

Regular Meeting of the

## Santa Clara County Health Authority Provider Advisory Council

Wednesday, August 7, 2019, 12:15 PM – 1:45 PM

Santa Clara Family Health Plan, Boardroom

6201 San Ignacio Ave, San Jose, CA 95119

### AGENDA

	<b>Roll Call / Establish Quorum</b>	Dr. Padua, Chair	5 Minutes
	Introductions:		
	<ul style="list-style-type: none"> <li>Brandon Engelbert, Manager, Provider Network Management</li> </ul>	Dr. Nakahira	5 Minutes
1.	<b>Meeting Minutes (Attachment )</b> Review minutes of the May 8, 2019 Provider Advisory Committee	Dr. Padua, Chair	5 Minutes
	<b>Possible Action:</b> Approve minutes		
2.	<b>Public Comment</b> Members of the public may speak to any item not on the agenda; 2 minutes per speaker. The Committee reserves the right to limit the duration of public comment period to 30 minutes	Dr. Padua, Chair	5 Minutes
3.	<b>Chief Executive Officer (Attachment )</b> Discussion on SCFHP membership and current topics	Ms. Tomcala	5 Minutes
4.	<b>PAC Membership (Attachment )</b> Discussion on PAC Membership and Requirements	Dr. Robertson	5 Minutes
5.	<b>Pharmacy (Attachment )</b> Discussion on Drug Reports	Dang Huynh, PharmD	5 Minutes
6.	<b>Quality</b> <ul style="list-style-type: none"> <li>HEDIS 2019 Scores (Attachment )</li> <li>Quality Improvement Measures</li> </ul>	Johanna Liu, PharmD	20 Minutes
		Johanna Liu, PharmD	10 Minutes
7.	<b>New Business (Attachment )</b> <ul style="list-style-type: none"> <li>Provider Performance Program (PPP) Report Cards</li> <li>Provider Communication Preferences</li> </ul>	Johanna Liu, PharmD	15 Minutes
		Johanna Liu, PharmD	10 Minutes
8.	<b>Old Business (Attachment )</b> <ul style="list-style-type: none"> <li>Update on CHME DME Provider</li> </ul>	Dr. Nakahira	5 Minutes
9.	<b>Discussion / Recommendations</b>	All	5 minutes
10.	<b>Adjournment</b>		

**Next Meeting: November 13, 2019**

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

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

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

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

## **MINUTES - Draft**

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### **Committee Members Present**

Thad Padua, MD, Chair  
Clara Adams, LCSW  
Bridget Harrison, MD  
Jimmy Lin, MD  
David Mineta  
Peter Nguyen, MD  
Sherri Sager  
Chung Vu, MD

### **Committee Members Absent**

Dolly Goel, MD  
Meg Tabaka, M.D., Resident

### **Staff Present**

Dang Huynh, Director, Pharmacy  
Johanna Liu, Director, Quality & Process  
Improvement  
Laurie Nakahira, DO, CMO  
Jeff Robertson, MD, Medical Director  
Christine Tomcala, CEO  
Chris Turner, COO

### **Others Present**

Robyn Esparza, Administrative Assistant  
Jayne Giangreco, Manager, Administrative  
Services  
Amy O'Brien, Administrative Assistant  
Kelsey Kaku, Pharmacy  
Hien Truong, MD, Premier Care

### **1. Roll Call/Establish Quorum**

Thad Padua, MD, Chair, called the meeting to order at 12:25 pm. Roll call was taken and a quorum was established.

New Council member Dr. Hien Truong, MD, was introduced as Dr. Chung Vu's successor as President at Premier Care.

## 2. Meeting Minutes

The previous minutes from May 8, 2019 were reviewed and it was noted that Dr. Thad Padua's name was misspelled.

**It was moved, seconded and the** May 8, 2019 Provider Advisory Council minutes were **unanimously approved** as revised with the correction of Dr. Padua's name.

## 3. Public Comment

There were no public comments.

## 4. Chief Executive Officer Update

Christine Tomcala, CEO, presented the April 2019 Membership Summary, noting no significant changes in enrollment (250,778).

Ms. Tomcala announced that SCFHP received NCQA 3-year accreditation for the Cal Medi-Connect product line. She offered compliments to the whole team, including Ms. Johanna Liu and her department for leading the survey effort.

Ms. Tomcala reminded the Council about Prop 56 payments, noting additional CPT codes will be eligible for supplemental funding in the new fiscal year. She highlighted the addition of Developmental Screening to Prop 56, and indicated that funding will also be available for FQHC clinics.

Upon inquiry, Ms. Chris Turner, COO, noted the specific Prop 56 codes were included in communications at JOCs, as well as in a provider memo regarding Prop 56. She also noted payments are being sent out on a quarterly basis. Payments are dependent on having accurate provider NPIs, and the health plan has been working with IPAs to do a reconciliation of NPIs on file.

Ms. Tomcala briefly discussed the new governor's healthcare agenda, which is very focused on quality and, in particular, how it relates to children. The governor is increasing quality expectations and health plans will be expected to perform at or above the national 50th percentile for HEDIS measures. Historically, minimum performance levels were at the 25th percentile. Pursuing benchmark quality performance continues to be one of our two critical organizational priorities, and SCFHP will be working organization-wide and in collaboration with our providers to achieve this quality performance expectation.

A question was raised regarding the need to educate providers regarding HCC (Hierarchical Condition Categories) for Cal MediConnect. Ms. Turner noted an invitation was sent to providers for training related to best practices for HCC coding that was held on May 6, 2019.

Dr. Padua requested feedback through report cards. Dr. Laurie Nakahira, CMO, stated staff is currently working on a plan to improve reporting with a new HEDIS vendor, which will be able to provide data and gaps in care on a monthly basis by provider.

## 5. PAC Membership

Notification was provided of the following member resignations:

- Kingston Lum
- Chung Vu, MD

## 6. Durable Medical Equipment

Ms. Chris Turner, COO, briefed the Council on the provider memorandum regarding Changes to DME & Medical Supplies Provider Network. CHME is no longer a preferred vendor due to service issues. Providers may now refer to any of our contracted DME providers.

**7. Quality**

Ms. Johanna Liu gave a presentation on DHCS Advancements in Monitoring Quality 2019, which touched on 2019 DHCS Advancements in Monitoring Quality in Managed Care, Health Plan Impact, and SCFHP's Quality Program Enhancements.

**8. Pharmacy**

Dang Huynh, PharmD, Director of Pharmacy, presented drug utilization reports on the Top 10 Drugs by Total Cost and Top 10 Drug Classes by Prior Authorization Volume for the date range January 1, 2019 – March 31, 2019.

**9. August Meeting**

The Council was reminded that the August PAC meeting will take place on August 7<sup>th</sup>, the first Wednesday of the month, rather than the standing second Wednesday of the month, due to a scheduling conflict.

**10. Discussion / Recommendations**

Dr. Padua requested that meeting packets be distributed with adequate time to review before the meeting, and suggested the addition of Old Business on the agenda for follow-up reports.

**11. Adjournment**

The meeting was adjourned at 1:50 pm.

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Dr. Thad Padua, Chair

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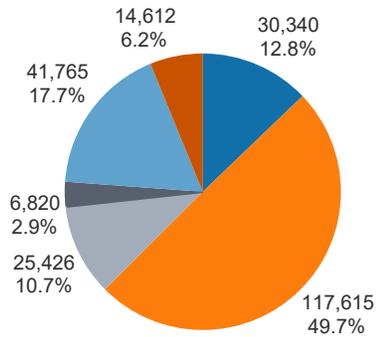
Date

**Network and Age Group**

AgeCategory	SCFHP Direct		Valley Health Plan		Kaiser		PAMF		PMG		Premier Care		Grand Total	
0 to 6	1,825	0.8%	13,651	5.8%	3,732	1.6%	551	0.2%	6,155	2.6%	1,067	0.5%	26,981	11.4%
6 to 17	5,119	2.2%	29,553	12.5%	8,088	3.4%	1,613	0.7%	15,370	6.5%	3,932	1.7%	63,675	26.9%
18 to 34	4,044	1.7%	27,634	11.7%	5,594	2.4%	1,192	0.5%	7,958	3.4%	3,014	1.3%	49,436	20.9%
35 to 44	1,737	0.7%	9,994	4.2%	2,008	0.8%	480	0.2%	2,928	1.2%	1,234	0.5%	18,381	7.8%
45 to 54	1,809	0.8%	10,425	4.4%	1,840	0.8%	500	0.2%	3,592	1.5%	2,240	0.9%	20,406	8.6%
55 to 64	2,216	0.9%	13,643	5.8%	1,902	0.8%	655	0.3%	4,127	1.7%	2,611	1.1%	25,154	10.6%
65 to 74	6,107	2.6%	6,949	2.9%	814	0.3%	416	0.2%	1,044	0.4%	375	0.2%	15,705	6.6%
75 to 84	4,988	2.1%	4,275	1.8%	919	0.4%	903	0.4%	508	0.2%	121	0.1%	11,714	5.0%
>= 85	2,495	1.1%	1,491	0.6%	529	0.2%	510	0.2%	83	0.0%	18	0.0%	5,126	2.2%
<b>Grand Total</b>	<b>30,340</b>	<b>12.8%</b>	<b>117,615</b>	<b>49.7%</b>	<b>25,426</b>	<b>10.7%</b>	<b>6,820</b>	<b>2.9%</b>	<b>41,765</b>	<b>17.7%</b>	<b>14,612</b>	<b>6.2%</b>	<b>236,578</b>	<b>100.0%</b>

