

Regular Meeting of the
Santa Clara County Health Authority
Quality Improvement Committee

Wednesday, October 21, 2020, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference

(669) 900-6833
Meeting ID: 994 3075 9722
<https://zoom.us/j/99430759722>
Passcode: QIC_10/21

AGENDA

- | | | | |
|---|---------------|------|--------|
| 1. Roll Call | Dr. Paul | 6:00 | 5 min |
| 2. Public Comment
Members of the public may speak to any item not on the agenda; two minutes per speaker. The Quality Improvement Committee reserves the right to limit the duration of the public comment period to 30 minutes. | Dr. Paul | 6:05 | 5 min |
| 3. Meeting Minutes
Review minutes of the 08/12/2020 Quality Improvement Committee meeting.
Possible Action: Approve minutes of the 08/12/2020 Quality Improvement Committee meeting | Dr. Paul | 6:10 | 5 min |
| 4. CEO Update
Discuss status of current topics and initiatives. | Ms. Tomcala | 6:15 | 10 min |
| 5. Annual Assessment of Physician Directory Accuracy Report 2020
Review the Annual Assessment of Physician Directory Analysis Report.
Possible Action: Approve the 2020 Assessment of Physician Directory Analysis | Ms. Gambatese | 6:25 | 10 min |
| 6. Provider Satisfaction Survey MY2020 Analysis
Review of the Provider Satisfaction Survey results and determine any opportunities.
Possible Action: Approve the Provider Satisfaction Survey Analysis | Ms. Switzer | 6:35 | 10 min |
| 7. Call Code Analysis for Assessing Member Understanding of Policies and Procedures
A review of calls received between 07/01/2019 and 06/30/2020 from members within 90 days of their enrollment to identify opportunities for improvement. | Ms. Zhang | 6:45 | 10 min |
| 8. PHM 2C Activities and Resources
Review changes to activities and resources based needs identified in the 2020 NCQA PHM Population Assessment.
Possible Action: Approve the 2020 PHM Resources and Activities grid | Ms. McKelvey | 6:55 | 5 min |

<p>9. Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey 2020 Review results from the 2020 Cal MediConnect (CMC) CAHPS survey.</p>	Dr. Liu	7:00	10 min
<p>10. CY19 HEDIS Measures Below MPL Analysis Review the CY19 HEDIS Measures Below MPL Analysis.</p>	Ms. Baxter	7:10	5 min
<p>11. Policies</p> <ul style="list-style-type: none"> a. QI.17 Behavioral Health Care Coordination b. QI.20 Information Sharing with San Andreas Regional Center (SARC) c. QI.21 Information Exchange Between SCFHP & County of Santa Clara Behavioral Health Services Department d. QI.22 Early Start Program e. QI.23 Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care (SBIRT) <p>Possible Action: Approve policies QI.17, QI.20, QI.21, QI.22, and QI.23</p>	Ms. McKelvey	7:15	5 min
<p>12. 2021 Board and Committee Meeting Calendar Review 2021 QIC meeting dates.</p>	Dr. Liu	7:20	5 min
<p>13. Grievance and Appeals Report Q2 2020 Review the Grievance and Appeals Report Q2 2020.</p>	Mr. Hernandez	7:25	5 min
<p>14. Quality Dashboard Review of the Quality Dashboard.</p>	Dr. Liu	7:30	5 min
<p>15. Compliance Report Review of the Compliance Report.</p>	Mr. Haskell	7:35	10 min
<p>16. Pharmacy and Therapeutics Committee Review minutes of the 06/18/2020 Pharmacy and Therapeutics Committee meeting. Possible Action: Approve the 06/18/2020 Pharmacy and Therapeutics Committee meeting minutes</p>	Dr. Lin	7:45	5 min
<p>17. Utilization Management Committee Review minutes of the 07/15/2020 Utilization Management Committee meeting. Possible Action: Approve the 07/15/2020 Utilization Management Committee meeting minutes</p>	Dr. Lin	7:50	5 min
<p>18. Credentialing Committee Report Review 08/05/2020 Credentialing Committee meeting report. Possible Action: Approve the 08/05/2020 Credentialing Committee meeting report</p>	Dr. Nakahira	7:55	5 min
<p>19. Adjournment The next Quality Improvement Committee meeting will be on 12/09/2020.</p>		8:00	

Notice to the Public—Meeting Procedures

- Persons wishing to address the Governing Board on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.
- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Nancy Aguirre 48 hours prior to the meeting at (408) 874-1835.
- To obtain a copy of any supporting document that is available, contact Nancy Aguirre at (408) 874-1835. 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.

Quality Improvement Committee
Meeting Minutes
August 12, 2020

Regular Meeting of the
Santa Clara County Health Authority
Quality Improvement Committee

Wednesday, August 12, 2020, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan, Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - Approved

Members Present

Ria Paul, MD, Chair
Ali Alkoraishi, MD
Nayyara Dawood, MD
Jennifer Foreman, MD
Jimmy Lin, MD
Laurie Nakahira, D.O.,
Chief Medical Officer
Christine Tomcala, Chief
Executive Officer

Members Absent

Jeffery Arnold, MD

Specialty

Geriatric Medicine
Adult & Child Psychiatry
Pediatrics
Pediatrics
Internist

Emergency Medicine

Staff Present

Laura Watkins, Vice President, Marketing & Enrollment
Johanna Liu, PharmD, Director, Quality & Process Improvement
Raman Singh, Director, Case Management
Tanya Nguyen, Director, Customer Service
Shawna Cagle, Manager, Case Management
Theresa Zhang, Manager, Communications
Jamie Enke, Manager, Process Improvement
Carmen Switzer, Manager, Provider Network Access
Lucile Baxter, Manager, Quality & Health Education
Cecilia Lee, HEDIS Project Manager
Jayne Giangreco, Manager, Administrative Services

1. Roll Call

Ria Paul, MD, Chair, called the meeting to order at 6:03 pm. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

Johanna Liu, PharmD, Director, Quality and Process Improvement, welcomed Lucile Baxter, Manager, Quality & Health Education to the team and Laurie Nakahira welcomed Raman Singh, Director, Case Management.

3. Meeting Minutes

Minutes of the June 10, 2020 Quality Improvement Committee (QIC) meeting were reviewed.

It was moved, seconded and the minutes of the June 10, 2020 meeting were **unanimously approved.**

Motion: Dr. Dawood

Second: Dr. Alkoraishi

Ayes: Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Arnold, Dr. Foreman, Dr. Lin

4. CEO Update

Christine Tomcala, Chief Executive Officer, reported current plan membership is approximately 260,000

members and has increased by 10,000 since June. The increase is not from new members coming onto Medi-Cal as a result of COVID, but rather State suspension of redeterminations, so members that otherwise would have lost coverage are remaining on the Plan. Typically, around 4,000 members a month lose coverage due to redetermination. However, once the public health emergency ends, these members will ultimately be termed.

Ms. Tomcala reported this is the beginning of our new fiscal year, which started July 1. She shared the plan objectives for the year, noting the two top critical objectives are Pursue benchmark quality performance and Enhance compliance program and delegation oversight.

Ms. Tomcala indicated that the quality performance objective has four success measures. The first is increasing screenings to provide at least 11,000 developmental screenings, 5,000 trauma screenings, and 9,500 children ages zero to three tested for lead. The second measure is to achieve an increase in our HEDIS average performance score for both Medi-Cal and Cal MediConnect. The third metric focuses on reducing Plan All-Cause Readmissions (PCR) for Medi-Cal. Lastly, the fourth measure is achievement of 75% of the points required for Medi-Cal NCQA Interim Accreditation.

5. Provider Relief Funds Information

Laurie Nakahira, D.O., Chief Medical Officer, presented the Department of Health and Human Services Provider Relief Fund, a \$15 billion aid package made available to eligible Medi-Cal providers. The funding is to supply relief to Medi-Cal and Children's Health Insurance Program (CHIP) providers experiencing lost revenues or increased expenses due to COVID-19. To qualify, the provider must not have received payments from the \$50 billion Provider Relief Fund General Distribution, and have directly billed Medi-Cal/CHIP programs or managed care plans for healthcare-related services between January 1, 2018, and May 31, 2020.

6. Review of Cal MediConnect (CMC) Population Health Management Impact Report

Shawna Cagle, Manager, Case Management (CM), reviewed the CMC Population Health Management (PHM) Impact Report for 2019, noting the team has a systematic process to evaluate whether it has achieved its goals and to gain insight into the operational area needing improvement. The Case Management team conducts a comprehensive analysis of the impact of its PHM program Strategy that includes the following focus: Quantitative results for relevant clinical, cost/utilization and member experience measures, comparison of results with a benchmark goal, Qualitative Analysis of the results, and driving changes and updates to the upcoming PHM strategy for the next calendar year. Ms. Cagle presented recommendations for updating the 2020 PHM Strategy, Managing Multiple Chronic Illnesses, Members with Emerging Risk, Keeping Members Healthy, Patient Safety or Outcomes across settings, and Member Experience with Case Management Programs.

It was moved, seconded and the minutes of the June 10, 2020 meeting were **unanimously approved.**

Motion: Ms. Tomcala

Second: Dr. Dawood

Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul

Absent: Dr. Arnold

7. Cal MediConnect (CMC) Availability of Practitioners Evaluation

Carmen Switzer, Provider Network Access Manager, presented the Cal MediConnect (CMC) Availability of Practitioners Evaluation, noting this is required for NCQA accreditation. Ms. Switzer noted the Plan administers Cal MediConnect (CMC), a dual eligible plan for members who qualify for both Medicare and Medi-Cal. Enrollees receive the following CMC benefits, medical care, prescription medications, mental/behavioral health care, long term services and supports (LTSS), and connection to social services. Other important benefits include, vision care, transportation and hearing tests and aids. An annual assessment on Provider to Member Ratios and Maximum Time and Distance to ensure that at least 90% of its CMC enrollees have access to providers within CMS's published time and distance criteria.

It was moved, seconded, and the CMC Availability of Practitioners Evaluation was **unanimously**

approved.

Motion: Ms. Tomcala

Second: Dr. Lin

Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Nakahira, Dr. Paul

Absent: Dr. Arnold

8. Annual E-Mail Quality and Analysis

Tanya Nguyen, Director, Customer Service, reviewed the annual E-Mail Quality and Analysis report noting the Plan providing accurate and timely personalized information of member health plan services is central to the promotion of member engagement and self-management. SCFHP has a responsibility to provide accurate, quality information on health plan services to members through the website, over the telephone, and through e-mail.

In an effort to make this information readily available, SCFHP ensures that members can contact the organization through e-mail for any reason and receive responses within one-business day.

Personal information on health plan services may change periodically throughout the year; therefore, SCFHP has an obligation to be sure the information submitted via e-mail to members is accurate, current and timely. This is accomplished by measuring and evaluating the quality and accuracy of the information. SCFHP audits e-mail quarterly to identify any opportunities to improve interactions with the members.

SCFHP audits the information on e-mail turnaround time and quality of the email response on a quarterly basis to be able to identify opportunities to improve based on data collected and analyzed. This data is then rolled up into an annual rate for comparison year over year. Data included in this analysis was captured from July 1, 2019 through May 30, 2020.

9. HEDIS Reporting

Cecilia Le, HEDIS Project Manager, gave an overview of the final results for the measurement year 2019. Ms. Le discussed the challenges, as well as the achievements of auto-assignment measures for Medi-Cal and CMC quality withhold measures and, lastly, what initiatives are a result of the measure performance.

Ms. Le noted it was a challenge transitioning over because of workflow and data mapping changes using new HEDIS engine vendor. Also, we did not use the same vendor for our medical record-software tool, so we had to ensure our Admin and Medical records vendors synced up. We had difficulty getting access to medical records because of COVID causing provider offices closing or having limited hours because of COVID. Eventually, we were able to contact the doctor's offices and worked out a process to retrieve the records.

Ms. Le reported the successful implementation with three vendors: Citius Tech, CareSeed, & Guardian Angel, and incorporated 13 new supplemental data sources. She reported that 100% of Valley Medical Center's chases was abstracted. Ms. Le stated the next steps to improve measures under MPL: Asthma Medication Ratio, Comprehensive Diabetes Care, Cervical Cancer Screening, and Adolescent Well-Care visit. We continue to reach out to members by telephone with reminders and will implement on-hold messaging.

10. Quality Dashboard

Ms. Liu reported on the Quality Improvement Dashboard noting a decline in the Initial Health Assessment (IHA) due to COVID-19. The IHA is a comprehensive assessment completed during a new Medi-Cal member's initial visit with their Primary Care Physician (PCP) within 120 days of joining the plan. Ms. Liu reported that the Quality Improvement department conducts quarterly IHA audits and provider education to continually improve on preventive care.

Ms. Liu reported the potential quality of care issues noting quality ensures member safety by investigating all potential quality issues (PQI) cases. She said the Plan has been 99.2% successful in closing PQIs within 60 days. Ms. Liu reviewed the components of the wellness rewards program, noting there were 22,000 mailers and 13,000 gift cards sent year-to-date. The Plan has dedicated outreach staff conducting calls to promote health education and to help schedule screenings and visits while offering Wellness Rewards. 6,825 members

have called since January 2020, and this included a pause in service from Mid-March to May due to COVID-19. Ms. Liu reported on Health Homes Program (HHP) is designed to coordinate care for Medi-Cal beneficiaries with chronic conditions and or substance use disorders, noting 501 members have verbally consented into Health Homes as of July 31, 2020. HHP and Community Based Care Management Entities (CB-CMEs) launched on July 1, 2019, for chronic conditions and January 1, 2020, for serious mental illness.

11. Utilization Management Committee

Minutes of the April 15, 2020 Utilization Management Committee (UMC) meeting were reviewed by Dr. Lin.

It was moved, seconded and the minutes of the June 10, 2020 meeting were **unanimously approved.**

Motion: Dr. Foreman

Second: Dr. Dawood

Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Arnold

12. Pharmacy and Therapeutics Committee

Minutes of the April 30, 2020 Pharmacy and Therapeutics Committee (P&T) meeting were reviewed by Dr. Lin.

It was moved, seconded and the April 30, 2020 P&T Committee meeting minutes were **unanimously approved.**

Motion: Dr. Dawood

Second: Dr. Alkoraishi

Ayes: Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala

Absent: Dr. Arnold

13. Credentialing Committee Report

Dr. Nakahira reviewed the Credentialing Committee Report for June 3, 2020.

It was moved, seconded, and the Credentialing Committee Meeting Report was **unanimously approved.**

Motion: Dr. Lin

Second: Ms. Tomcala

Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Dawood, Dr. Nakahira, Dr. Paul


Absent: Dr. Arnold

14. Adjournment

The next QIC meeting will be held on October 21, 2020. The meeting was adjourned at 7:30 pm.

