

Regular Meeting of the

Santa Clara County Health Authority Cal MediConnect Consumer Advisory Board (CAB)

Thursday, December 5, 2019, 11:30 AM-1:00 PM

Santa Clara Family Health Plan, Redwood

6201 San Ignacio Ave, San Jose, CA 95119

AGENDA

1. Introduction	Dr. Nakahira	11:30	5 min
2. Public Comment Members of the public may speak to any item not on the agenda two minutes per speaker. The Consumer Advisory Board reserves the right to limit the duration of public comment period to 30 minutes	Dr. Nakahira	11:35	5 min
3. Meeting Minutes Review meeting minutes of the September 5, 2019 Cal MediConnect CAB Meeting	Dr. Nakahira	11:40	5 min
4. Follow-Up / Old Business			
a. Community Resource Center Provide update on planning and implementation	Ms. Watkins	11:45	5 min
5. Health Plan Update Discuss status of current topics	Dr. Nakahira	11:50	5 min
6. Discussion Items			
a. Grievances and Appeals Overview	Ms. Perryman/ Mr. Breakbill	11:55	10 min
b. New 2020 Benefits	Mr. Ly	12:05	10 min
c. Behavioral Health Options Review of available behavioral health services	Ms. McKelvey	12:15	5 min
7. Standing Items			
a. Member Communications Review of SCFHP member communications	Ms. Byom	12:20	10 min
b. Health Education and Cultural & Linguistics Review of Health Education programs available	Ms. Shah	12:30	5 min
c. Ombudsman Cal MediConnect ombudsman program updates	Ms. Huyenh-Cho	12:35	5 min

d. Future Agenda Items Discuss topic ideas for future meetings	Dr. Nakahira	12:40 10 min
8. Member Feedback and Experience	All	12:50 10 min
9. Adjournment Next meeting: March 5, 2020, 11:30 AM-1:00 PM	Dr. Nakahira	1:00

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 Amy O'Brien 48 hours prior to the meeting at 408-874-1997.
- To obtain a copy of any supporting document that is available, contact Amy O'Brien at 408-874-1997. 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™**

Cal MediConnect: What are Grievances and Appeals?
Grievance & Appeals, Santa Clara Family Health Plan
October 2019

Overview

- Cal MediConnect
 - **How to File a Grievance or Appeal**
 - **Definitions for Grievances and Appeals**
 - **Who Can File a Grievance or Appeal?**
 - **What happens after a grievance is filed?**
 - **What happens after an appeal is resolved?**

How To File a Grievance or Appeal

A grievance or appeal can be submitted to SCFHP in a number of ways:

- Submit an **online form** via SCFHP website: www.scfhp.com.
- **Call** Customer Service at 1-877-723-4795, or TTY 1-800-735-2929.
- **By mail:**
Attn: Grievance and Appeals Department
Santa Clara Family Health Plan
P.O. Box 18880
San Jose, CA 95158
- **In person** at the Santa Clara Family Health Plan office
- **By fax:** 408-874-1962

Definitions – Grievances and Inquiries

- Grievance
 - “An expression of dissatisfaction with any aspect of the operations, activities or behavior of a plan...[over] health care items, services, or prescription drugs...”
- Inquiry
 - “Any verbal or written request for information to a plan...that does not express dissatisfaction or invoke a plan’s grievance, coverage or appeals process...”

Definitions - Appeals

- Appeals are split into Reconsiderations (Medical benefits) and Redeterminations (Pharmacy benefits).
- Reconsiderations
 - “...The first level in the appeals process which involves a review of an adverse organization determination by [the Plan], the evidence and findings upon which it was based, and any other evidence submitted by a party to the organization determination, the Plan, or CMS.”
- Redeterminations
 - “First level in the Part D appeal process in which [the Plan] reviews an adverse Part D coverage determination, including the findings upon which the decision was based and any other evidence submitted or obtained.”

Who Can File a Grievance or Appeal?