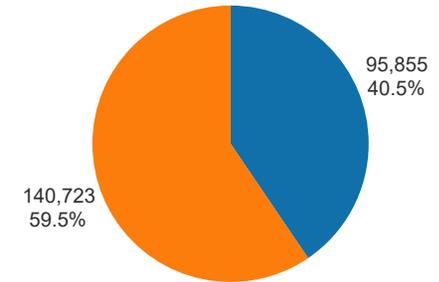
**By Network**

- Network Name
- SCFHP Direct
  - Valley Health Plan
  - Kaiser
  - PAMF
  - PMG
  - Premier Care



**By Age Group**

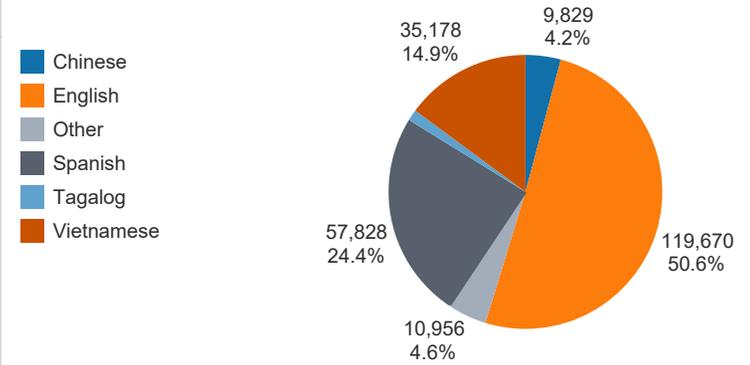
- 0 to 18
- >=19



**Network and Language**

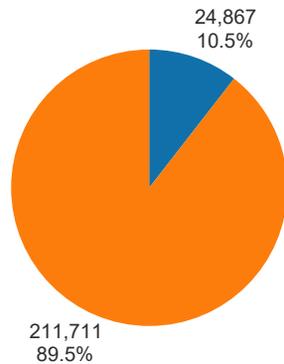
LanguageCat	SCFHP Direct	Valley Health Plan	Kaiser	PAMF	PMG	Premier Care	Grand Total
Chinese	0.8%	1.8%	0.3%	0.3%	0.8%	0.1%	4.2%
English	5.4%	26.8%	7.9%	2.0%	7.3%	1.2%	50.6%
Other	0.7%	2.7%	0.4%	0.3%	0.5%	0.1%	4.6%
Spanish	2.7%	15.4%	1.8%	0.2%	4.1%	0.2%	24.4%
Tagalog	0.2%	0.8%	0.1%	0.0%	0.2%	0.0%	1.3%
Vietnamese	3.0%	2.2%	0.4%	0.0%	4.7%	4.5%	14.9%
<b>Grand Total</b>	<b>12.8%</b>	<b>49.7%</b>	<b>10.7%</b>	<b>2.9%</b>	<b>17.7%</b>	<b>6.2%</b>	<b>100.0%</b>

**By Language**



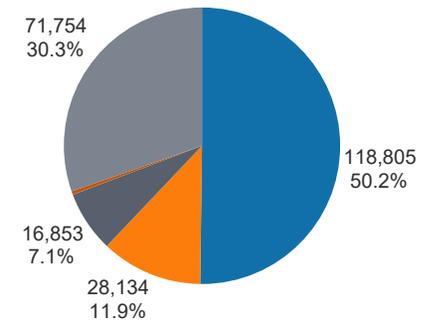
**By Dual Status**

- Dual
- Non-Dual



**By Aid Category**

- Adult Family
- Aged
- BCCTP
- Disabled
- Former HF
- LTC
- MCE



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

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

## Santa Clara Family Health Plan 2019 Q2 Top 10 Drugs by Total Cost

Fill date: 4/1/2019 – 6/30/2019

### SAC01 – Medi-Cal

	Label Name	Total Cost	Patient Paid	Plan Paid	% of Total Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claims	Generic % of Total Claims	Plan Paid / Day	Plan Paid / Claim
1	<a href="#">HUMIRA PEN 40 MG/0.8 ML</a>	\$1,631,722	\$0.00	\$1,631,722	5.3%	0.0%	297	0.1%	0.0%	\$196.21	\$5,494.01
2	<a href="#">MAVYRET 100-40 MG TABLET</a>	\$1,057,644	\$0.00	\$1,057,644	3.4%	0.0%	166	0.0%	0.0%	\$455.10	\$6,371.35
3	<a href="#">FREESTYLE LITE TEST STRIP</a>	\$939,657	\$0.00	\$939,658	3.0%	0.0%	7,977	1.5%	0.0%	\$3.13	\$117.80
4	<a href="#">BASAGLAR 100 UNIT/ML KWIKPEN</a>	\$870,205	\$0.00	\$870,205	2.8%	0.0%	3,589	0.7%	0.0%	\$7.87	\$242.46
5	<a href="#">TRULICITY 1.5 MG/0.5 ML PEN</a>	\$683,519	\$0.00	\$683,519	2.2%	0.0%	837	0.2%	0.0%	\$28.53	\$816.63
6	<a href="#">TRULICITY 0.75 MG/0.5 ML PEN</a>	\$645,058	\$0.00	\$645,058	2.1%	0.0%	778	0.2%	0.0%	\$29.04	\$829.12
7	<a href="#">ADMELOG SOLOSTAR 100 UNIT/ML</a>	\$486,669	\$0.00	\$486,669	1.6%	0.0%	1,054	0.2%	0.0%	\$15.58	\$461.74
8	<a href="#">ENBREL 50 MG/ML SURECLICK SYR</a>	\$468,940	\$0.00	\$468,940	1.5%	0.0%	94	0.0%	0.0%	\$178.17	\$4,988.72
9	<a href="#">ALBUTEROL HFA 90 MCG INHALER</a>	\$446,947	\$0.00	\$446,947	1.4%	100.0%	8,845	1.7%	100.0%	\$2.24	\$50.53
10	<a href="#">STELARA 90 MG/ML SYRINGE</a>	\$444,438	\$0.00	\$444,438	1.4%	0.0%	21	0.0%	0.0%	\$347.22	\$21,163.72
<b>Totals for Top 10</b>		<b>\$7,674,799</b>	<b>\$0.00</b>	<b>\$7,674,801</b>	<b>24.9%</b>	<b>5.8%</b>	<b>23,658</b>	<b>4.6%</b>	<b>37.4%</b>	<b>\$10.93</b>	<b>\$324.41</b>
<b>Totals for SAC</b>		<b>\$30,870,141</b>	<b>\$47</b>	<b>\$30,870,116</b>	<b>100.0%</b>	<b>26.7%</b>	<b>517,783</b>	<b>100.0%</b>	<b>91.6%</b>	<b>\$1.79</b>	<b>\$59.62</b>

### SAC02 – Healthy Kids

	Label Name	Total Cost	Patient Paid	Plan Paid	% of Total Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claims	Generic % of Total Claims	Plan Paid / Day	Plan Paid / Claim
1	<a href="#">PROGRAF 5 MG CAPSULE</a>	\$7,023	\$0.00	\$7,023	6.6%	0.0%	7	0.4%	0.0%	\$35.47	\$1,003.24
2	<a href="#">EPINEPHRINE 0.3 MG AUTO-INJECT</a>	\$5,971	\$0.00	\$5,971	5.6%	100.0%	18	1.0%	100.0%	\$18.26	\$331.71
3	<a href="#">MYCOPHENOLATE 200 MG/ML SUSP</a>	\$5,600	\$0.00	\$5,600	5.3%	100.0%	5	0.3%	100.0%	\$30.77	\$1,119.94
4	<a href="#">ALBUTEROL HFA 90 MCG INHALER</a>	\$5,098	\$0.00	\$5,098	4.8%	100.0%	104	6.0%	100.0%	\$2.43	\$49.02
5	<a href="#">QVAR REDHALER 40 MCG</a>	\$4,224	\$0.00	\$4,224	4.0%	0.0%	23	1.3%	0.0%	\$5.21	\$183.65
6	<a href="#">HUMALOG 100 UNIT/ML VIAL</a>	\$3,767	\$0.00	\$3,767	3.5%	0.0%	5	0.3%	0.0%	\$26.91	\$753.42
7	<a href="#">CREON DR 24,000 UNITS CAPSULE</a>	\$3,317	\$0.00	\$3,317	3.1%	0.0%	2	0.1%	0.0%	\$55.29	\$1,658.63
8	<a href="#">ADMELOG 100 UNIT/ML VIAL</a>	\$3,199	\$0.00	\$3,199	3.0%	0.0%	4	0.2%	0.0%	\$30.76	\$799.67
9	<a href="#">MEPHYTON 5 MG TABLET</a>	\$2,928	\$0.00	\$2,928	2.8%	0.0%	2	0.1%	0.0%	\$58.56	\$1,463.98
10	<a href="#">ADMELOG SOLOSTAR 100 UNIT/ML</a>	\$2,903	\$0.00	\$2,903	2.7%	0.0%	7	0.4%	0.0%	\$13.83	\$414.76
<b>Totals for Top 10</b>		<b>\$44,029</b>	<b>\$0.00</b>	<b>\$44,029</b>	<b>41.5%</b>	<b>37.9%</b>	<b>177</b>	<b>10.2%</b>	<b>71.8%</b>	<b>\$10.54</b>	<b>\$248.75</b>
<b>Totals for SAC</b>		<b>\$106,195</b>	<b>\$0.00</b>	<b>\$106,195</b>	<b>100.0%</b>	<b>55.4%</b>	<b>1,732</b>	<b>100.0%</b>	<b>90.1%</b>	<b>\$2.70</b>	<b>\$61.31</b>

