be conducted by the Health Services Department in conjunction with IT, Member Services, Provider Services, Pharmacy Management, Quality, Process Improvement, Grievance & Appeals and LTSS to support Cal MediConnect members and promote an effective Population Health Management Strategy.

Last Update:	**Author(s):**	**Approval Date:**
May, 2019	Shawna Cagle, Manage Case Management	
	Sandra Carlson, Director Medical Management	

Santa Clara Family Health Plan™

Review of

Quality Improvement Policies

POLICY

Policy Title:	**Comprehensive Case Management**	**Policy No.:**	QI13
Replaces Policy Title (if applicable):	Case Management	**Replaces Policy No. (if applicable):**	CM030_05
Issuing Department:	Health Services	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Healthy Kids	☒ CMC

I. Purpose

To promote access to appropriate, coordinated services with the intent that members with case management needs may achieve optimal health and functionality.

II. Policy

A. The comprehensive case management program is established to provide case management processes and procedures that helps members with multiple or complex conditions to obtain access to care and services, and the coordination of appropriate care and resources. The structure of comprehensive case management is organized to promote quality case management, client satisfaction and cost efficiency through the use of collaborative communications, evidence-based clinical guidelines and protocols, patient-centered care plans, and targeted goals and outcomes.

B. To define the fundamental components of SCFHP case management services which when appropriate for any given member, include:
   1. Initial assessment of members' health status, including condition specific issues
   2. Documentation of clinical history, including medications
   3. Initial assessment of the activities of daily living;
   4. Initial assessment of behavioral health status, including cognitive functions
   5. Initial assessment of social determinants of health
   6. Initial assessment of life-planning activities
   7. Evaluation of cultural and linguistic needs, preferences or limitations
   8. Evaluation of visual and hearing need, preferences or limitations
   9. Evaluation of caregiver resources and involvement
   10. Evaluation of available benefits
   11. Evaluation of community resources

C. Referrals to SCFHP's case management team are accepted from members or their caregivers, practitioner's or other external providers, hospital discharge planners, SCFHP internal staff (including customer service and utilization management) and/or community partners. All referrals will initially be assessed by case management staff for the appropriate level of case management support needed to coordinate care and services for medical, behavioral health and other non-medical risk factors. Successful completion of an initial assessment will determine member's placement in the most appropriate Population Health case management tier for ongoing support.

D. A Case Management referral form is available on SCFHP's public website and all completed forms and supporting documentation may be submitted directly to the Case Management department by USPS mail delivery or by secure email to: CaseManagementHelpDesk@scfhp.com. Case Management referrals may also be requested verbally thru telephonic interaction by calling SCFHP's Customer Service department at 1-877-

723-4795 (Medicare members) of 1-800-260-2055 (Medi-Cal members) and requesting case management support. All Case Management referrals will receive an initial review within 72 business hours of receipt.

E. SCFHP's 2018 Complex Case Management program description defines the process of how SCFHP coordinates services for the highest risk members with complex conditions and helps them access needed resources thru intensive and comprehensive interactions.

III. Responsibilities

A. Health Services collaborates with other SCFHP departments (IT, claims, benefits, provider services) as well as providers and community services to identify, coordinate services, coordinate benefits and provide members with complex case management.

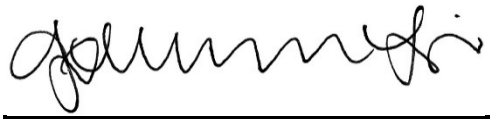
IV. References

3 Way Contract. (2017). Contract Between United States Department of Health and Human Services; Centers for Medicare and Medicaid Services and California Department of Health Care Services.

Cal MediConnect Continuity of Care Technical Assistance Guide (TAG). (2015, October 27). California, USA. NCQA Health Plan Accreditation Guidelines 2018 - Population Health (PHM) Element 5

DPL 17-001 and DPL 17-002

V. Approval/Revision History

First Level Approval	Second Level Approval
	
Signature Johanna Liu, PharmD	Signature Jeff Robertson, MD
Name Director of Quality and Pharmacy	Name Chief Medical Officer
Title 6/6/18	Title 6/6/18
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original 08/05/16; Reviewed 08/09/17	Quality Improvement	Approve 6/6/18	

POLICY

Policy Title:	**Transitions of Care**	**Policy No.:**	QI15
Replaces Policy Title (if applicable):	None	**Replaces Policy No. (if applicable):**	None
Issuing Department:	Health Services	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Healthy Kids	☒ CMC

I. Purpose

To define the process the Plan adopts to monitor and take action to improve continuity and coordination of care across the health care network, including medical care settings, medical with behavioral health care settings, and for transitioning members between levels of care.

II. Policy

A. The Plan supports and promotes appropriate transitions between care settings which is critical to improving member quality of care and health outcomes. The Plan's Care Transitions Program goal is to improve transitions between settings to the most appropriate and safe level of care for that member. Objectives include:
   1. Curtail medical errors
   2. Identify issues for early intervention
   3. Minimize unnecessary hospitalizations and readmissions
   4. Support member preferences and choices
   5. Reduce duplication of processes and efforts to more effectively utilize resources
   6. Promote the exchange of information
   7. Support appropriate use of medications
   8. Meet special needs of members with behavioral disorders commonly seen in primary care

B. The Plan implements processes that arrange for/ authorize and coordinate services and care needed for members after inpatient discharge, nursing facility residents or at other levels of care into the community or to the least restrictive setting possible. This includes ensuring access to necessary medical/behavioral health care, medications, durable medical equipment, supplies, transportation, and integration of Long Term Support Services (LTSS) benefits and community based resources.

C. The Plan uses information at its disposal to facilitate continuity and coordination of medical care across its delivery system
   1. Between medical care settings
   2. Between medical and behavioral health care settings

Process is detailed in the associated Procedure document Transitions of Care.

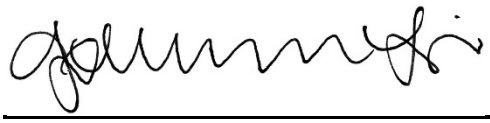
III. Responsibilities

A. Health Services works with internal departments, providers and community resources for referrals and to transition members to appropriate levels of care.

IV. References

WIC section 14182.17(d)(4)(H).
NCQA, 2016
87890 2016 SCFHP Model of Care
DHCS/Plan Renewed Contract 2013
DHCS/CMS/Plan 3-Way Contract

V. Approval/Revision History

First Level Approval	Second Level Approval
	
Signature Johanna Liu, PharmD	Signature Jeff Robertson, MD
Name Director of Quality and Pharmacy	Name Chief Medical Officer
Title 06/06/2018	Title 06/06/2018
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original 08/05/16 Reviewed 08/09/17	Quality Improvement	Approve: 08/09/17; 06/06/18	

Santa Clara
Family Health Plan

Policy Title:	**~~Managed~~ Long Term Services and Supports (~~M~~LTSS) Care Coordination**	**Policy No.:**	QI.16
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Health Services	**Policy Review Frequency:**	
Lines of Business (check all that apply):	☒ Medi-Cal	☐ Healthy Kids	☒ CMC

I. Purpose

This policy defines how SCFHP shall provide and manage Long-Term Services and Supports (LTSS) so that its members receive coordinated care across a continuum of benefits and services that includes medical, behavioral health, LTSS and community resources.

~~Santa Clara Family Health Plan (SCFHP) identifies members that are possibly at risk for institutional placement, that are currently placed in nursing facilities or those that want to move to a lower level of care.~~

The Plan promotes coordination of LTSS services with the goal of achieving optimal well-being and functionality at the least restrictive level of care most beneficial to individual members.

II. Policy

A. ~~In addition to following the Comprehensive Case Management policy,~~ SCFHP ~~the Plan~~ shall maintain an LTSS program that coordinates and monitors access, availability, and continuity ~~and coordination of care for to~~ ~~Managed~~ Long Term Services and Supports (~~M~~LTSS) for members. SCFHP, in partnership with members, providers, advocates and other community stakeholders shall support a person-driven long-term continuum of care where members with disabilities and chronic conditions have choice~~, control~~ and access to an array of quality services. LTSS shall provide an alternative to institutional placement and be available to members who meet eligibility criteria. ~~Additional procedures are specific to this form of care coordination.~~

B. SCFHP ~~The Plan~~ maintains LTSS Program procedures ~~specific to the above mentioned areas~~ as well as ~~Comprehensive~~ Case Management and Utilization Management procedures that apply ~~provide details.~~

~~The Plan defines M~~LTSS Program P~~p~~rocedures ~~to~~ include:

- ~~M~~LTSS Coordination of Services
- ~~LTSS Assessment Review~~ In-Home Supportive Services Referrals and Coordination
- Community Based Adult Services (CBAS): Eligibility/Determination and Coordination, Referrals
- Multipurpose Senior Services Program (MSSP) Referrals and Coordination ~~for Multipurpose Senior Services Program~~
- LTC Case Management and Care Transitions
- Care Plan Options and Home and Community Services (HCBS) Coordination
- ~~Individual Care Team (ICT): Specific providers required~~
- ~~Individual Care Plan (ICP): Specific requirements~~
- ~~Training: Additional needs for providers and staff~~

~~C.A.~~The Plan maintains procedures specific to the above mentioned areas as well as Comprehensive Case Management and Utilization Management procedures that provide details.

~~IV.~~III. Responsibilities

SCFHP Health Services integrates LTSS ~~collaborates~~ with internal departments ~~(IT, Claims)~~ to inform and identify members receiving or requesting LTSS ~~for MLTSS Care Coordination, and~~ to coordinate services ~~as well as contracted providers, community resources and facilities~~ and to meet the following requirements:~~.~~

a. Support coordinated care delivered by an appropriate network of providers
b. Support a comprehensive initial and annual health assessment of each member's physical, behavioral, psychosocial, functional and social support needs;
c. Support and participate in a members' Interdisciplinary Care Team (ICT), as appropriate;
d. Facilitate the development of an individual care plan in consultation with the member that identifies goals, interventions, services and benefits to be provided;

~~V.~~IV. References

~~3 Way Contract. (2014). *Contract Between United States Department of Health and Human Services; Centers for Medicare and Medicaid Services and California Department of Health Care Services.*~~
~~Cal MediConnect Continuity of Care Technical Assistance Guide (TAG). (2015, October 27). California, USA.~~
~~NCQA Guidelines. 2016.~~ NCQA 2019 Health Plan Accreditation Standards Population Health Management
~~87890 2016 SCFHP Model of Care~~
APL 17-012 Care Coordination Requirements for Managed Long Term Services and Supports
APL 17-013 Requirements for Health Risk Assessment of Medi-Cal Seniors and Persons with Disabilities
DPL 15-001 Interdisciplinary Care Team and Individual Care Plan Requirements for Medicare-Medicaid Plans
DPL 16-002 Continuity of Care
DPL 16-003 Discharge Planning for Cal MediConnect
DPL 17-001 Health Risk Assessment and Risk Stratification Requirements for Cal MediConnect

~~VI.~~V. Approval/Revision History

First Level Approval	Second Level Approval
Lori Andersen Signature Lori Andersen	Signature Laurie Nakahira, MD
Name Director of MLTSS	Name Chief Medical Officer
Title	Title
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1.0 v1.1	**Original** **08/05/2016;** **Reviewed** **08/08/217;** **Revised 2/13/18** **Revised 5/23/19**			

POLICY

Policy Title:	**Behavioral Health Care Coordination**	**Policy No.:**	QI.17
Replaces Policy Title (if applicable):	**Cal MediConnect Behavioral Health Coordination Of Care Policy and Procedure**	**Replaces Policy No. (if applicable):**	**CM106_1**
Issuing Department:	Health Services	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☐ Healthy Kids	☒ CMC

I. Purpose

Santa Clara Family Health Plan (SCFHP) promotes and coordinates seamless access and availability to appropriate behavioral health providers, community services and support for members identified with behavioral/mental health and substance use needs so that member may achieve optimal health and functionality.

II. Policy

A. To complement the Comprehensive Case Management policy, SCFHP optimizes access to services for members by coordinating care and facilitating referrals to Behavioral Health (Mental Health and Substance Use Disorders) services for Medi-Cal and Cal MediConnect (CMC) members. This includes emergent, non-emergent, in-patient or outpatient referrals. Referrals may encompass community services, a community triage service, a community crisis line, contracted plan providers.

B. SCFHP promotes continuity and coordination of care between behavioral healthcare providers and medical providers. Information is gathered regarding exchange of information, appropriate diagnoses, treatment, referrals, medications and follow-up. Successful collaboration is monitored and improvement plans implemented as appropriate.

C. SCFHP defines processes for the provision of Early, Periodic Screening, Diagnostic and Treatment (EPSDT) services for members 0 to 21 years of age which includes medically necessary Behavioral Health Treatment (BHT) services with or without an Autism diagnosis and other evidence based behavioral intervention services that develop or restore functioning. SCFHP provides BHT for members who are under 21, have a recommendation from a licensed physician, surgeon or psychologist that evidence-based BHT services are medically necessary and that the member is medically stable without the need for 24 hour medical nursing monitoring. SCFHP requires Primary Care Physicians (PCP) to administer the Department of Health Services approved assessment tool as detailed in the procedure.

D. To define how SCFHP provides guidelines to PCPs regarding management and treatment for members with Behavioral Health conditions as outlined in the procedure Mental Health Services Provided by PCPs.

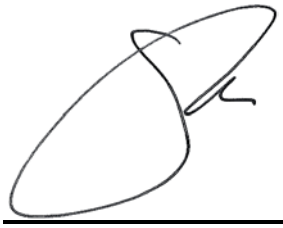
III. Responsibilities

Behavioral Health Services collaborates with other Health Services areas to coordinate care, and with QI to monitor coordination of care, for under/over utilization.

IV. References

3 Way Contract. (2014). *Contract between United States Department of Health and Human Services; Centers for Medicare and Medicaid Services and California Department of Health Care Services.*
NCQA Guidelines 2016
WIC Sections 14182.17(d)(4) and 14186(b)
28 CCR 1300.74.72(g)(3) through (5)
DHCS All Plan Letter 18-006, Responsibilities For Behavioral Health Treatment Coverage For Members Under The Age Of 21, 03/02/2018

V. Approval/Revision History

First Level Approval	Second Level Approval
	
Signature Jeff Robertson, MD	Signature Laurie Nakahira, MD
Name Medical Director	Name Chief Medical Officer
Title	Title
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)

POLICY

Policy Title:	**Sensitive Services, Confidentiality, Rights of Adults and Minors**	**Policy No.:**	QI18
Replaces Policy Title (if applicable):	Sensitive Services, Confidentiality, Rights of Adults and Minors	**Replaces Policy No. (if applicable):**	CM036_04
Issuing Department:	Health Services	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Healthy Kids	☒ CMC

I. Purpose

To promote timely access to sensitive, confidential medical services for adult and minor children when needed and/or requested.

II. Policy

A. Santa Clara Family Health Plan (SCFHP) allows minor children and adult members to have access to sensitive, confidential medical services without the need for prior authorization.
   1. The following services are considered confidential and sensitive services for adult and minor children aged 12 and older without parental consent:
      a. Sexually transmitted diseases
      b. Family planning
      c. Sexual assault
      d. Pregnancy testing
      e. HIV testing and counseling
      f. Abortion
      g. Drug and alcohol abuse
      h. Outpatient mental health care

B. Requirements for consent, confidentiality and rights for these sensitive services are defined in the associated procedure CM.06.01.

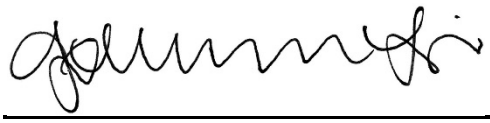
III. Responsibilities

A. Health Services works with IT, Provider and Customer Services, providers and community services to provide sensitive and confidential services to members without requiring prior authorization.

