



Meeting Minutes
SCCHA Quality Improvement Committee
 Wednesday, December 05, 2018

Voting Committee Members	Specialty	Present Y or N
Nayyara Dawood, MD	Pediatrics	Y
Jennifer Foreman, MD	Pediatrics	Y
Jimmy Lin, MD	Internist	N
Ria Paul, MD, Chair	Geriatric Medicine	Y
Laurie Nakahira, DO, CMO	Pediatrics	Y
Jeff Robertson, MD	Managed Care Medicine	Y
Ali Alkoraishi, MD	Adult & Child Psychiatry	Y
Jeffrey Arnold, MD	Emergency Medicine	N
Christine Tomcala, CEO	N/A	N

Non-Voting Staff Members	Title	Present Y or N
Johanna Liu, PharmD	Director of Quality and Pharmacy	N
Robin Larmer	Chief Compliance and Regulatory Affairs Officer	N
Sandra Carlson	Director of Medical Management	Y
Jamie Enke	Manager, Process Improvement	Y
Darryl Breakbill	Manager, Grievance and Appeals	Y
Caroline Alexander	Administrative Assistant	Y
Eric Tatum	Director of Provider Network Management	Y
Carmen Switzer	Provider Network Access Manager	Y
Mai Chang	Manager of Quality Improvement	N
Chris Turner	Chief Operating Officer	Y
Mansur Zahir	Project Manager, Process Improvement	Y
Duyen Nguyen	Clinical Pharmacist, Pharmacy	Y
Dang Huynh, PharmD	Manager, Pharmacy	Y

Tanya Nguyen		Director of Customer Service		Y	
AGENDA ITEM	DISCUSSION/ACTION	ACTION	RESPONSIBLE PARTIES	DUE DATE	
Introductions	Ria Paul, MD Chairman called the meeting to order at 6:35 p.m. Quorum was established at this time.				
Review and Approval of October 10, 2018 minutes	The minutes of the October 10, 2018 Quality Improvement Committee meeting were reviewed. It was moved, seconded to approve minutes as written.	Minutes of the October 10, 2018 meeting were approved as presented.			
Public Comment	No public comment.				
Action Items					
A. Annual MedImpact Oversight Audit	<p>Dr. Huynh presented an overview of the MedImpact Oversight Audit. Audit dates ranged from January 1, 2017 to December 31, 2017. Areas found to be noncompliant were 1026 Fraud, Waste, and Abuse (FWA) Compliance Training, 1027 Health Insurance Portability Accountability Act (HIPAA); and 1032 Part D Coverage Determinations, Appeals and Grievances (CDAG).</p> <p>Area 1026 findings: documentation provided by MedImpact did not demonstrate confirmation Corrective Action: MedImpact to provide correct documentation and verification to confirm training is being documented for HIPAA, FWA, and general compliance training in correct CMS</p>	Approved as presented			

	<p>formats</p> <p>Area 1027 findings: documentation provided by MedImpact did not confirm that new employees are trained within 90 days of hire and annually thereafter (within 12 months) Corrective Action: MedImpact to provide that HIPPA training is being documented upon hire and annually (within 12 months).</p> <p>Area 1032 findings: for Prior Authorizations, denial language not member friendly, incorrect language preference, incorrect verbiage, incorrect denial/review</p> <p>Corrective Action: MedImpact to provide Root Cause Analysis and Impact Report with CAP for each prior authorization case. CAP will need to include on-going monitoring and process improvement plan. Ms. Turner inquired about the trainings, where they missing documentation or missing training of individuals? Dr. Huynh responded that training signature logs were not turned in.</p>			
<p>B. Quality and Accuracy Assessment of Pharmacy Benefit Information on the Member Portal</p>	<p>Dr. Huynh presented the Quality and Accuracy Assessment of Pharmacy Benefit Information on the Member Portal. For Accuracy of Pharmacy Benefit, total sample was 153. Accuracy goal was met 100%. For Quality of Web Site, total sample was also 153. Quality goal was met 100%. For other items that may also reflect quality of the web site, sample size was 243. Goal was met 100%. Dr. Paul inquired as to who did the survey. Dr. Huynh responded that the Health Plan conducted the survey.</p> <p>Assessed MedImpact's compliance with the National Committee on Quality Assurance (NCQA) standard: MEM2-Pharmacy Benefit Information, Element A. Santa Clara Family Health Plan reviewed all the samples and submitted supporting documents in the look back period between June 1, 2018 and November 20, 2018. No observations or conditions were identified during the review.</p>	<p>Approved as presented</p>		