SAC06 – Cal MediConnect

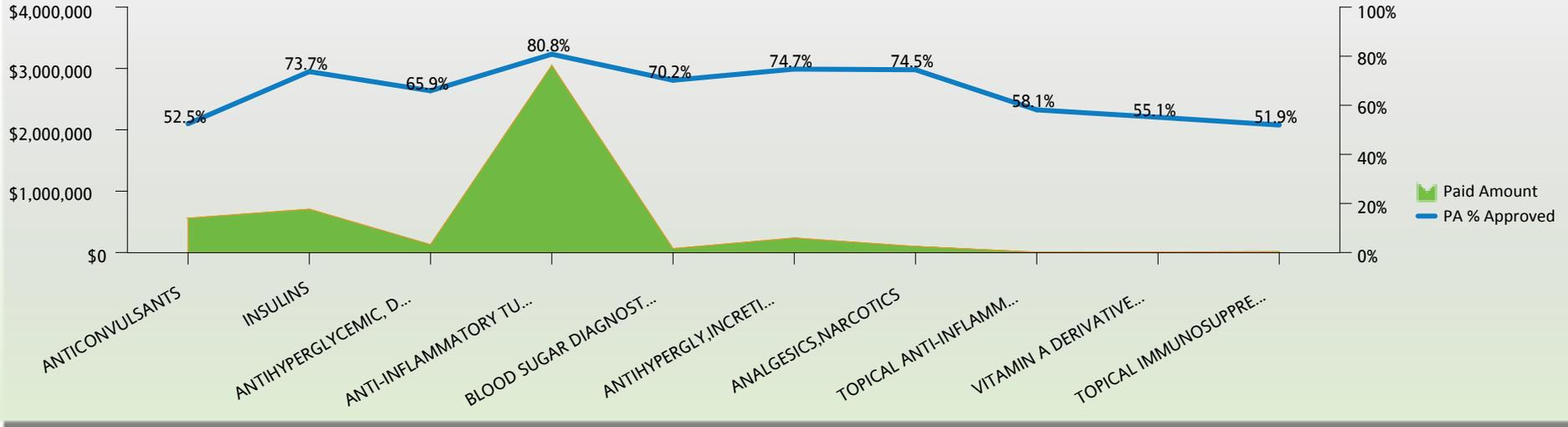
	Label Name	Total Cost	Patient Paid	Plan Paid	% of Total Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claims	Generic % of Total Claims	Plan Paid / Day	Plan Paid / Claim
1	<a href="#">JANUVIA 100 MG TABLET</a>	\$257,630	\$971	\$256,659	2.8%	0.0%	304	0.4%	0.0%	\$13.98	\$844.27
2	<a href="#">FREESTYLE LITE TEST STRIP</a>	\$246,361	\$0.00	\$246,361	2.6%	0.0%	1,589	2.1%	0.0%	\$2.77	\$155.04
3	<a href="#">BIKTARVY 50-200-25 MG TABLET</a>	\$243,430	\$56	\$243,373	2.6%	0.0%	82	0.1%	0.0%	\$99.99	\$2,967.97
4	<a href="#">INVEGA SUSTENNA 234 MG/1.5 ML</a>	\$194,808	\$49	\$194,759	2.1%	0.0%	73	0.1%	0.0%	\$94.91	\$2,667.93
5	<a href="#">LANITUS SOLOSTAR 100 UNIT/ML</a>	\$186,004	\$1,269	\$184,735	2.0%	0.0%	381	0.5%	0.0%	\$8.98	\$484.87
6	<a href="#">HUMIRA PEN 40 MG/0.8 ML</a>	\$176,359	\$0.00	\$176,359	1.9%	0.0%	28	0.0%	0.0%	\$224.95	\$6,298.53
7	<a href="#">TRADJENTA 5 MG TABLET</a>	\$169,296	\$653	\$168,643	1.8%	0.0%	184	0.2%	0.0%	\$13.50	\$916.54
8	<a href="#">XELJANZ 5 MG TABLET</a>	\$160,965	\$15	\$160,950	1.7%	0.0%	37	0.0%	0.0%	\$145.00	\$4,350.00
9	<a href="#">STELARA 90 MG/ML SYRINGE</a>	\$154,933	\$0.00	\$154,933	1.7%	0.0%	7	0.0%	0.0%	\$670.71	\$22,133.32
10	<a href="#">RESTASIS 0.05% EYE EMULSION</a>	\$147,530	\$654	\$146,876	1.6%	0.0%	208	0.3%	0.0%	\$17.18	\$706.13
Totals for Top 10		\$1,937,317	\$3,668	\$1,933,649	20.8%	0.0%	2,893	3.7%	0.0%	\$12.43	\$668.39
Totals for SAC		\$9,388,994	\$79,098	\$9,309,865	100.0%	13.0%	77,323	100.0%	83.5%	\$2.43	\$120.40

# Therapeutic PAs

SAC01 - Medi-Cal

Report Period: 04/01/2019 to 06/30/2019  
Comparison Period: 04/01/2018 to 06/30/2018

### Top Drug Classes by PA Volume



### Top Drugs by PA Volume

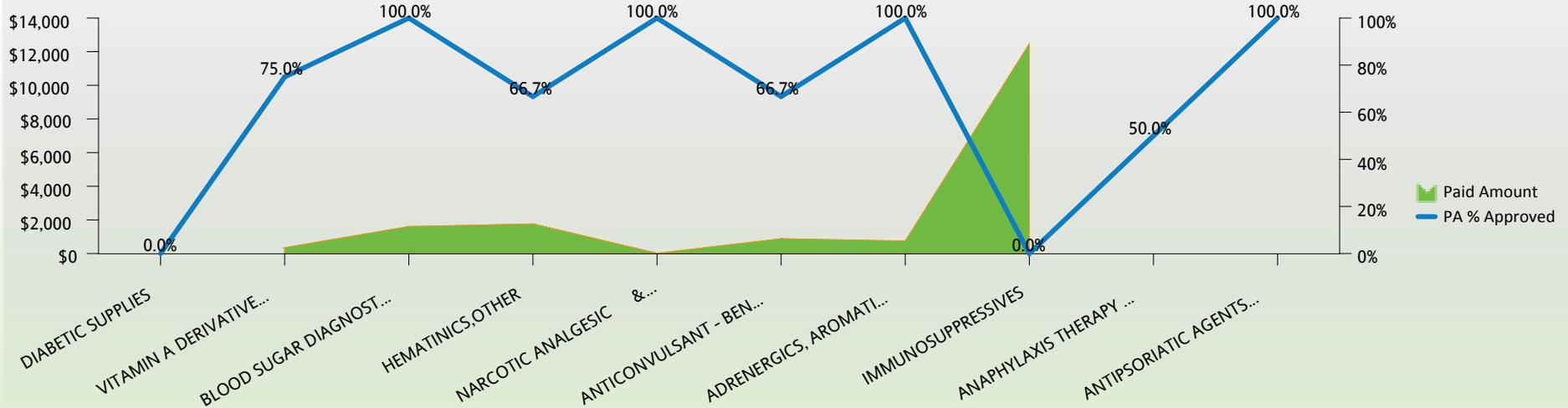
Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per Rx
1	2	LYRICA	125	45.6%	310	\$184,476.04	\$595.08
2	5	DICLOFENAC SODIUM	85	58.8%	130	\$5,699.41	\$43.84
3	3	TRETINOIN	71	60.6%	67	\$29,557.83	\$441.16
4	27	TACROLIMUS	71	54.9%	40	\$10,155.68	\$253.89
5	27	TRULICITY	63	81.0%	203	\$167,191.79	\$823.60
6	14	FREESTYLE LITE TEST STRIP	59	71.2%	174	\$41,464.18	\$238.30
7	4	JANUVIA	58	63.8%	133	\$62,154.80	\$467.33
8	8	ALOGLIPTIN	56	71.4%	121	\$37,869.94	\$312.97
9	6	HUMIRA PEN	54	81.5%	282	\$1,557,511.74	\$5,523.09
10	39	JARDIANCE	53	66.0%	95	\$60,696.83	\$638.91
<b>Totals for Top 10</b>			<b>695</b>	<b>63.0%</b>	<b>1,555</b>	<b>\$2,156,778.24</b>	<b>\$1,387.00</b>
<b>Totals for All</b>			<b>4,039</b>	<b>56.8%</b>	<b>9,654</b>	<b>\$14,940,420.38</b>	<b>\$1,547.59</b>