IV. References

Fed. Law 1987 OBRA, Sec. 4113 (c)(1)(B), 1905 (a)(4)(c); BBA
DHS Contract A-12, Exhibit A, Attachments 5, et. seq, 9, Items 1, 3, 8, 2. C
MMCD Pol. Letter #s: 94-13, 96-09, 97-08, 98-11
T22, CCR, 50063.5, 51009, 50063.5; Family Code §6925 et. seq., W & I Code §14132. et seq., 14451 et. seq. ; T28, CCR

V. Approval/Revision History

First Level Approval	Second Level Approval
	
Signature Johanna Liu, PharmD	Signature Jeff Robertson, MD
Name Director of Quality and Pharmacy	Name Chief Medical Officer
Title 06/06/18	Title 06/06/18
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original 08/05/16 Reviewed 08/09/17	Quality Improvement	Approve: 08/09/17; 06/06/18	

POLICY

Policy Title:	**Care Coordination Staff Training**	**Policy No.:**	QI19
Replaces Policy Title (if applicable):	Long Term Support Services and Social Services Training	**Replaces Policy No. (if applicable):**	112_01
Issuing Department:	Health Services	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Healthy Kids	☒ CMC

I. Purpose

To provide staff the skills to meet member needs related to care coordination principals.

II. Policy

A. Care Coordination Staff training includes but is not limited to the following:
   1. Overview of regulatory / contractual requirements including ICP and ICT training
   2. Accessibility and accommodations; independent living
   3. Wellness principles
   4. Criteria for safe transitions, transition planning, care plans after transitioning
   5. Along with other required training as specified by DHCS—both initially and on an annual basis
   6. Dementia care management for specially designated care coordination
   7. LTSS operations including:
      a. LTSS benefits
      b. Eligibility and Service Authorization process
      c. Program limitations
      d. Referrals
      e. Interface with Case Management
      f. Overview of characteristics and needs of LTSS target population
   8. Self-direction
   9. Behavioral Health coordination
   10. Community Services
   11. Model of Care
   12. Cultural and Linguistic Services
   13. Care Plan Options
   14. Person centered planning process
   15. Home and Community Based Services

B. Training content is reviewed and updated as needed in regards to state and federal regulations as well as other best practices. Staff training is completed upon hire, reviewed annually and additional reviewed as needed.

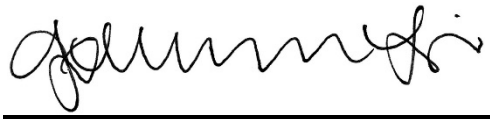
III. Responsibilities

A. Health Services management works with internal departments, external partners and providers to provider staff training.

IV. References

3 Way Contract. (2014). Contract between United States Department of Health and Human Services; Centers for Medicare and Medicaid Services and California Department of Health Care Services.
Cal MediConnect Prime Contract (§2.9.10.10.)
H7890 2016 SCFHP Model of Care

V. Approval/Revision History

First Level Approval	Second Level Approval
	
Signature Johanna Liu, PharmD	Signature Jeff Robertson, MD
Name Director of Quality and Pharmacy	Name Chief Medical Officer
Title 06/06/18	Title 06/06/18
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original 08/05/16; Reviewed 06/06/18	Quality Improvement	Approve: 08/09/19; 06/06/18	

POLICY

Policy Title:	**Information Sharing with San Andreas Regional Center (SARC): MOU**	**Policy No.:**	QI.20
Replaces Policy Title (if applicable):	None	**Replaces Policy No. (if applicable):**	
Issuing Department:	Health Services	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Healthy Kids	☐ CMC

I. Purpose

This policy supports the agreement between San Andreas Regional Center (SARC) and the Santa Clara Family Health Plan (SCFHP) to perform care coordination and information exchange activities when Medi-Cal beneficiaries are accessing medically necessary Behavioral Health Treatment Services (BHT) without regard to diagnosis. The agreement addresses both new referrals for BHT and clients/beneficiaries receiving BHT when funding for this service is transitioning from SARC to SCFHP.

II. Policy

SCFHP is responsible for the provision of BHT as a managed care health benefit, including the coordination of the client's care with SARC and the BHT provider(s). SARC will support SCFHP's care coordination by providing necessary client information to SCFHP and vendors in accordance with any and all privacy laws and regulations.

Santa Clara Family Health Plan

- SCFHP is responsible for coordination of services provided by SCFHP including primary care, and carve out services such as California Children's Services, Specialty Mental Health Services.
- SCFHP and/or its subcontracted providers and vendors shall arrange and pay for comprehensive diagnostic evaluations (CDE's) for members/clients who are suspected of needing BHT services.
- SCFHP and/or its subcontracted providers and vendors shall arrange and pay for BHT services for members who meet criteria as outlined in APL 18-006 or any revised version of these APL's.
- SCFHP shall provide client information to SARC to ensure appropriate care coordination, in compliance with all privacy laws.
- SCFHP and/or its subcontracted providers and vendors shall be available to assist, the SARC in the development of the Individual Program Plan (IPP) or Individualized Family Services Plan (IFSP) as necessary.

San Andreas Regional Center

- SARC shall provide client information, including comprehensive diagnostic evaluation(s), treatment plan(s), utilization data and assessment information to SCFHP upon receipt of appropriate release of information (ROI)
- SARC shall refer clients under age 21 who are diagnosed without regard to diagnosis for evaluation for medically necessary BHT services upon client/member request for BHT services.
- SARC shall provide case management & care coordination services related to SARC's Early Start Program clients to SCFHP for medically necessary BHT services.

- SARC shall provide case management and care coordination to eligible clients and assist those clients in maintaining an ongoing relationship with the SCFHP's assigned primary care provider when medical needs arise.
- SARC will identify a staff person to be the primary liaison to SCFHP. The liaison will meet not less than quarterly to ensure continuous communication and resolve any operational, administrative and policy complications.
- SARC will share information on community resources to SCFHP and/or its sub-contracted providers and vendors.
- SARC shall provide Targeted Case Management (TCM) services to eligible clients and their families to assure timely access to health, developmental, social, educational, and vocational services.

TCM includes, but is not limited to:

a. Coordination of health related services with SCFHP to avoid duplication of services; and
b. Provision of referrals to specialty centers and follow-up with schools, social workers and others involved in the IPP and IFSP

- SARC agrees to provide periodic training to SCFHP's staff as requested by the SCFHP concerning SARC services and requirements
- SARC shall work collaboratively with SCFHP to resolve timely access and coordination of care issues.

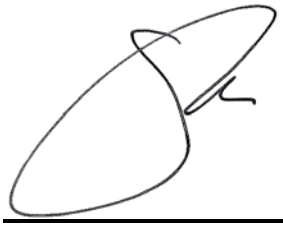
III. Responsibilities

See Memorandum of Understanding between SARC and SCFHP. Policies and Procedures to be attached. Health Services works collaboratively with plan benefits, compliance, QA , IT, plan and community providers to coordinate members' Behavioral Health Treatment services and members' Behavioral Health managed care.

IV. References

Center for Medicare & Medicaid Services approved California State Plan Amendment (SPA) 14-026
Section 1915 C waiver, CA.336 HCBS Waiver for Californians with Developmental Disabilities
DHCS All Plan Letter 18-009 Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Regional Centers, 03/02/2018
DHCS All Plan Letter 18-006 Responsibilities For Behavioral Health Treatment Coverage For Members Under The Age Of 21, 03/02/2018

V. Approval/Revision History

First Level Approval	Second Level Approval
	
Signature Jeff Robertson, MD	Signature Laurie Nakahira, MD
Name Medical Director	Name Chief Medical Officer
Title June 3, 2019	Title June 3, 2019
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v.1	Original 08/05/16; Reviewed 08/09/2017, 6/3/2019			

POLICY

Policy Title:	**Information Exchange Between Santa Clara Family Health Plan & County of Santa Clara Behavioral Health Services Department**	**Policy No.:**	QI.21
Replaces Policy Title (if applicable):	Information Exchange Between Santa Clara Family Health Plan & County of Santa Clara County	**Replaces Policy No. (if applicable):**	HS 409
Issuing Department:	Health Services	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Healthy Kids	☒ CMC

I. Purpose

This policy is to provide detailed instructions for how Santa Clara County Behavioral Health Services Department and Santa Clara Family Health Plan (SCFHP) will perform activities to support the provision of Medi-Cal Specialty Mental Health and/or drug Medi-Cal services as a managed care benefit under the Medi-Connect program. SCFHP and the County of Santa Clara Behavioral Health Services Department (formerly known as Santa Clara County Mental Health Department and Santa Clara County Department of Alcohol and Drugs) entered into a MOU effective January 1, 2014 to specify how roles and responsibilities between the two entities were to be performed.

II. Policy

It is the policy of the SCFHP to provide coordination of care for the purpose of providing services to CMC members which are coordinated with Santa Clara County BHSD, their mental health clinics and contractors. The SCFHP and the CBHSD will follow the medical necessity criteria for Medi-Cal specialty mental health 1915 (b) waiver services described in Title 9, California Code of Regulations. DHCS has developed a matrix of Roles and Responsibilities "Behavioral Health Benefits in the Duals Demonstration" which is attached to the MOU. Medical necessity for Drug Medi-Cal Substance Abuse Services will be as found in Title 22, California Code of Regulations (CCR).

III. Responsibilities

1. Assessment Process

The SCFHP and CBHSD shall develop and agree to written policies and procedures regarding screening and assessment processes that comply with all federal and state requirements. SCFHP completes a Health Risk Assessment (HRA) pursuant to the CMC three way contract guidelines. SCFHP Behavioral Health Department reviews and/or completes the HRA with special attention to the depression Indicators as well as Severe Mental Illness indicators. The HRA, in conjunction with claims and pharmacy Information, is utilized to create a preliminary interdisciplinary care plan (ICP). The ICP is reviewed with

the member and sent to the member's primary care physician and the member's Specialty Mental Health provider for their review and changes.

2. Referrals

The SCFHP and the CBHSD shall develop and agree to written policies and procedures regarding referral processes including:

a. CBHSD will accept referrals from SCFHP staff, providers, and members' self-referral for determination of medical necessity
b. SCFHP will accept referrals from CBHSD for services needed are provided by the SCFHP and not the CBHSD and the member does not meet the Medi-Cal Specialty mental health and/or Drug Medi-Cal medical necessity criteria. This will include mild to moderate levels of care needs which are the responsibility of SCFHP.

3. Information Exchange

a. CBHSD will develop and agree to information sharing policies and procedures. CBHSD Director has provided a memo to County Clinics and Sub-contractors stating that basic information may be shared in order to determine if a member is being seen and who is the provider in the agency.
b. SCFHP will create a list of members who are receiving Medi-Cal specialty mental health services, and/or Drug Medi-Cal services.
c. A signed mental health release of information is obtained from the member in order to 1. Share information with behavioral health services agencies; 2. Provide care coordination and 3. Complete and updated ICP and an interdisciplinary care team (ICT) meeting as needed.
d. The information sharing policies and procedures developed by the CBHSD and SCFHP will include milestones agreed upon for shared roles and responsibilities for sharing personal health information. Meetings with County BHSD providers and their contractors will be held to provide training to discuss the policies and procedures which have been agreed upon for sharing of personal health information.

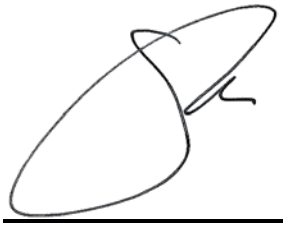
4. Care Coordination

a. The SCFHP and CBHSD will develop and agree to policies and procedures for coordinating Medical and behavioral health care for members enrolled in SCFHP and receiving Medi-Cal specialty mental health or Drug Medi-Cal services.
b. The policies and procedures will include:
    - An identified point of contact from both CBHD and SCFHP who will initiate and maintain ongoing care coordination
    - CBHSD and their contractors will participate in ICT's for members receiving County services and identified as needing an ICT.
    - At the County's request, the SCFHP will assist the CBHSD in developing behavioral health care plans
    - SCFHP will have a process for reviewing and updating the care plans as clinically indicated and following a hospitalization or significant change such as level of care.
    - SCFHP will have regular quarterly meetings to review the care coordination process
    - SCFHP will coordinate with the County to perform an annual review, analysis & evaluation of the effectiveness of the care management program to identify actions to implement and improve the quality of care and delivery of services.

IV. References

California Code of Regulations, Title 9, Division 4, Chapter 8 commencing with Section 13000
Department of Health Care Services (DHCS) Agreement 04-36069, and Amendments thereof, Exhibit A, Attachment 11, Case Management and Coordination of Care, 5. Specialty Mental Health
DHCS Agreement 04-36069, and Amendments thereof, Exhibit A, Attachment 10, Scope of Services, 7. Services for All Enrollees, D. Mental Health Services
MMCD Policy Letter 00-01
Title 9, CCR, Chapter 11, Division 1, Section (s) 1810.231; 1810.247; 1810.350; 1810.405; 1810.415; 1820.100; 1820.205; 1820.225; 1830.205; 1830.205 (b) (1); 1830.210; 1850.210 (I); 1850.505
Title 22, CCR, Chapter 3, Article 4, Section (s) 51305; 51311; 51313; 51183
Title 22, Section 51341.1, Drug Medi-Cal Substance Abuse Services; the California Health and Safety Code, Section 11752.1 (1) and the State of California Alcohol and/or Other Drug Program Certification Standards Welfare and Institutions Code Section 5600.3; and 14016.5

V. Approval/Revision History

First Level Approval	Second Level Approval
	
Signature Jeff Robertson, MD	Signature Laurie Nakahira, MD
Name Medical Director	Name Chief Medical Officer
Title June 3, 2019	Title June 3, 2019
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v.1	Original 06/06/2018; Reviewed 6/3/2019			

POLICY

Policy Title:	**Early Start Program (Early Intervention Services)**	**Policy No.:**	QI.22
Replaces Policy Title (if applicable):	Early Start Program (Early Intervention Services): Developmental Delay Identification, Referral and Care Coordination	**Replaces Policy No. (if applicable):**	CM.005_03
Issuing Department:	Health Services	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Healthy Kids	☐ CMC

I. Purpose

Santa Clara Family Health Plan (SCFHP) ensures that eligible members receive early screening, counseling and treatment for developmental delay or disabilities.

II. Policy

Santa Clara Family Health Plan (SCFHP) identifies members (aged 0 to 2.9 years) who have, or are at risk of acquiring developmental delays or disabilities and need early intervention services. SCFHP will coordinate the referral of members to the Early Start Program, which is a collaborative effort between the San Andreas Regional center (SARC) and the Santa Clara County Office of Education.

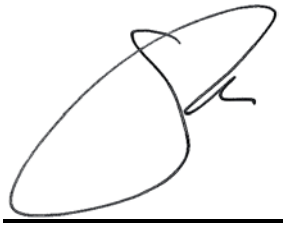
III. Responsibilities

The Health Services Department of the SCFHP is responsible for referring members to Early Start as they are identified by the primary care physicians, case managers and others. The Department is also responsible to notify SCFHOP delegates of their responsibilities to refer to Early Start.

IV. References

DHCS All Plan Letter 18-009 Memorandum of Understanding Requirements for Medi-Cal Managed Health Care Plans and Regional Centers, 03/02/2018

V. Approval/Revision History

First Level Approval	Second Level Approval
	
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Name Medical Director	Name Chief Medical Officer
Title June 3, 2019	Title June 3, 2019
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v.4	Original 06/06/2018		02/08/2017 Approve 06/06/2018 Approve	

POLICY

Policy Title:	**Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care**	**Policy No.:**	QI.23
Replaces Policy Title (if applicable):	Screening, Brief Intervention and Referral for Treatment for Misuse of Alcohol	**Replaces Policy No. (if applicable):**	
Issuing Department:	Health Services	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☐ Medi-Cal	☐ Healthy Kids	☐ CMC

I. Purpose

Santa Clara Family Health Plan (SCFHP) primary care providers will provide Alcohol Misuse: Screening and Behavioral Counseling (AMSC) Interventions in Primary Care settings for members 18 years of age and older who misuse alcohol.

II. Policy

A. SCFHP's policy is to support the contracted network in providing an expanded alcohol screening for members 18 years of age and older who answer "yes" to the alcohol question in the Individual Health Education Behavioral Assessment (IHEBA).
B. It is the policy of SCFHP to meet the Department of Health Care Services (DHCS) expanded contractual requirements for identification of potential alcohol misuse problems.
C. Providers in SCFHP primary care settings must offer and document AMSC services are offered.
D. The SCFHP will not limit behavioral counseling interventions. Beneficiaries who meet criteria for an alcohol use disorder or whose diagnosis is uncertain, are to be referred for further evaluation to the County Gateway program at 1-800-488-9419.