<p>C. Quality and Accuracy Assessment of Pharmacy Benefits and Personalized Information Available Over the Telephone</p>	<p>Dr. Paul inquired as to who did the survey. Dr. Huynh responded that the Health Plan conducted the survey.</p> <p>Ms. Nguyen presented the Quality and Accuracy Assessment of Pharmacy Benefits and Personalized Information Available over the Telephone. Assessed eight factors on Pharmacy Benefit. Goal was 100% on Accuracy and 100% on Quality.</p> <p>Factor 1: Determine financial responsibility for a drug, based on pharmacy benefit</p> <p>Factor 2: Initiate the exceptions process</p> <p>Factor 3: Order a refill for an existing, unexpired mail-order prescription</p> <p>Factor 4: Find the location of an in-network pharmacy</p> <p>Factor 5: Conduct a Pharmacy proximity search based on zip codes</p> <p>Factor 6: Determine potential drug-drug interactions</p> <p>Factor 7: Determine a drug's common side effects and significant risks</p> <p>Factor 8: Determine the availability of generic substitution</p> <p>Factors 1, 4, and 5 met the accuracy goal at 100%. Factor 3 was not applicable, Factor 2 Call categorization 70% of the calls met the target goal. Factors 6, 7 and 8 had no data to report. For Quality Assessment Factor 1, 4, and 5 met the accuracy goal at 100%. Factor 2 Call categorization 70% of the calls met the target goal; Factor 3 was not applicable. Factors 6, 7 and 8 had no data to report. An improvement plan was developed to address the areas of job knowledge and call documentation. Target date of completion was November 30, 2018. Dr. Robertson inquired why elements 6, 7, and 8 had no data. Ms. Nguyen responded that these areas never came up in calls with members.</p> <p>Assessed four factors on Website and Telephone Accuracy for Personalized Information. Goal was 100% on Accuracy and 100% on Quality.</p>	<p>Approved as presented</p> <p>Approved as presented</p>		
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<p>D. Performance Evaluation of the Clinical Practice Guidelines</p>	<ol style="list-style-type: none"> 1. Request or re-order ID cards 2. Change a Primary Care Practitioner 3. Determine how and when to obtain referrals and authorization for specific services 4. Determine benefit and financial responsibility for a specific service or treatment from a specified provider or institution <p>For Accuracy and Quality Assessment of Website, all measures met the goal at 100%. For Accuracy and Quality Assessment of Telephone, in area of accuracy all measures met, except for Job Knowledge evaluation criteria 3, accuracy measure met 94.7%. 5.3% below the 100% target goal. In area of quality, measures met 100% target goal. An improvement plan was developed to address the area of job knowledge. Target date of completion was November 30, 2018. Dr. Paul inquired as to if a lot of members use the website. Ms. Nguyen responded that members do not use the website as much as they use telephone contact.</p> <p>Dr. Robertson presented the Performance Evaluation of the Clinical Practice Guidelines on behalf of Ms. Chang. Every year Clinical Practice Guidelines are selected. Seven measures were selected for Cal MediConnect and fourteen for Medi-Cal. Met six out of seven measures for Cal MediConnect. Did not meet baseline for medical attention for nephropathy. For Medi-Cal, met 11 out of the 14 measures. Did not meet poor control for diabetes, 2 points away from baseline rate. For good control, 6 points away from baseline rate. For well child, 2 points away from baseline rate. Have continued opportunities for how we align care with practice guidelines. Continue to provide encouragement and reminders to providers. Interventions in place directed at members to remind them to make appointments with providers in order to achieve targeted performance in clinical practice guidelines. Dr. Paul commented significant improvement in meeting diabetic retinopathy screening</p>	<p>Approved as presented</p>		
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<p>E. Member Experience Analysis</p>	<p>guideline. Dr. Robertson indicated members were contacted that needed diabetic retinopathy eye exam. Also, contracted more providers in Optometry.</p> <p>Mr. Breakbill presented the Member Experience Analysis. In 2017, the following measures were monitored for aspects shaping the Member Experience by conducting at a minimum, a quantitative analysis of all of the results and a quantitative analysis of non-behavioral health results:</p> <ol style="list-style-type: none"> 1. Member complaint and appeals categories: <ol style="list-style-type: none"> a. Non-Behavioral Health b. Behavioral Health 2. Member Satisfaction Survey <ol style="list-style-type: none"> a. Behavioral Health <p>Santa Clara Family Health Plan collects data on five major categories of member grievances and appeals:</p> <ul style="list-style-type: none"> • Quality of Care • Access • Attitude/Service • Billing/Financial • Quality of Practitioner office site <p>Goal is to maintain a rate not to exceed 5.0 Non-BH & BH grievances/appeals per 1000 members for each quarter, as well as maintain a rate not to exceed 5.0 Non-BH & BH grievances/appeals per 1000 members for each category.