1. Members can always file a grievance or appeal.
2. Representatives with an active Appointment of Representative (AOR) form can always file a grievance or appeal.
 - AOR forms are only active for 1 year and would need to be renewed after expiration.
3. An unauthorized representative can file a grievance or appeal for the member, but only if the member provides verbal consent. If no verbal consent is obtained, the G&A Department will follow up with the member.
4. Providers who have evidence of providing care to the member can file an appeal.
 - Staff at a provider's office can file an appeal, but need to use the provider's letterhead when submitting the appeal.
5. Non-contracted providers can file post-service appeals, but not pre-service appeals (without an AOR form).

The Grievances Process

- Grievances follow a 30 day process, starting from the day the member files a grievance.
- Within the first 5 days, G&A Coordinators will send a letter to the member. They may also call the member to understand the grievance.
- All grievances are sent to the Quality Department to review if Quality needs to further investigate.
- Some actions G&A will do for investigation:
 - Informing the appropriate departments, offices, organizations, etc. of the issue so actions can be taken.
 - Fact-checking the member's complaints through interviews and document requests.

Closing a Grievance

- The G&A Coordinator will send out a letter to the member about their findings no later than day 30.
 - All issues of the grievance will be addressed.
 - Grievances may be extended for an additional 14 days (day 44). If so, the Coordinator will inform the member through phone calls and a letter that the case is extended.
- If the member is still not satisfied, they have additional rights granted by CMC:
 - They can contact the G&A Coordinator to clarify details on the resolution.
 - Department of Managed Health Care (DMHC) oversees Plans and can review if we investigated the grievance properly.
- If the member filed a grievance on their Quality of Care, they may file a grievance to Livanta, California's Quality Improvement Organization.

Pre-Service Reconsiderations Process

- Routine pre-service reconsiderations follow a 30-day process, starting from the day the appeal was filed.
- Within the first 5 days, G&A Coordinators will send a letter to the member.
- The appeal must be reviewed by a different medical professional than whoever denied the request the first time.
- Members and providers may submit documents for the appeal. G&A Coordinators are also expected to receive medical records about the request.

Pre-Service Redeterminations Process

- Routine pre-service redeterminations follow a 7-day process, starting from the day the appeal was filed.
- Within the first 24 hours of receiving the case, the G&A Coordinator will call the appellant to let them know the case was received.
- The appeal must be reviewed by a different medical professional than whoever denied the request the first time.
- Members and providers may submit documents for the appeal. G&A Coordinators are also expected to receive medical records about the request.

Expedited Appeals

- Appellants may request an expedited appeal for both pre-service reconsiderations and pre-service redeterminations. **This must be made explicit.**
- When an expedited case is requested, the G&A Coordinator sends the case to a Medical Director for expedite review.
- If a case is expedited, the G&A Department must resolve the case and inform the member of the resolution **within 72 hours.**
 - In addition, if the case goes to IRE, the IRE will also review the case **within 72 hours.**
- If a case is not expedited, the G&A Coordinator calls the member to let them know that the case will be treated as routine.
 - They also must be told they are granted the right to file an expedited grievance. If they agree to file one, we will review if the case should be expediting again.

Post-Service Appeals

- Post-service appeals are cases about denied claims with zero payment.
- Non-contracted providers are the main individuals who file post-service appeals. Unless a member or representative files a post-service appeal, the member gets no communications on post-service appeals.
- Post-service reconsiderations have a processing time of 60 days and post-service redeterminations have a processing time of 14 days. They cannot be expedited.
- Post-service reconsiderations also automatically go to IRE if upheld. Post-service redeterminations have to be requested by the member.

Questions?