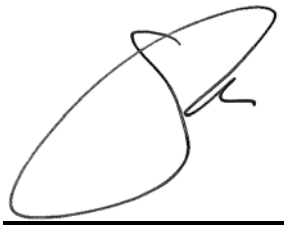
III. Responsibilities

The Quality Improvement Department is responsible for monitoring compliance with the policy and to collaborate with the assistance of the Health Education, Provider Services and Behavioral Health Departments to train/educate providers in the provision of the AMSC.

IV. References

DHCS All Plan Letter 17-016 Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care
Title 42 CFR Requirements with the Mental Health Parity Rule

V. Approval/Revision History

First Level Approval	Second Level Approval
	
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Name Medical Director	Name Chief Medical Officer
Title June 3, 2019	Title June 3, 2019
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v.1	Original 02/21/2018 Reviewed 06/03/2019	Quality Improvement		

POLICY

Policy Title:	**Outpatient Mental Health Services: Mental Health Parity**	**Policy No.:**	QI.24
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Health Services	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☒ Healthy Kids	☒ CMC

I. Purpose

To define the contractual responsibilities of Santa Clara Family Health Plan (SCFHP) for the provision of services to adults and children with mental health disorders resulting in mild to moderate distress in the areas of mental, emotional or behavioral functioning. The responsibilities also include referring to and coordinating with the Santa Clara County Behavioral Health Services Department (CBHSD).

II. Policy

It is the policy of SCFHP to provide access to outpatient mental health services for beneficiaries who do not meet the criteria for Specialty Mental Health Services (SMHS). These mild to moderate services will be provided by licensed mental health professionals, in addition to primary care physicians within their scope of practice. The treatment limitations will not be more restrictive than the treatment limitations applied to medical or surgical benefits to ensure parity in access to mental health services. SCFHP will not restrict access to an initial mental health assessment by requiring a prior authorization. SCFHP will be responsible for the arrangement and payment of an initial mental health assessment performed by a network mental health provider unless there is no in-network provider available who can provide the necessary service.

III. Responsibilities

SCFHP will ensure that authorization determinations are based on medical necessity in a manner which is consistent with current evidence-based clinical practice guidelines.

These policies and procedures will be consistently applied to medical/surgical, mental health and substance use disorders.

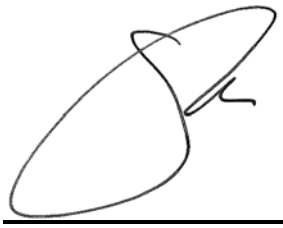
SCFHP will be responsible for outpatient mental health services as follows:

1. Individual and group mental health evaluation and treatment
2. Psychological testing, when clinically indicated to evaluate a mental health condition;
3. Outpatient services for the purposes of monitoring drug therapy;
4. Outpatient laboratory, drugs, supplies and supplements (excluding carded out medications)
5. Psychiatric consultation

IV. References

DHCS All Plan Letter 17-018 Medi-Cal Managed Care Health Plan Responsibilities For Outpatient Mental Health Services, 10/27/2017
Mental Health Parity Final Rule (CMS-2333-F)
Title42, CFR 438.915 (a) (b)
CA Health and Safety Code 1367.01

V. Approval/Revision History

First Level Approval	Second Level Approval
	
Signature Jeff Robertson, MD	Signature Laurie Nakahira, MD
Name Medical Director	Name Chief Medical Officer
Title June 3, 2019	Title June 3, 2019
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v.1	Original 02/21/2018 Reviewed 06/03/2019	Quality Improvement	02/21/2018 Approve	

POLICY

Policy Title:	**Intensive Outpatient Palliative Care**	**Policy No.:**	QI25
Replaces Policy Title (if applicable):	None	**Replaces Policy No. (if applicable):**	None
Issuing Department:	Health Services	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☐ Healthy Kids	☐ CMC

I. Purpose

To promote access to appropriate and effective symptom management and palliative care in accordance with Final Draft All Plan Letter (APL) 17-015 and Senate Bill (SB) 1004, with the intent that members facing serious illness may achieve optimal quality of life.

II. Policy

A. The Intensive Outpatient Palliative Care (IOPC) program is established to provide processes and procedures that enable SCFHP to improve the health and health care of its members with palliative care needs

B. To define the fundamental components of SCFHP palliative care services, which include: Advance Care Planning; Palliative Care Assessment and Consultation; Plan of Care; Palliative Care Team; Care Coordination; Pain and Symptom Management; and Mental Health and Medical Social Services. The structure of the IOPC program is organized to promote quality palliative care, client satisfaction and cost efficiency through the use of collaborative patient-centered palliative care services, evidence-based guidelines and protocols, and targeted goals and outcomes.

C. SCFHP defines the process of how the plan coordinates palliative care services for members with serious illness and helps them access needed resources and care.

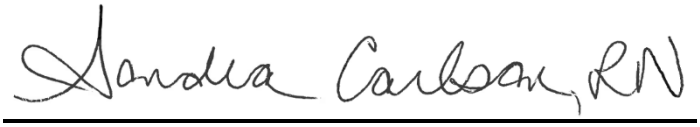
III. Responsibilities

A. Health Services collaborates with other SCFHP departments (IT, Claims, Benefits, Provider Services, and Member Services) as well as contracted IOPC providers and member providers and delegates to identify, coordinate services, coordinate benefits, and provide eligible members with IOPC palliative care services.

IV. References

California Welfare and Institutions Code (WIC) Section 14132.75
Final Draft APL 17-015, October 2017

V. Approval/Revision History

First Level Approval	Second Level Approval
	
Signature Sandra Carlson, RN	Signature Jeff Robertson, MD
Name Director of Medical Management	Name Chief Medical Officer
Title 2/21/18	Title 2/21/18
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original			

POLICY

Policy Title:	**Informing Members of Behavioral Health Services**	**Policy No.:**	QI.27
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:	Health Services	**Policy Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal ☐ Healthy Kids		☒ CMC

I. Purpose

The purpose of this policy is to address how members are informed of their eligibility for services through the Santa Clara Family Health Plan (SCFHP), the Santa Clara County Behavioral Health Services Department and under the Behavioral Health (BH) Department. The information to the members includes:

A. Member eligibility to participate in the BH programs
B. How to use BH program services
C. How to opt in or out of BH program services

II. Policy

It is the policy of the SCFHP, specifically, the BH Department to offer services to those Cal Medi Connect (CMC) members who are diagnosed with a Severe Mental Illness (SMI) and/or Substance Use Disorder (SUD). Services include care coordination to ensure that the members receive the specialty mental health, substance use treatment, physical health and other psycho-social services they need to be able to live in the least restrictive environment possible and to be as healthy as possible. In addition, the BH Department will provide consultation and support to the other departments and the community to assist all those members with a behavioral health diagnosis and/ or substance use disorder to access needed services.

A. Eligible members will be identified through claims, referrals from community providers, and referrals from other departments, from the Health Risk Assessment (HRA) or through self-referral. In addition, through data-sharing agreements and MOUs, the County Behavioral Health Services Department will provide information to the SCFHP BH Department to identify the members who are eligible for Specialty Mental Health Services.
    1. Behavioral Health program services will be initiated through outreach to the member, completion of the HRA and care plan and care coordination to assist the member to meet their own goals.
    2. The BH Social Worker or Personal Care Coordinator (PCC) will explain to the member that the County Behavioral Health Services Department will provide a screening through their Call Center to determine if the member is qualified for Specialty Mental Health.
    3. The member receives information from the BH Social Worker or PCC that if the member is not eligible for Specialty Mental Health services, then the SCFHP will assist with providing services such as counseling and care coordination.
    4. The information regarding BH services is also provided on the SCFHP website www.SCFHP.com

5. Information on how to reach the County Call Center is provided on the member identification card.
6. Members may participate in the BH program as they would any of the SCFHP programs. The member may opt out of any part of the case management program including the HRA and care plan or ICP.

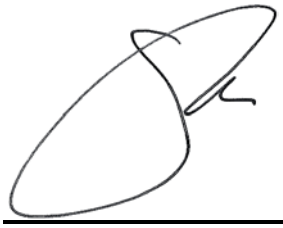
III. Responsibilities

Behavioral Health Services Department has the primary responsibility for carrying out the policy requirements. Case management and the Customer Services Department may be responsible for referring members into BH services.

IV. References

DPL # 14-003 CROSSOVER CLAIMING RESPONSIBILITY FOR MENTAL HEALTH SERVICES PROVIDED TO CAL MEDICONNECT BENEFICIARIES

V. Approval/Revision History

First Level Approval	Second Level Approval
	
Signature Jeff Robertson, MD	Signature Laurie Nakahira, MD
Name Medical Director	Name Chief Medical Officer
Title June 3, 2019	Title June 3, 2019
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v.1	Original 11/08/2018 Reviewed 06/03/2019			

Santa Clara Family Health Plan™

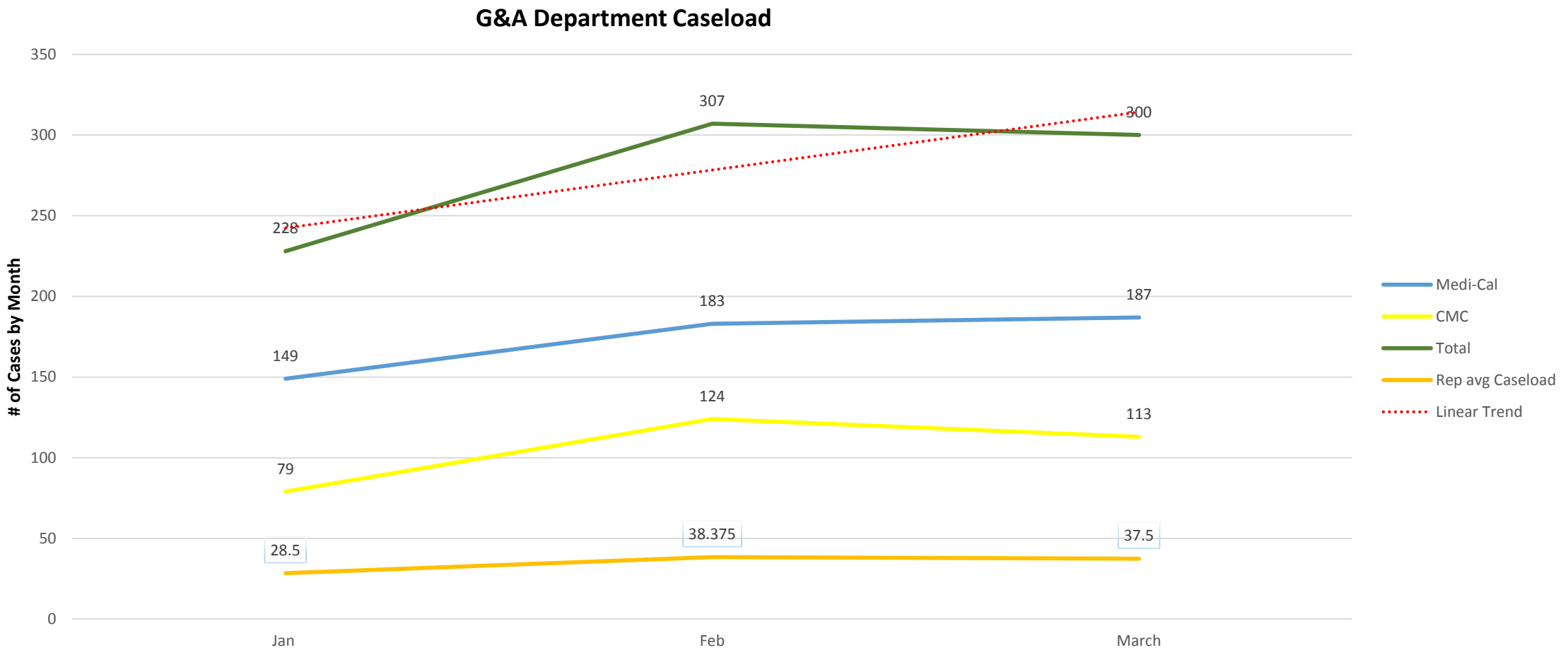
Appeals and Grievances

Santa Clara Family Health Plan™

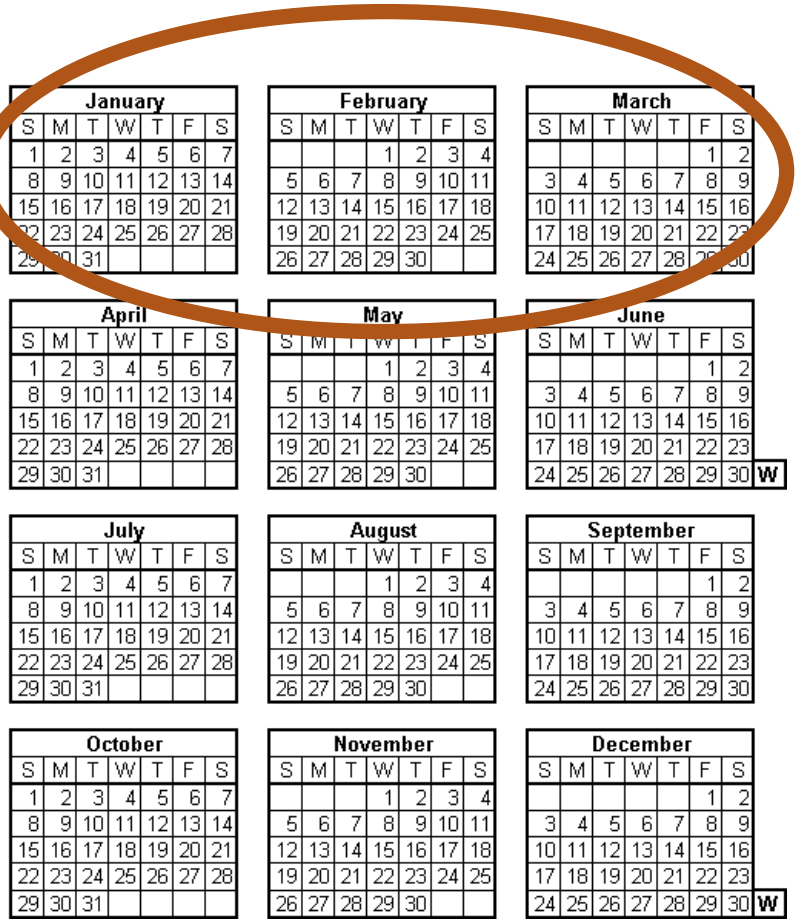
Quality Improvement Committee

Q1 2019 Reporting

G&A Department New Case Assignment



Medi-Cal & Healthy Kids



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Q1 2019

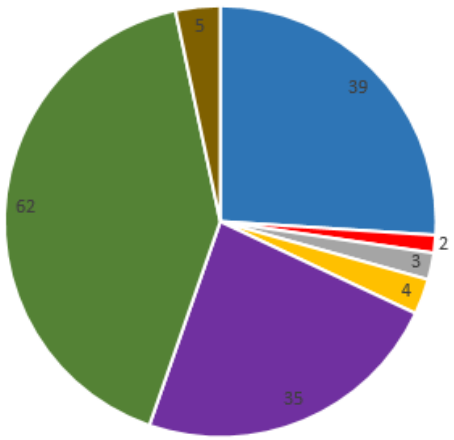
Q1 2019 Medi-Cal Rates per 1000

Medi-Cal	Jan-19	Feb-19	Mar-19
Total Appeals	119	86	125
Healthy Kids Membership	3,252	3,375	3,348
Medi-Cal Membership	239,998	240,010	239,836
Total Membership	243,250	243,385	243,184
Rate per 1000	**0.49**	**0.35**	**0.51**