Ria Paul, MD, Chair

Date



Santa Clara Family Health Plan Assessment of Physician Directory Accuracy: 2020 Analysis

Quality Improvement Committee : 10/21/20

Overview

Santa Clara Family Health Plan (SCFHP) aims to provide its members and prospective members with the most accurate and up-to-date information possible in our physician directories. Provider directories function as a vehicle for our members to connect with our providers and access the healthcare delivery system. By performing routine outreach to our providers to keep their information up to date, we maintain our dedication to our members and their health. SCFHP monitors activities directed at improving the accuracy of the physician directory, as necessary, to improve the outcomes of the monitored activities.

Annually, SCFHP, reviews data associated with physician directory accuracy. Through analysis, SCFHP Plan identifies opportunities for improvement. During 2020, the following measures were monitored for aspects of physician directory accuracy.

Measure 1: Accuracy of office locations

Measure 2: Accuracy of phone numbers

Measure 3: Accuracy of hospital affiliations

Measure 4: Accuracy of accepting new patients

Measure 5: Awareness of physician office staff of physician's participation in the organization's network

SCFHP sets performance goals for each measure and through the analysis process, identifies opportunities to improve physician directory accuracy. The quantitative analysis process includes a review of results and compares those results against an established performance goal. In future measurement years, trends will be assessed. The qualitative analysis process utilizes the data to identify potential root cause and barriers applicable to achieving the performance goal. The process incorporates opportunities and interventions to address the root cause. SCFHP will track and trend each measure over a 3-year period, beginning with Baseline/Measurement Year 1:

1. Baseline/Measurement Year 3 2020
 - a. Quantitative analysis
 - b. Qualitative analysis to include barriers, opportunities and recommended interventions to meet performance goals in measurement year 3.
 - c. Implementation of interventions for measurement year 3.

I. Methodology

SCFHP measures the rate of physician directory accuracy through a provider outreach campaign to confirm provider directory accuracy. The data informatics team pulls the latest data used to produce the provider directory. From the data extract, a statistically significant sample is randomly selected. The following parameters were used to calculate the sample size:

Parameter	Value
Margin of Error	10%
Confidence Level	90%
Population Size	451
Recommended Sample Size	60

Two provider data staff members made calls during September using the Provider Directory Attestation form attached in Exhibit A. An analyst performed a randomized selection of PCP and SCP office and provided the listing to the Manager, Provider Database and Reporting, grouping the list by location so the caller could make one call to each office. For practitioners with multiple offices, each location was called. When there were multi-specialty offices, each practitioner was counted as one. Staff were instructed to talk to the office manager, who would have the most accurate information on whether the practitioner was taking new patients and which products were accepted by the office for payment. Based on the response from the provider's office, the provider data staff member records whether the information in the directory is accurate. If the information is not accurate, the representative records the accurate information into a spreadsheet to be updated into the provider database and subsequently updated into the directory.

Measure 1: Accuracy of office locations

Numerator: Number of respondents with correct address listed in the directory
 Denominator: Total number of physician offices which responded
 Goal: 100% accuracy of office locations listed in the directory

Measure 2: Accuracy of phone numbers

Numerator: Number of respondents with correct phone numbers listed in the directory
 Denominator: Total number of physician offices which responded
 Goal: 100% accuracy of phone numbers listed in the directory

Measure 3: Accuracy of Hospital Affiliations

Numerator: Number of respondents with correct hospital affiliation listed in the directory
 Denominator: Total number of physician offices which responded
 Goal: 100% accuracy of hospital affiliations listed in the directory

Measure 4: Accuracy of Accepting New Patients

Numerator: Number of respondents with correct ‘Accepting New Patients’ designation

Denominator: Total number of physician offices which responded

Goal: 100% accuracy of ‘Accepting New Patients’ designation in the directory

Measure 5: Awareness of physician office staff of physician’s participation in the organization’s network

Numerator: Number of respondents with awareness of participation in organization’s network

Denominator: Total number of physician offices which responded

Goal: 100% awareness of physician office staff participating in the organization’s network

II. Analysis

a. Results

Table #1. Measures 1-5 – Provider Directory Accuracy

	Accuracy of Office Locations	Accuracy of Phone Numbers	Accuracy of Hospital Affiliations	Accuracy of Accepting New Patients	Awareness of Office Staff of Physicians Participation in the Organization’s Network
Number of Respondents with Accurate Entries	59	58	60	58	60
Total Physician Responses	60	60	60	60	60
Accuracy Percentage (%)	98%	97%	100%	97%	100%
2019 Accuracy Percentage (%)	98% (62/63)	98% (62/63)	80% (51/63)	98% (62/63)	94% (59/63)
Goal	100%	100%	100%	100%	100%
Goal Met (Y/N)	N	N	Y	N	Y

b. Quantitative analysis

The performance goal set in Measurement Year 3 (MY3), 2020 of 100% was not met. The rate of accuracy of office locations was 97% in 2018, 98% in 2019. It remained at 98% in 2020. It is still two percentage points below the performance goal. The rate of accuracy of phone

Santa Clara Family Health Plan 2020 Assessment of Physician Directory Accuracy Analysis

numbers was 93% in 2018, 98% in 2019 and went down to 97% in 2020, which is three percentage points below the performance goal.

The rate of accuracy of hospital affiliations was 97% in 2018, 80% in 2019 and went up to 100% in 2020. We have met this performance goal. The accuracy of accepting new patients was stable, at 98% for both 2019 and 2018. For 2020 the accuracy is 97%, which is -1% change, which is three percentage points below the performance goal. The accuracy level for participation in the organization’s network was 79% for 2018, 94% for 2019 and 100% for 2020. We have met this performance goal.

c. Qualitative analysis

In an effort to meet the performance goal for 2021, a barrier analysis was completed to identify opportunities and interventions to improve the rate of all accuracy measures. We focused on the two lowest performing measures, where there was the most opportunity for improvement. The analysis was completed by internal staff comprised of the PNO data analyst, Manager, Provider Database and Reporting, and the Manager, Process Improvement.

2021 Barrier and Opportunity Analysis Table 2.0 (this goes to QIC every other year)

Barrier	Opportunity	Intervention	Selected for 2021?	Date Initiated
Delays in receiving changes from providers through their delegates	Reminders to delegates.	Continue to communicate timeliness of provider changes at quarterly joint operation committees.	Y	Ongoing
Rapidly changing provider data due to frequent staff changes	Inform providers of importance of submitting timely information	Ensure that provider relations staff has on-going communications to discuss data changes with MD and their office staff.	Y	Initiated 4Q2020 and will be ongoing annually



Barrier	Opportunity	Intervention	Selected for 2021?	Date Initiated
Inaccurate Phone number listed	Update the directory entry	Research correct phone number and process correction in the directory update	Y	Ongoing

III. Reporting

Committee Approval Table 3.0

Approving Committee	Date of Approval	Recommendations
Quality Improvement Committee		

Exhibit A

SAMPLE PROVIDER ATTESTATION FORM

Provider Directory Attestation

Date: xx/xx/xxxx

Santa Clara Family Health Plan (SCFHP) is required to validate provider demographics on a quarterly basis in accordance with all our regulatory requirements. **Each practice location will receive a separate attestation form specific to the location. Please review and fax the completed attestation to 1-408-874-1433 before xx/xx/xxxx.** If there are any changes to your information, please document the updates in the “Changes needed” column, then sign and date at the bottom. If there are no changes, check the “No change” box for each item.

	Please complete “Changes needed” column if information is missing.	No change	Changes needed
Legal name & title: (As listed on license)		<input type="checkbox"/>	
Other name(s): (Recognized by patients)		<input type="checkbox"/>	

Santa Clara Family Health Plan 2020 Assessment of Physician Directory Accuracy Analysis

Practitioner NPI #:			<input type="checkbox"/>		
Practitioner gender:			<input type="checkbox"/>		
Practitioner ethnicity:			<input type="checkbox"/>		
Languages spoken by practitioner:			<input type="checkbox"/>		
CA State license # and expiration date:			<input type="checkbox"/>		
DEA # / DEA expiration date:			<input type="checkbox"/>		
Practitioner type:			<input type="checkbox"/>		
Declared specialty		Taxonomy	No change	Changes needed	
			<input type="checkbox"/>		
			<input type="checkbox"/>		
Board certification specialty	Board certification	Certification date	Certification exp. date	Status	Changes needed
		Please complete "Changes needed" column if information is missing.	No change	Changes needed	
Practitioner hospital admitting privileges & effective date:			<input type="checkbox"/>		
Medical group name/practice name:			<input type="checkbox"/>		
Practice location address:			<input type="checkbox"/>		
Practice city, state, and ZIP:			<input type="checkbox"/>		
Practice phone:			<input type="checkbox"/>		
After hours phone number:			<input type="checkbox"/>		
Practice fax:			<input type="checkbox"/>		
Practice fax for authorizations:			<input type="checkbox"/>		
Hours at this location:			<input type="checkbox"/>		
Name and NPI of supervising physician: (If NP, PA, or CNP)			<input type="checkbox"/>		
Website URL:			<input type="checkbox"/>		
		Please complete "Changes needed" column if information is missing.	No change	Changes needed	
Organizational/billing NPI:			<input type="checkbox"/>		
Tax ID # (used for billing):			<input type="checkbox"/>		
Languages spoken by staff:			<input type="checkbox"/>		
Proximity to public transport:			<input type="checkbox"/>	<input type="checkbox"/> <1 block <input type="checkbox"/> <2 blocks <input type="checkbox"/> <5 blocks <input type="checkbox"/> < 1 mile	
Accepting new patients?			<input type="checkbox"/>		
Age limits (youngest/oldest):			<input type="checkbox"/>		
Gender limits:			<input type="checkbox"/>	<input type="checkbox"/> F only <input type="checkbox"/> M only <input type="checkbox"/> None	
Provider email address: A provider's office email address shall be displayed only with the written permission of the provider, and only if the provider has affirmatively verified that the email address is intended for patient communication, and is regularly monitored and maintained in a manner consistent with state and federal health privacy laws.					
Email for patient communication:			<input type="checkbox"/>		
Email for SCFHP communication:			<input type="checkbox"/>		
Cultural competency training completed? (Date & training name)			<input type="checkbox"/>		
Participate in telehealth?			<input type="checkbox"/>	<input type="checkbox"/> Telehealth only <input type="checkbox"/> None <input type="checkbox"/> In-person & telehealth	
Full-time equivalent (FTE): (Total # of hours per week)			<input type="checkbox"/>		
Completed trainings		No change	Completed trainings		
			No change		

Santa Clara Family Health Plan 2020 Assessment of Physician Directory Accuracy Analysis

Substance abuse:	<input type="checkbox"/>	HIV/AIDS	<input type="checkbox"/>
Trauma-informed:	<input type="checkbox"/>	Serious mental illness	<input type="checkbox"/>
Physical disabilities:	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>
Chronic illness:	<input type="checkbox"/>	Deafness or hard of hearing	<input type="checkbox"/>
QASP level:	QASP level: <input type="checkbox"/> Paraprofessional <input type="checkbox"/> Professional <input type="checkbox"/> Provider		<input type="checkbox"/>
Other (specify):			
Malpractice carrier:	Insurance type:	Policy #:	Changes needed
			<input type="checkbox"/> Malpractice <input type="checkbox"/> General liability
Policy claim amount: Aggregate amount:	Policy effective date:	Policy expiration date:	Changes needed
			<input type="checkbox"/> 1M/3M <input type="checkbox"/> 2M/4M <input type="checkbox"/> 5M/5M <input type="checkbox"/> 10M/10M <input type="checkbox"/> Other _____

Please use the space below to provide additional information regarding this practitioner:

Attestation completed by:

Print name: _____ Print title: _____

Signature: _____ Date: _____

Office use only:



**Santa Clara Family
Health Plan™**

Provider Satisfaction Survey Assessment-MY2020

Prepared by: Carmen Switzer, Provider Network Access Manager

For review by the Quality Improvement Committee

October 21, 2020

INTRODUCTION

- Santa Clara Family Health Plan (SCFHP) conducts an annual Provider Satisfaction Survey (PSS) to assess provider satisfaction with specific areas of services.
- The following provider networks were included in the survey:
 - Direct (Independent Providers)
 - Palo Alto Medical Foundation (PAMF)
 - Physicians Medical Group (PMG)
 - Premier Care (PC)
 - Valley Health Plan (VHP)
- Kaiser and VHP administers annual provider satisfaction surveys and provides the results (analysis) directly to state regulators and to SCFHP.
- SCFHP opted to include VHP providers in the 2020 survey.

GOALS AND OBJECTIVES

Goal:

- To ensure that SCFHP providers have a positive experience with health plan services.

Objectives:

- Measure provider experience (satisfaction) at least annually.
- Evaluate provider's satisfaction with performance measures.
- Identify any areas to improve contracted provider's experience with the health plan.
- Develop interventions as appropriate to address gaps in service.

Standards for Provider Satisfaction:

- Eighty percent (80%) of provider's will be satisfied (Q1-8 & 10)
- One hundred percent (100%) of provider's will be satisfied (Q9)

METHODOLOGY

- A total of 4,790 providers were surveyed using a fax-only methodology.
 - ❑ Unlike previous years, VHP network providers were included in the survey.
- To reduce the burden on offices where multiple providers share a single fax number, a sample was generated of all unique fax numbers (N=888) associated with providers in SCFHP's network.
- Each fax number was assigned a unique 8-digit identification number to track responses.
- The fax methodology consisted of four (4) fax waves:
 - ❑ Wave 1: August 4, 2020
 - ❑ Wave 2: August 10, 2020
 - ❑ Wave 3: August 13, 2020
 - ❑ Wave 4: August 19, 2020

Provider Satisfaction Survey

Survey Instruments

In 2020, two survey instruments were used to help SCFHP assess provider satisfaction with services delegated to provider networks as well as those provided directly by the plan. The same measures (27) were included in both versions of the survey.

Version 1: Traditional Survey

- Direct networks (non-delegated) received a traditional survey –
 - Independent Physicians
 - Palo Alto Medical Foundation
- Providers were requested to answer based on experiences with SCFHP services.

Provider Satisfaction Survey

Version 2: Delegated Survey

- Delegated networks:
 - Premier Care (PC)
 - Valley Health Plan (VHP)
 - Physicians Medical Group (PMG)
- Delegated services (Q1-3):
 - Utilization Management
 - Claims Processing/Disputes
 - UM Appeals
- Services described in survey questions 1-3 represents services that are delegated and providers were requested to answer based on experiences with their network/group.
- Remaining questions Q4-10 – providers were requested to answer based on their experiences with SCFHP services.

Provider Satisfaction Survey

Rate of Response – 2 year comparison

Table A: Responses by Provider Types

Provider Type	# Surveyed	Response #	2020	2019	Change
PCP	679	137	20%	27%	-7
SPC	1908	147	8%	7%	+1
BH	311	34	11%	12%	-1
Total	2898	318	11%	10%	+1

- Provider participation increased in 2020 by 1 percentage point.