Cited Sources

- Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance
 - <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Downloads/Parts-C-and-D-Enrollee-Grievances-Organization-Coverage-Determinations-and-Appeals-Guidance.pdf>
- Cal MediConnect Member Handbook
 - https://www.scfhp.com/sites/default/files/cmcmemberhandbook_en.pdf



**Santa Clara Family
Health Plan™**

Grievance & Appeals Department

Cal MediConnect Key Benefit Changes

Covered in 2020:

- **Acupuncture:** Up to 26 visits in one calendar year. Prior authorization may be required. Cost share: \$0
- **Chiropractic Services:**
 - Adjustments of the spine to correct alignment (when accompanied by documented subluxation)
 - Up to 26 outpatient chiropractic services in any one calendar year, or more often if medically necessary. Note: Prior authorization may be required for more than 26 services.Cost share: \$0.
- **Opioid Treatment Services:** Opioid treatment services are a covered benefit. Prior authorization may be required. Cost share: \$0
- **Vision Care:** Up to \$200 for eyeglasses (frames and lenses) or up to \$200 for contact lenses every two years.

SCFHP Cal MediConnect Plan Changes for 2020 – Part D

- Catastrophic Coverage Stage increases from \$5,100 to **\$6,350**
- **\$0 Copays** for Tier 1
- Copays increase for Tier 2

Medication Type	Tier	Copay
Generic Drugs (for a 30-day supply)	1	\$0
Brand-Name Drugs (for a 30-day supply)	2	\$0, \$3.90, \$8.95
Non-Medicare Rx Drugs	3	\$0
Over-the-Counter Drugs (Non-Medicare prescription)	4	\$0



**Santa Clara Family
Health Plan™**

Behavioral Health Case Management

Natalie McKelvey, LCSW

Manager, Behavioral Health

What Do We Do?

Case Management and Care Coordination

- Assistance with access to contracted providers
- Explanation of benefits
- Coordination to providers
- Collaboration with BH Providers
- Assistance after hospitalization

SCFHP BH Team

- Provides case management to the CMC population with Serious Mental Illness
- Coordinates access to BHT

Access to Behavioral Health Services

Santa Clara County Department of Behavioral Health

Screening completed by County Behavioral Health

- Specialty
- Mild to Moderate

Call (800) 704-0900

- | | | |
|-----------|-----------|--------------|
| - English | - Chinese | - Farsi |
| - Spanish | - Tagalog | - Vietnamese |

Access to Behavioral Health Services

Behavioral Health Services for Specialty Care are carved out to Santa Clara County

You do not need a prior authorization for treatment- no formal referral is required!

If you find a Behavioral Health provider able to treat you or has treated you within the last year we can process the request

Your Primary Care Provider can prescribe and maintain medications to treat mild to moderate symptoms

Transportation is a benefit for eligible appointments with providers

The Holiday Season.....

Even Santa gets overwhelmed!

- The Holiday Season is not always the most joyful time of year for everyone



Still Have Questions? Or Would Like Help?

Contact SCFHP Behavioral Health Team

- Call SCFHP Customer Service
- Call the new SCFHP Case Management Access line at 1(877) 590-8999
TTY/TDD 1(800) 735-2929 or 711
- Call your assigned SCFHP Case Manager
- Talk to your Primary Care Physician



Still Have Questions? Or Would Like Help?

Contact Santa Clara County Behavioral Health Services

- Mental Health Services
1(800) 704-0900
- Substance Use Services
1(800) 488-9919
- Suicide and Crisis Hotline 24/7
1(855)278-4204 or Text
RENEW to 741741



Questions? Comments?