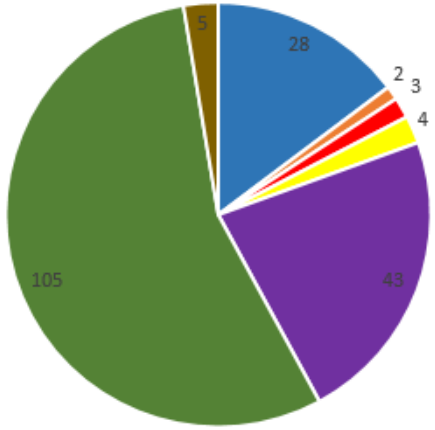
Medi-Cal	Jan-19	Feb-19	Mar-19
Total Grievances	149	183	187
Healthy Kids Membership	3,252	3,375	3,348
Medi-Cal Membership	239,998	240,010	239,836
Total Membership	243,250	243,385	243,184
Rate per 1000	**0.61**	**0.75**	**0.77**

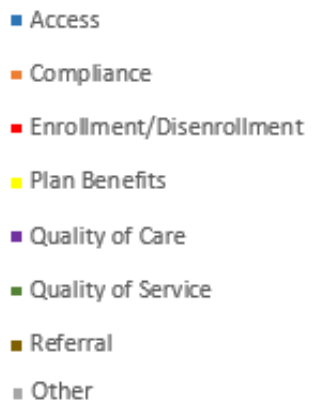
Q1 2019: Medi-Cal Grievances by Category

Jan-19 MC Grievances by Category

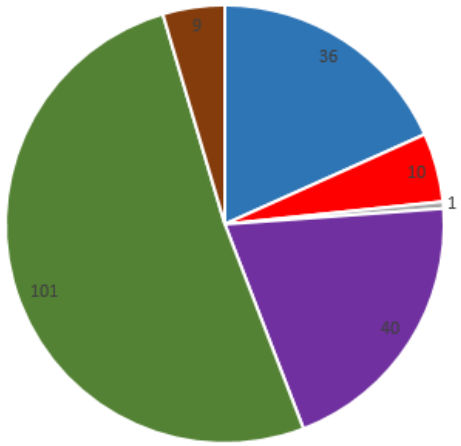


Feb-19 MC Grievances by Category

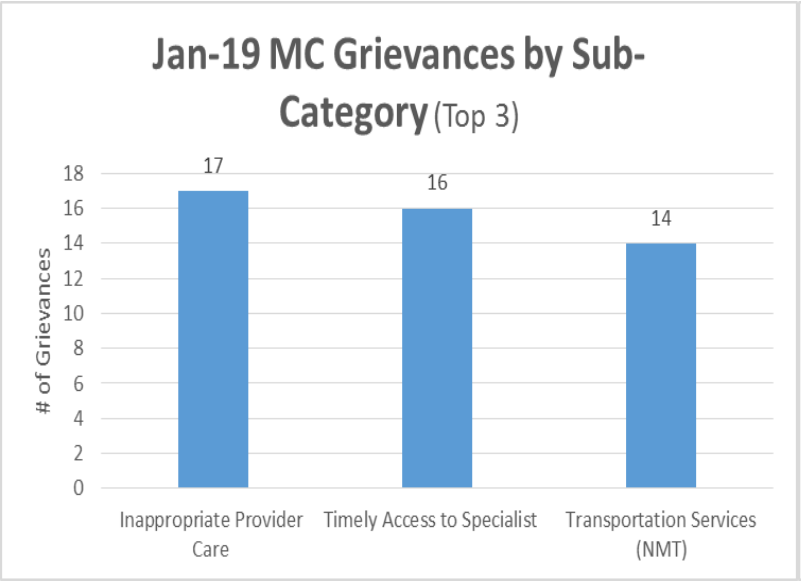


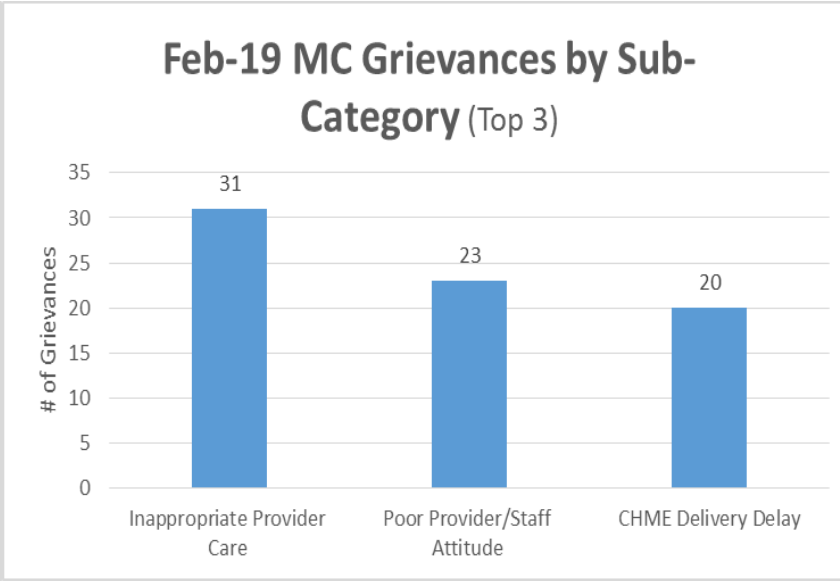


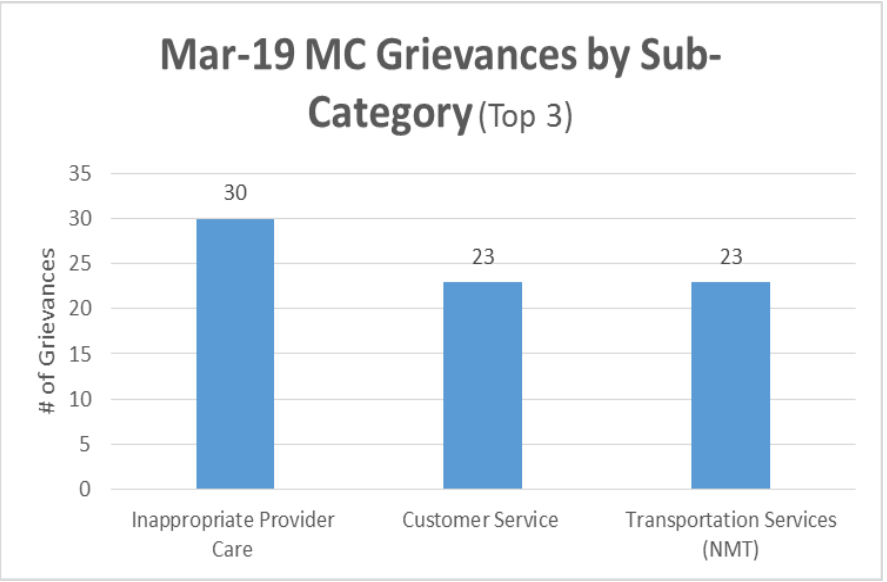
Mar-19 MC Grievances by Category



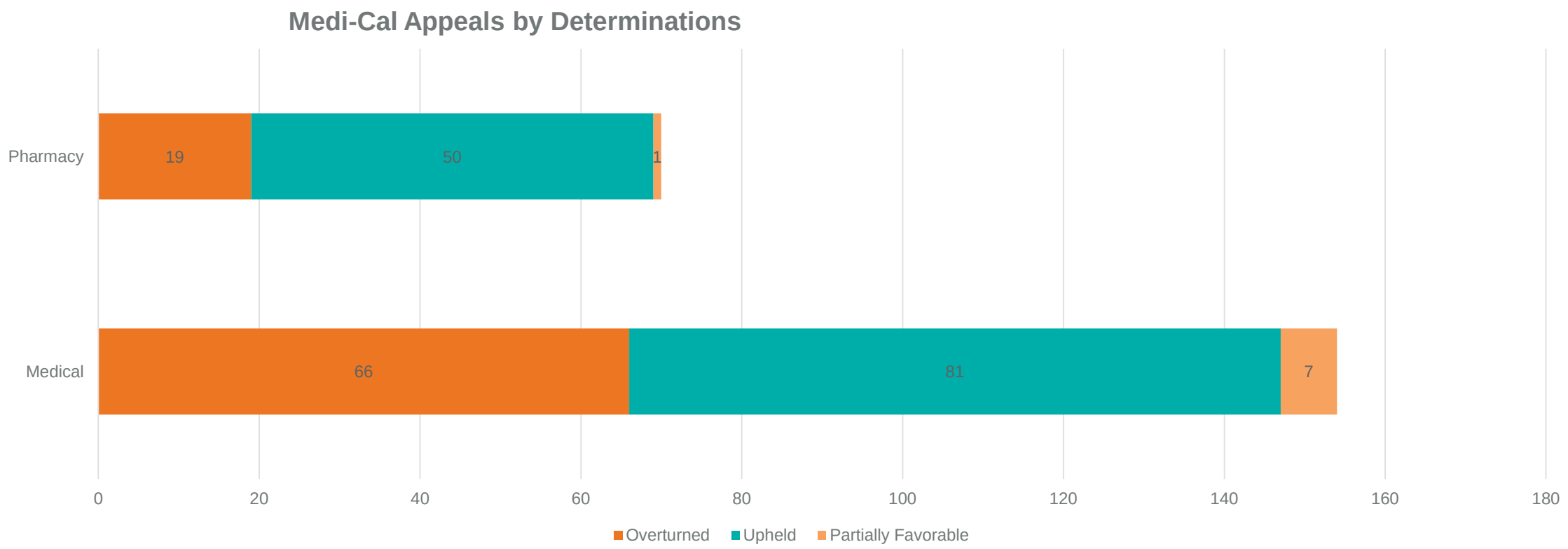
Q1 2019: Medi-Cal Grievances by Sub-Category



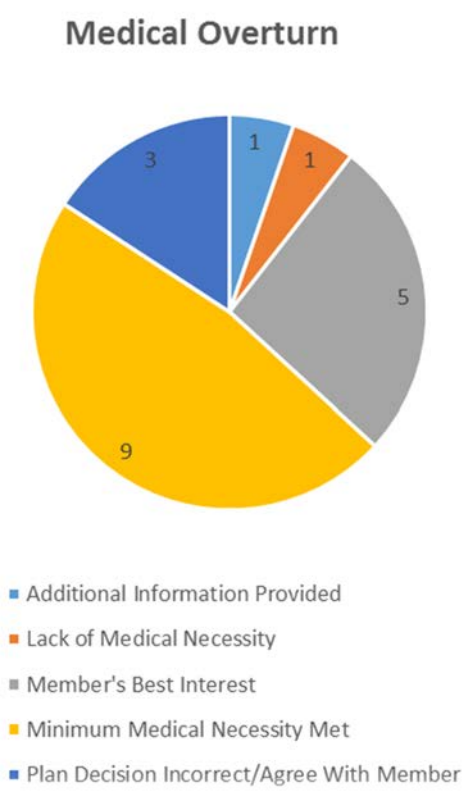


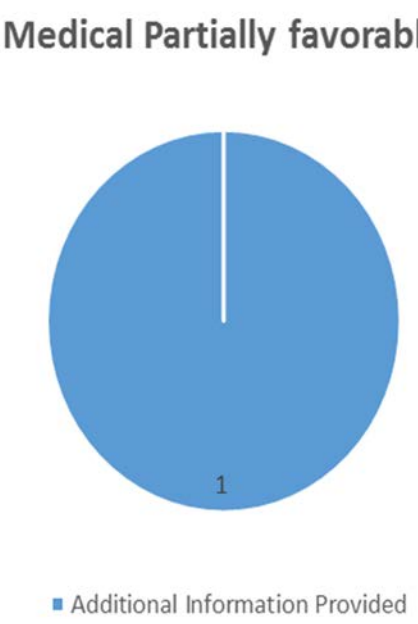


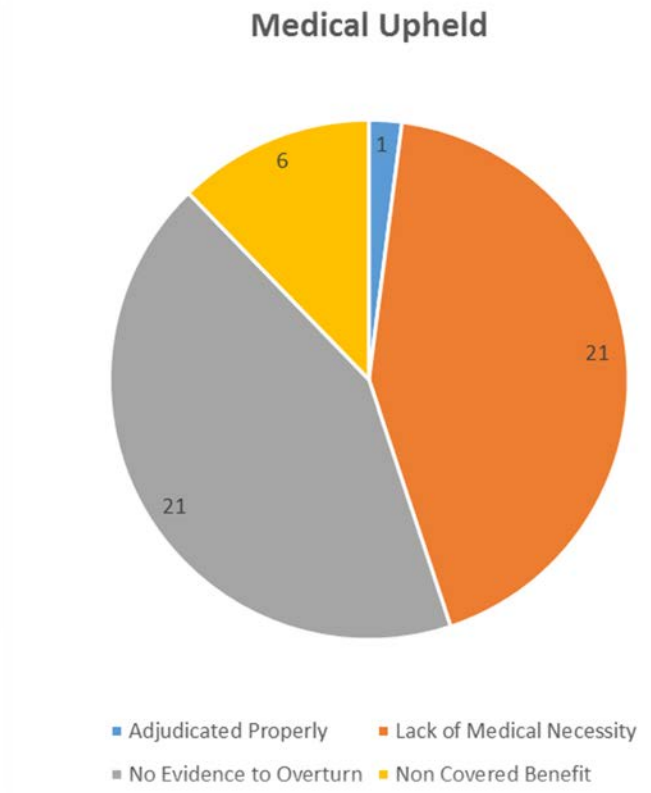
Q1 2019: Medi-Cal Appeals by Determinations



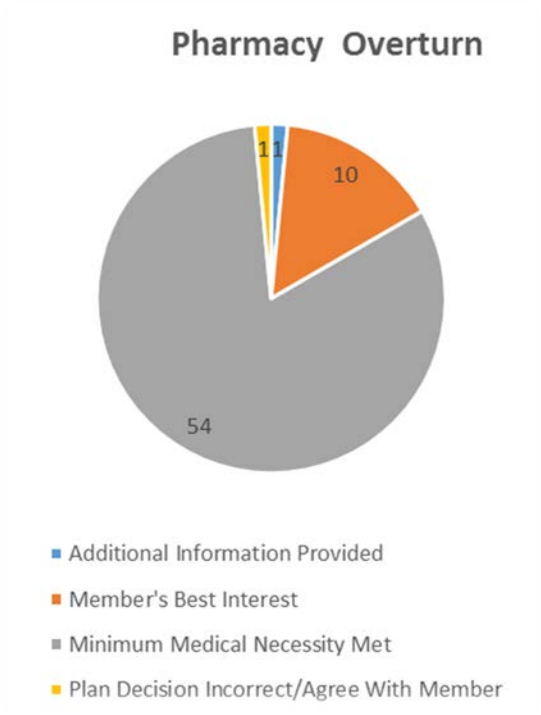
Q1 2019 MC Appeals by Determination Details