Table B: Responses by Provider Networks

Group	# Surveyed	Response #	2020	2019	Change
Direct	1586	164	10%	5%	+5
PAMF	539	1	0.2%	4%	-3.8
PMG	297	94	32%	36%	-4
PCNC	42	18	43%	40%	+3
*VHP	434	41	9%	NA	NA
Total	2898	318	11%	10%	+1

- PAMF is omitted from this report, as only one survey was returned from this network.

*Valley Health Plan (VHP) providers were not included in the 2019 survey, therefore no comparison data is available.

Provider Satisfaction Survey

Statistically Valid Results

- Survey results that are calculated based on sample data and compared to a benchmark score (such as the plan's prior-year rate), the question is whether the observed difference is real or due to chance.
- A test of statistical significance uses the difference in scores as well as the number of respondents in both groups (in this case, the number of current-year and prior-year respondents) to determine the likelihood that the observed difference is real.
- Scores marked with an asterisk are statistically significant at a 95% confidence level, meaning there is a 95% probability that the observed difference is not due to chance. Questions with larger changes in scores and a larger number of respondents are more likely to be statistically significant.

Provider Satisfaction Survey

Results: Provider Satisfaction Ratings for Delegated Services and SCFHP Services (Q1-3):

Table I: Utilization Management (Q1a-c)

Utilization Management	Delegated Services						SCFHP Services			
	PMG	PY Change	PC	PY Change	VHP	PY	Direct	PY Change	Goal	Met
‡ Ease of submitting PA and/or referral requests (N=301)	99%	NA	100%	NA	89%	NA	86%	NA	80%	Y
‡ Timeliness of PA and/or referral process (N=298)	94%	NA	100%	NA	86%	NA	87%	NA	80%	Y
Friendliness/helpfulness of UM staff (N=287)	95%	NA	100%	NA	100%	NA	96%	+5	80%	Y

‡ Symbol denotes new measure for 2020

Goal: Met across all metrics.

- Delegates (PMG, PC, VHP) rated their UM services above goal across all metrics.
- Direct rated UM services by SCFHP above goal across all metrics and compared to 2019, satisfaction with UM staff increased by 5 percentage points.

Provider Satisfaction Survey

Table II: Claims (Q2a-b)

Claims Processing	Delegated Services						SCFHP Services		Goal	Met
	PMG	PY Change	PC	PY Change	VHP	PY	Direct	PY Change		
* Timeliness of clean claims processing (N=257)	86%	NA	88%	NA	100%	NA	81%	-3	80%	Y
‡ Resolution of claims payment problems/disputes (N=232)	84%	NA	88%	NA	100%	NA	84%	NA	80%	Y

‡ Symbol denotes new measure for 2020

Goal: Met across all metrics.

- PMG, PC and VHP rated claims processing by their networks above goal across all metrics.
- Direct rated claims processing services by SCFHP above goal across all metrics and compared to 2019, satisfaction with timeliness of claims processing decreased by 3 percentage points.
- Q2b is a new metric for 2020 – no comparison data is available.

Provider Satisfaction Survey

Table III: UM Appeals Processing (Q3)

UM Appeals Processing	Delegated Services						SCFHP Services		Goal	Met
	PMG	PY Change	PC	PY Change	VHP	PY	Direct	PY Change		
‡ Timeliness/Efficiency of member appeals process (N=248)	89%	NA	87%	NA	81%	NA	82%	NA	80%	Y

‡ Symbol denotes new measure

Goal: Met

- PMG, PC and VHP rated the UM appeals process by their networks above goal.
- Direct network rated the UM appeals process by SCFHP above goal at 82%.
- Q3 is a new metric for 2020 – no comparison data is available.

Provider Satisfaction Survey

Results: Provider Satisfaction Ratings for SCFHP Services (Q4-10)

Table IV: Member Appeals Processing (Q4)

Member Appeals Processing		PMG	PY Change	PC	PY Change	VHP	PY	Direct	PY Change	Goal	Met
*	Timeliness/Efficiency of member appeals process (N=137)	91%	-0.1	100%	+10	76%	NA	92%	+16	80%	N

Goal: Not met.

- PMG rated satisfaction at 91% with a decrease from 2019 by .1 percentage points.
- PC rated satisfaction the highest at 100% and showed an increase from 2019 by 10 percentage points.
- VHP rated satisfaction at 76% - goal was not met by 4 percentage points. **A total of 17 VHP providers responded to Q4 – Psychiatrist (2) and PCP (15), and 6 PCP's rated satisfaction at 50% and all other providers rated satisfaction at 80% or above.**
- Direct rated satisfaction at 92% and showed an increase from 2019 by 16 percentage points.

Provider Satisfaction Survey

Table V: Timely Access to Appointments (Q5a)

Patient's Timely Access to -	PMG	PY Change	PC	PY Change	VHP	PY	Direct	PY Change	Goal	Met
Urgent Care (N=202)	98%	-.4	85%	-.4	100%	NA	97%	+.2	80%	Y

Goal: Met

- Urgent Care:
 - ❑ All provider networks rated satisfaction above goal - VHP rated the highest at 100%, followed by PMG at 98%, Direct at 97% and PC at 85%.
 - ❑ PMG and PC showed a decrease in satisfaction from 2019 by .4 percentage points and Direct showed an increase in satisfaction by .2 percentage points.

Provider Satisfaction Survey

Table VI: Timely Access to Appointments (Q5b)

Patient's Timely Access to -	PMG	PY Change	PC	PY Change	VHP	PY	Direct	PY Change	Goal	Met
Non-urgent primary care (N=188)	100%	0	85%	-6	100%	NA	97%	-.1	80%	Y

Goal: Met

- Non-urgent primary care:
 - ❑ All provider networks rated satisfaction above goal – PMG and VHP rated the highest at 100%, followed by Direct at 97% and PC at 85%.
 - ❑ PC showed a decrease in satisfaction from 2019 by 6 percentage points and Direct showed a decrease of .1 percentage points.

Provider Satisfaction Survey

Table VII: Timely Access to Appointments (Q5c)

Patient's Timely Access to -	PMG	PY Change	PC	PY Change	VHP	PY	Direct	PY Change	Goal	Met
Non-urgent specialists care (N=219)	97%	-.2	79%	-8	59%	NA	94%	+1	80%	N

Goal: Not met.

- Non-urgent specialists care:

- PMG and Direct rated satisfaction above goal - PMG rated the highest at 97% and showed a decrease from 2019 of .2 percentage points, followed by Direct at 94% with an increase of 1 percentage point.
- PC rated satisfaction at 79% and showed a decrease in satisfaction from 2019 by 8 percentage points. A total of 14 PC providers responded to Q5c – PCP (13) and SPC (1). Five (5) PCP’s rated satisfaction at 60% and all other providers rated satisfaction at 86% or above.
- VHP rated satisfaction at 59% - goal was not met by 21 percentage points. A total of 32 VHP providers responded to Q5c – PCP (21) and SPC (8), BH (3) and 7 PCP’s rated satisfaction at 14%, 9 PCP’s at 56%. Three (3) SPC rated satisfaction at 0% and all other providers rated satisfaction at 100%.

Provider Satisfaction Survey

Table VIII: Timely Access to Appointments (Q5d)

Patient's Timely Access to-		PMG	PY Change	PC	PY Change	VHP	PY	Direct	PY Change	Goal	Met
*	Non-urgent ancillary diagnostic and treatment services (N=210)	100%	+2	86%	-4	69%	NA	96%	+8	80%	N

Goal: Not met.

- Non-urgent ancillary diagnostic and treatment services:
 - ❑ PMG, PC and Direct rated satisfaction above goal - PMG rated the highest at 100% and showed an increase from 2019 of 2 percentage points, followed by Direct at 96% with an increase of 8 percentage points and PC at 86% with a decrease of 4 percentage points.
 - ❑ VHP rated satisfaction at 69% - goal was not met by 11 percentage points. **A total of 32 VHP providers responded to Q5d – PCP (21) and SPC (8), BH (3) and 7 PCP's rated satisfaction at 14%, 9 PCP's at 56% and the other providers rated satisfaction at 100%.**

Provider Satisfaction Survey

Table IX: Timely Access to Appointments (Q5e)

Patient's Timely Access to -		PMG	PY Change	PC	PY Change	VHP	PY	Direct	PY Change	Goal	Met
*	Non-urgent behavioral health care (N=189)	82%	-13	80%	-9	77%	NA	55%	-8	80%	N

Goal: Not met.

- Non-urgent behavioral health care:
 - ❑ PMG and PC rated satisfaction above goal - PMG showed a decrease from 2019 by 13 percentage points and PC showed a decrease by 9 percentage points.
 - ❑ Direct rated satisfaction the lowest at 55% - goal was not met by 25 percentage points and showed a decrease from 2019 by 8 percentage points. **A total of 100 Direct providers responded to Q5e – PCP (50) and SPC (30), BH (20) and 30 PCP's rated satisfaction at 30%, 2 at 50%, 15 at 67% and 1 at 0%. BH – 9 rated satisfaction at 11%, 4 at 25%, 2 at 50% and 5 at 0%. All other providers rated satisfaction at 80% or higher.**
 - ❑ VHP rated satisfaction at 77% - goal was not met by 3 percentage points. Comparison data for 2019 is not available. **A total of 30 VHP providers responded to Q5e – PCP (21) and SPC (6), BH (3) and 7 PCP's rated satisfaction at 57% and the other providers rated satisfaction at 89% or higher.**

Provider Satisfaction Survey

Table X: Customer Service Staff (Q6a-c)

Customer Service Staff		PMG	PY Change	PC	PY Change	VHP	PY	Direct	PY Change	Goal	Met
*	Ability to answer calls promptly (N=279)	93%	+2	100%	0	100%	NA	95%	0	80%	Y
*	Ability to resolve my concerns/issues (N=259)	90%	-3	88%	-4	100%	NA	93%	0	80%	Y
	Friendliness and helpfulness (N=279)	93%	-3	100%	+4	96%	NA	94%	-2	80%	Y

Goal: Met across all metrics.

- “Ability to answer calls promptly” – PMG showed an increase from 2019 of 2 percentage points and the other networks showed no change.
- “Ability to resolve my concerns/issues” – PMG and PC showed a decrease in satisfaction from 2019 by 3 or 4 percentage points. Direct network had no change in 2020.
- “Friendliness/helpfulness” – PMG and Direct network showed a decrease in satisfaction by 2 or 3 percentage points. PC rated satisfaction at 100% with an increase of 4 percentage points from 2019. VHP rated satisfaction at 96% and comparison data for 2019 is not available.

Provider Satisfaction Survey

Table XI: Provider Relations Staff (Q7a-c)

Provider Relations Staff	PMG	PY Change	PC	PY Change	VHP	PY	Direct	PY Change	Goal	Met
* Provider Relations & Ability to answer calls promptly (N=281)	93%	-3	88%	-8	88%	NA	92%	-4	80%	Y
* Provider Relations & Ability to resolve my concerns/issues (N=281)	91%	-3	88%	-3	88%	NA	93%	-1	80%	Y
* Provider Relations & Friendliness and helpfulness (N=277)	93%	-4	87%	-12	88%	NA	94%	+1	80%	Y

Goal: Met across all metrics.

- “Ability to answer calls promptly” – PMG, PC and Direct showed a decrease in satisfaction from 2019. VHP rated satisfaction at 88% and 2019 comparison data is not available.
- “Ability to resolve my concerns/issues” – PMG, PC and Direct showed a decrease in satisfaction from 2019. VHP rated satisfaction at 88% and 2019 comparison data is not available.
- “Friendliness/helpfulness” – PMG and PC showed a decrease in satisfaction from 2019 and Direct showed an increase of 1 percentage point. VHP rated satisfaction at 88% and 2019 comparison data is not available

Provider Satisfaction Survey

Table XII: Provider Network (Q8a-c)

Provider Network	PMG	PY Change	PC	PY Change	VHP	PY	Direct	PY Change	Goal	Met
* Quality of provider network (N=269)	95%	-2	80%	-16	83%	NA	83%	-6	80%	Y
* Availability of medical health providers (N=245)	96%	-4	93%	-2	72%	NA	95%	+7	80%	N
* Availability of behavioral health providers (=219)	80%	-13	73%	-13	72%	NA	67%	+3	80%	N

Goal: Q8a met. Q8b-c not met.

- “Quality of provider network” – PMG, PC and Direct showed a decrease in satisfaction from 2019.
 - “Availability of medical health providers” – PMG, PC showed a decrease in satisfaction from 2019 and Direct showed an increase in satisfaction.
- VHP rated satisfaction at 72% - A total of 29 VHP providers responded to Q8b – PCP (21) and SPC (7), BH (1) and 9 PCP’s rated satisfaction at 78%, 7 at 57% and 3 at 0%. There were 3 SPC that rated satisfaction at 0% and all other providers rated satisfaction at 100%.

Provider Satisfaction Survey

Provider Network (Q8a-c) – cont’d...

Provider Network	PMG	PY Change	PC	PY Change	VHP	PY	Direct	PY Change	Goal	Met
Quality of provider network (N=269)	95%	-2	80%	-16	83%	NA	83%	-6	80%	Y
Availability of medical health providers (N=245)	96%	-4	93%	-2	72%	NA	95%	+7	80%	N
* Availability of behavioral health providers (=219)	80%	-13	73%	-13	72%	NA	67%	+3	80%	N

- “Availability of behavioral health providers” –
 - **PC** rated satisfaction at 73% - A total of 15 providers responded to Q8c – PCP (13) and SPC (2) and 5 PCP’s rated satisfaction at 40% and 1 at 0% and all other providers rated satisfaction at 100%.
 - **VHP** rated satisfaction at 72% - A total of 29 providers responded to Q8c – PCP (21), SPC (7) and BH (1) and 9 PCP’s rated satisfaction at 78% and 7 at 57%. There were 3 SPC that rated satisfaction at 0% and all other providers rated satisfaction at 100%.
 - **Direct** rated satisfaction at 67% - A total of 29 providers responded to Q8c – PCP (21), SPC (7) and BH (1) and 9 PCP’s rated satisfaction at 78% and 7 at 57%. There were 3 SPC that rated satisfaction at 0% and all other providers rated satisfaction at 100%.