# Therapeutic PAs

SAC02 - Healthy Kids

Report Period: 04/01/2019 to 06/30/2019  
Comparison Period: 04/01/2018 to 06/30/2018

### Top Drug Classes by PA Volume



### Top Drugs by PA Volume

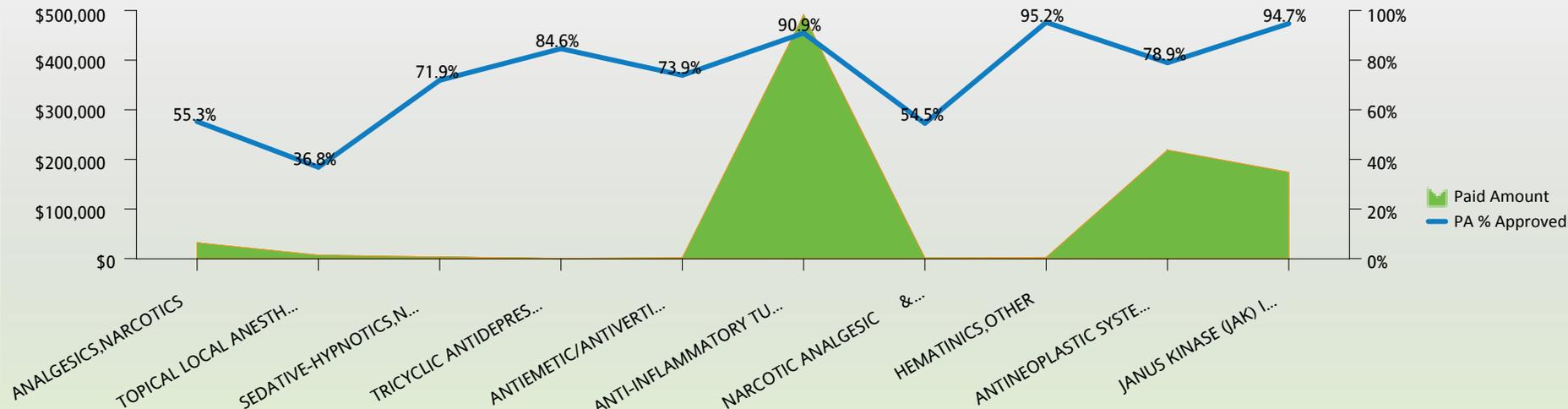
Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per Rx
1	5	DEXCOM G6	5	0.0%	0	\$0.00	\$0.00
2	1	TRETINOIN	4	75.0%	2	\$348.41	\$174.20
3	35	CLOBAZAM	3	66.7%	5	\$881.78	\$176.36
4	35	HYDROCODONE-ACETAMINOPHEN	3	100.0%	2	\$16.06	\$8.03
5	5	CONTOUR NEXT TEST STRIP	2	100.0%	3	\$659.91	\$219.97
6	9	EPINEPHRINE	2	50.0%	0	\$0.00	\$0.00
7	14	ACITRETIN	2	100.0%	5	\$2,627.20	\$525.44
8	35	EPOGEN	2	100.0%	4	\$1,760.40	\$440.10
9	2	PROGRAF	1	0.0%	6	\$6,872.66	\$1,145.44
10	5	HUMALOG	1	100.0%	5	\$3,767.11	\$753.42
<b>Totals for Top 10</b>			<b>25</b>	<b>64.0%</b>	<b>32</b>	<b>\$16,933.53</b>	<b>\$529.17</b>
<b>Totals for All</b>			<b>40</b>	<b>60.0%</b>	<b>68</b>	<b>\$35,555.29</b>	<b>\$522.87</b>

# Therapeutic PAs

SAC06 - Cal MediConnect

Report Period: 04/01/2019 to 06/30/2019  
Comparison Period: 04/01/2018 to 06/30/2018

### Top Drug Classes by PA Volume



### Top Drugs by PA Volume

Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per Rx
1	1	LIDOCAINE	30	33.3%	53	\$6,181.28	\$116.63
2	3	ZOLPIDEM TARTRATE	26	76.9%	43	\$114.49	\$2.66
3	48	HYDROCODONE-ACETAMINOPHEN	18	66.7%	30	\$592.48	\$19.75
4	4	PROCRIT	15	100.0%	4	\$1,413.39	\$353.35
5	4	AMITRIPTYLINE HCL	13	92.3%	6	\$86.08	\$14.35
6	6	NORTRIPTYLINE HCL	13	76.9%	4	\$54.80	\$13.70
7	2	HYDROXYZINE HCL	12	66.7%	13	\$131.90	\$10.15
8	11	XELJANZ	12	100.0%	36	\$156,599.65	\$4,349.99
9	7	TEMAZEPAM	10	60.0%	14	\$242.19	\$17.30
10	11	SILDENAFIL CITRATE	10	40.0%	13	\$269.98	\$20.77
<b>Totals for Top 10</b>			<b>159</b>	<b>68.6%</b>	<b>216</b>	<b>\$165,686.24</b>	<b>\$767.07</b>
<b>Totals for All</b>			<b>739</b>	<b>65.0%</b>	<b>1,794</b>	<b>\$2,449,629.19</b>	<b>\$1,365.46</b>



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## HEDIS 2019 Results

Quality Improvement



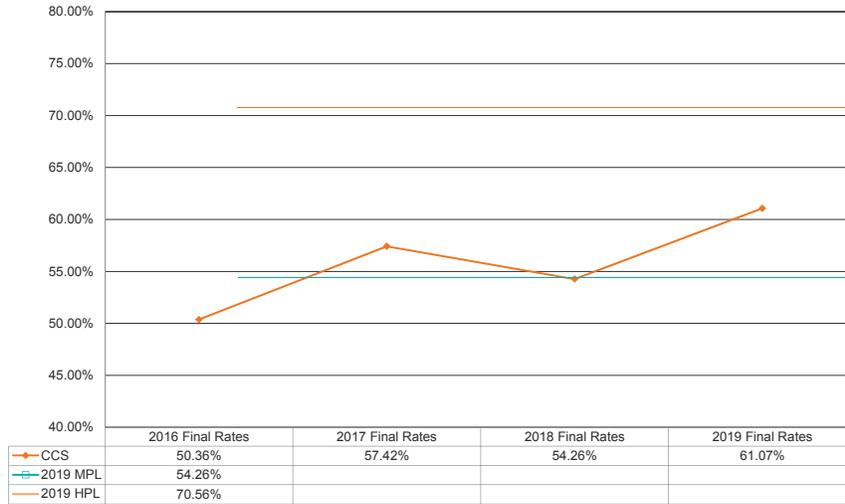
## HEDIS 2019 Reporting

### Achievements

- No Medi-Cal measures below 25<sup>th</sup> percentile
- CMC: Met Quality Withhold threshold requirements
- Medical Record Retrieval Rate was high (95.3%)
- 100% Valley Health EMR Abstraction



## MCAL – Cervical Cancer Screening (CCS)



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## MCAL – HbA1c Testing (CDC-HT)