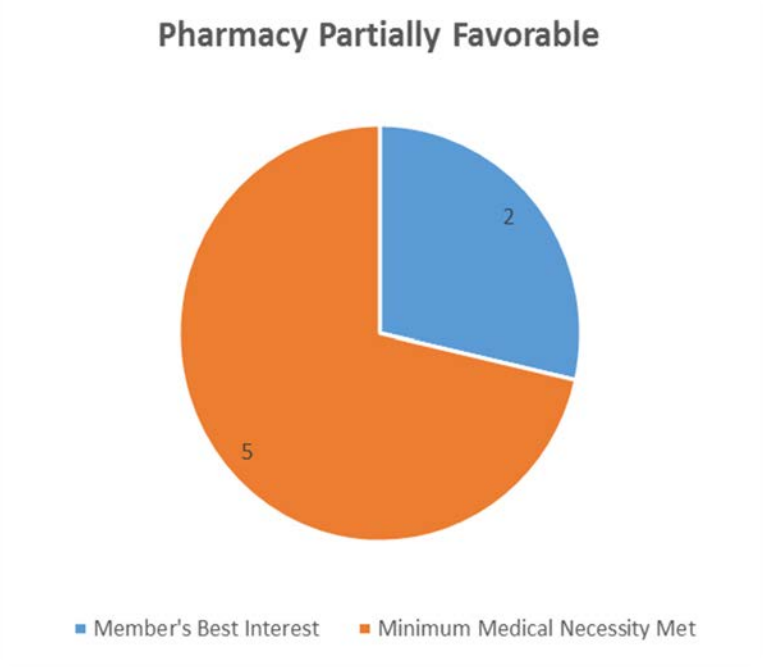


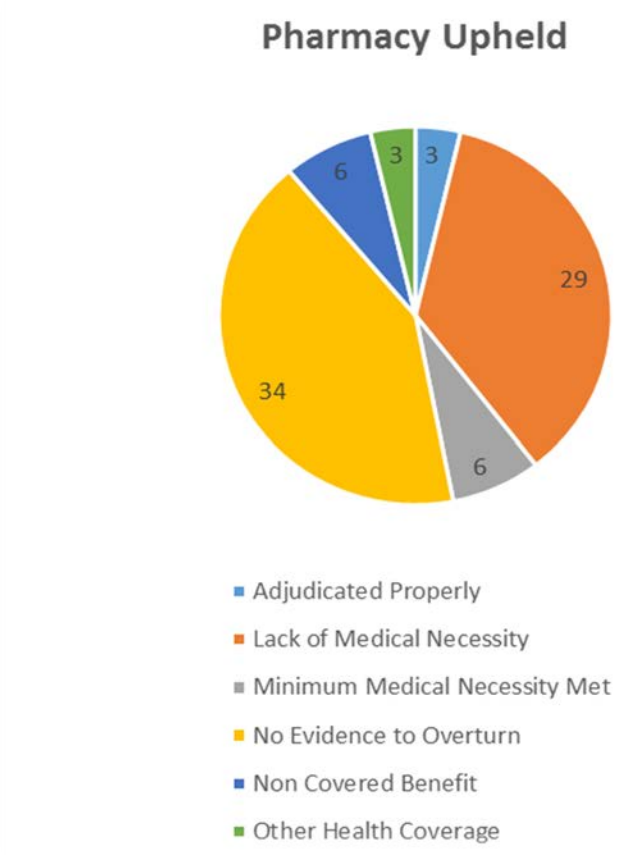




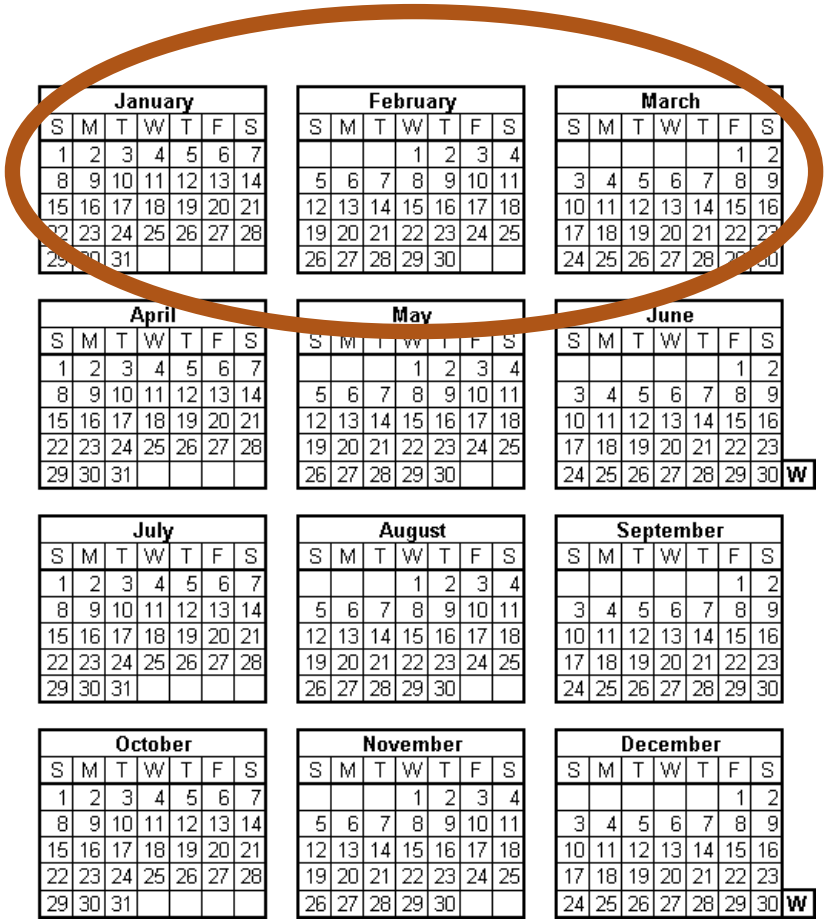
Q1 2019 MC Appeals by Determination Details Continued







Cal Medi-Connect



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Q1 2019

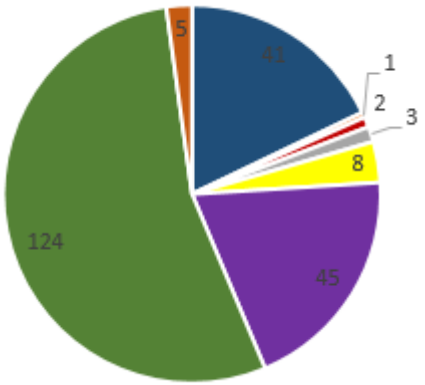
Q1 2019 CMC Rates per 1000

CMC	Jan-19	Feb-19	Mar-19
Total Grievances	79	124	113
CMC Membership	7,750	7,814	7,884
Rate per 1000	**10.19**	**15.87**	**14.33**

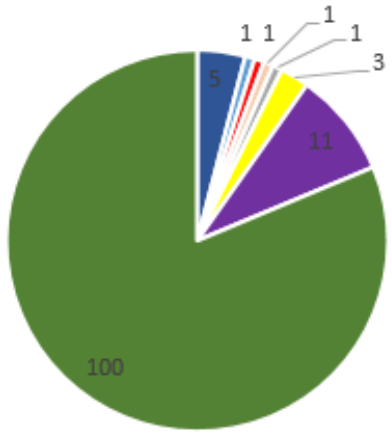
CMC	Jan-19	Feb-19	Mar-19
Total Appeals	34	45	55
CMC Membership	7,750	7,814	7,884
Rate per 1000	**4.39**	**5.76**	**6.98**