Provider Satisfaction Survey

Table XIII: SCFHP's Language Assistance Program (Q9a-c)

SCFHP's Language Assistance Program	PMG	PY Change	PC	PY Change	VHP	PY	Direct	PY Change	Goal	Met
Coordination of appointments with an interpreter (N=146)	92%	-3	100%	0	100%	NA	97%	-.1	100%	N
Availability of an appropriate range of interpreters (N=148)	92%	-3	100%	0	100%	NA	97%	-2	100%	N
Training and competency of interpreters (N=143)	92%	-3	100%	0	100%	NA	97%	-.1	100%	N

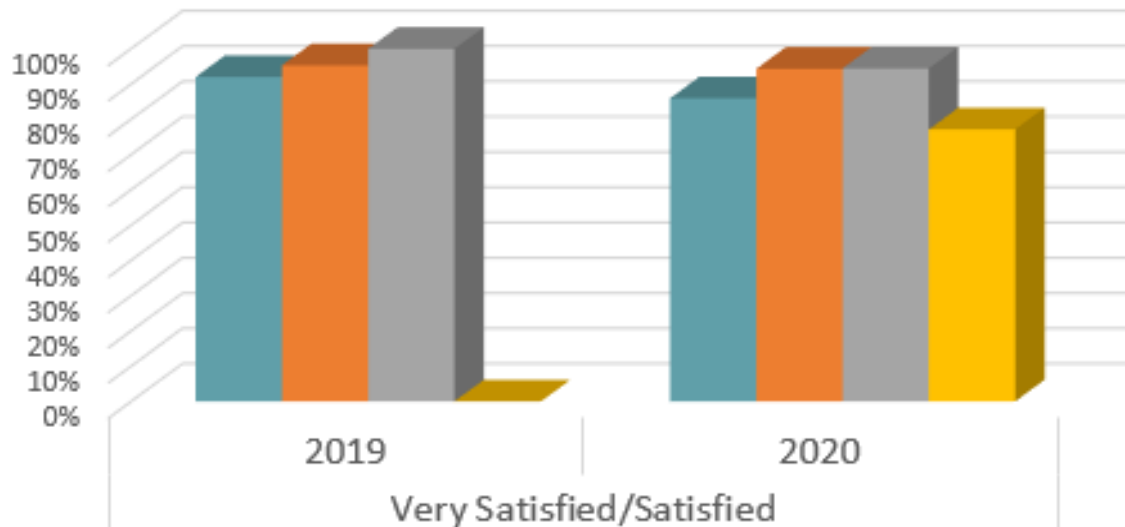
Goal: Not met.

- PC and VHP rated satisfaction at 100% across all metrics.
- PMG rated satisfaction at 92% across all metrics and showed a decrease in satisfaction by 3 percentage points. A total of 36 providers responded to Q9a-c, PCP (21), SPC (14) and BH (1) and 6 PCP's rated satisfaction at 83% and 11 PCP's at 91%. All other providers rated satisfaction at 100%.
- Direct rated satisfaction at 97% across all metrics and showed a decrease in satisfaction by 1 or 2 percentage points. A total of 81 providers responded to Q9a-c, PCP (43), SPC (36) and BH (2) and 14 PCP's (IM) rated satisfaction at 93% and all other providers rated satisfaction at 100%.

Provider Satisfaction Survey

Overall Provider Satisfaction with SCFHP (Q10) N=298

* Overall Satisfaction by Provider Network



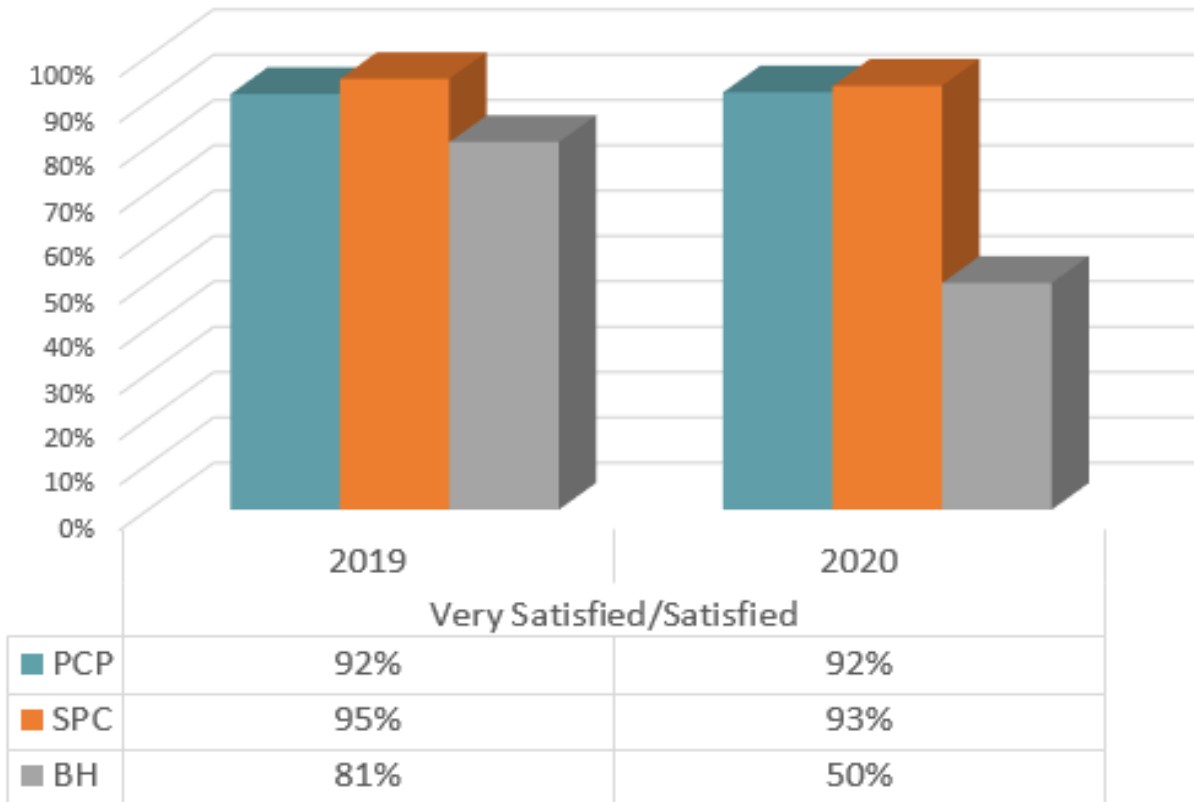
	2019	2020
Direct	92%	86%
PMG	95%	94%
PC	100%	94%
VHP	0%	77%

- Direct rated satisfaction at 94% - a 1 point drop from 2019.
- PMG rated satisfaction at 94% - a 1 point drop from 2019.
- PC rated satisfaction at 94% -a 6 point drop from 2019.
- VHP rated satisfaction at 77% - 3 percentage points below goal.

Provider Satisfaction Survey

Overall Provider Satisfaction with SCFHP (Q10) N=298

* Overall Satisfaction by Provider Type



- Specialist providers rated satisfaction the highest at 93% - a 2 point drop from 2019.
- PCP providers rated satisfaction at 92% - no change from 2019.
- BH providers rated satisfaction the lowest at 50% - 30 points below goal and a 31 point drop from 2019.

Conclusion

Top 3 Service Areas (Very Dissatisfied/Dissatisfied)

Table I: Direct

Service	# Surveyed	# Respondents	# Very Dis/Dis	%
Claims Processing	322	242	86	36%
UM Appeals Process	161	131	25	19%
Provider Network	472	378	74	20%

Table II: Delegates

Service	# Surveyed	# Respondent	# Very Dis/Dis	%
Claims Processing	290	245	72	29%
UM Appeals Process	143	117	31	26%
Provider Network	423	355	108	30%

- Tables I (Direct) & II (Delegates) shows the top three areas where provider satisfaction fell below SCFHP's performance goals.
- Table II – shaded areas represent delegates rating their own networks/groups.

Conclusion

While the Plan is pleased that most measures met SCFHP's performance goals, and overall results indicate strengths in most operational areas, the results revealed potential needs for improvement in the following areas:

- Claims processing
- Provider network
- UM appeals processing

SCFHP staff will collaborate internally on the areas above, and if operational issues are identified, a correction plan will be established.

SCFHP values its network providers and will continue to improve operations to satisfy and meet provider needs and expectations.



**Santa Clara Family
Health Plan™**

Call Code Analysis for Assessing Member Understanding of Policies and Procedures (P&Ps)

Presented by Theresa Zhang, Manager, Communications

Building the Report

1

Time period

7/1/2019 to 6/30/2020

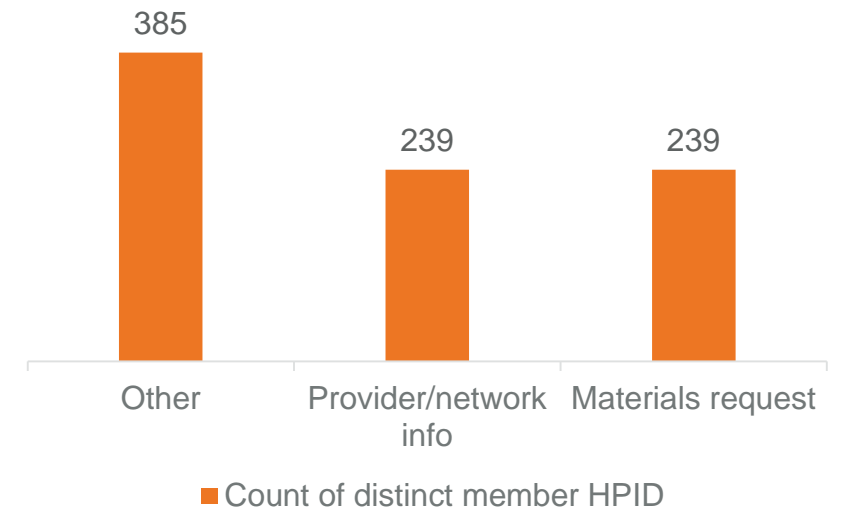
2

Calls from new members

Identify calls received by members who are within 90 days of their enrollment in SCFHP Cal MediConnect Plan (Medicare-Medicaid Plan)

3

Top 3 call types



Results

Top themes identified from sampling call notes from top 3 call types

Call type	Specific reason for call
Other	Inquiry on specific services
	Trouble making or confirming medical appointments
	Inquiry on missed calls where no contact information or reason for call was left in voicemail
Provider/network info	Confirm provider or specialist
	Check status on authorization for services or DME
Materials request	Mail AOR form

Results

Top theme identified from 14 grievances categorized as “Written Materials/Marketing” or “Incorrect/Inaccurate Information Provided”

- Requests to remove member from mailing list or phone list
 - Generally in response to communications from SCFHP that are required by regulation.

Actionable Opportunities for Improvement

1

Educate on privacy practices

Increase member understanding of SCFHP's procedures regarding protection of personal health information.

2

Promote self-service options

Improve utilization of the member portal to check PCP, request a change to PCP, and check status and details of authorizations submitted to SCFHP.

3

Capture + honor preferences

SCFHP to develop and implement strategy to capture member consent for alternate communications and explore opportunities to deliver communications via these channels.



**Santa Clara Family
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Questions?



Santa Clara Family Health Plan™

2020 Population Health Management (PHM) Activities and Resources Grid

Quality Improvement Committee October 21, 2020

Presented by Natalie McKelvey, Manager, Behavioral Health

PHM Activities and Resources Grid

NCQA Requirement: The organization annually addresses members needs by utilizing the population health assessment to review and update PHM activities, resources, and community resources for integration into the program offerings.

The population health assessment is reviewed by the PHM Workgroup which includes the following members:

- Chief Medical Officer
- Manager and Director of Case Management
- Director of Quality Improvement
- Manager of Quality & Health Education
- Director of Long Term Services and Supports
- Manager of Behavioral Health
- NCQA Project Manager

Highlights of Activities and Resources Grid

Population	Needs	Activities and Resources
Members aged 75+ or adults with disabilities with dependencies for 3 or more activities of daily living (ADLs) living in the community or long term care facilities, including members with cognitive impairment (LTC and LTSS sub-populations)	Case management with transitions of care, personal care, social determinant of health	<ul style="list-style-type: none"> • Comprehensive assessments identify needs for ADLs, social determinants of health (SDOH), cognitive impairment and need for authorized representative, financial management and other long term services and supports (LTSS) • Dedicated staff for maintaining inventory of community resources, such as Aunt Bertha • Dedicated RN Case Manager for members transitioning from long term care back to community
Homeless and members with housing instability	Care coordination, barriers to social determinants of health and frequent hospitalizations	<ul style="list-style-type: none"> • Implementing Homeless Management Information System (HMIS) to be used by CMs to support care coordination • Finding alternative contact information for members experiencing homelessness • Partnerships with community providers and SCC OSH
Severe Mental Illness (SMI)	Frequent ED visit and lack of sufficient connections with primary care physicians	<ul style="list-style-type: none"> • Intensive follow-up after hospitalization • Dedicated behavioral health CM team including SW Case Managers and behavioral health care coordinators • Regular communication with community based organizations



**Santa Clara Family
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Consumer Assessment of Healthcare Providers and Systems (CAHPS) 2020 Results

Jamie Enke, Manager, Process Improvement

Byron Lu, Process Improvement Project Manager

CAHPS 2020

Overview

- CAHPS is a consumer satisfaction survey that the health plan is required to administer annually by the Centers for Medicare and Medicaid Services (CMS)
- SCFHP contracts with SPH Analytics to conduct the survey
- Results impact NCQA accreditation and health plan ratings
- COVID-19 has had a significant impact on CAHPS survey methodology and reporting for 2020



CAHPS 2020

CAHPS Objectives

- Provide Medicare beneficiaries and the general public with information to help them make more informed choices among health plans
- Help plans identify problems and improve the quality of care and services by providing them with information about their performance relative to that of other health plan contracts in their state/region/nation
- Enhance CMS' ability to monitor the quality of care and performance of health plan contracts
- Other uses: give feedback to providers, identify strengths and opportunities, track trends over prior years

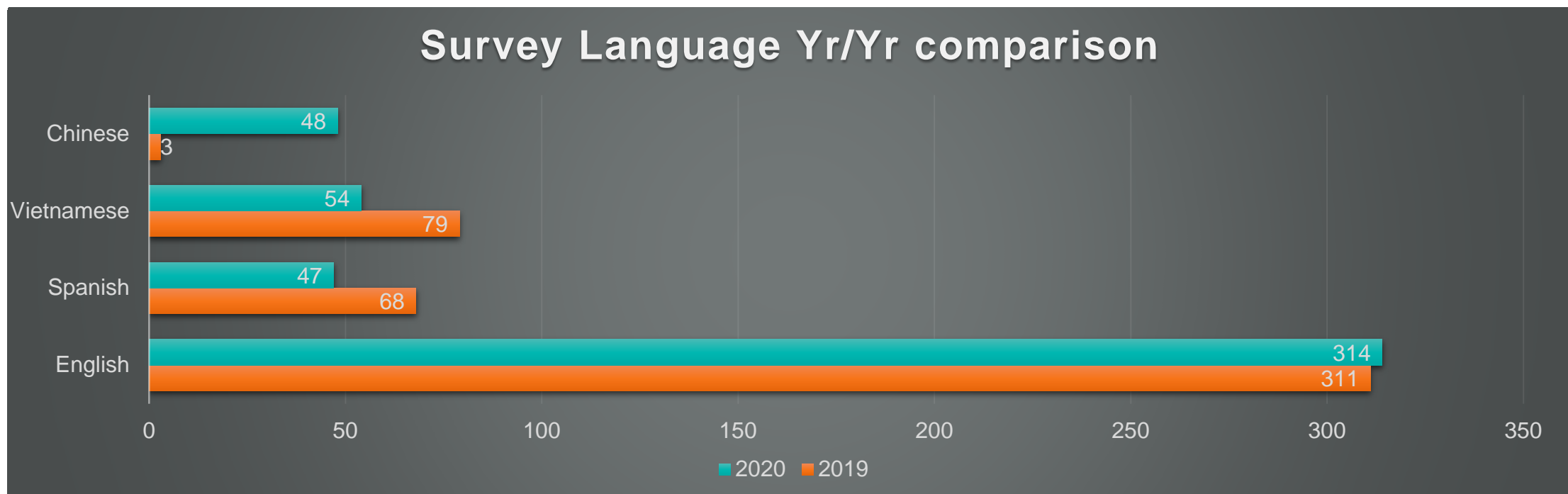
2020 CAHPS Timeline



CAHPS 2020

2019 CAHPS Response Rate: 28.8%

2020 CAHPS Response Rate: 29.1%



CAHPS 2020

2020 Updates

- Maintained sample size of 1,600 (800 standard + 800 over sample)
- Maintained addition of Vietnamese and Chinese surveys
- Achieved a 29.1% response rate
 - +3.0 percentage points from 2018 response rate
 - +0.3 percentage points from 2019 response rate
- Only 2 surveys completed by phone (inbound member calls)
- CAHPS language was integrated into the Customer Service post call survey
- New SPH Experience Explorer tool was introduced for data analytics

CAHPS 2020

SCFHP's Overall Performance

- Per SPH analysis, there were no statistically significant changes compared to 2019

Top Three Performing Measures

Your contract's percentile rankings for these measures were the highest compared to the 2020 SPH Book of Business.