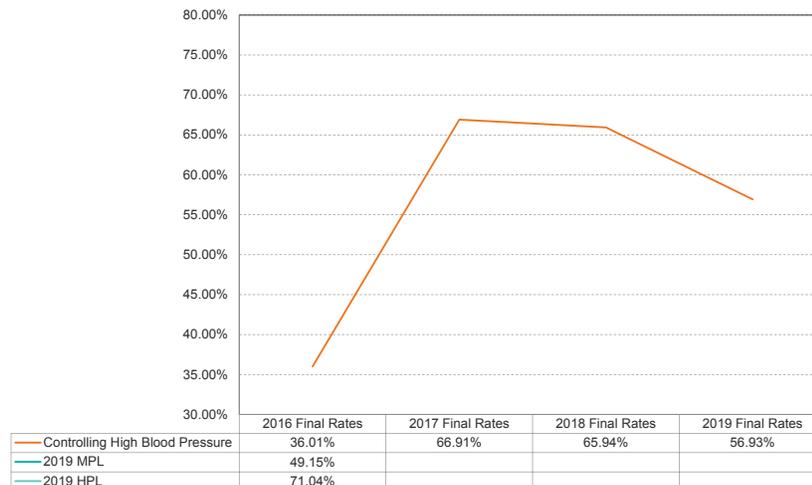
5

## MCAL – Timeliness of Prenatal Care (PPC)



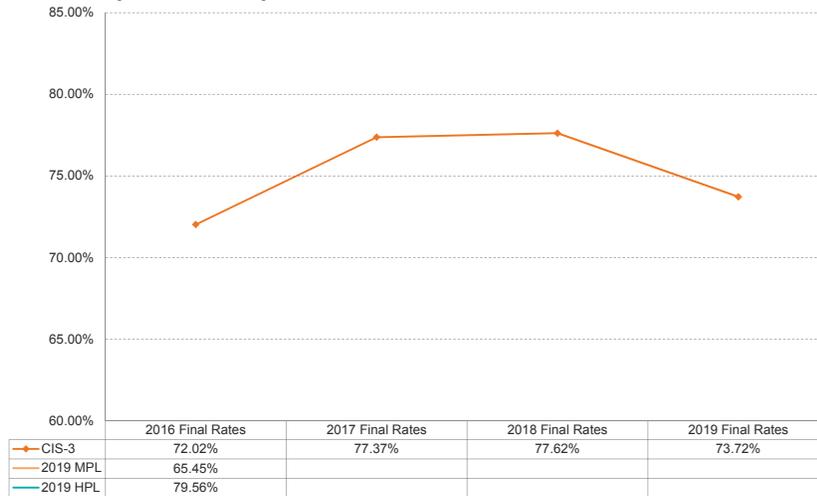
6

## MCAL – Controlling High Blood Pressure (CBP)



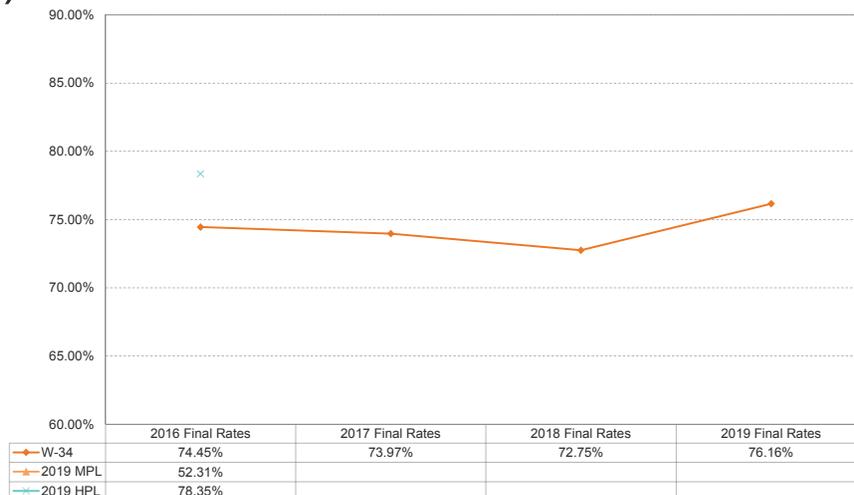
7

# MCAL – Childhood Immunization Status – Combo 3 (CIS-3)



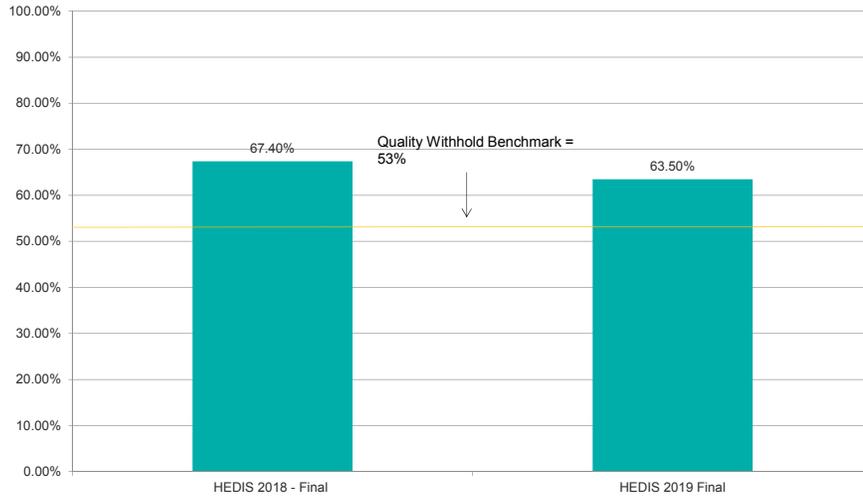
8

# MCAL – Well Child Visits 3-6 Years of Life (W34)

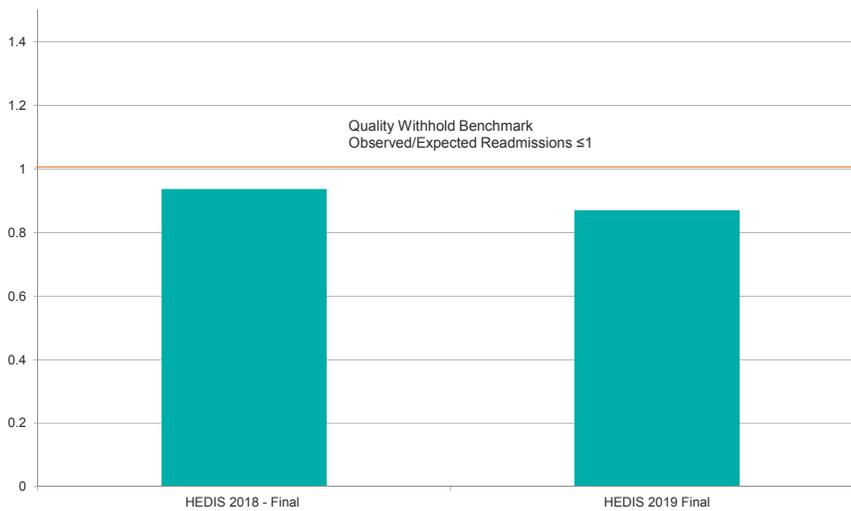


9

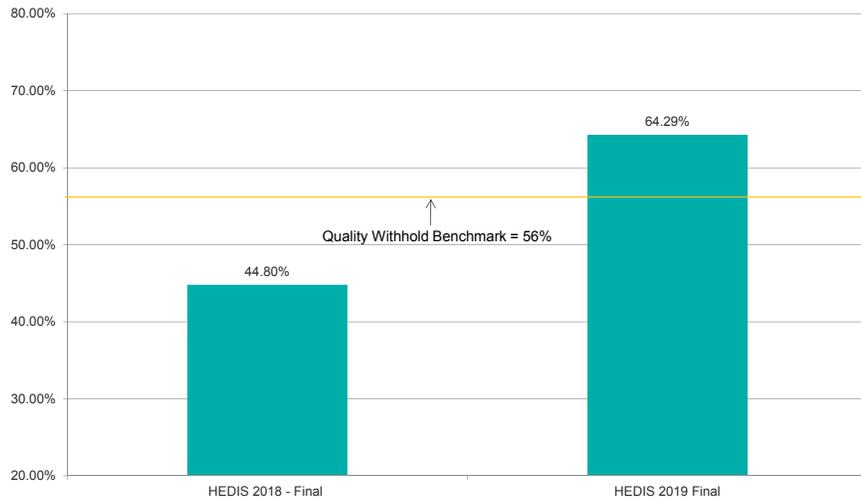
# CMC – Controlling High Blood Pressure (CBP)



# CMC – Plan All Cause Readmissions (PCR)



## CMC – Follow up After Hospitalization for Mental Illness – 30 day follow up (FUH)



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## Next Steps

### Improvement Plans:

- Medi-Cal
  - Wellness rewards for targeted measures
  - Texting Campaign for targeted measures
- Cal MediConnect
  - Call Campaign for targeted measures
  - Texting Campaign for Comprehensive Diabetes Care and Controlling High Blood Pressure



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Questions?

[Quality@scfhp.com](mailto:Quality@scfhp.com)



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Santa Clara Family Health Plan(SCFHP)  
Provider Performance Program - Calendar Year 2019



## Provider Performance Program

### SCFHP Provider Performance Program (PPP) Goals

- Improve Healthcare Effectiveness Data and Information Set (HEDIS) preventive care outcomes with focus on electronic medical record and supplemental data.
- Improve overall access and quality of care.
- Improve care for certain high-need, high-cost populations.
- Renewed commitment to early childhood development.
- Improve timeliness and completeness of the Plan's encounter data submissions to regulators.
- Align with new Department of Health Care Services (DHCS) Quality advancements for 2019 Measurement Year.

# Provider Performance Program

## Department of HealthCare Services (DHCS) Quality Advancements

- DHCS is implementing new Quality advancements in Reporting Year(RY) 2020 for care that is delivered during Measurement Year(MY) 2019.
- Advancements:
  - Include 39 HEDIS measures (about half are new)
  - Require Plans to perform at least at the 50% Minimum Performance Level (MPL)
  - Impose immediate sanctions for not meeting MPLs

3

# Provider Performance Program

## SCFHP PPP Methodology

- Change from Fiscal Year (FY) to Calendar Year (CY) measurement (01/01 -12/31).
- Use a combination of claims and encounter data (administrative data) and supplemental data.
- All claims should be submitted no later than 60 days after the end of the reporting period to be counted towards reporting.

4

# Provider Performance Program

## SCFHP PPP – Measures for CY 19

- Increase measures from 6 to 14 to account for expanded DHCS Quality and Plan requirements.
  - 8 measures are new to the Program and are from the DHCS Quality measures list.
  - 6 measures are repeated from the FY 18/19 Program and are either from the DHCS Quality measures list or are Plan specific measures.
  - 1 measure - Childhood Immunization Status (CIS) is in the FY 18/19 Program but not in the CY 19 Program.
    - ❖ Providers will be directly incentivized by DHCS for this measure.

5

# Provider Performance Program

## SCFHP PPP - Tiers and Points

- 13 possible points per measure.
- Three tiers per measure for up to 12 points. For example:
  - Tier 1 - 90<sup>th</sup> Percentile = 12 points
  - Tier 2 - 75<sup>th</sup> Percentile = 9 points
  - Tier 3 - 50<sup>th</sup> Percentile = 6 points
- Adding an improvement tier worth 1 point if a 10% improvement over previous result is achieved.
  - *Example:* Previous result was 60.5%. 10% of 60.5 = 6.05. New result would have to be at least 66.5% to earn the improvement point.