</p> <p>Exceeded this in billing/financial as well as attitude/service. SCFHP tracks and trends all member complaints/grievances for each of the five categories listed.</p> <p>Santa Clara Family Health Plan convened a Grievance and Appeals workgroup on October 3, 2018 to conduct a root cause analysis of the increased number of Attitude/Service and Billing/Financial complaints/grievances and the Billing/Financial appeals. There was an increase in the number of transportation grievances from Yellow Cab. Complaints were</p>	<p>Approved as presented</p> <p>Find out which number members are calling regarding Behavioral Health (County Call center?)</p>	<p>Jamie Enke</p>	
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<p>F. Experience with Complex</p>	<p>related to not being picked up on time. Concerns varied from the delay in processing authorizations to the attitude of Customer Service Representatives with Santa Clara Family Health Plan.</p> <p>Quest Diagnostics inappropriately balance billed SCFHP members for lab services due to misunderstanding of the Cal MediConnect line of business in that both primary and secondary payment comes from Santa Clara Family Health Plan.</p> <p>The Grievance and Appeals Department received a new body of work related to post-service claims denials. Effective 9/1/17, claims reconsiderations transitioned from the Provider Dispute Resolution team to G&A, so these denials began being included in the counts of appeals.</p> <p>Santa Clara Family Health Plan tracks and trends all member behavioral health complaints/grievances and appeals for each of the five categories listed above. Ms. Enke shared the results of the annual telephone member satisfaction survey that is conducted with Cal MediConnect members who receive behavioral health services. A total of 230 members were identified. 57, or 25% of the 230 members identified completed the survey. The majority of non-responders did not participate because they never answered the phone. 24 or 10% of the total members contacted refused to participate in the survey. The majority of the respondents were female, over 55, White or Hispanic with an education above the high school level. Santa Clara Family Health Plan will use 2017 data as a baseline result. 2018 data will be compared to 2017 to identify trends and areas that need improvement. Dr. Alkoraishi inquired as to who members are calling, call center? Dr. Dawood commented that experience is pretty poor with County Call Center.</p> <p>Ms. Carlson presented the experience with Case Management. Santa Clara Family Health Plan monitors Cal MediConnect</p>	<p>Approved as</p>		
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Case Management	<p>members' experience with the Complex Case Management Program to ensure adequate satisfaction with program goals is achieved. 100% of members stated they were overall satisfied or somewhat satisfied with the CCM Program, resulting in meeting the 90% goal for this measure. 100% percent of members believe that their assigned case manager treated them with respect and listened to what they had to say. 100% of members felt their assigned case manager returned phone calls in a timely manner. 71% of members believe that their case manager helped them find the services they needed. 29% stated they were unsure. 71-72% of members responded that they better understand their disease or condition, are better able to manage their health and their situation is better because of their case manager's help. 14% were not sure, and another 14% disagreed. Barriers and opportunities were identified, and interventions will be initiated in January 2019. Interventions will include:</p> <ul style="list-style-type: none"> • provide ongoing training to CCM Case Management Staff on health education materials, resources, and free/low-cost community programs available to members • Create a CCM Experience Survey document that can be mailed to the member directly through the Case Management Platform (Essette) Correspondence module • Configure additional questions within the current CCM Survey Assessment in Essette 	presented		
G. Continuity and Coordination of Medical Care Analysis	<p>Ms. Carlson presented the Continuity and Coordination of Medical Care Analysis. Santa Clara Family Health Plan monitors activities directed at improving continuity and coordination of medical care and takes action to improve the outcomes of the monitored activities. Through analysis, SCFHP identifies four opportunities for improvement. Measure 1 PCP Experience Survey barriers: PCP and specialists do not share electronic health records. PCPs do not receive communication</p>	Approved as amended		