MEASURE	2020 Valid n	SCALED MEAN SCORE		CHANGE	2019 CMS NATIONAL DATA	GAP	2020 SPH Avg. SCALED MEAN SCORE		GAP	SPH BoB PERCENTILE RANKING
		2019	2020							
Rating of Drug Plan	439	85.7	89.5	3.8	86.1 ▲	3.4	87.0	2.5	81 st	
Rating of Health Plan	438	84.6	88.1	3.5	87.3	0.8	88.0	0.1	54 th	
Rating of Specialist	244	85.3	89.8	4.5	90.0	-0.2	90.3	-0.5	44 th	

Bottom Three Performing Measures

Your contract's percentile rankings for these measures were the lowest compared to the 2020 SPH Book of Business.

MEASURE	2020 Valid n	SCALED MEAN SCORE		CHANGE	2019 CMS NATIONAL DATA	GAP	2020 SPH Avg. SCALED MEAN SCORE		GAP	SPH BoB PERCENTILE RANKING
		2019	2020							
Customer Service	435	82.3	85.2	2.9	90.3 ▼	-5.1	91.3 ▼	-6.1	<5 th	
Getting Needed Care	452	72.0	72.7	0.7	83.7 ▼	-11.0	83.6 ▼	-10.9	<5 th	
How Well Doctors Communicate	352	85.6	87.0	1.4	91.7 ▼	-4.7	92.3 ▼	-5.3	<5 th	

*SPH BoB includes all MA contracts that conducted surveys with SPH analytics (412 contracts, 176,020 respondents)

CAHPS 2020

Overall Performance: Providers

Category	SCFHP Mean Score			Yr/Yr Change		National CMS MMP Mean Score	SPH MMP BoB	SPH MMP BoB v. SCFHP Mean Score Diff
	2018	2019	2020	18/'20	19/'20	2019	2020	2020
Getting Needed Care	3.15	3.16	3.18 ↑	0.03 ↑	0.02	3.45	3.38 ↓	(0.20)
Getting Appointments and Care Quickly	3.05	3.05	3.03 ↓	(0.02) ↓	(0.02)	3.33	3.25 ↓	(0.22)
Doctors Who Communicate Well	3.55	3.57	3.61 ↑	0.06 ↑	0.04	3.73	3.69 ↓	(0.08)
Care Coordination	3.42	3.44	3.46 ↑	0.04 ↑	0.02	3.57	3.56 ↓	(0.10)

CAHPS 2020

Overall Performance: SCFHP

Category	SCFHP Mean Score			Yr/Yr Change		National CMS MMP Mean Score	SPH MMP BoB	SPH MMP BoB v. SCFHP Mean Score Diff
	2018	2019	2020	18/'20	19/'20	2019	2020	2020
Customer Service	3.48	3.47	3.56 ↑	0.08 ↑	0.09	3.71	3.68	↓ (0.12)
Getting Needed Prescription Drugs	3.60	3.55	3.63 ↑	0.03 ↑	0.08	3.68	3.68	↓ (0.05)

CAHPS 2020

Highest Year/Year Increase (2019-2020)

		SCFHP Mean Score			Yr/Yr Change		National CMS MMP Mean Score	SPH MMP BoB	SPH MMP BoB v. SCFHP Mean Score Diff
Category	Description	2018	2019	2020	18/'20	19/'20	2019	2020	2020
Overall Rating of Specialist	0-10 scale. 10 (best), 0 (worst)	8.50	8.54	8.98 ↑	0.48 ↑	0.44	8.87	8.88 ↑	0.10
Overall Rating of Drug Plan	0-10 scale. 10 (best), 0 (worst)	8.72	8.57	8.95 ↑	0.23 ↑	0.38	8.70	9.02 ↓	(0.07)
Overall Rating of Health Plan	0-10 scale. 10 (best), 0 (worst)	8.48	8.46	8.81 ↑	0.33 ↑	0.35	8.71	8.87 ↓	(0.06)

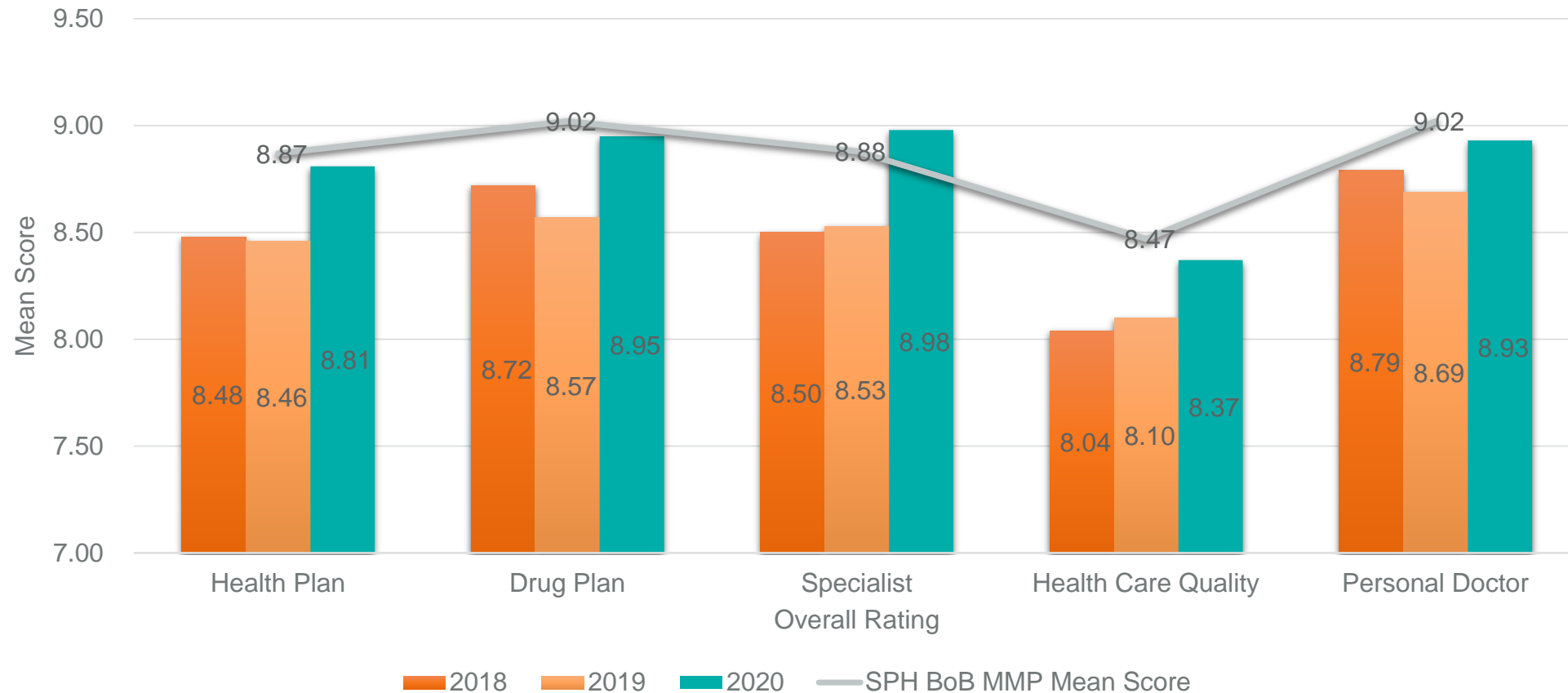
CAHPS 2020

Other Notable Increases

		SCFHP Mean Score			Yr/Yr Change		National CMS MMP Mean Score	SPH MMP BoB	SPH MMP BoB v. SCFHP Mean Score Diff
Category	Description	2018	2019	2020	18/'20	19/'20	2019	2020	2020
Overall Rating of Health Care Quality	0-10 scale. 10 (best), 0 (worst)	8.04	8.10	8.37	↑ 0.33	↑ 0.27	8.53	8.47	↓ (0.10)
Overall Rating of Personal Doctor	0-10 scale. 10 (best), 0 (worst)	8.79	8.69	8.93	↑ 0.14	↑ 0.24	9.04	9.02	↓ (0.09)

CAHPS 2020

Overall CAHPS Ratings 2018 to 2020



CAHPS 2020

Provider Group Analysis

	2020 Total Plan	Group A	Group B	Group C	Group D	Group E
Response Rate	463	11%	44%	8%	8%	28%
Domain: Member Experience with Health Plan						
Getting Needed Care	72.7	78.8	74	76.2	63.4	69.3
Getting Care Quickly	67.7	75	69.4	60.4	56	66.6
Customer Service	85.2	85.3	86.2	87.8	83.1	83.7
Care Coordination	80.6	82.6	80.6	76.5	77.2	82.1
Rating of Health Plan	88.1	89.2	88.8	91.4	90.9	84.7
Rating of Health Care	83.7	88.4	84.3	85.8	85.9	79.8
Domain: Member Experience with Health Plan-Drug Plan						
Getting Needed Prescription Drugs	87.6	83	88.4	88.2	91.4	87.1
Rating of Drug Plan	89.5	89.2	91.1	89.4	90	87
Domain: Staying Healthy - Screenings, Tests, and Vaccines						
Annual Flu Vaccine	83.1	79.2	84.1	89.5	86.1	80.3
Other Measures						
Doctors Who Communicate Well	87	89.2	88.8	77.2	87.2	86.2
Rating of Personal Doctor	89.3	92.6	89.9	81.6	87.7	89.9
Rating of Specialist	89.8	88.6	90.6	92.4	87.6	88.8
Average Score	83.7	85.1	84.7	83.0	82.2	82.1

Note: Green represents best performance among all provider groups

Note: Yellow represents lowest performance among all provider groups

CAHPS 2020

Provider Group Analysis

- **Group A** maintained highest performance overall from CY 2019, leading satisfaction in 5 out of 12 composites: *Getting needed care, Getting care quickly, Rating of health care, Doctor communication, Rating of personal doctor*
- **Group B** improved from CY 2019, had the highest response rate, and leads performance in: *Rating of Drug Plan*
- **Group C** had three of the highest and lowest performing measures:
 - Highest: *Customer service, Rating of health plan, and Rating of specialist*
 - Lowest: *Care coordination, Doctor communication and Rating of personal doctor*
- **Group D** had more lowest performing measures than other provider groups (4 out of 12 measures): *Getting needed care, Getting care quickly, Customer service, and Rating of specialist*
- **Group E** had the lowest average score overall and scored lowest on three measures: *Rating of health plan, Rating of health care, and Rating of drug plan*

CAHPS 2020

Findings by Demographic

- **Race:**
 - White/Caucasian CMC members reported significantly higher satisfaction levels for getting needed care and getting care quickly over “Other”^{*} races (excluding Black/African-American)
- **Age:**
 - CMC members ages 65-74 were significantly more likely to report that they received a flu vaccine over younger members
 - CMC members ages 65+ were significantly more likely to report they received the pneumonia vaccine than younger members
- **Mental/Physical Health:**
 - Members reporting that they had “Excellent” or “Very Good” mental and/or physical health had more significantly higher satisfaction levels regarding obtaining test results and care coordination than members reporting “Fair/Poor” physical or mental health

^{*}SPH Analytics currently only offers race breakdown by White/Caucasian, Black/African-American, and Other

CAHPS 2020

Estimated NCQA Health Insurance Plan Ratings

	2020 Score	Score Definition	Percentile Threshold	2021 SPH Estimated Star Rating
CONSUMER SATISFACTION				2.0
GETTING CARE				1.0
Getting Needed Care	78.6%	Usually + Always	<10th	1.0
Getting Care Quickly	77.4%	Usually + Always	<10th	1.0
SATISFACTION WITH PLAN PHYSICIANS				2.5
Rating of Personal Doctor	73.7%	9 + 10	10th	2.0
Rating of Specialist	71.3%	9 + 10	33rd	3.0
Rating of Health Care	56.3%	9 + 10	10th	2.0
Coordination of Care	88.2%	Usually + Always	10th	2.0
SATISFACTION WITH PLAN SERVICES				
Rating of Health Plan	67.1%	9 + 10	67th	4.0
PREVENTION				
Flu Vaccinations	84.9%	% Yes	90th	5.0
Pneumococcal Vaccination	76.8%	% Yes	33rd	3.0
TREATMENT				
Advising Smokers to Quit	90.9%	Sometimes + Usually + Always	67th	4.0