6

# Provider Performance Program

## New Measures included from DHCS Quality Measures List

1. Adolescent Well-Care Visits (AWC)
2. Adult BMI Assessment (ABA)^
3. Asthma Medication Ratio (AMR)
4. Chlamydia Screening in Women (CHL): Total
5. Comprehensive Diabetes Care (CDC): HbA1c Testing^
6. Controlling High Blood Pressure (CBP)^\*
7. Prenatal & Postpartum Care (PPC)\*: Timeless of Prenatal Care
8. Well-Child Visits in the First 15 Months of Life (W15) - 6 Visits

^Supplemental Data

\*Auto Assign HEDIS Measure

7

# Provider Performance Program

## Repeated Measures – from New DHCS Quality Measures List or Plan Specific Measure

1. Cervical Cancer Screening(CCS)\* - DHCS Quality measure
2. Plan All Cause Readmissions (PCR) - DHCS Quality measure
3. Well-Child Visits in the 3rd 4th 5th and 6th Years of Life (W34)\* - DHCS Quality measure
4. Encounter Timeliness - Plan specific measure
5. Encounter Completeness - Plan specific measure
6. Initial Health Assessment(IHA) - Plan specific measure

\*Auto Assign HEDIS Measure

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# Provider Performance Program

## CY2019 – Children’s Health

Acronym	Measure	CY18 Rate	CY18 Percentile	CY19 50 <sup>th</sup> Percentile Goal
W15	Well Child Visits in the First 15 Months of Life	36.93%	Below 10 <sup>th</sup>	66.23%
W34	Well Child Visits in the 3 <sup>rd</sup> , 4 <sup>th</sup> , 5 <sup>th</sup> , and 6 <sup>th</sup> Years of Life	76.16%	50 <sup>th</sup>	73.89%
AWC	Adolescent Well-Care Visits	48.86%	25 <sup>th</sup>	54.57%

# Provider Performance Program

## CY2019 – Chronic Conditions

Acronym	Measure	CY18 Rate	CY18 Percentile	CY19 50 <sup>th</sup> Percentile Goal
AMR	Asthma Medication Ratio	65.43%	50 <sup>th</sup>	62.3%
CDC	Comprehensive Diabetes Care – HbA1c Test	90.27%	50 <sup>th</sup>	87.83%
CBP	Controlling Blood Pressure	56.93%	25 <sup>th</sup>	58.64%

# Provider Performance Program

## CY2019 – Women’s Health

Acronym	Measure	CY18 Rate	CY18 Percentile	CY19 50 <sup>th</sup> Percentile Goal
CCS	Cervical Cancer Screening	61.07%	50 <sup>th</sup>	60.1%
CHL	Chlamydia Screening in Women	57.33%	50 <sup>th</sup>	56.04%
PPC-Pre	Prenatal and Postpartum Care: Timeliness of Prenatal Care	86.86%	50 <sup>th</sup>	83.21%

# Provider Performance Program

## CY2019 – Preventative & Acute Care

Acronym	Measure	CY18 Rate	CY18 Percentile	CY19 50 <sup>th</sup> Percentile Goal
ABA	Adult BMI Assessment	28.52%	Below 10 <sup>th</sup>	88.47%
	Initial Health Assessment	48.3%		
PCR	Plan All Cause Readmission	18.65%	25 <sup>th</sup>	15.52%

# Encounter Completeness

## Plan Specific Measure-Repeat SCFHP PPP Measure-Professional Claims

Description: Submit complete encounter data to the Plan so that the Plan can submit complete data to the State.

- In order to earn any points for the measure, a minimum completeness rate of one encounter per member per year must be met.
  - A formula is used to determine completeness
  - The formula is:  $((\text{Total Encounters})/(\text{Sum of Member Months})) * 12$
- Completeness of professional claims : Encounters per 1000 members based on DHCS accepted encounters.
  - Tier 1: greater than 90% of benchmark
  - Tier 2: 80-90% of benchmark
  - Tier 3: 70-79% of benchmark
  - Up to 12 points

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# Encounter Timeliness

## Plan Specific Measure-Repeat SCFHP PPP Measure

Description: Submit timely encounter data to the plan so the Plan can submit timely data to the State.

- The minimum completeness rate (calculated by formula) of one encounter per member per year must be met in order to earn any points for the measure.
- State requirement for professional claims is 60% within 90 days of date of service based on DHCS accepted encounters.
- 75 day Plan requirement provides for time needed to process/submit data.
- Proposed Tiers:
  - Tier 1: 80% within 75 days of date of service
  - Tier 2: 70% within 75 days of date of service
  - Tier 3: 60% within 75 days of date of service
  - Up to 12 points

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## Provider Performance Program



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## Well-Child Visits in the First 15 Months of Life(W15)- 6 visits

### From DHCS Quality List - New To SCFHP PPP

Description: Increase the percentage of members who turned 15 months old during the measurement year and who had 6 well-child visits with a PCP during their first 15 months of life.

- CY 2018 SCFHP rate is 36.93% which is below the 10<sup>th</sup> Percentile
  - 50<sup>th</sup> Percentile/Goal is 66.23%
  - 75<sup>th</sup> Percentile is 71.29%
  - 90<sup>th</sup> Percentile is 75.43%
- Intent is to increase rate to 50<sup>th</sup> Percentile
- Member incentive - 7/1/2019

16



## Well-Child Visits in the 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> Years of Life(W34)

### From DHCS Quality List - Repeat SCFHP PPP Measure

Description: Increase the % of members 3-6 years of age who had one or more well-child visit with a PCP.

- CY 2018 SCFHP rate is 76.16% which is the 50<sup>th</sup> Percentile
  - 50<sup>th</sup> Percentile/Goal is 73.89%
  - 75<sup>th</sup> Percentile is 79.33%
  - 90<sup>th</sup> Percentile is 83.7%
- Intent is to not drop below the 50<sup>th</sup> Percentile
- Member incentive - 7/01/2019

17



## Adolescent Well-Care Visits(AWC)

### From DHCS Quality List - New To SCFHP PPP

Description: Increase the percentage of enrolled members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner.

- CY 2018 SCFHP rate is 48.86% which is the 25<sup>th</sup> Percentile
  - 50<sup>th</sup> Percentile/Goal is 54.57%
  - 75<sup>th</sup> Percentile is 61.99%
  - 90<sup>th</sup> Percentile is 66.8%
- Intent is to increase rate to 50<sup>th</sup> Percentile
- Member incentive – 7/1/2019

18

## Asthma Medication Ratio(AMR)

### From DHCS Quality List - New To SCFHP PPP

Description: Increase % of members 5-64 years having persistent asthma and who had a ratio of controller medications; to total asthma medications of 50% or greater.

- CY 2018 SCFHP rate is 65.43% which is the 50<sup>th</sup> Percentile
  - 50<sup>th</sup> Percentile/Goal is 62.3%
  - 75<sup>th</sup> Percentile is 67.03%
  - 90<sup>th</sup> Percentile is 72.09%
- Intent is to not drop below the 50<sup>th</sup> Percentile
- Member incentive - 7/1/2019

19

## Comprehensive Diabetes Care(CDC) – HbA1c Test

### From DHCS Quality List - New To SCFHP PPP

Description: Improve the percentage of members 18–75 years of age with diabetes (Type 1 and Type 2) who complete HbA1c testing.

- CY 2018 SCFHP rate is 90.27% which is the 50<sup>th</sup> Percentile
  - 50<sup>th</sup> Percentile/Goal is 87.83%
  - 75<sup>th</sup> Percentile is 90.48%
  - 90<sup>th</sup> Percentile is 92.7%
- Intent is to not drop below the 50<sup>th</sup> Percentile
- Member incentive - 7/01/2019

20

## Controlling High Blood Pressure(CBP)

### From DHCS Quality List - New To SCFHP PPP

Description: Increase the percentage of members 18–85 years of age who had a diagnosis of hypertension and whose blood pressure was adequately controlled.

- CY 2018 SCFHP rate is 56.93% which is the 25<sup>th</sup> Percentile
  - 50<sup>th</sup> Percentile/Goal is 58.64%
  - 75<sup>th</sup> Percentile is 65.78%
  - 90<sup>th</sup> Percentile is 71.04%
- Intent is to increase rate to 50<sup>th</sup> Percentile
- No member incentive

21

## Cervical Cancer Screening(CCS)

### From DHCS Quality List – Repeat SCFHP PPP Measure

Description: Increase cervical cancer screenings in women 21-64 years of age.

- CY 2018 SCFHP rate is 61.07% which is the 50<sup>th</sup> Percentile
  - 50<sup>th</sup> Percentile/Goal is 60.1%
  - 75<sup>th</sup> Percentile is 65.96%
  - 90<sup>th</sup> Percentile is 70.56%
- Intent is to not drop below the 50<sup>th</sup> Percentile
- Member incentive - 5/1/2019

22

## Chlamydia Screening in Women(CHL): Total

### From DHCS Quality List - New To SCFHP PPP

Description: Increase the percentage of women 16–24 years of age who were identified as sexually active and who had at least one test for chlamydia.