Q1 2019 CMC Grievances by Category

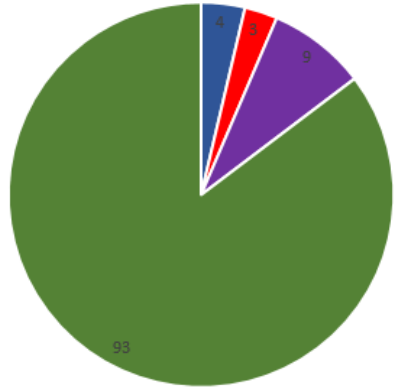
Jan-19 CMC Grievances by Category



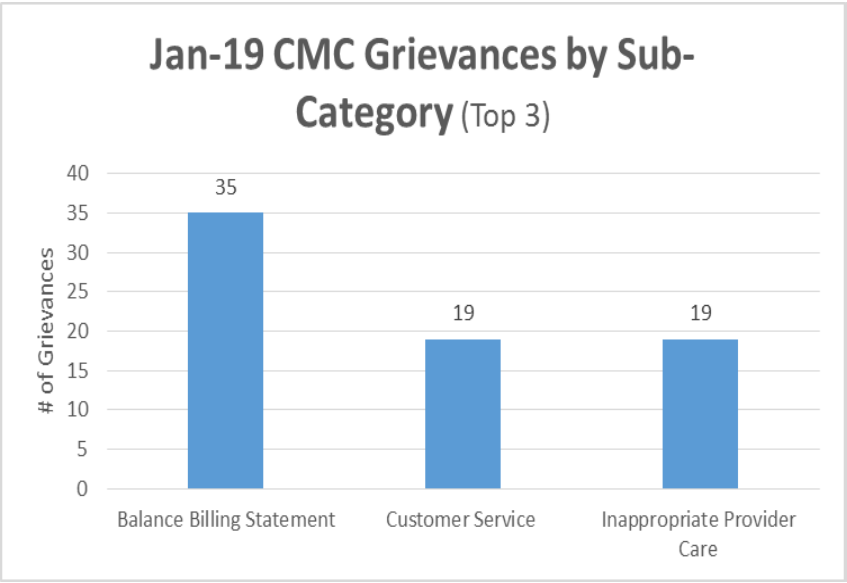
Feb-19 CMC Grievances by Category

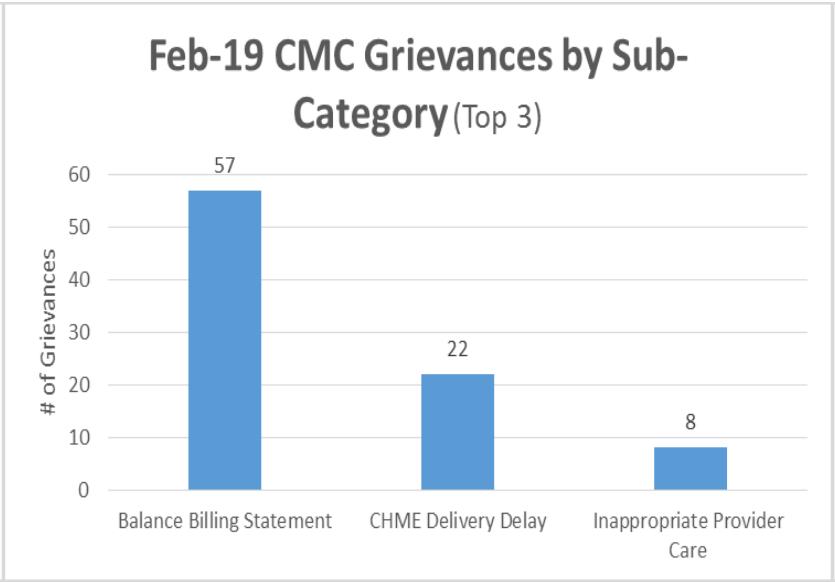


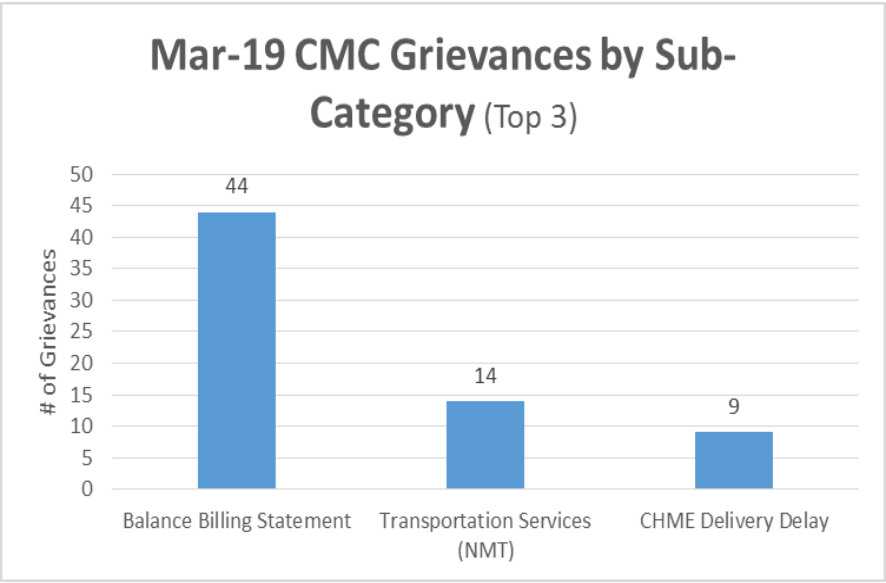
Mar-19 CMC Grievances by Category



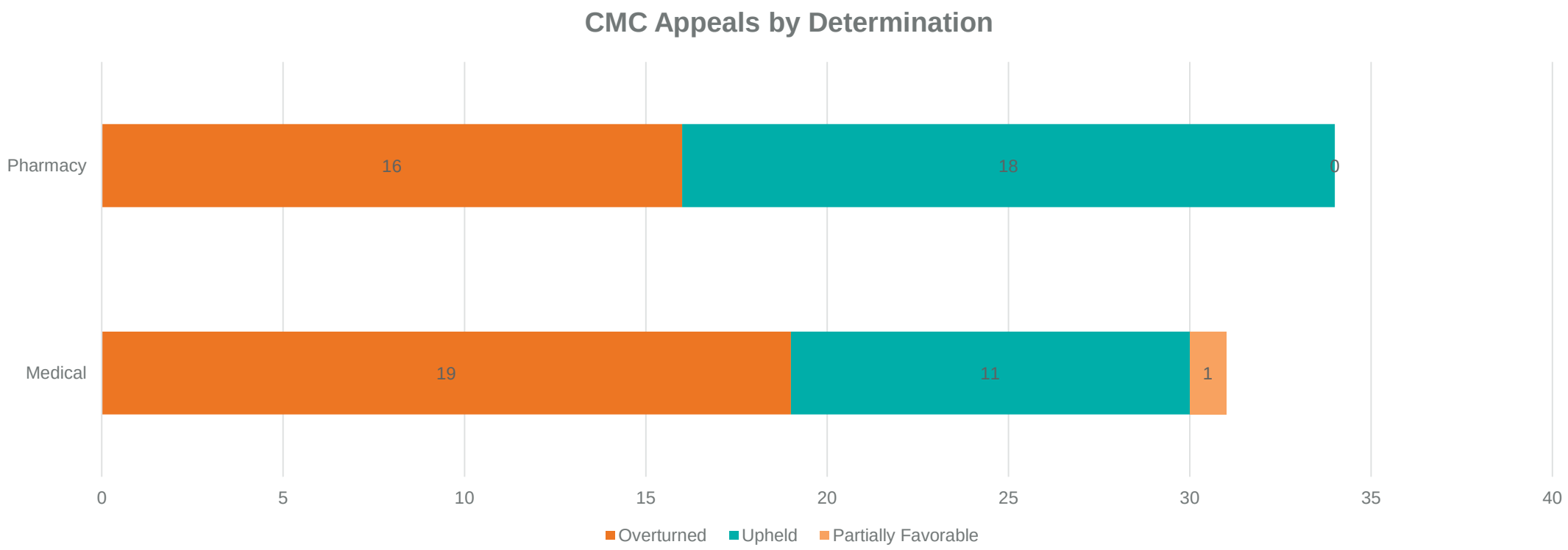
Q1 2019 CMC Grievances by Sub-Category



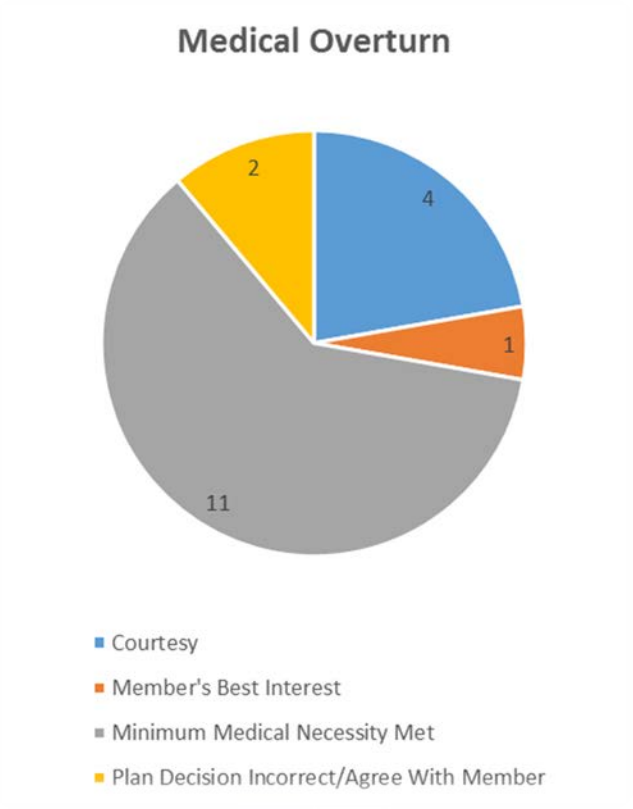


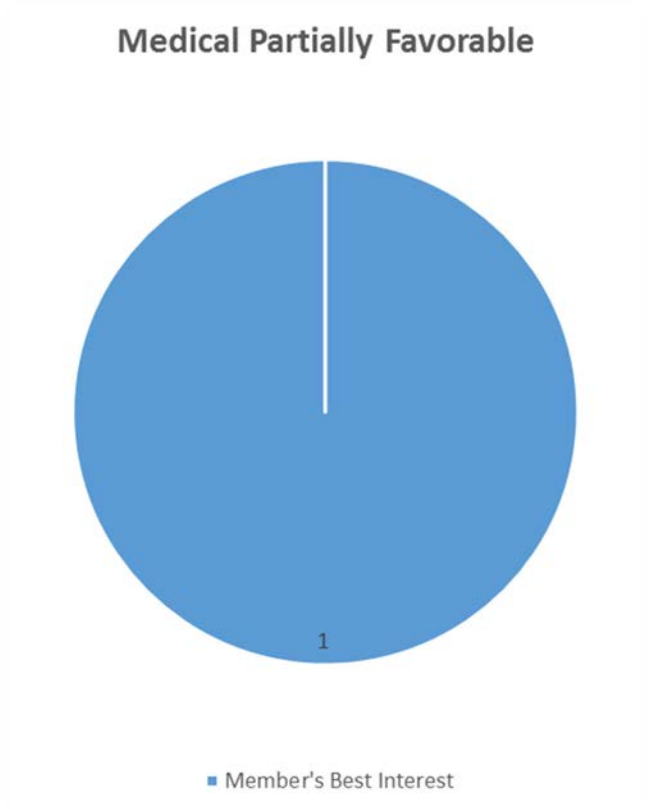


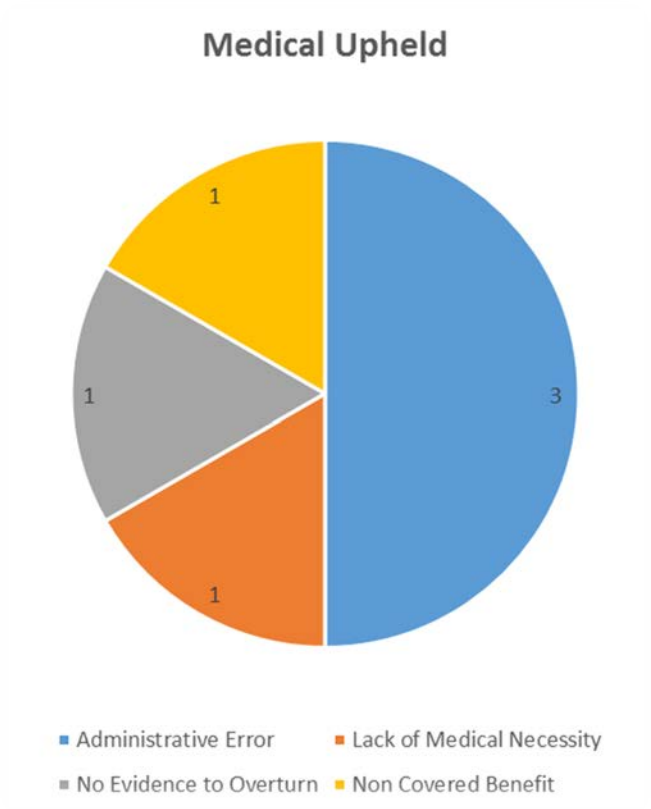
Q1 2019 CMC Appeals by Determination



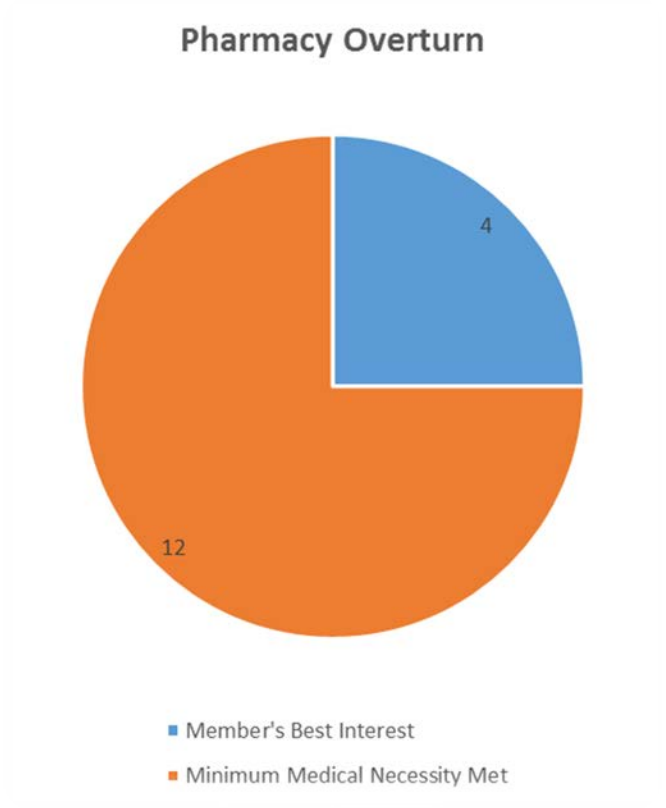
Q1 2019 CMC Appeals by Determination Details

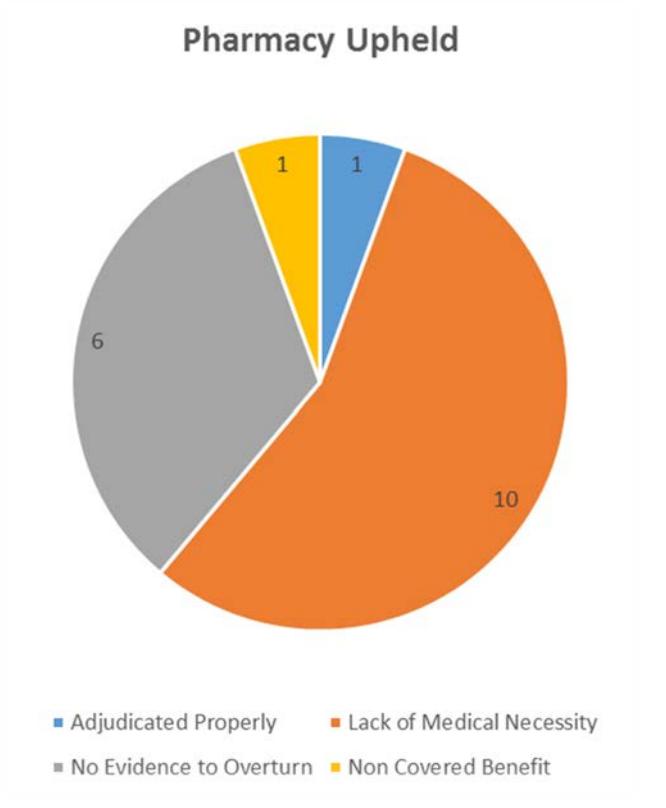






Q1 2019 CMC Appeals by Determination Details Continued

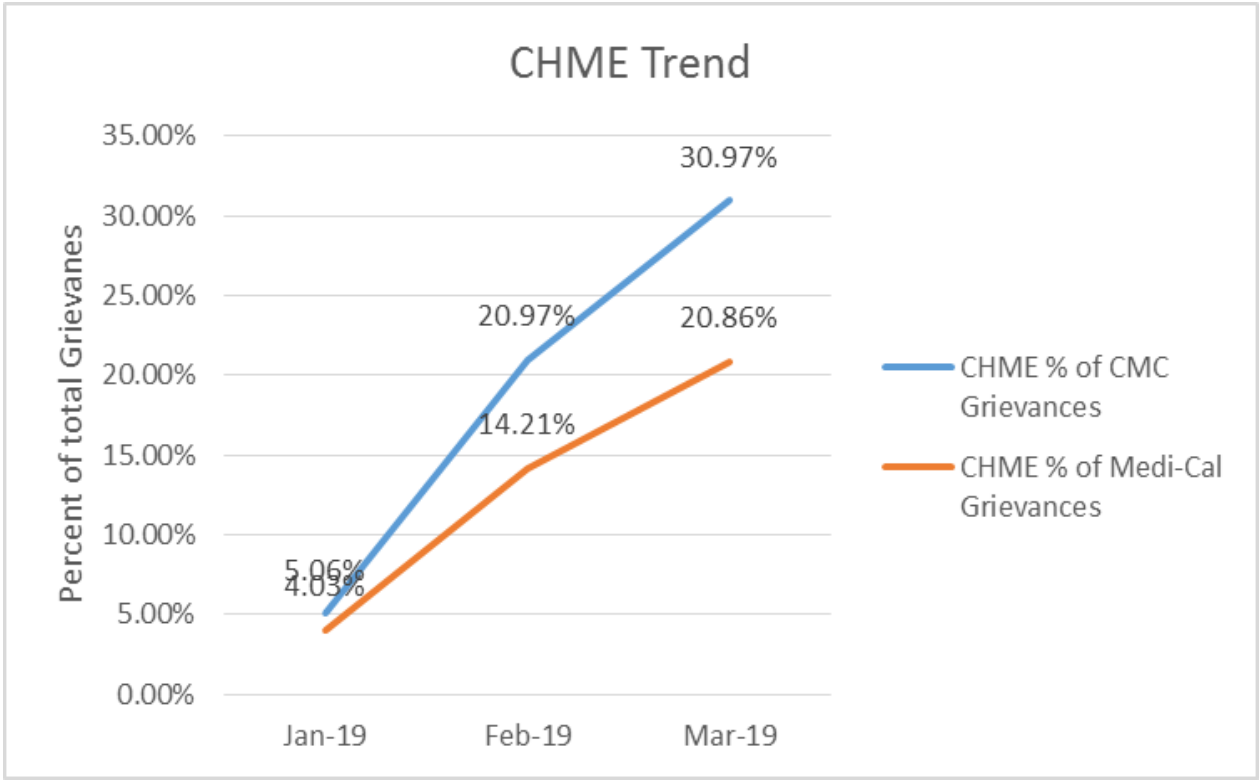




CHME Grievances

CMC	Jan-19	Feb-19	Mar-19
Total CHME Grievances	4	26	35
Total Grievances Received	79	124	113
CHME % of total Grievances	**5.06%**	**20.97%**	**30.97%**

Medi-Cal	Jan-19	Feb-19	Mar-19
Total CHME Grievances	6	26	39
Total Grievances Received	149	183	187
CHME % of total Grievances	**4.03%**	**14.21%**	**20.86%**



Santa Clara Family Health Plan™

Credentialing Committee Report

April 3, 2019

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity: Monitoring or Meeting Period:

Credentialing Committee April 3, 2019

Areas of Review or Committee Activity

Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

Initial Credentialing (excludes delegated practitioners)		
Number initial practitioners credentialed	6	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	14	
Number practitioners recredentialed within 36-month timeline	14	
% recredentialed timely	100%	100%
Number of Quality of Care issues requiring mid-cycle consideration	0	
Percentage of all practitioners reviewed for ongoing sanctions or licensure limitations or issues	100%	100%
Terminated/Rejected/Suspended/Denied		
Existing practitioners terminated with cause	0	
New practitioners denied for cause	0	
Number of Fair Hearings	0	
Number of B&P Code 805 filings	0	
Total number of practitioners in network (excludes delegated providers) as of 03/31/2019	263	

(For Quality of Care ONLY)	**Stanford**	**LPCH**	**NT 20**	**NT 40**	**NT 50**	**NT 60**
Total # of Suspension	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	0	0
Total # of Resignations	0	0	0	0	0	0
Total # of practitioners	1498	1326	719	771	411	118

Note: This is a count of single providers in their credentialed networks. A provider belonging to multiple networks will be counted for each network once.

Actions Taken

1. All current network practitioners and providers were monitored on an ongoing basis for licensing issues, sanctions, validated quality of care issues and opt-out exclusion. No currently credentialed practitioner or provider had an identified issue on any of the exclusion lists or licensing boards.
2. Staff education conducted regarding the recredentialing of practitioners within the required 36-month timeframe. Procedure review of mailing pre-populated recredentialing applications six months prior to due date reviewed.

Outcomes & Re-measurement

Weekly re-measurement will be conducted on recredentialing applications to measure compliance

Note: This is a count of single providers in their credentialed networks. A provider belonging to multiple networks will be counted for each network once.

Santa Clara Family Health Plan™

Pharmacy and Therapeutics Committee

Meeting Minutes

March 21, 2019

Regular Meeting of the
Santa Clara County Health Authority d.b.a. Santa Clara Family Health Plan
CLOSED SESSION - **Pharmacy & Therapeutics Committee**
Thursday, March 21, 2019
6:00 PM - 8:00 PM
6201 San Ignacio Avenue San Jose, CA 95119

MINUTES

Voting Committee Members	Specialty	Present (Y or N)
Jimmy Lin, MD	Internal Medicine	Y
Hao Bui, BS, RPh	Community Pharmacy (Walgreens)	Y
Minh Thai, MD	Family Practice	N
Amara Balakrishnan, MD	Pediatrics	N
Peter Nguyen, MD	Family Practice	Y
Jesse Parashar-Rokicki, MD	Family Practice	Y
Narinder Singh, PharmD	Health System Pharmacy (SCVMC)	N
Ali Alkoraishi, MD	Adult & Child Psychiatry	Y
Dolly Goel, MD	VHP Chief Medical Officer	N
Xuan Cung, PharmD	VHP Pharmacy Supervisor	N
Laurie Nakahira, DO	SCFHP Chief Medical Officer	Y
Johanna Liu, PharmD, MBA	SCFHP Director of Quality and Pharmacy	Y

Non-Voting Committee Members	Specialty	Present (Y or N)
Lily Boris, MD	SCFHP Medical Director	N
Nancy Aguirre	SCFHP Administrative Assistant	N
Dang Huynh, PharmD	SCFHP Pharmacy Manager	Y
Tami Otomo, PharmD	SCFHP Clinical Pharmacist	Y
Duyen Nguyen, PharmD	SCFHP Clinical Pharmacist	Y
Amy McCarty, PharmD	MedImpact Clinical Program Manager	Y
Tiffanie Pham, CPhT	SCFHP Pharmacy Coordinator	Y

	Topic and Discussion	Follow-Up Action
1	**Introductions**	
	The meeting convened at 6:08 PM. Dr. Liu commented to let the minutes reflect that Dr. Robertson is no longer a member of the P&T Committee.	
2	**Public Comment**	
	No public comment.	

3	**Past Meeting Minutes**	
	At the scheduled time for this part of the agenda, quorum was not reached. This item was pended until quorum was reached. Quorum was reached at 6:20. The SCFHP 4Q2018 P&T Minutes from December 13, 2018 were reviewed by the Committee as submitted. Requested corrections to the minutes: - Under Voting Committee Members, Laurie Nakahira's title should be DO	Upon motion duly made and seconded, the SCFHP 4Q2018 P&T Minutes from December 13, 2018 were approved as corrected and will be forwarded to the QI Committee and Board of Directors.
4	**Standing Agenda Items**	
	CMO Health Plan Updates Dr. Nakahira shared that SCFHP reached a milestone by receiving NCQA accreditation for three years. SCFHP is currently in the middle of DHCS and DMHC audits. The Facility Site Reviews (FSR) are scheduled for the end of April.	
	SCFHP/DHCS Global DUR Dr. Otomo presented updates on the plan's global drug utilization review (DUR) programs: 1. Morphine equivalency initiative a. Finance department is still working on applying inclusion and exclusion criteria to identify members for this program 2. Anticholinergic initiative a. After inclusion and exclusion criteria were applied, two members were identified. Although the report write up states that the plan will mail educational outreach letter and response form to impacted providers, the plan will be amending this to instead forwarding these members to Case Management for provider and member outreach.	
	Opioid Utilization Monitoring Dr. Otomo presented the current opioid monitoring in place for Cal MediConnect: 1. CMS Opioid Overutilization Monitoring System Reports 2. SCFHP Opioid Clinical Program 3. Point-of-Sale Safety Edits For the Medi-Cal line of business, the H.R.6 Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT)	

	for Patients and Communities Act requires plans to implement the following point-of-sale safety edits by October 1, 2019: 1. Opioid cumulative dosing edit(s) 2. Opioid-benzodiazepine concurrent use edit 3. Opioid-antipsychotic concurrent use edit SCFHP is working with MedImpact to meet this implementation deadline. The SUPPORT Act also expects plans to monitor antipsychotic prescribing for children.	
	Annual Pharmacy Policy Review Dr. Liu presented the following pharmacy policies for annual review. There were no changes made. 1. PH01 Pharmacy and Therapeutics Committee 2. PH02 Formulary Development and Guideline Management 3. PH03 Prior Authorization 4. PH04 Pharmacy Clinical Programs and Quality Monitoring 5. PH05 Continuity of Care for Pharmacy Services 6. PH06 Pharmacy Communications 7. PH07 Drug Recalls 8. PH08 Pain Management Drugs for Terminally Ill 9. PH09 Medications for Members with Behavioral Health Conditions 10. PH11 340B Program Compliance 11. PH14 Medications for Cancer Clinical Trial	Upon motion duly made and seconded, the pharmacy policies were approved for annual review as presented.
	Adjourn to Closed Session Committee adjourned to closed session at 6:27 PM.	
5	**Metrics & Financial Updates**	
	Membership Report Dr. Nakahira presented the membership report. There has been a slight decline in Medi-Cal membership and slight increases in Cal MediConnect and Healthy Kids memberships. The decrease in Medi-Cal is likely multi-factorial (including cost of living) and not attributed to just one factor.	
	Pharmacy Dashboard Dr. Otomo presented the Pharmacy Dashboard. For Medi-Cal, prior authorization (PA) volume decreased in February. PA turnaround time has remained compliant at >95% for both urgent and standard PAs.	