CAHPS 2020

Estimated 2021 CMS Medicare Star Ratings

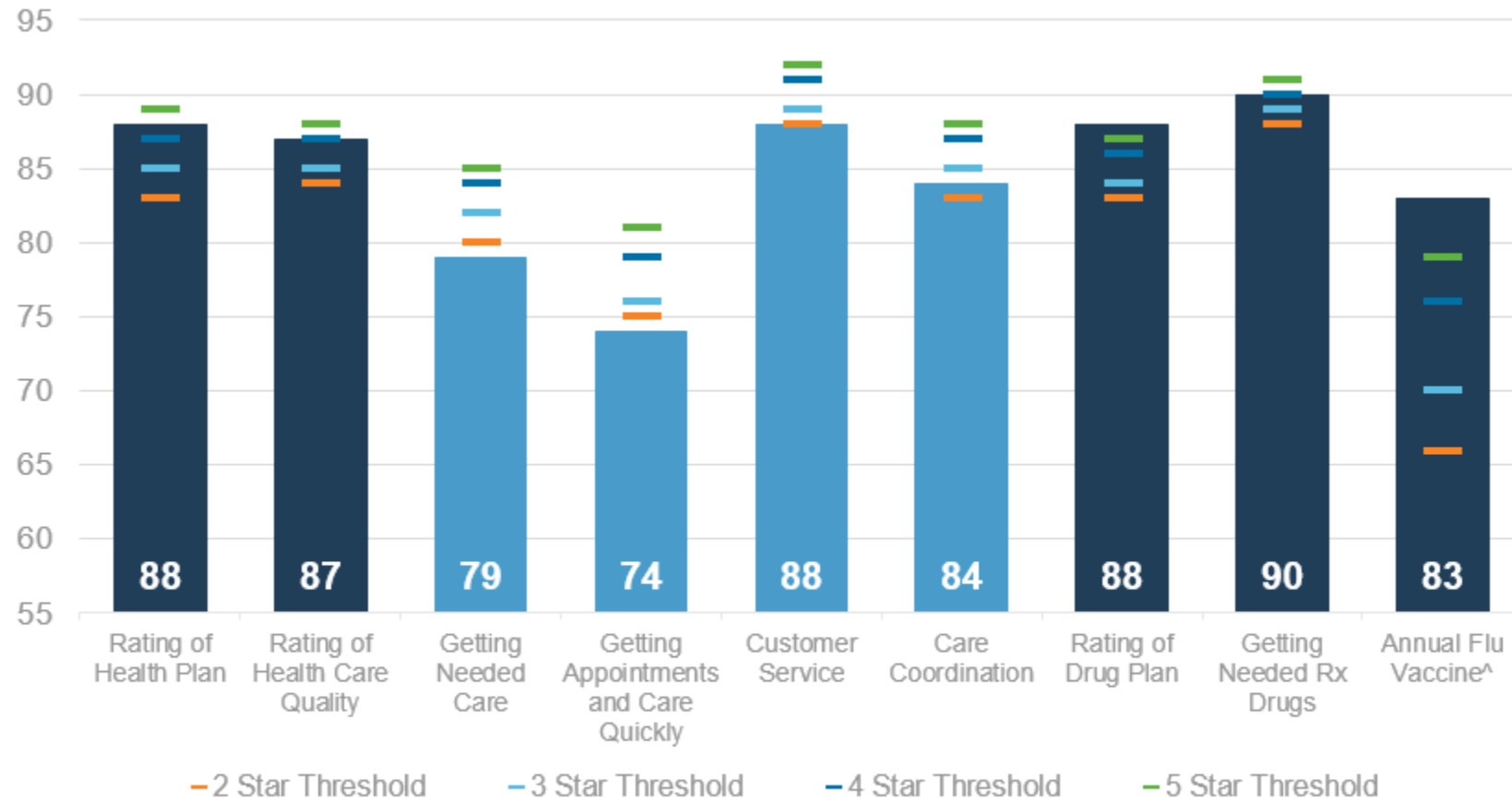
MEASURE NAME	ESTIMATED CASE-MIX ADJUSTED SCORE*	ESTIMATED 2021 FINAL STAR RATING
C26 Rating of Health Plan	88	★★★★
C25 Rating of Health Care Quality	87	★★★★
C22 Getting Needed Care	79	★
C23 Getting Appointments and Care Quickly	74	★★
C24 Customer Service	88	★★
C27 Care Coordination	84	★★
D07 Rating of Drug Plan	88	★★★★
D08 Getting Needed Prescription Drugs	90	★★★★
C03 Annual Flu Vaccine^	83	★★★★★

*Scaled Mean Score ^Annual Flu Vaccine is not case-mix adjusted

In response to the COVID-19 pandemic, CMS is not using MA & PDP CAHPS results in the 2021 Star Ratings. These estimates are for informational purposes only.

CAHPS 2020

Comparison to CMS Medicare Star Cut Points (from Fall 2019)



Dark Blue bar = Performing at or above 4 Star threshold
Light Blue bar = Performance below 4 Star threshold

[^]Annual Flu Vaccine is not case-mix adjusted

CAHPS 2020

Opportunities for Improvement

- **Rating of Healthcare Quality**
 - Opportunity for continuous improvement, the gap between SCFHP score and SPH MMP BoB mean score has decreased continuously (0.10 below the SPH MMP BoB mean score)
- **Rating of Personal Doctor**
 - 2020 showed improvement from 2019's score decrease from 2018. (2020's gap to SPH MMP BoB mean score is 0.09 points)
- **Customer Service**
 - "In the last 6 months, how often did your health plan's customer service give you the information or help you needed?" (largest gap within Customer Service composite when compared to SCHP MMP BoB mean score)
 - All 3 customer service questions showed steady improvement since 2018. Opportunity to reduce gap with MMP plans.
- **Getting Needed Care, Getting Appointments and Care Quickly**
 - "In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?"
 - "In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?"
 - "In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?"

CAHPS 2020

Next Steps

- Present findings at committees and internal meetings:
 - SCFHP Executive Team
 - Quality Strategy Workgroup
 - Consumer Advisor Board Meeting (CAB)
 - Provider Advisory Council (PAC)
 - Timely Access and Availability (TAA) Workgroup
- Develop CAHPS 2021 strategy and work plan in early November 2020
 - Conduct qualitative analyses and identify interventions to address opportunities for improvement
- Collaborate with Marketing to continue 2021 CAHPS campaign promotion and evaluate other opportunities such as utilizing social media platforms for outreach
- Explore providing CAHPS survey in Tagalog language



Santa Clara Family Health Plan™

Questions? Contact Jamie Enke (jenke@scfhp.com) or Byron Lu (blu@scfhp.com)



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CY19 HEDIS Measures Below MPL Analysis

Laurie Nakahira DO, Chief Medical Officer

Introduction

Four HEDIS measures performed below MPL in CY 2019

1. Asthma Medication Ratio (AMR)
2. Adolescent Well Care Visit (AWC)
3. Cervical Cancer Screening (CCS)
4. Comprehensive Diabetes Care – HbA1c Testing (CDC-HT)

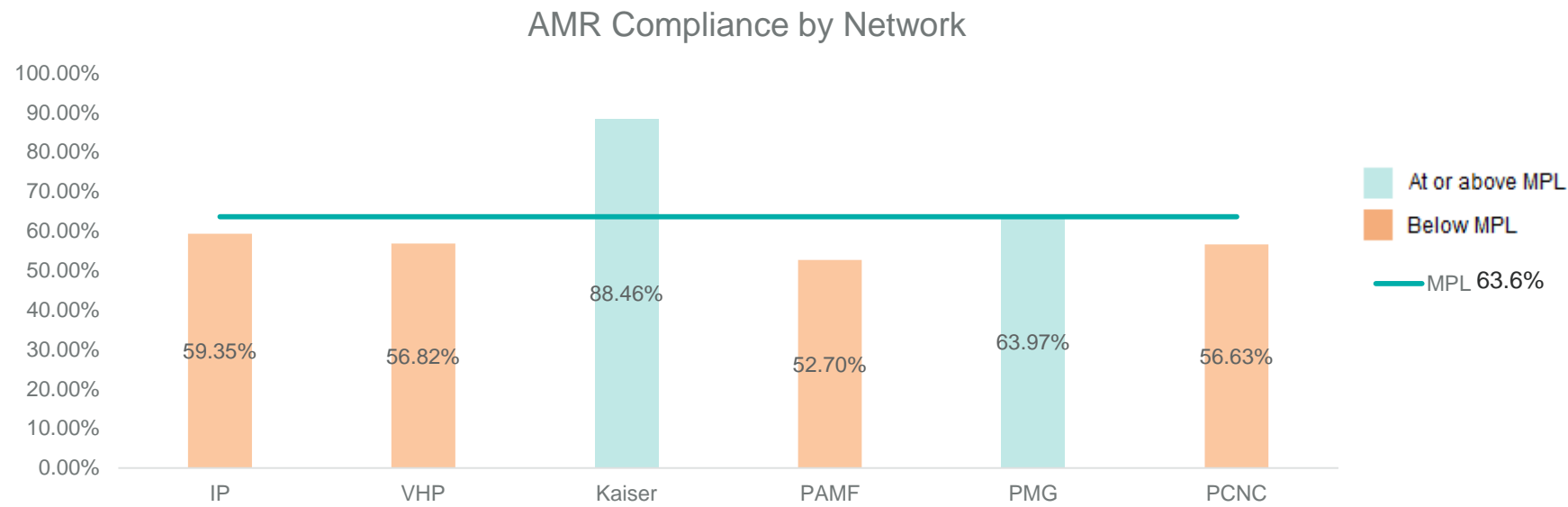
Is there a health disparity?

The data was analyzed by the following to look for a root cause:

- Network, Ethnicity, Language Spoken, Age Group, and Zip Code

Asthma Medication Ratio (AMR)

Kaiser and PMG performed above MPL

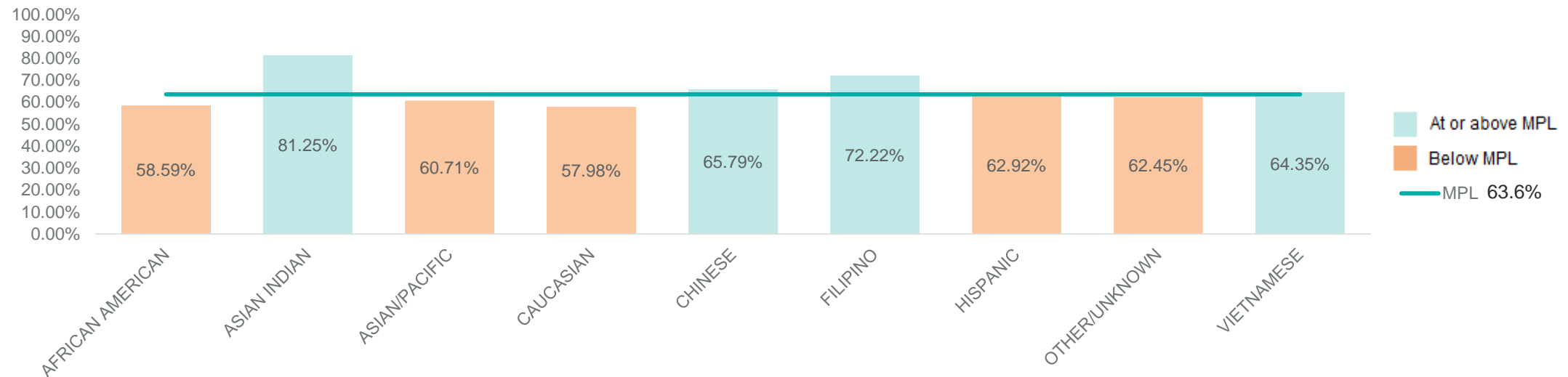


Network	IP	VHP	Kaiser	PAMF	PMG	PCNC
Numerator	92	596	299	39	245	96
Denominator	155	1,049	338	74	383	179

Asthma Medication Ratio (AMR)

Asian Indian, Chinese, Filipino, and Vietnamese groups performed above MPL

AMR Compliance by Ethnicity

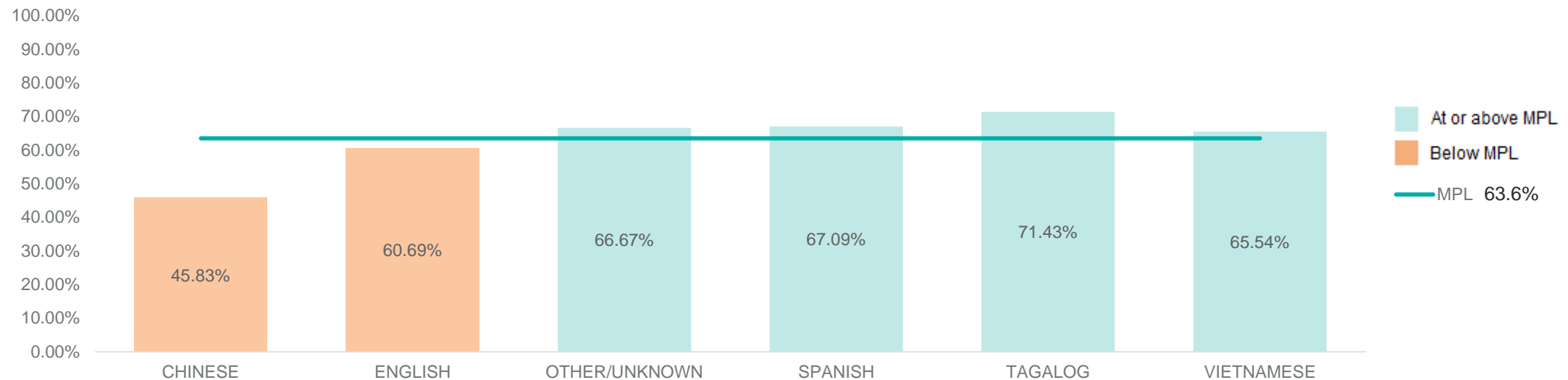


Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	75	39	17	189	25	39	599	153	231
Denominator	128	48	28	326	38	54	952	245	359

Asthma Medication Ratio (AMR)

Spanish, Tagalog, Other/Unknown, and Vietnamese speaking groups performed above MPL

AMR Compliance by Preferred Language

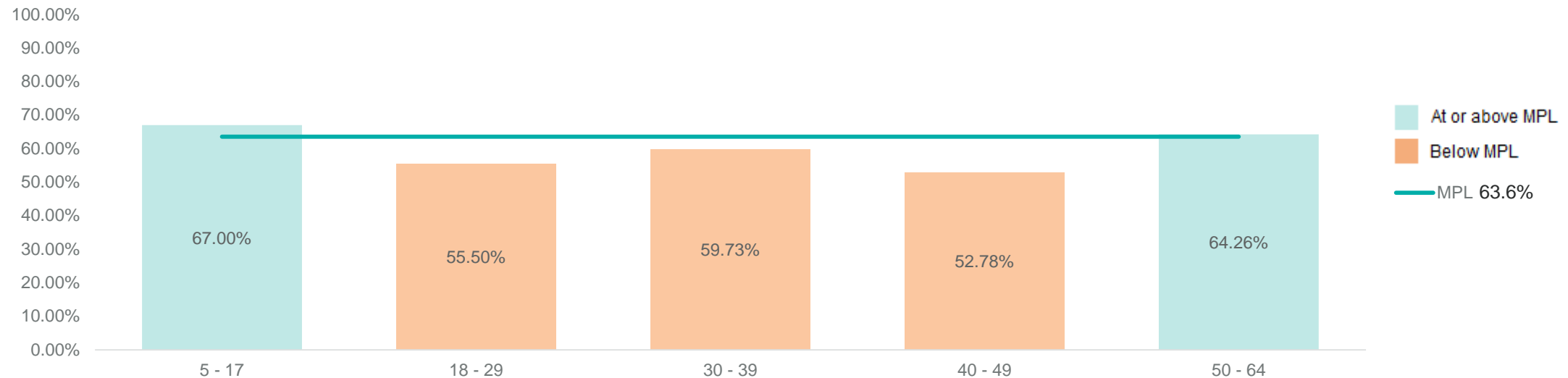


Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	11	806	28	318	10	194
Denominator	24	1,328	42	474	14	296