- CY 2018 SCFHP rate is 57.33% which is the 50<sup>th</sup> Percentile
  - 50<sup>th</sup> Percentile/Goal is 56.04%
  - 75<sup>th</sup> Percentile is 65.43%
  - 90<sup>th</sup> Percentile is 71.33%
- Intent is to not drop below the 50<sup>th</sup> Percentile
- No member incentive

23

## Prenatal and Postpartum Care(PPC): Timeliness of Prenatal Care

### From DHCS Quality List - New To SCFHP PPP

Description: Increase the percentage of deliveries that received a prenatal care visit as a member of the organization in the first trimester, on the enrollment start date, or within 42 days of enrollment in the organization.

- CY SCFHP 2018 rate is 86.86% which is the 50<sup>th</sup> Percentile
  - 50<sup>th</sup> Percentile/Goal is 83.21%
  - 75<sup>th</sup> Percentile is 87.06%
  - 90<sup>th</sup> Percentile is 90.75%
- Intent is to not drop below the 50<sup>th</sup> Percentile
- Current member incentive

24

## Adult BMI Assessment(ABA)

### From DHCS Quality List - New To SCFHP PPP

Description: Increase number of members 18–74 years of age who had an outpatient visit and whose body mass index (BMI) was documented during the measurement year, or the year prior to the measurement year.

- CY 2018 SCFHP rate is 28.52% which is below the 10<sup>th</sup> Percentile
  - 50<sup>th</sup> Percentile/Goal is 88.47%
  - 75<sup>th</sup> Percentile is 92.46%
  - 90<sup>th</sup> Percentile is 95.00%
- Intent is to increase rate to 50<sup>th</sup> Percentile
- No member incentive

25

## Initial Health Assessment within 120 days

### Plan Specific Measure-Repeat SCFHP PPP Measure

Description: Increase percentage of new members who receive an Initial Health Assessment(IHA) within 120 days of enrollment into the plan.

- DHCS compliance measure
- DHCS compliance goal: 100%
- CY2018 SCFHP Network Results: 48.3%

26

# Plan All Cause Readmission(PCR)

## From DHCS Quality List - Repeat SCFHP PPP Measure

Description: Reduce readmissions within 30 days of previous hospital discharge for any reason.

- CY 2018 SCFHP rate is 18.65% which is the 25<sup>th</sup> Percentile (Lower percentile bracket equals better score for this measure)
  - 10<sup>th</sup> Percentile/Goal is 15.52%
  - 25<sup>th</sup> Percentile is 17.79%
  - 50<sup>th</sup> Percentile is 20.55%
  
- Intent is to decrease rate to 10<sup>th</sup> Percentile
  
- No member incentive

## PROVIDER MEMO

**To:** Primary Care Providers  
**From:** Chris Turner  
Chief Operating Officer  
**Date:** July 26, 2019  
**Subject:** Durable Medical Equipment Transitions

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Dear SCFHP Provider,

This memo is sent in follow up to previous communications regarding the status of the relationship between Santa Clara Family Health Plan (SCFHP) and California Home Medical Equipment (CHME) for the provision of Durable Medical Equipment (DME) and medical supplies.

Effective March 1, 2019, SCFHP transitioned from a capitated contractual relationship with CHME to a fee-for-service relationship. This decision was made in response to concerns regarding service to our members. As part of this transition, we communicated with you that referrals can be made to our other contracted DME and medical supply vendors.

SCFHP continues to experience concerns regarding the service CHME provides to our members. While we have not terminated our relationship with CHME, we have placed them on a corrective action plan effective July 25, 2019 in order to ensure quality of care and the safety of our members. This corrective action plan precludes CHME from accepting new patients and/or new orders for existing patients until they are able to demonstrate that the service issues have been resolved to our satisfaction.

As such, we are also actively transitioning certain cases from CHME to other DME and medical supply vendors. Members with the following DME/medical supply needs will be receiving calls and/or letters from SCFHP and/or one of our contracted vendors advising them of the need to transition care to a new vendor.

- Ventilator dependent
- Portable oxygen equipment
- CPAP/BIPAP equipment
- Nutritional (enteral) support
- Medical equipment (beds, mobility devices, etc.)
- Disposable medical supplies (ostomy, diabetes, incontinence, wound care, urology)

Primary Care Providers of these members will also be notified and receive a request for additional information to assist in transitioning patient care. Transitions will require new orders from the prescribing

physician and in some cases there will be a need to re-establish medical necessity. Prior authorizations will need to be submitted consistent with SCFHP's prior authorization requirements for DME and medical supplies.

Enclosed are the following attachments:

- SCFHP Durable Medical Equipment/Medical Supply Vendor List
- SCFHP Prior Authorization List
- SCFHP DME Order Form
- Frequently Asked Questions

Quality service and patient care are our top priority. We acknowledge that these types of transitions can be disruptive, but we feel these actions are necessary to uphold our quality standards and are in the best interest of our members.

If you have questions, concerns or ideas about how we can work together to better facilitate this process, please contact Art Shaffer at 1-408-874-1762 or email [providerservices@scfhp.com](mailto:providerservices@scfhp.com). Thank you for your support.

<b>Vendor Name</b>	<b>Items Offered</b>	<b>Contact Info</b>
AAYS Rents & Sells Inc	DME	598 E. Santa Clara St San Jose, CA 95112 (408) 295-1309
Advanced Respiratory	Respiratory	1020 W County Rd #F Saint Paul, MN 55126 (800) 426-4224
Amerasian Medical Supply Co	DME & Incontinence Supplies	1668 Alum Rock Ave San Jose, CA 95116 (408) 937-0166
American Medical & Equipment	DME & Medical Supplies	3725 Union Ave San Jose, CA 95124 (408) 559-5800
Animas Diabetes Care	Diabetic Supplies & Insulin Pumps	200 Lawrence Dr West Chester, PA 19380 (610) 644-8990
Berke, Gary, CProst	Prosthetics & Orthotics	2001 Winward Way #100 San Mateo, CA 94404 (650) 570-5861
Bio-Concepts, Inc	Custom Compression Garments	2424 E University Dr Phoenix, AZ 85034 (800) 421-5647
Bowman Medical	Urological, Orthopedic Supplies, & Wound Care	1200 Industrial Rd #16 San Carlos, CA 94070 (650) 654-5525
Brannon's Rental & Sales	CPAP & BIPAP, Wheelchair, Lift Chairs, Misc. Respiratory, & Medical Supplies	2052 Lincoln Ave San Jose, CA 95125 (408) 448-3000
Brooks Health Care *Medi-Cal only	Home Infusion, Nutrition, & Specialty Pharmacy	5070 N 6th St #164 Fresno, CA 93710 (877) 889-3424
Byram Healthcare Centers Inc	Ostomy & Wound Care	5302 Rancho Rd Huntington Beach, CA 92647 (714) 799-1222
Caremax RM Corporation	DME & Incontinence Supplies	8271 Commonwealth Ave Buena Park, CA 90622 (800) 626-2600
DJO, LLC Former DJ Orthopedics *Medi-Cal / Healthy Kids Only	DME, Orthotics, & Prosthetics	1430 Decision St Vista, CA 92081 (888) 225-4398

Updated 07/25/19. For a current list of vendors, use the Provider Search Tool at [www.scfhp.com/for-members/find-a-doctor](http://www.scfhp.com/for-members/find-a-doctor)

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

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[www.scfhp.com/for-members/find-a-doctor](http://www.scfhp.com/for-members/find-a-doctor)

<b>Vendor Name</b>	<b>Items Offered</b>	<b>Contact Info</b>
Mothers Milk Bank	Breast Pumps	751 S Bascom Ave San Jose, CA 95128 (408) 998-4550
My Best Homecare	Respiratory	420 S Hillview Dr Milpitas, CA 95035 (408) 934-9617
National Seating & Mobility Inc.	DME Manual & Power Wheelchairs	1190 Dell Ave #1 Campbell, CA 95008 (408) 920-0390
Numotion	Wheelchairs Both Manual and Power & Repair	610 N Pastoria Ave Sunnyvale, CA 94085 (408) 522-1200
Orthofix Inc.	Extremity Fixation Spine Fixation	3451 Plano Pkwy Lewisville, TX 75056 (855) 527-0404
Pacific Medical Inc.	Prosthetics & Orthotics	123 Di Salvo Ave San Jose, CA 95128 (408) 217-9387
Pacific Pulmonary Services	Oxygen & Nebulizers	773 San Marin Dr #2230 Novato, CA 94945 (408) 954-1961
Prosthetics Solutions Inc.	DME, Orthotics & Prosthetics Supply	3350 Scott Blvd #6301 Santa Clara, CA 95054 (408) 845-9245
Pulmonary Solutions LLC	Oxygen & Nebulizers	2255 Martin Ave #e Santa Clara, CA 95050 (408) 492-9504
Senter Pharmacy	DME & Incontinence Supplies	2643 Senter Rd # A San Jose, CA 95111 (408) 287-4899
Shield Health Care Center CA	Enteral / Incontinent Supplies / Ostomy	2950 Buskirk Ave #180 Walnut Creek, CA 94597 (800) 675-8840
Walk Rite for Life	Diabetic Shoes	4701 Hamilton Ave #705 San Jose, CA 95130 (408) 376-0495

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

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

Telephone: 408-874-1821

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

When faxing a request to SCFHP, please:

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

### **Other Contact Information:**

SCFHP Automated Eligibility: 1-800-720-3455

SCFHP Customer Service:

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

Cal MediConnect: 1-877-723-4795

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

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

Dental Services:

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_

Plan:       Medi-Cal       Healthy Kids HMO       Cal MediConnect

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

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

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

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



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

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

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

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

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

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

July 26, 2019

**Q1. Why is SCFHP not allowing referrals to CHME?**

A1. SCFHP members have experienced ongoing service related issues with CHME, so we are restricting new referrals to CHME.