**Santa Clara Family
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Member Communications

Cal MediConnect Consumer Advisory Board, December 5, 2019

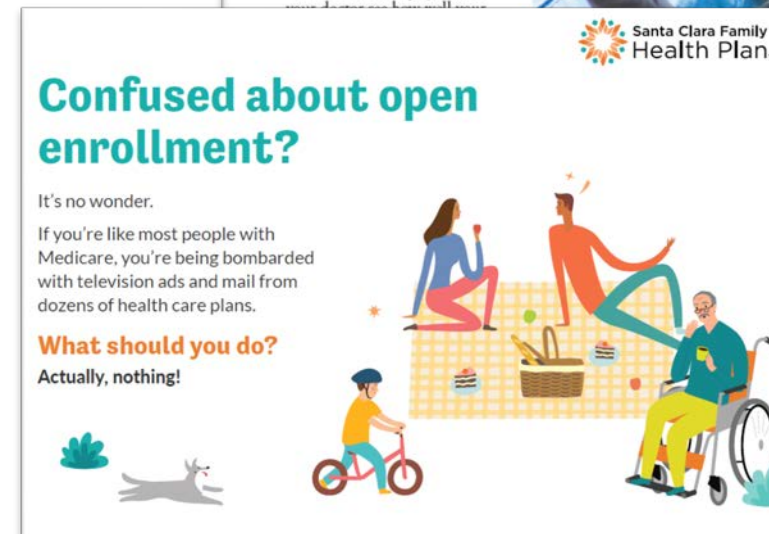
Member Communications

Mailings

- Fall Newsletter
- Renewing Member Postcard
- Flu Shot Reminders – Text Message

Website

- New site launching December 10
- Board & Committee Meetings
 - Agendas, agenda packets, meeting minutes
- Member Materials
 - Provider Directories
 - Formulary
 - 2020 Plan Materials



Member Communications

Educational Events

- **SCFHP attended 21 events from Sept 1 - Dec 5, 2019, including:**
 - Vietnamese Caregivers Conference
 - 2019 Disability Awareness Day
 - Day on the Bay
 - Veterans Resource Fair

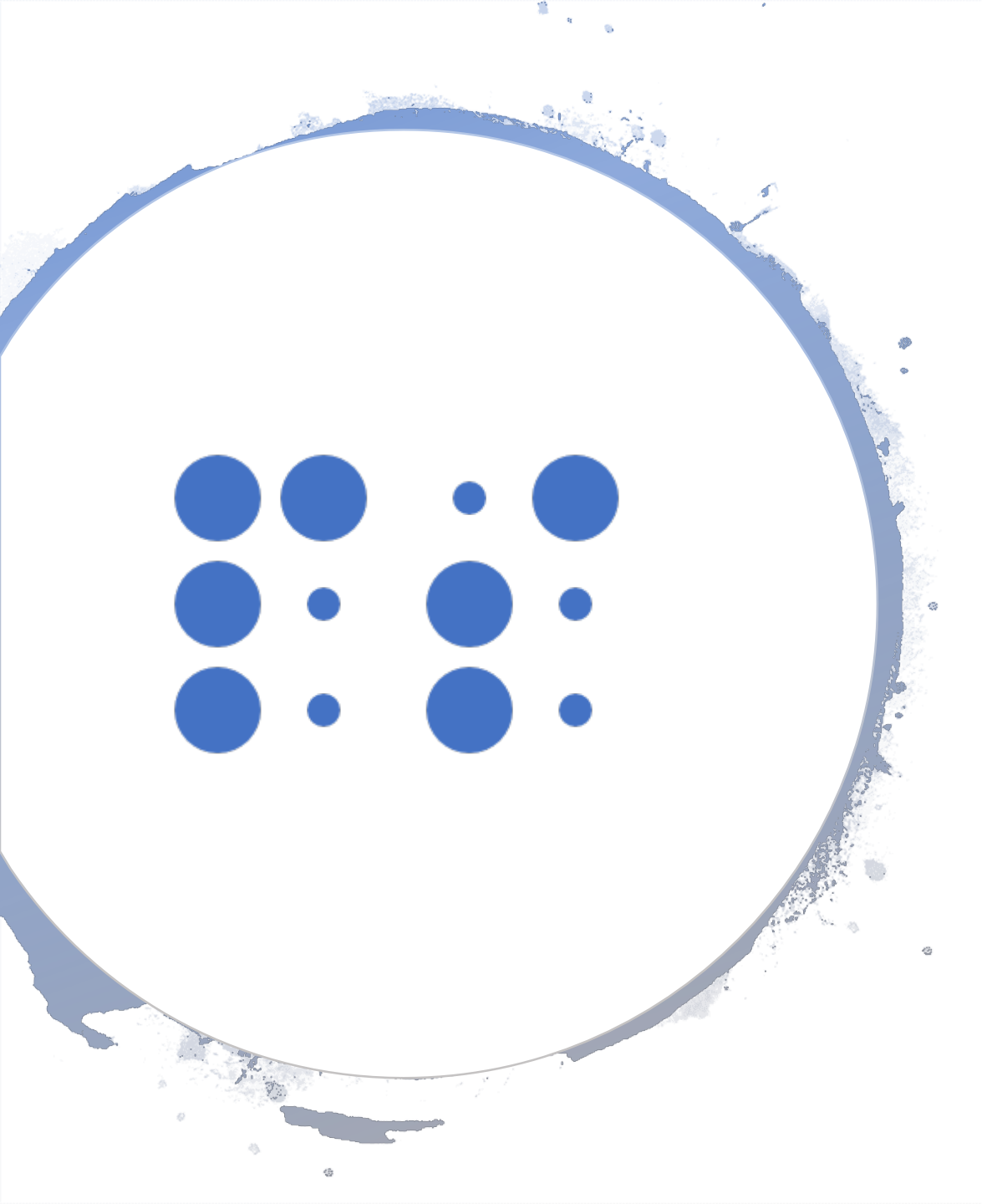
- **Future Events:**
 - Grace Solutions' Holiday Health Fair @ Grace Baptist Church - *December 14, 2019*