	For Cal MediConnect, PA volume increased in February. PA turnaround time has remained compliant at 100% in 2019. For PA oversight, the plan passed 80% of cases in December; all failed cases were escalated to MedImpact for review, response, and coaching, as appropriate. MTM data currently pending; CMR completion typically starts out slow and picks up throughout the year. Daily denied claims review has remained compliant around 99%.	
	Drug Use Evaluation Results Dr. McCarty presented the Drug Use Evaluation (DUE) Results for 1Q2019. The Coronary Artery Disease (CAD) DUE program is a new program for this year, so was no program success rate to report over last year. There were 1,076 Cal MediConnect members identified between 40-75 years of age who had at least one CAD risk factor who were not on statin therapy during the previous 3 months. Dr. Otomo confirmed that letters were mailed to all impacted providers.	
	Drug Utilization & Spend Review Dr. McCarty presented the Drug Utilization & Spend Review. For both Medi-Cal and Cal MediConnect, diabetes remained the top spend in 4Q18. For Medi-Cal, the top seven drug categories by plan paid are the same seven drug categories in 3Q18. Neoplastic Disease moved up in the rank, and Infectious Disease – Viral moved down. For Cal MediConnect, there were increases in plan paid amount for Inflammatory Disease and Neoplastic Disease and a decrease in Behavioral Health – Other.	
6	**Discussion and Recommendations for changes to SCFHP Cal MediConnect Formulary & Prior Authorization Criteria**	
	Dr. McCarty presented an overview of the MedImpact 4Q2018 P&T minutes as well as the MedImpact 1Q2019 P&T Part D Actions.	Upon motion duly made and seconded, the MedImpact 4Q2018 P&T Minutes and MedImpact 1Q2019 P&T Part D Actions were approved as submitted.

7	**Discussion and Recommendations for Changes to SCFHP Medi-Cal & Healthy Kids Formulary & Prior Authorization Criteria**	
	Formulary Modifications Dr. Otomo presented the formulary changes since the last P&T meeting. Notable changes included changing Makena and hydroxyprogesterone caproate from Tier 3 to Tier 1 upon clarification of APL 15-009, adding naratriptan 1mg and 2.5mg tablets to formulary with step therapy to look for oral rizatriptan and oral sumatriptan, adding ciclopirox 0.77% cream to formulary with quantity limit 90g/30 days, and adding tetracaine 0.5% drops to formulary with QL 30ml/30 days for Medi-Cal Contract Drug List comparability.	Upon motion duly made and seconded, formulary modifications were approved as presented.
	DHCS Medi-Cal CDL Updates & Comparability Dr. McCarty presented the list of changes to the Medi-Cal Fee-for-Service (FFS) contract drug list (CDL) and did not have any recommendations for SCFHP's Medi-Cal formulary.	
	Prior Authorization Criteria Dr. D. Nguyen presented the following PA criteria for approval by the committee: New and Changes to Criteria: 1. Oncology – added drugs that were added to formulary with PA 2. Hepatitis C – updated policy 3. Oxycontin – added naloxone prescription requirement 4. Mavyret – new PA criteria 5. Malarone – new PA criteria 6. Letairis – new PA criteria 7. Savella – new PA criteria 8. Evista – new PA criteria 9. Firvanq – new PA criteria 10. Protopic (topical) – new PA criteria 11. Insulin pens – new PA criteria 12. General UM (Utilization Management) – updated to reflect review under Pharmacy or Medical Benefit Dr. P. Nguyen requested for SCFHP to consider removing the PA restriction from Firvanq since vancomycin is first-line treatment for *C. diff* infection.	Upon motion duly made and seconded, prior authorization criteria were approved as presented. SCFHP will review Firvanq prior to the next P&T meeting.
8	**Discussion and Recommendations for Changes to SCFHP Medical Benefit Drug Prior Authorization Grid for SCFHP CMC, Medi-Cal, & Healthy Kids**	

	Prior Authorization & Step Therapy Review Dr. Huynh presented the following recommendations for continuous glucose monitoring (CGM) products under the medical benefit: - Healthy Kids – review by exception request - Cal MediConnect – prefer Freestyle Libre products; apply a step therapy on Dexcom and Medtronic products to try Freestyle Libre products first Dr. Huynh noted that CGM is not a covered benefit for Medi-Cal.	Upon motion duly made and seconded, all recommendations for the medical PA grid were approved as presented.
9	**New Drugs and Class Reviews**	
	New Drugs and Class Reviews Dr. McCarty presented the following new drug reviews: a. Diabetes Update (Sotagliflozin) – If approved, this will be the first oral medication for diabetes type 1. No recommended action since this drug is awaiting approval and therefore no cost data is available. i. Dr. McCarty stated that although Jardiance and Steglatro are on formulary at parity, there has been a lower uptake on Steglatro. Dr. P. Nguyen inquired why Jardiance and Steglatro are both on formulary. Dr. McCarty responded that Jardiance has an indication to reduce cardiovascular mortality, whereas Steglatro does not. Dr. Liu stated that the plan will evaluate if both Jardiance and Steglatro should remain on formulary. b. Cardiovascular Outcomes (Vascepa) – Lovaza and Vascepa share the same indication, but Vascepa only contains eicosapentaenoic acid (EPA) so it cannot increase LDL-C. Multiple trials have been conducted to study the benefit of Vascepa, and many of the trials completed showed no difference versus placebo. The REDUCE-IT trial looked at the ability for Vascepa to reduce cardiovascular events, but the United States Food and Drug Administration (FDA) has not reviewed the cardiovascular data yet. No recommended action since omega-3 acid ethyl esters and OTC fish oil are on formulary. May re-evaluate formulary position after the FDA's decision on a cardiovascular indication. c. Multiple Sclerosis (Siponimod, Cladribine) – Informational only d. New Entities – Informational only e. Psoriasis Update (Risankizumab) – Informational only f. Oncology Update – Informational only	SCFHP will evaluate formulary positioning of Jardiance and Steglatro and bring recommendation to the next P&T meeting.

	g. Biosimilar Update – Informational only	
	Reconvene in Open Session Committee reconvened to open session at 7:52 PM.	
10	**Discussion Items**	
	Update on New Drugs and Generic Pipeline Dr. McCarty presented the new drugs and generic pipeline. High impact-interest agent pipeline: Cablivi, esketamine, and a drug to treat peanut allergy were a few notable drugs, as well as a lot of drugs to treat multiple sclerosis. Generic pipeline: Impactful generics (for Ventolin HFA, ProAir HFA, Advair Diskus) in the asthma/COPD class were released in January. Generic for Lyrica is scheduled to be released in July.	
11	**Adjournment at 7:57 PM**	

Santa Clara Family Health Plan™

Utilization Management Committee

Meeting Minutes

April 17, 2019

MINUTES

Utilization Management Committee Meeting

April, 17, 2019, 6:30-8:00 PM

Santa Clara Family Health Plan, Redwood

6201 San Ignacio Ave, San Jose, CA 95119

Committee Members Present:
Jimmy Lin, MD, Chairperson, Internal Medicine
Indira Vemuri, Pediatric Specialist
Dung Van Cai, MD, OB/GYM Specialist
Habib Tobbagi, MD, PCP, Nephrology Specialist
Ali Alkoraishi, MD, Psychiatry Specialist

Non-Committee Members Present:
Christine Tomcala, CEO
Lily Boris, MD, Medical Director
Luis Perez, Medical Management UM Supervisor
Sandra Carlson, Director of Medical Management
Natalie McKelvey, Manager of Behavorial Health
Nancy Aguirre, Administrative Assistant

1. **Introduction**
   a. Dr. Lin called the meeting to order at 6:35pm.

2. **Meeting Minutes**
   a. The minutes of the January 16, 2019 Utilization Management Committee meeting and the March 13, 2019 Ad Hoc Utilization Management Committee meeting were reviewed.
   Action: Motion to approve by Dr. Lin. Seconded by Dr. Van Cai. All in favor. Motion passed.

3. **Public Comment**
   a. No public comment.

4. **CEO Update**
   Ms. Tomcala, CEO, shared the following updates:

   The state is now interested in carving out pharmacy for Managed Care, as a fee-for-service at a state-wide level.

   The new Govener has set a new proposal. The new HEDIS quality score needs to reflect a performance of of at least within the 50th percentile within the country, The previous requirement was within the 25th percentile. This new proposal has been put into affect retrospectively, since January 2019.
   a. Dr. Tobbaggi asked what the current measure is and how far SCFHP is from reaching the 50th percentile minimum requirement.
   b. Ms. Tomcala added this is the performance expectation, not necessarily SCFHP's scores.

c. Dr. Boris offered to present HEDIS measures, reflecting which measures need improvement in the next UM meeting on 07/17/19.
d. Dr. Vemuri suggested visits from a SCFHP representative would be helpful in showing providers how to meet quality expectations.
e. Ms. Tomcala added SCFHP is identifying the gaps in care and sharing findings with providers electronically in addition to IPA's. SCFHP is also implementing new incentive programs from a member perspective. Ms. Tomcala stated SCFHP welcome any ideas and suggestions on different approaches that may be effective.

NCQA Survey: SCFHP has achieved the three year NCQA accreditation for their Cal-Medi Connect line of business. Kudos to Dr. Liu, the Quality team, and the whole organization for their efforts.

O'Connor Hospital and St. Louise Regional acquisition: Both hospitals have now been acquired by the County.

Regional Medical Center: SCFHP has signed a contract, and we are now officially contracted for all product lines.

This concludes Ms. Tomcala's update.

5. CMO Update

Dr. Boris, Medical Director, presented the following updates on behalf of Dr. Nakahira, CMO:

SCFHP reached a three year accredidation for NCQA for Cal MediConnect line of business.

DMHC and DHCS audits: DMHC and DHCS were onsite for two weeks in March. DMHC does not leave behind a report when their audit is completed. DHCS conducts an exit conference before they leave, though their finding at that point are not necessarily final.

CMS Validation Audit: Confirmation the lookback period will be May 1st through July 31st, 2019. This will be our next audit.

This condludes Dr. Boris' update.

6. Old Business/Follow Up Items

Dr. Boris, Medical Director, presented the following updates for old business and follow up items:

Autism Data: This item was missed and not placed on the agenda. We will carry it forward to the next UMC meeting on July 17, 2019. This will include how many children SCFHP services, what services are being provided, including Behavioral Health services.

7. Action Items

a. **UM Program Evaluation**

Presented by Dr. Boris. The UM Program Evaluation is part of the requirements of the state, as well as NCQA. It is divided into Quality of Clinical Care and Quality of Service.

i. SCFHP successfully reviewed all the benchmarks as they are reviewed quarterly.
ii. Completed quality of services related issues such as denials and prior authorizations.
iii. Completed interrater reliability training biannually.
iv. Review program description and program evaluation annually and review metrics based on benchmarks.

Dr. Boris asked Dr. Lin if the committee would like to review all three Action Items before voting, or vote on the Action Items one by one. Dr. Lin asked to review all three first, then cast a vote.

Dr. Boris continued to present the following Action Items:

b. **Annual Review of UM Work Plan**
The UM Work Plan reflects requirements SCFHP promises to achieve by next year. Requirements are divided by quarter. Dr. Boris highlighted item #16 in the UM Work Plan: Monitor member and provider experience with Utilization Management process through survey. This is an annual NCQA requirement. SCFHP will be conducting a member and provider satisfaction survey, specific to the Utilization Management process.

Dr. Boris introduced Mr. Perez as the Supervisor of Utilization Management.

c. **Care Coordinator Guidelines**
Mr. Perez presented the Care Coordinator Guidelines.

There has been a change made to VHP's Document of Financial Responsibility (DOFR), specific to skilled level of care, effective January 1st, 2019.

i. Section C, Point 1: VHP Long term custodial care service became the financial responsibility of SCFHP on the first day of the month following admission, if VHP submits the enrollee reassignment request to SCFHP before that day.
ii. Bed holds: Change due to VHP's DOFR change. Under Section C, VHP will be responsible for bed holds at the time the member is delegated to them.
iii. Hospice Room and Board, non contracted providers. Under Section C, VHP fully delegated for hospice services.
iv. Non Emergency Medical Transportation. Under Section 1, SCFHP removed all, as Kaiser is now fully delegated to the non-emergency medical transportation.
v. Behavioral Health: Updated the new APL, 18-006.
    a. No longer need office of diagnoses for BHT.

Action: Dr. Lin motioned to approve Action Items A, B, and C. It was moved and seconded to approve the Action Items A, B, and C. The motion carried.

8. Reports (MediCal/SPD, Healthy Kids)

a. **Membership**
Dr. Boris presented membership reports reviewed in April, 2019.

Total 250,778 members. Of those, 239K are Medi-Cal members. About 119K of which are within the Valley Health Plan Network,. Healthy Kids population has remained stable at around 3,400. The growth in Cal MediConnect is about 5% increase, reflecting a total of 7,869 members.

b. **UM Reports 2019**
Mr. Perez presented the UM Reports for 2019.

IRR Testing: April 8th, 2019, SCFHP's UM department conducted their first IRR testing. 100% of staff participated and passed with above 80% efficiency.

Ms. Carlson, Director of Medical Management, explained the IRRs are a requirement enforced by regulators to ensure anyone who has clinical decision making capacity are applying guidelines and/or the regulations similarly, for consistency in criteria.

Ms. McKelvey, Manager of Behavorial Health, reported there are four staff members that completed the IRR in Behavioral Health. All passed at 100%.

i. **Dashboard Metrics: Turn Around Time (Cal MediConnect/Medi-Cal)**
Mr. Perez reported we received 100% for standard timely decisions made within 14 calendar days for March 2019. For expedited timely decisions made, 97.8% reported. For urgent concurrent timely decisions made, 71.4%. Organization determinations, 100%.

Dr. Boris explained based on the findings from last year, SCFHP needs to obtain 100% compliance. As of now, SCFHP will be doing daily audits of all authorizations to ensure letters are being mailed out, determinations are being made within a timely fashion, and the language in the denial letters are correct.

Ms. McKelvey reported 100% for Behaviorl Health timely decisions made within 14 calendar days for Cal MediConnect.

Dr. Tobaggi asked why the requirement is 100%.

Dr. Boris explained SCFHP is funded by a combination of state and federal funds. There are a set of regulations set by DMCS for managed healthcare organizations, in which all healthcare plans have to perform at a specific level. These are outlined in regulations, then passed on to all health plans that provide managed care services. A platform is needed to compare healthplans, to ensure members receiving benefits are receiving services in a timely fashion.