Asthma Medication Ratio (AMR)

Members ages 5-17 and 50-64 performed above MPL

AMR Compliance by Age Group

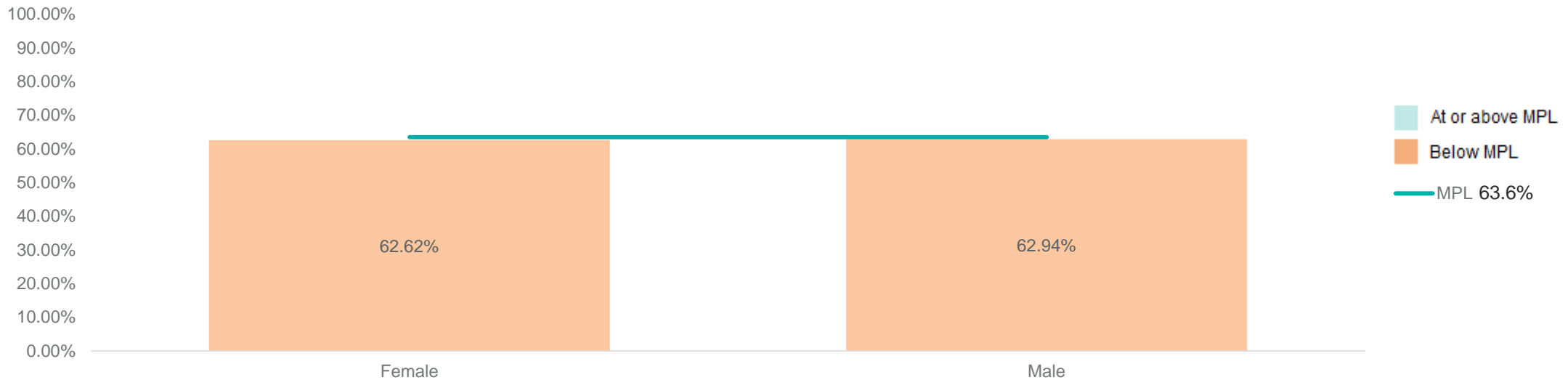


Age Group	5 - 17	18 - 29	30 - 39	40 - 49	50 - 64
Numerator	603	116	132	133	383
Denominator	900	209	221	252	596

Asthma Medication Ratio (AMR)

Females and males performed about the same

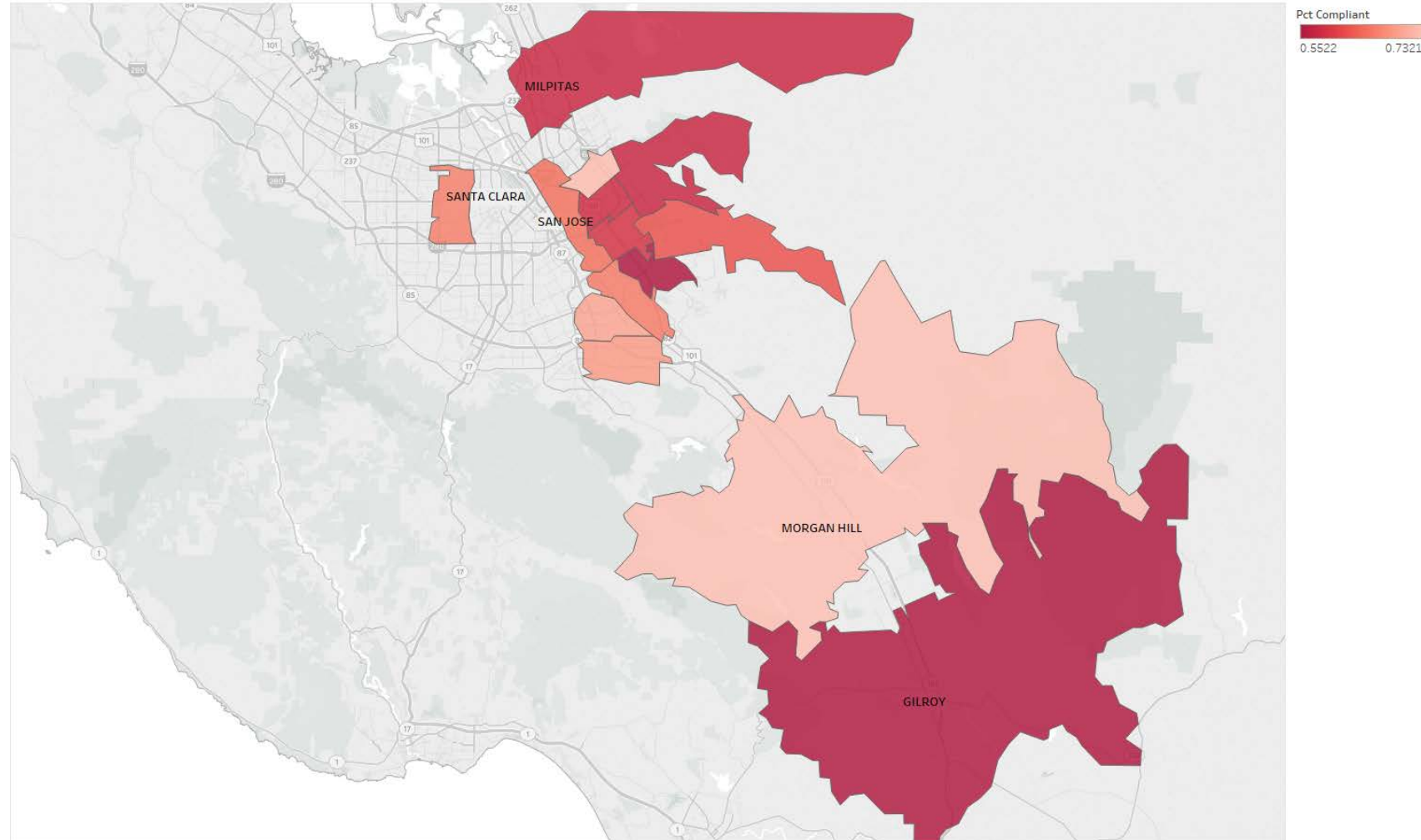
AMR Compliance by Gender



Gender	Female	Male
Numerator	759	608
Denominator	1,212	966

Asthma Medication Ratio (AMR)

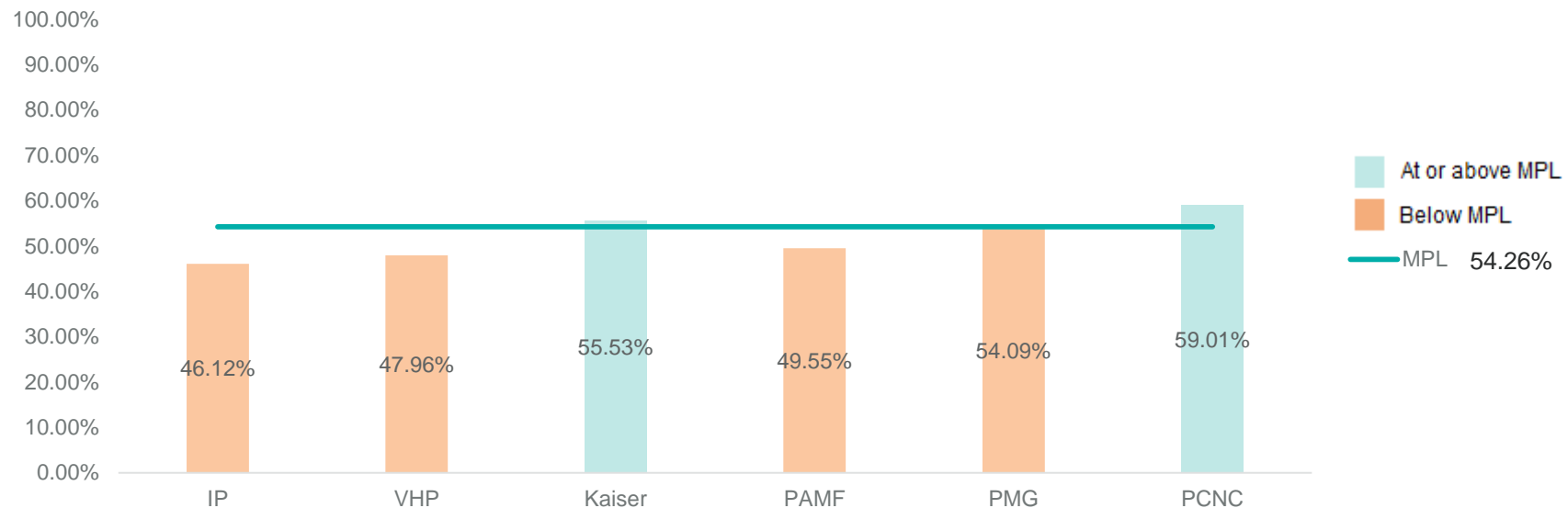
Heat Map (Limited to zip codes with > 50 members)



Adolescent Well-Care Visits (AWC)

Kaiser and PCNC performed above MPL

AWC Compliance by Network

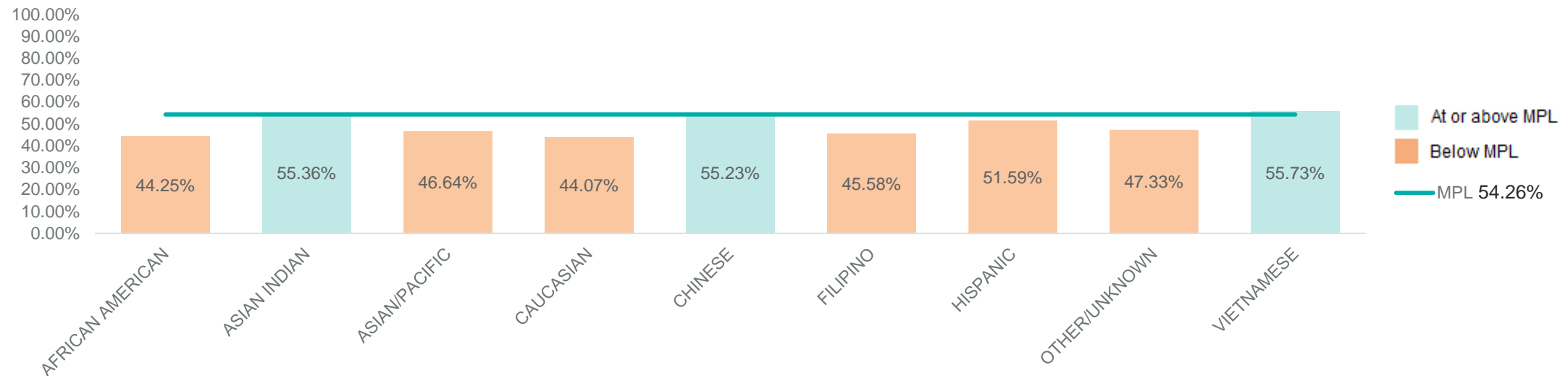


Network	IP	VHP	Kaiser	PAMF	PMG	PCNC
Numerator	1,647	8,910	3,061	547	5,329	1,805
Denominator	3,571	18,578	5,512	1,104	9,852	3,059

Adolescent Well-Care Visits (AWC)

Asian Indian, Chinese, and Vietnamese groups performed above MPL

AWC Compliance by Ethnicity

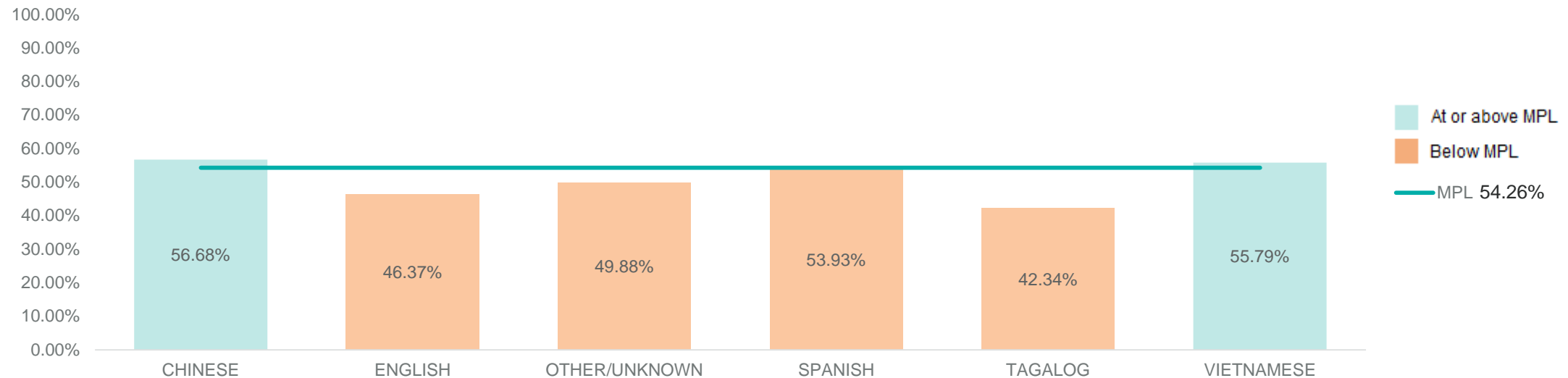


Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKNOWN	VIETNAMESE
Numerator	558	382	132	1,179	634	510	13,132	1,506	3,266
Denominator	1,261	690	283	2,675	1,148	1,119	25,457	3,183	5,860

Adolescent Well-Care Visits (AWC)