	<p>back from the Specialist on follow up/appointment outcomes. Measure 2 Comprehensive Diabetes Care Eye Exam Rate, all performance goals were met so no interventions put in place. Measure 3 PCP follow up after 30 days of discharge rate. PCP's are not always aware that their patients are admitted to hospitals thru the ER. Intervention will be initiated in March 2019. Measure 4 Plan All Cause Readmission Rates. Member may not remember to get ambulatory care or receive discharge instructions to reduce risk of readmissions. Disjointed communications between SCFHP UM and CM staff may lead to gaps in care after discharge. Dr. Paul asked how we are notified that member did not follow up. This is addressed in follow up questionnaire. Amend verbiage to say "Member may not follow ambulatory care discharge guidelines."</p>			
<p>H. QI. 28 Health Homes Program policy</p>	<p>Ms. Enke presented the Health Homes Program policy for review. Comprehensive Case Management program. Scheduled to go live July 2019. Policies and procedures due January 2019. Delineates responsibilities between Santa Clara Family Health Plan and Community Based Care Management Entities (CBCME's).</p>	<p>Approved as presented</p>		
<p>I. Network Adequacy Assessment</p>	<p>Ms. Switzer presented the Network Adequacy Assessment. Santa Clara Family Health Plan (SCFHP) monitors the adequacy of its provider network for access, availability, member experience and also annually reviews and analyzes data to identify opportunities for improvement. Conclusions and interventions (Non-Behavioral Health):</p> <ol style="list-style-type: none"> 1. SCFHP's provider network has a shortage of Geriatric providers in the South East area of Santa Clara County. SCFHP will continue to monitor contracting opportunities in the area 2. The member grievance assessment showed how long wait times for Physical Therapy (PT) in the city of San 	<p>Approved as presented</p>		