Dr. Tobaggi and Dr. Vermuri expressed frustrations in reaching hurdles when referring patients for specialty services, as provider availability is limited. Ms. Carlson encouraged and offered her direct assistance in addition to SCFHP's Customer Service representatives available to help guide patients to in-network specialty services/providers.

iii. **Standard Utilization: Metrics Powerpoint**
Reviewed by Dr. Boris. Roughly about 700 case management patients. 125 of those are Complex Case Management patients. SPD population has remained at around 22%. CMC nicely flattened around 23%.

c. **MLTSS Dashboard**
The MLTSS Dashboard was reviewed during the Dashboard Metrics.

d. **HS.04.01 Reporting Quality Monitoring of Plan Auths, Denials, etc. (QI 19)**
Presented by Dr. Boris.

On a quarterly basis, SCFHP reviews about 30 auths in Cal MediConnect and Medi-Cal. We look at the turn around time, the quality, the timeliness, whether a physician or pharmacists reviewed it, and whether we met expedited or standard timeframes.

e. **Referral Tracking Quarterly Report**
Dr. Boris presented the Referral Tracking Quarterly Report. This report is reviewed on a quarterly basis, looking back at 3 months. About 50-60% of auths matched the paid claim.

f. **Nurse Advice Line Stats**
Ms. Carlson presented the Nurse Advice Line Stats.

For the 3 month period of Q1, there were a total of 1,804 Medi-Cal calls across all networks to the nurse advice line. Of those calls, 53 received the disposition to call 911 immediately.

For Healthy Kids, there were a total of 48 calls, one of which received the disposition to call 911 immediately.

For Cal MediConnect members, there were a total of 160 calls, 11 of which received the disposition to call 911 immediately.

Our Case Management team reviews each and every one of these calls for a follow up.

Nurse Advice line is offered in 5 language threshholds.

9. Behavioral Health UM Reports
Presented by Ms. McKelvey.

a. **Turn Around Time/Dashboard Metrics**
The health plan is responsible for mild to moderate referrals. The county provides services for specialty mental health. The call center will refer those members to BHT. BHT then coordinates their services to therapists as well as mild to moderate psychiatrists. This year, BHT has had 39 referrals for all lines of business.

b. **Stats on Autism (ABA Services & Other BHT)**
The county provides services for specialty mental health. We have 33 new BHT referrals this quarter. This excludes VHP and Kaiser as they delegate their own services for BHT for mild to moderate.

Ms. McKelvey will prepare information about autism services and other BHT services available for the next UMC meeting, July 17, 2019.

10. Adjournment
The meeting adjourned at 7:55pm.

The next meeting is scheduled for Wednesday, July 17th, 2019.

_____ _____
Jimmy Lin, MD, Chairperson, Internal Medicine Date

Santa Clara Family Health Plan™

Compliance Report

Compliance Activity Report
May 23, 2019

2018 CMS Program Audit Update

The Plan engaged an audit firm (ATTAC Consulting Group) to conduct an Independent Validation Audit (IVA) to validate the Plan's correction of the Conditions cited in the CMS Program Audit Final Report. The auditors and Plan Compliance staff developed an IVA Work Plan tailored to assess the Plan's performance in correcting the Conditions. CMS, after requesting modest revisions, has approved the proposed work plan. CMS also agreed to extend the deadline for completion of the IVA and Final Report.

The beginning dates for IVA activities varies by Program area (for Compliance, it is July 1, 2019), and field work will continue through mid-September. However, regardless of the beginning date for a particular area, for almost all Conditions, the "clean period" began on May 1, 2019. This means that the auditors will select sample data from the period of time beginning on May 1, 2019. Accordingly, it is essential that the Plan maintain the level of compliance achieved through remediation of the Conditions.

The independent auditor's report, and the CEO's attestation that all Conditions have been corrected, must be submitted to CMS by September 30, 2019.

Cal MediConnect

- The 2019 Medicare Data Validation (MDV) is underway. For most areas, the Plan anticipates receiving passing scores; there were a few anomalies identified that may result in reduced scores.
- Plan Benefit Package: The 2020 Plan Benefit Package (PBP) will be submitted on or before the June 3 submission deadline. Plan Directors and Managers are currently reviewing the proposed benefit package and are working with Compliance to ensure the appropriate Plan updates are implemented.
- CY18 reporting elements have met the 2018 reporting deadlines. During a quality check of CY18 data specific to element CA 4.3 (relating to NF residents with COPD), the Plan identified a discrepancy with the CY17 data that was reported for that element. The Plan informed NORC of this finding and requested a resubmission of that data, which was granted.
- Development of Internal Audit Tools that match CMS guidance is nearly complete and will be rolled out for the 2019 audit cycle.

Medi-Cal

DHCS is moving forward with the plan to move County Children's Health Initiative Program (CCHIP) into Medi-Cal, effective October 1, 2019. This means that the Plan's Healthy Kids program effectively ends. The change will require the Plan to submit a material modification filing with DMHC; preparations for the filing and other transition-related activities are underway.

2019 DMHC and DHCS Audit(s)

The 2019 Full-Scope Medical Survey with DMHC and DHCS remains ongoing. The on-site portion of the survey was conducted in March 2019. In general, the scope and depth of the questions were broader than in past Surveys, particularly with respect to delegation oversight. The Plan has not yet received a final report from either agency; however, based on preliminary feedback, the Plan anticipates there may be a total of 15-17 findings as a result of this year's Survey.

DHCS has scheduled an exit conference to present its Survey findings on June 13th, and the agency will deliver its Final Report for Plan review and comment shortly thereafter. Based on past practice, the Plan anticipates DMHC's Report in June or July.

DMHC Complaints

The Plan received a total of 39 member complaints between February and May 2019. Five cases were forwarded to IMR. The Compliance team is looking into the reason(s) for the significant increase in complaints over the last quarter (the Plan received 19 complaints last quarter).

Operational Compliance Report (Dashboard) – Corrective Actions

- Enrollment: Two pending CAPs will be closed in May because Enrollment met its goals for March and April.
- Customer Service: Measures show a positive trend upward but remain below goal. There are four CAPs open for the Medi-Cal line of business. For CMC, there are two CAPs pending; one will be closed in May 2019. Of note:
    - Member Average Speed of Answer in Seconds has dropped from 81 seconds to 35 seconds in March and 32 seconds in April. However, this CAP is not closed, because the goal is less than or equal to 30 seconds.
    - Member Service Level (MSL): CAP is closed in May as Member Service Level met the goal of 80%.
- Case Management: The business unit continues an upward trend for CMC HRA and ICP completion. The two pending CMC CAPs will be closed in May. For Medi-Cal, 2 CAPs for SPD HRA completion remain open due to inconsistent performance. In addition, as performance is not consistent, 2 Caps for SDP/MLTSS HRAs remain open due to missing data (the business unit and IT are working on data extraction).
- Grievance and Appeals: Metrics have fluctuated for both CMC and Medi-Cal. For each line of business, there are two open CAPs; one will be closed in May 2019, and one (related to timely acknowledgment letters) will remain open.

Joint Operations Committee (JOC) Meetings

The following JOCs have been held since the last Compliance Committee Meeting:

- March: PAMF, HealthLOGIX, PCNC, Quest Diagnostics, Kaiser, VHP
- April: New Directions, CHME, Golden Castle, CBHSD
- May: PMG, Carenet, VHP

HIPAA Disclosures

There were 10 unauthorized disclosures of PHI between February and May 2019. All were reported to DHCS (one by Kaiser), and two were determined to constitute breaches requiring notification to the individuals involved. The Compliance team will provide enhanced HIPAA training for staff and FDRs to reiterate requirements and reinforce the need for caution when dealing with PHI.

FWA Activities

One new case of potential FWA has been identified (by the Plan and several regulatory and law enforcement agencies), resulting in the termination of the provider's participation with the Plan.

T&M (the Plan's FWA/SIU vendor) has requested and is awaiting medical records from 26 providers in connection with anomalies identified through its datamining activities.

Santa Clara Family Health Plan™

Quality Dashboard

May 2019

QUALITY IMPROVEMENT

DASHBOARD - CAHPS / HOS - CMC Only

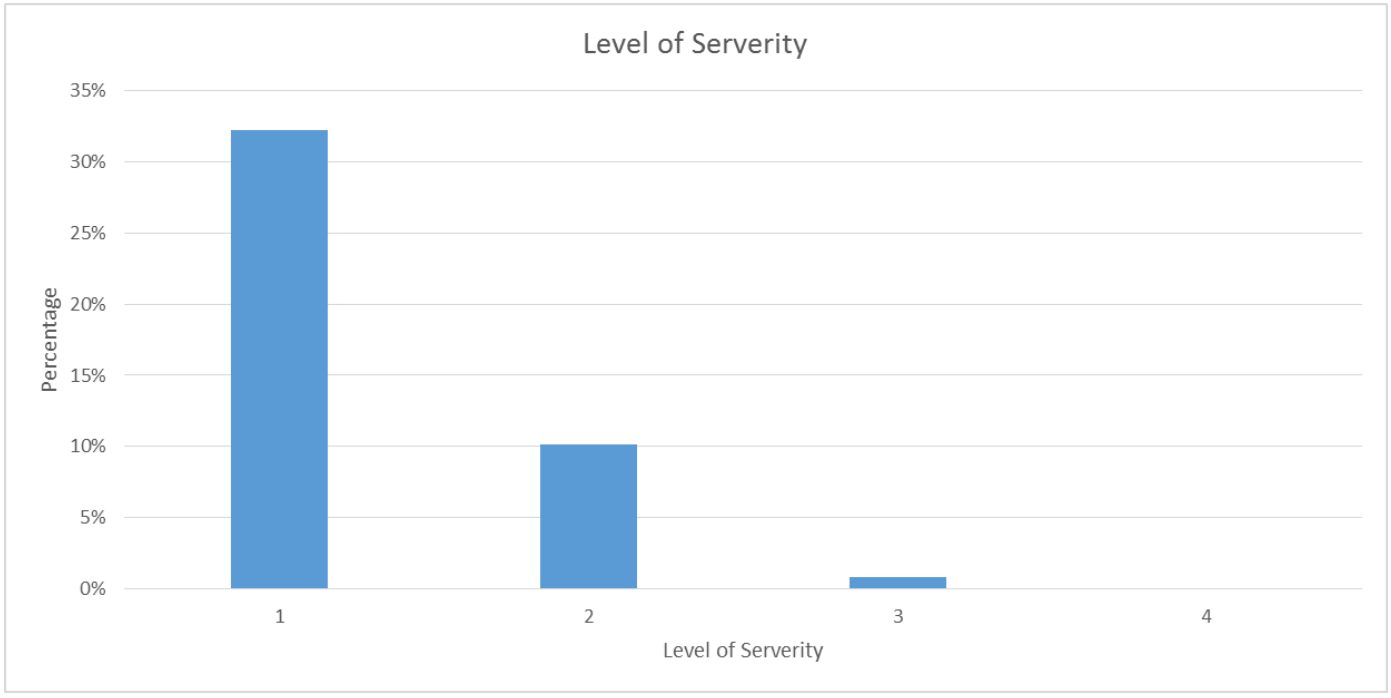
CAHPS Results					
Measure	**2016 Results**	**2017 Results**	**2018 Results**	**2018 CA MMP**	**Trend**
C03 - Annual Flu Vaccine	83%	77%	82%	69%	
C23 - Getting Needed Care	N/A	3.17	3.25	3.36	
C24 - Getting Appointments and Care Quickly	3.09	3.02	3.15	3.23	
C25 - Customer Service	N/A	N/A	3.52	3.64	
C26 - Rating of Health Care Quality	N/A	8.2	8.3	8.4	
C27 - Rating of Health Plan	8.3	8.2	8.4	8.6	
C28 - Care Coordination	N/A	3.5	3.47	3.5	
D07 - Rating of Drug Plan	8.4	8	8.4	8.5	
D08 - Getting Needed Prescription Drugs	N/A	N/A	3.63	3.63	

HOS Results			
Component	**2016 Results**	**2017 Results**	**2017 Baseline**
Physical Component Score	36.4	35.2	39.1
Mental Component Score	49.7	48.7	52.8
General Health			
Excellent to Good	54.8%	46.9%	71.1%
Fair to Poor	45.2%	53.1%	28.9%
Self- Rated Physical Health Compared to One Year Ago			
Much Better to About the Same	64.1%	60.9%	73.3%
Slightly Worse or Much Worse	35.9%	39.1%	26.7%
Self-Rated Mental Health Compared to One Year Ago			
Much Better to About the Same	81.30%	75.5%	87.0%
Slightly Worse or Much Worse	18.70%	24.5%	13.0%

QUALITY IMPROVEMENT

DASHBOARD - Potential Quality of Care (PQI) Issues

Potential Quality of Care Issues	
Cases Opened	118
Cases Closed	76



QUALITY IMPROVEMENT

DASHBOARD - Potential Quality of Care (PQI) Issues

# of PQI's Opened

Month	# of Open PQIs
January 2019	26
February 2019	29
March 2019	63
Total	118

Closed PQIs

January 2019	Level of Severity			
Network	1	2	3	4
10	1	0	0	0
20	7	3	1	0
30	0	0	0	0
40	1	0	0	0
50	2	2	0	0
60	0	0	0	0
Total	11	5	1	0

QUALITY IMPROVEMENT

DASHBOARD - Potential Quality of Care (PQI) Issues

February 2019	Level of Severity			
Network	1	2	3	4
10	4	0	0	0
20	8	1	0	0
30	0	0	0	0
40	1	0	0	0
50	3	0	0	0
60	0	0	0	0
Total	16	1	0	0

March 2019	Level of Severity			
Network	1	2	3	4
10	2	1	0	0
20	4	4	0	0
30	1	0	0	0
40	0	0	0	0
50	3	1	0	0
60	0	0	0	0
Total	10	6	0	0

QUALITY IMPROVEMENT

DASHBOARD - Potential Quality of Care (PQI) Issues

Total PQIs Received	118

Total Closed To Date					
	Level of Severity				
Network	1	2	3	4	Total
10	7	1	0	0	8
20	19	8	1	0	28
30	1	0	0	0	1
40	2	0	0	0	2
50	8	3	0	0	11
60	0	0	0	0	0
Total	38	12	1	0	
Percentage	32%	10%	1%	0%	

QUALITY IMPROVEMENT

DASHBOARD – Facility Site Reviews (FSR)

Facility Site Reviews	January 2019	February 2019	March 2019	Total
# of Facilities Due for FSR within the month	1	3	3	7
# of FSRs completed	1	3	3	7
# of FSRs that passed	1	3	3	7
# of FSRs with corrective action	1	3	3	7
% of FSRs completed timely	100.0%	100.0%	100.0%	100%

QUALITY IMPROVEMENT

DASHBOARD – Facility Site Reviews (FSR)

SCFHP Completion - Q1 2019

Initial Health Assessment	January 2019	February 2019	March 2019	Total
# of members eligible for an IHA	2,460	3,156	3,381	8,997
# of IHA completed within 120 days of enrollment	1,080	1,343	1,321	3,744
% of IHA completed within 120 days of enrollment	43.9%	42.6%	39.1%	41.6%

Specific Network IHA Completion - Q1 2019

Initial Health Assessment	Network					
	10	20	30	40	50	60
# of members eligible for an IHA	3391	22341	3272	924	6812	1739
# of IHA completed within 120 days of enrollment	1772	9723	2083	520	3360	971
% of IHA completed within 120 days of enrollment	52.26%	43.52%	63.66%	56.28%	49.32%	55.84%

QUALITY IMPROVEMENT

DASHBOARD – Quality Projects

Member Incentives - Medi-Cal			
Incentive	**Eligible Members**	**Incentive Received**	**Q4 Percentage**
Controlling High Blood Pressure	322	14	4%
Childhood Immunization Status - Combo 3	169	7	4%
Comprehensive Diabetes Care - Nephropathy	120	1	1%

Prenatal Program	
Incentive	**Incentive Received**
Gift Card	9
Car seat	9
Sleep Pod	12

Performance Improvement Project - Cal MediConnect			
Individual Care Plan Completion			
Study Indicator	**Completion Goal**	**Quarter 4**	**Quarter 1**
High risk members	63%	57.00%	57.60%
Low risk members	61.80%	56.00%	55.50%