BREATHE CALIFORNIA
1469 Park Ave, San Jose, CA
Ph:408-998-5865
Web: breathebayarea.org

"Clean air and healthy lungs leader in the Bay Area since 1911"

Our mission is to fight lung disease in all of its forms. We work with the community to protect lung health.



Our services include:

- tobacco control programs
- asthma services
- clean air programs
- lung health services
- community education
- advocacy programs

Asthma Management Programs

- **Asthma Education Classes for Children-** comprehensive one hour workshop or four 45 minutes to one hour sessions
- **Asthma Education Workshop for Adults and Caregivers-** 60 to 90 minute sessions for childcare providers, teachers, and parents
- **Indoor Air Quality Assessments for Schools, Daycares, and Schools**





ASTHMA CAMP SUPERSTUFF

- A weeklong day camp for asthmatic children ages 6-12
- Trained staff and volunteers teach participants important techniques critical to managing their asthma. This includes:
 - Understanding different aspects of the disease
 - Recognizing triggers
 - Knowing when and how to take medication
 - Learning how to support asthmatic peers



Skits and
Games

Field
Trips

Arts and
Crafts

Swimming and
more!

Tobacco Cessation Services

QUIT THE HITS - THIS PROGRAM IS DESIGNED **OVER 5 SESSIONS** OF EDUCATION AND SUPPORT FOR THOSE YOUTH WHO ARE INTERESTED IN QUITTING VAPING/OTHER FORMS OF TOBACCO/MARIJUANA USE.

SMOKELESS SATURDAY SCHOOL FOR YOUTH: ONE-SESSION GROUP COURSE WITH THREE HOURS OF INSTRUCTION PER SESSION.

ASH KICKERS CESSATION PROGRAM FOR ADULTS AND SENIORS:
ASH KICKERS IS A SIX-SESSION SMOKING CESSATION PROGRAM BASED ON THE TRANS-THEORETICAL MODEL OF BEHAVIOR MODIFICATION.

3-HOUR SMOKING CESSATION GROUP PLUS TELEPHONE FOLLOW-UP:

ONE-SESSION GROUP COURSE WITH THREE HOURS OF INSTRUCTION PER SESSION, PLUS TWO FOLLOW-UP TELEPHONE CONSULTATION SESSIONS OF UP TO ONE-HALF HOUR EACH.

BRIEF COUNSELING WITH INDIVIDUALIZED TELEPHONE INTERVENTION:

ONE-SESSION INDIVIDUAL CONSULTATION WITH ONE-HALF HOUR OF INSTRUCTION IN THE SESSION, PLUS TWO FOLLOW-UP TELEPHONE CONSULTATION SESSIONS OF UP TO ONE-HALF HOUR EACH.

Thank you



Questions ?