	<p>Jose: however, it appears after the Pacific Rim contract was executed on February 1, 2018, where services are offered in the San Jose area, access has improved</p> <p>3. The Accessibility of Provider Network analysis showed the provider types that were surveyed on access standards and did not meet the urgent care and/or non-urgent care/routine appointment standards. SCFHP’s resurveys providers who were non-compliant with timely appointment standards, and if the provider shows continues non-compliance, they are required to complete SCFHP’s training program.</p> <p>The Availability of Provider Network analysis (NET 1) showed that SCFHP’s provider network has a shortage of Clinical Social Workers and Addiction Medicine providers in SE area of Santa Clara County. SCFHP has conducted provider outreach efforts in Gilroy and San Martin and there are 3 CSW’s that are in the process of contracting with SCFHP. SCFHP is in the process of identifying Addiction Medicine providers available to join SCFHP’s provider network. The Accessibility of Provider Network analysis (NET 2) showed that prescribing and non-prescribing behavioral health providers appear to have an issue with meeting the “non-life threatening emergency within 6-hours appointment” standard, which was identified through the “access” surveys that were conducted in measurement year 2018. The resurveys were completed and the providers who showed continued non-compliance were contacted to complete SCFHP’s access training program, of which two have successfully completed and the remaining providers are scheduled to complete the program. SCFHP’s goal is to ensure all non-compliant providers complete the access training program by the end of 2018.</p> <p>Opportunities identified were as follows:</p> <ul style="list-style-type: none"> • Improve access to urgent care appointments • Increase the number of BH providers within SCFHP’s network 			
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<p>Discussion Items</p> <p>A. Appeals and Grievances</p> <p>B. Health Outcomes Survey (HOS)</p>	<ul style="list-style-type: none"> • Educate BH providers on timely access standards • Improve after-hours access • Increase Acute Care Facilities in San Jose County • Improve Access to members • Increase Network providers in rural counties <p>All were selected for intervention in 2018 and initiation is in process.</p> <p>Mr. Breakbill presented the Appeals and Grievances report. Overall caseload increased by 130 cases. Every quarter, monitoring CHME. 262 complaints received since January 2018, incontinence and wound care supplies being delayed. As of September, put members on a template to aware staff that items need to be shipped out. Continued challenges with delivery. Santa Clara Family Health Plan and CHME executive team have been meeting to address this.</p> <p>Ms. Enke presented the Health Outcomes Survey (HOS). The Medicare HOS is the first patient-reported outcomes measure used in Medicare managed care. The goal of the Medicare HOS program is to gather valid and reliable clinically meaningful data that have many uses, such as targeting quality improvement activities and resources; monitoring health plan performance and rewarding top-performing health plans; helping beneficiaries make informed health care choices; and advancing the science of functional health outcomes measurement.</p> <p>It is a mandatory survey for all Medicare Advantage contracts (including Medicaid-Medicare Plans). HOS is a multi-year survey with a baseline survey and follow up survey two years later. Data sources include survey responses and HEDIS rates.</p>			
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<p>C. Consumer Assessment of Healthcare Providers and Systems (CAHPS)</p>	<p>Scores are adjusted for geographical differences. The baseline and two-year follow up scores are used for the Medicare Star Ratings. First Santa Clara Family Health Plan (SCFHP) Cohort was Cohort 19 (2016 Baseline).</p> <p>2016 did first baseline report for Cohort 19. Follow up report available Summer 2019. Cohort 20 baseline 2017. Follow up in 2019. Response rate of 29.9%.</p> <p>Ms. Enke presented the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey. CAHPS is a consumer satisfaction survey that the health plan is required to administer annually by the Centers for Medicare and Medicaid Services (CMS). The objective is to gather information about member's experiences with, and ratings of, Santa Clara Family Health Plan (SCFHP). SCFHP contracts with DSS to conduct the survey. Results available in the Fall and published by CMS. Results impact CMS Star Ratings. CAHPS has 68 questions covering anything from Rating of Health Plan to Pneumonia Vaccination.</p> <p>New in 2018:</p> <ul style="list-style-type: none"> • Tested survey languages Chinese and Vietnamese • Quality and Marketing sent two reminder postcards in five threshold languages • Added 800 member oversample to the standard 800 members of official survey • Requested breakdown of results by Provider Group • SCFHP response rate in 2018 was 26.1% (2017 response rate 29%, 2016 response rate 15.6%) • The National response rate was 29.5% and the California response rate was 27.8% • Language analysis performed by DSS indicates adding Chinese and Vietnamese surveys would result in higher survey and Star ratings 			