**Q2. What about patients who are currently receiving care from CHME?**

A2. SCFHP has been communicating with members to inform them they have options of vendors who can serve their DME/Medical Supply needs and facilitating transitions in care.

**Q3. What vendors are you using as an alternative to CHME? Where do I find a list of vendors?**

A3. A list of contracted vendors is included in this mailing. This information can also be found on our website located at [insert link].

**Q4. What does this mean to my practice?**

A4. For new orders – New orders should be submitted to any contracted vendor on our Vendor List. If you submit an order for CHME, our UM team will reach out to your office to request that you change the order to another vendor.

For existing orders/renewals - We may contact your office to request a new order for a different vendor.

**Q5. Who do I contact with questions?**

A5. If you have any questions regarding this information please contact Art Shaffer, Provider Network Management Associate at 408-874-1762 or email [providerservices@scfhp.com](mailto:providerservices@scfhp.com).

<b>Vendor Name</b>	<b>Items Offered</b>	<b>Contact Info</b>
AAYS Rents & Sells Inc	DME	598 E. Santa Clara St San Jose, CA 95112 (408) 295-1309
Advanced Respiratory	Respiratory	1020 W County Rd #F Saint Paul, MN 55126 (800) 426-4224
Amerasian Medical Supply Co	DME & Incontinence Supplies	1668 Alum Rock Ave San Jose, CA 95116 (408) 937-0166
American Medical & Equipment	DME & Medical Supplies	3725 Union Ave San Jose, CA 95124 (408) 559-5800
Animas Diabetes Care	Diabetic Supplies & Insulin Pumps	200 Lawrence Dr West Chester, PA 19380 (610) 644-8990
Berke, Gary, CProst	Prosthetics & Orthotics	2001 Winward Way #100 San Mateo, CA 94404 (650) 570-5861
Bio-Concepts, Inc	Custom Compression Garments	2424 E University Dr Phoenix, AZ 85034 (800) 421-5647
Bowman Medical	Urological, Orthopedic Supplies, & Wound Care	1200 Industrial Rd #16 San Carlos, CA 94070 (650) 654-5525
Brannon's Rental & Sales	CPAP & BIPAP, Wheelchair, Lift Chairs, Misc. Respiratory, & Medical Supplies	2052 Lincoln Ave San Jose, CA 95125 (408) 448-3000
Brooks Health Care *Medi-Cal only	Home Infusion, Nutrition, & Specialty Pharmacy	5070 N 6th St #164 Fresno, CA 93710 (877) 889-3424
Byram Healthcare Centers Inc	Ostomy & Wound Care	5302 Rancho Rd Huntington Beach, CA 92647 (714) 799-1222
Caremax RM Corporation	DME & Incontinence Supplies	8271 Commonwealth Ave Buena Park, CA 90622 (800) 626-2600
DJO, LLC Former DJ Orthopedics *Medi-Cal / Healthy Kids Only	DME, Orthotics, & Prosthetics	1430 Decision St Vista, CA 92081 (888) 225-4398

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

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

Category of Service	Services Requiring Prior Authorization	
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Durable Medical Equipment  <i>*Benefit and frequency limits apply. Refer to CMS, Noridian, and/or Medi-Cal Provider Manual</i>	<b>Cal MediConnect</b>	<b>Medi-Cal &amp; Healthy Kids HMO</b>
	<ul style="list-style-type: none"> <li>• Custom Made Items</li> <li>• Any other DME or Medical Supply Item Exceeding \$1000</li> <li>• Prosthetics &amp; Customized Orthotics Exceeding \$1000</li> <li>• Hearing Aids</li> <li>• Other Specialty Devices</li> </ul>	<ul style="list-style-type: none"> <li>• CPAP and BIPAP</li> <li>• Enteral Formula and Supplies</li> <li>• Hospital Bed and Mattress</li> <li>• Oxygen</li> <li>• Requests Over the Benefit Limit</li> <li>• Power Wheelchairs, Scooters, Manual Wheelchairs (except standard adult and pediatric), and motorized wheelchairs and Accessories</li> <li>• Respiratory: Oxygen, BIPAP, CPAP, ventilators</li> <li>• Prosthetics &amp; Customized Orthotics, not including off-the-shelf covered items</li> <li>• Hearing Aids</li> <li>• Other Specialty Devices</li> </ul>
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Inpatient Admissions	<p>All elective medical and surgical inpatient admissions to:</p> <ul style="list-style-type: none"> <li>• Acute Hospital</li> <li>• Long Term Acute Care (LTAC)</li> </ul> <p>All admissions for:</p> <ul style="list-style-type: none"> <li>• Acute Inpatient Psychiatric</li> <li>• Partial Hospital Psychiatric Treatment</li> <li>• Substance Use Disorder including Detoxification</li> </ul> <p>Rehabilitation and Therapy Services</p> <ul style="list-style-type: none"> <li>• Acute Rehabilitation Facilities</li> <li>• Skilled Nursing Facilities (SNF)</li> </ul>	
Long-Term Services and Supports (LTSS)	<ul style="list-style-type: none"> <li>• Community-Based Adult Services (CBAS)</li> <li>• Long-Term Care</li> </ul>	
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Category of Service	Services Requiring Prior Authorization
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Outpatient Services and Procedures	<ul style="list-style-type: none"> <li>• Abdominoplasty/Panniculectomy</li> <li>• Bariatric Surgery</li> <li>• Breast Reduction and Augmentation Surgery</li> <li>• Cataract Surgery</li> <li>• Cochlear Auditory Implant</li> <li>• Dental Surgery, Jaw Surgery and Orthognathic Procedures</li> <li>• Dermatology: <ul style="list-style-type: none"> <li>• Laser treatment</li> <li>• Skin Injections</li> <li>• Implants</li> </ul> </li> <li>• All types of Endoscopy, <b>except</b> Colonoscopy</li> <li>• Gender Reassignment Surgery</li> <li>• Genetic Testing and Counseling</li> <li>• Hyperbaric Oxygen Therapy</li> <li>• Intensive Outpatient Palliative Care (IOPC)</li> <li>• Neuro and Spinal Cord Stimulators</li> <li>• Outpatient Diagnostic Imaging: <ul style="list-style-type: none"> <li>• Magnetic Resonance Imaging (MRI)</li> <li>• Magnetic Resonance Angiography (MRA)</li> <li>• Nuclear Cardiology Procedures</li> <li>• Single-Photon Emission Computerized Tomography (SPECT)</li> <li>• Positron-Emission Tomography (PET/PET-CT)</li> </ul> </li> <li>• Outpatient Therapies <ul style="list-style-type: none"> <li>• Occupational Therapy (OT)</li> <li>• Physical Therapy (PT)</li> <li>• Speech Therapy (ST)</li> </ul> </li> <li>• All Plastic Surgery and Reconstructive Procedures</li> <li>• All Podiatric procedures and surgery</li> <li>• Radiation Therapy: <ul style="list-style-type: none"> <li>• Intensity Modulated Radiation Therapy (IMRT)</li> <li>• Proton Beam Therapy</li> <li>• Stereotactic Radiation Treatment (SBRT)</li> </ul> </li> <li>• Sleep studies</li> <li>• Spinal Procedures, <b>except</b> Epidural Injections</li> <li>• Surgery for Obstructive Sleep Apnea</li> <li>• Temporomandibular Disorder (TMJ) Treatment</li> <li>• Transplant-related services (EXCEPT Cornea transplant): Prior to surgery</li> <li>• Unclassified Procedures</li> <li>• Varicose Vein Treatment</li> </ul>



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

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

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

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

\_\_\_\_\_

Plan:       Medi-Cal       Healthy Kids HMO       Cal MediConnect

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

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

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

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



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

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

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

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

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

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

July 26, 2019

**Q1. Why is SCFHP not allowing referrals to CHME?**

A1. SCFHP members have experienced ongoing service related issues with CHME, so we are restricting new referrals to CHME.

**Q2. What about patients who are currently receiving care from CHME?**

A2. SCFHP has been communicating with members to inform them they have options of vendors who can serve their DME/Medical Supply needs and facilitating transitions in care.

**Q3. What vendors are you using as an alternative to CHME? Where do I find a list of vendors?**

A3. A list of contracted vendors is included in this mailing. This information can also be found on our website located at [insert link].

**Q4. What does this mean to my practice?**

A4. For new orders – New orders should be submitted to any contracted vendor on our Vendor List. If you submit an order for CHME, our UM team will reach out to your office to request that you change the order to another vendor.

For existing orders/renewals - We may contact your office to request a new order for a different vendor.

**Q5. Who do I contact with questions?**

A5. If you have any questions regarding this information please contact Art Shaffer, Provider Network Management Associate at 408-874-1762 or email [providerservices@scfhp.com](mailto:providerservices@scfhp.com).