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	<p>Additional languages resulted in significantly higher results. SCFHP's overall performance compared to 2017 showed significant improvement in rating of health plan, moderate improvement in rating of drug plan and customer services. Six areas remained the same:</p> <ul style="list-style-type: none"> • Getting needed prescription drugs • Getting needed care • Getting appointments and care quickly • Rating of personal doctor • Rating of specialist • Doctors who communicate well <p>The following were identified as areas for improvement:</p> <ul style="list-style-type: none"> • Getting needed care • Getting appointments and Care Quickly • Rating of Health Care Quality • Rating of Health Plan • Customer Service • Getting Needed Prescription Drugs • Care Coordination <p>SCFHP improved in these areas over 2017, but is still below the national and/or average CA MMP average</p> <p>Next steps will include:</p> <ul style="list-style-type: none"> • Follow up with DSS to include Chinese and Vietnamese languages in official 2019 survey • Meet with individual Provider Groups in Monthly Quality Meetings to gather feedback on improving scores and response rates for 2019 • Brainstorm internally with other departments on additional interventions to improve response rate and identify and implement actions to improve member satisfaction <p>Dr. Robertson presented the Initial Health Assessment (IHA)</p>			
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<p>D. Initial Health Assessment Audit (IHA)</p>	<p>Audit results for 1st and 2nd Quarter of 2018 on behalf of Ms. Chang. Required to complete medical, social, and needs assessment in the first 120 days of plan enrollment. Five elements are required for completion credit:</p> <ul style="list-style-type: none"> • Comprehensive history • Administration of preventive services (screenings, immunizations, etc.) • Comprehensive physical and mental status exam • Diagnosis and plan of care • Staying Healthy Assessment (SHA) Questionnaire <p>Findings were SHA remains the element with the greatest opportunity for improvement (26-28% compliance). Findings are not trendable, as different networks were reviewed (3 networks in Q1, 1 network in Q2). A small percentage of providers (28-43%) submitted fully compliant charts. The range of compliance was large (Q1 32-96%; Q2 20-56%). Provider and System barriers were identified. Steps that will be taken to overcome barriers are provider education as well as system improvement.</p> <p>For Provider Education:</p> <ul style="list-style-type: none"> • Provider Portal Use • Required documentation, including outreach • More efficient, effective use of the SHA • Ongoing support and education based on provider feedback <p>For System Improvement:</p> <ul style="list-style-type: none"> • IHA codes on Provider Resource page • Difficulty reaching MediCal members to schedule appointments (ongoing issue) • Members change providers in the first 120 days- Providers check Provider Portal regularly • Provider Network Management will include information about IHA and the SHA in the provider training packet going out in 2019 			
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<p>E. Access and Availability</p>	<p>Topic covered in Action Items under Network Adequacy Assessment.</p>			
<p>Committee Reports</p> <p>A. Credentialing Committee</p> <p>B. Pharmacy and Therapeutics Committee</p> <p>C. Utilization Management Committee</p>	<p>Dr. Robertson presented a summary of the October 3, 2018 Credentialing Committee report. Completed all the applications in the required timeframe. No providers terminated. Completed all required credentialing functions without any deficiencies noted.</p> <p>Dr. Robertson presented a summary of the Pharmacy and Therapeutics Committee minutes. Modifications to formulary, prior authorization criteria were approved. New classes of drugs were reviewed. Generic pipeline presented.</p> <p>Dr. Robertson presented a summary of the October 17, 2018 Utilization Management Committee minutes. 2019 Prior Authorization grid was revised to include both Cal MediConnect and Medi-Cal line of business. Reviewed dashboard. Performing above 95% in all metrics. Nurse Advice Line, Behavioral Health dashboard reviewed.</p>	<p>Approved as presented</p> <p>Approved as presented</p> <p>Approved as presented</p>		

<p>D. Compliance Report</p> <p>E. Quality Dashboard</p>	<p>Report deferred until next Quality Improvement Committee meeting</p> <p>Dr. Robertson presented the Quality Dashboard on behalf of Ms. Chang.</p>			
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Adjournment	Meeting adjourned by Dr. Ria Paul at 8:19 p.m.			
Next Meeting	Wednesday, February 13, 2018- 6:30 PM	Calendar and attend.	All	

Reviewed and approved by:

_____ Date _____

Ria Paul, MD
Quality Improvement Committee Chairperson