Chinese and Vietnamese speaking groups performed above MPL

AWC Compliance by Preferred Language

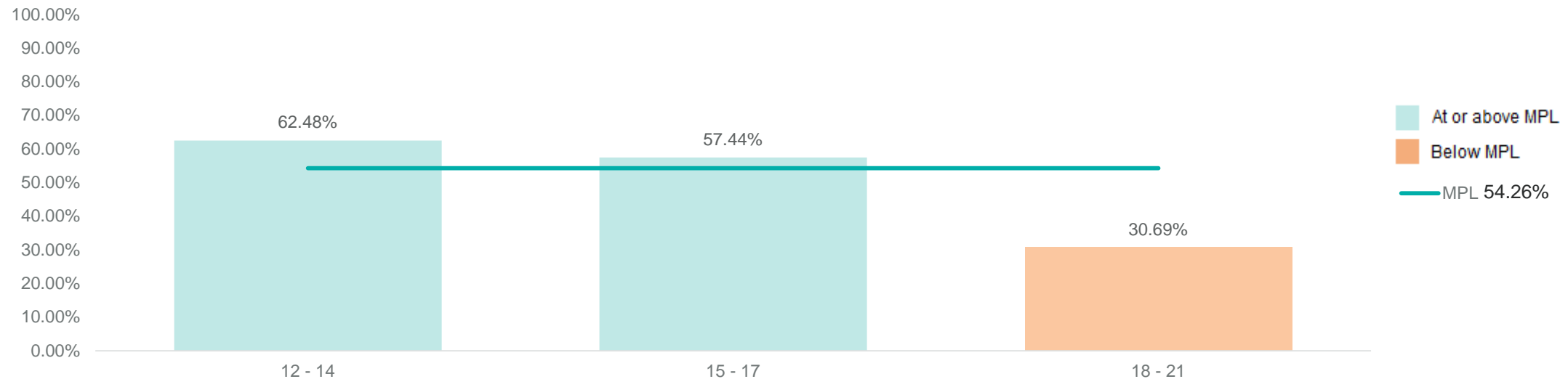


Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	403	7,413	419	10,058	174	2,832
Denominator	711	15,988	840	18,650	411	5,076

Adolescent Well-Care Visits (AWC)

Members ages 12-17 performed above MPL

AWC Compliance by Age Group

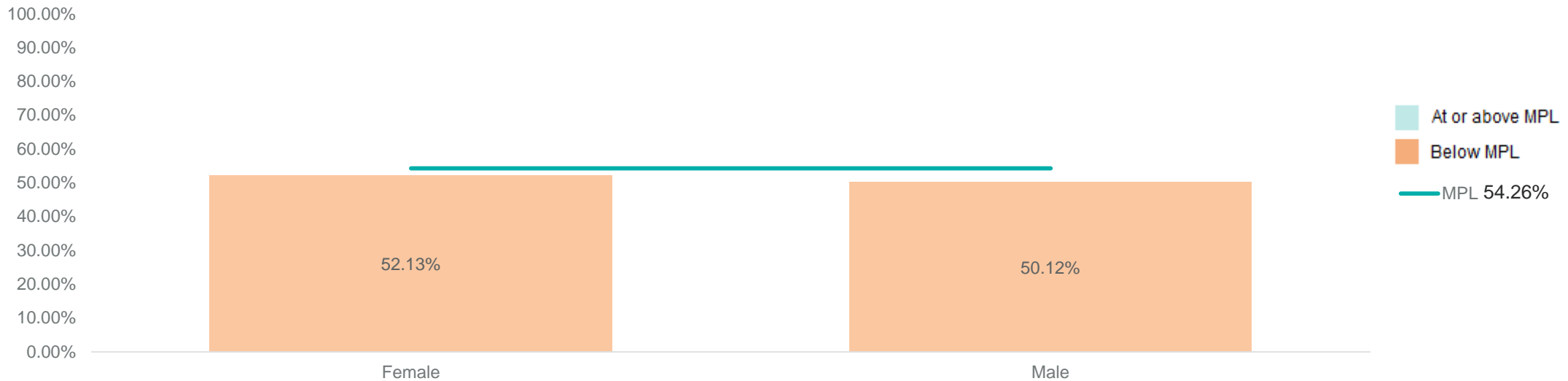


Age Group	12 - 14	15 - 17	18 - 21
Numerator	9,235	8,180	3,884
Denominator	14,780	14,241	12,655

Adolescent Well-Care Visits (AWC)

Females performed slightly better than males

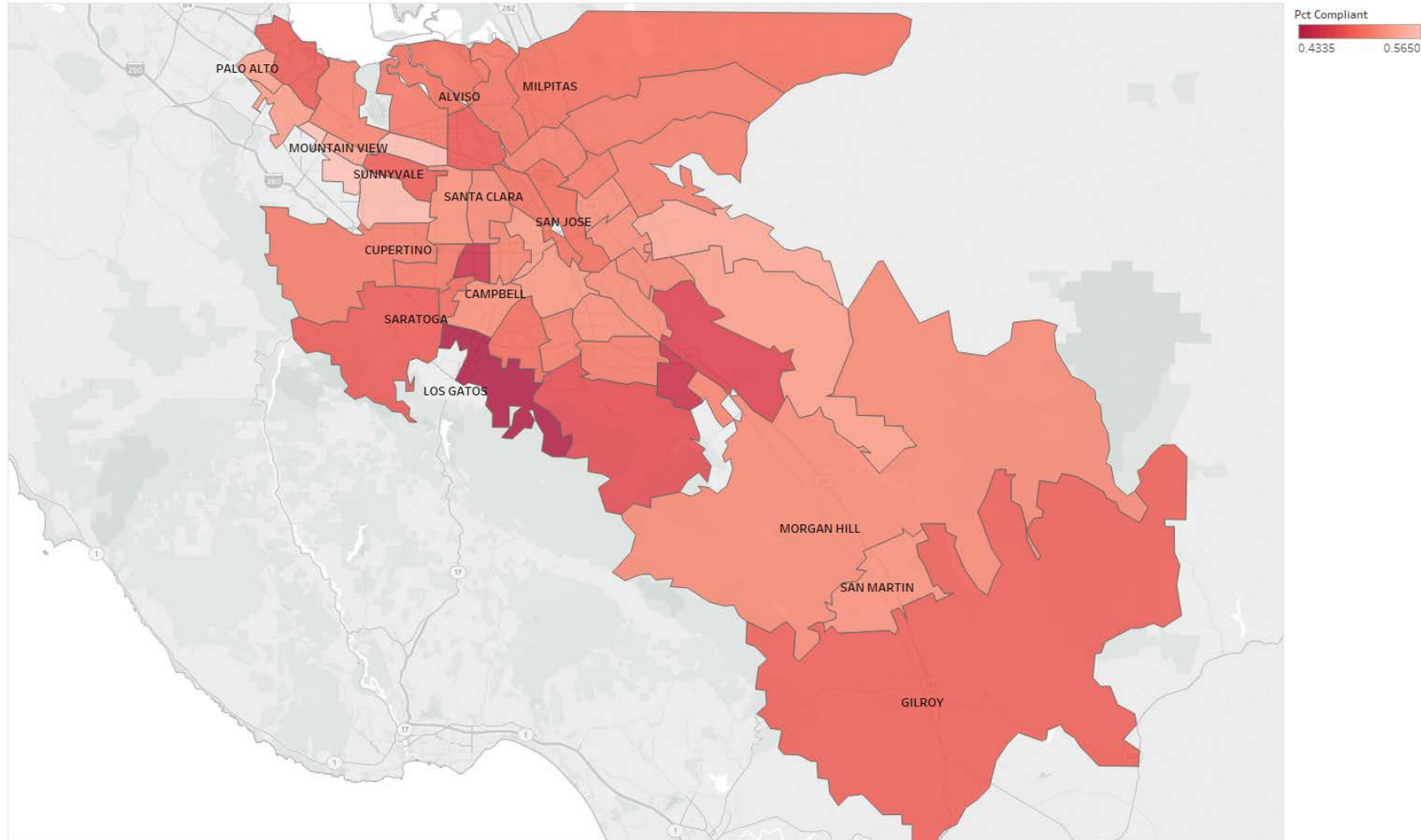
AWC Compliance by Gender



Gender	Female	Male
Numerator	10,635	10,664
Denominator	20,400	21,275

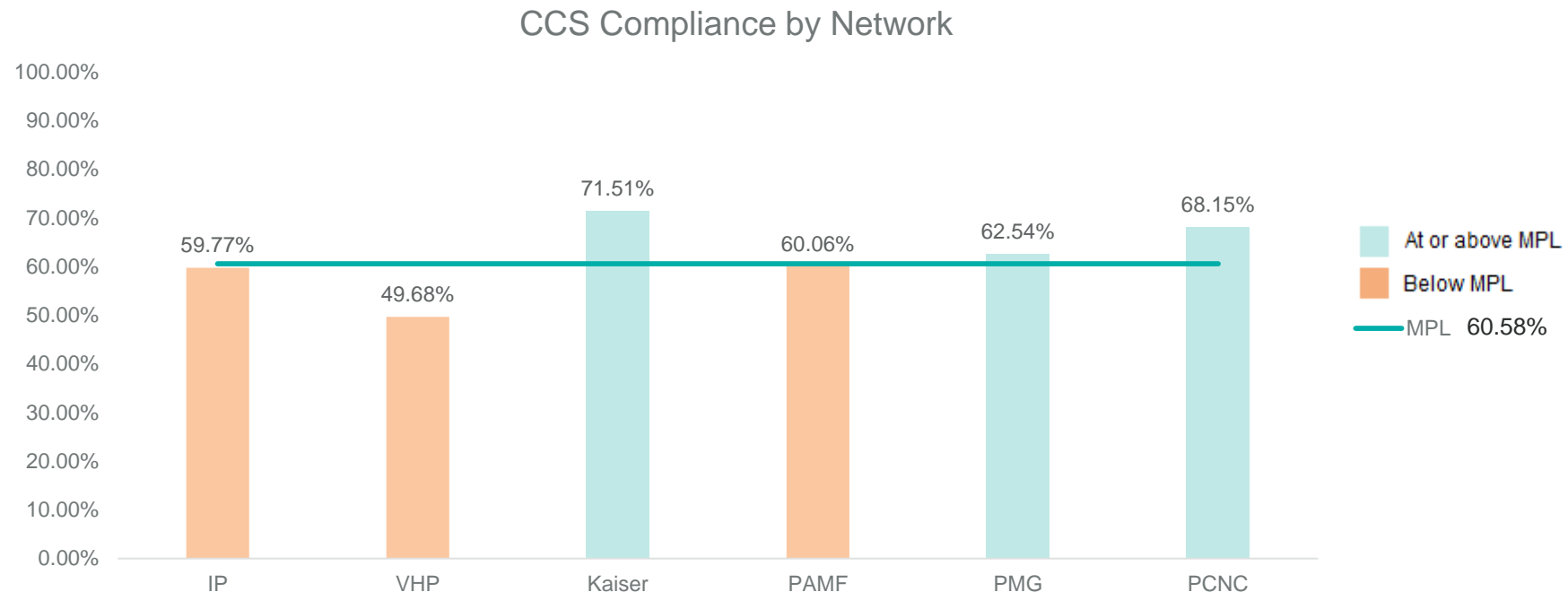
Adolescent Well-Care Visits (AWC)

Heat Map (Limited to zip codes with > 50 members)



Cervical Cancer Screening (CCS)

Kaiser, PMG and PCNC performed above MPL

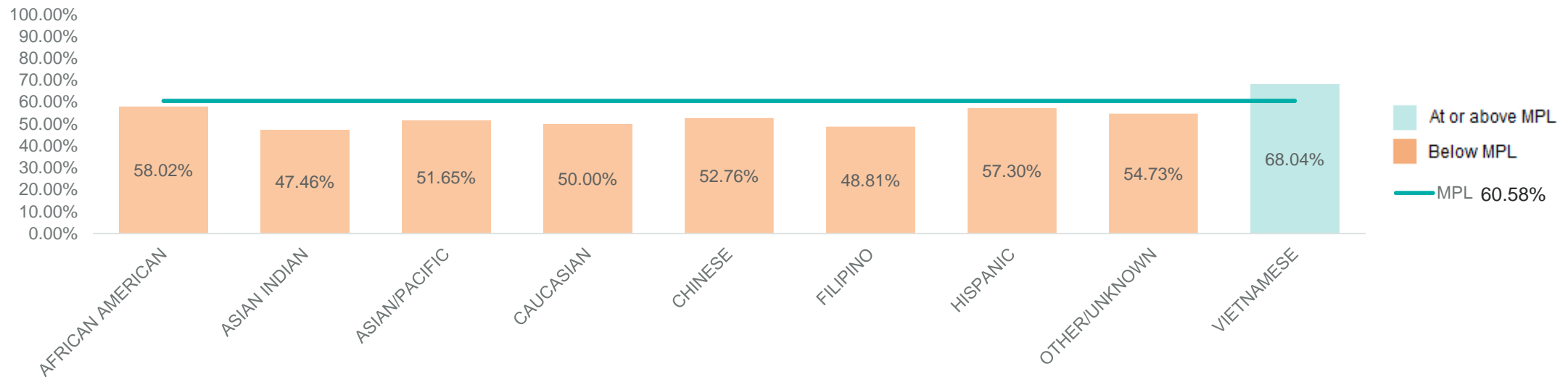


Network	IP	VHP	Kaiser	PAMF	PMG	PCNC
Numerator	2,053	9,782	2,999	627	4,695	2,535
Denominator	3,435	19,689	4,194	1,044	7,507	3,720

Cervical Cancer Screening (CCS)

Vietnamese group performed above MPL

CCS Compliance by Ethnicity

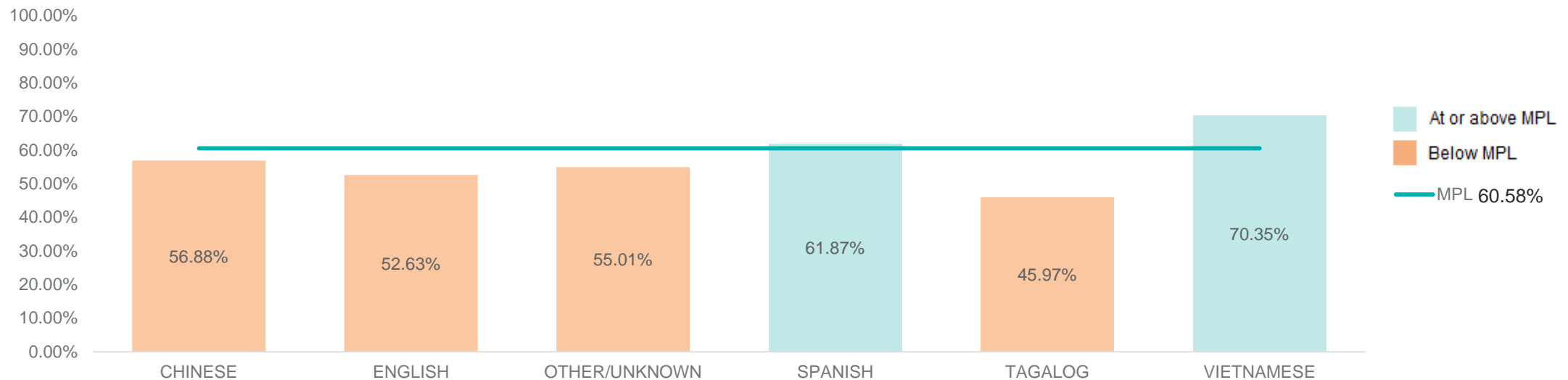


Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKNOWN	VIETNAMESE
Numerator	857	551	375	2,831	1,091	676	6,454	3,807	6,049
Denominator	1,477	1,161	726	5,662	2,068	1,385	11,264	6,956	8,890

Cervical Cancer Screening (CCS)

Spanish and Vietnamese speaking groups performed above MPL

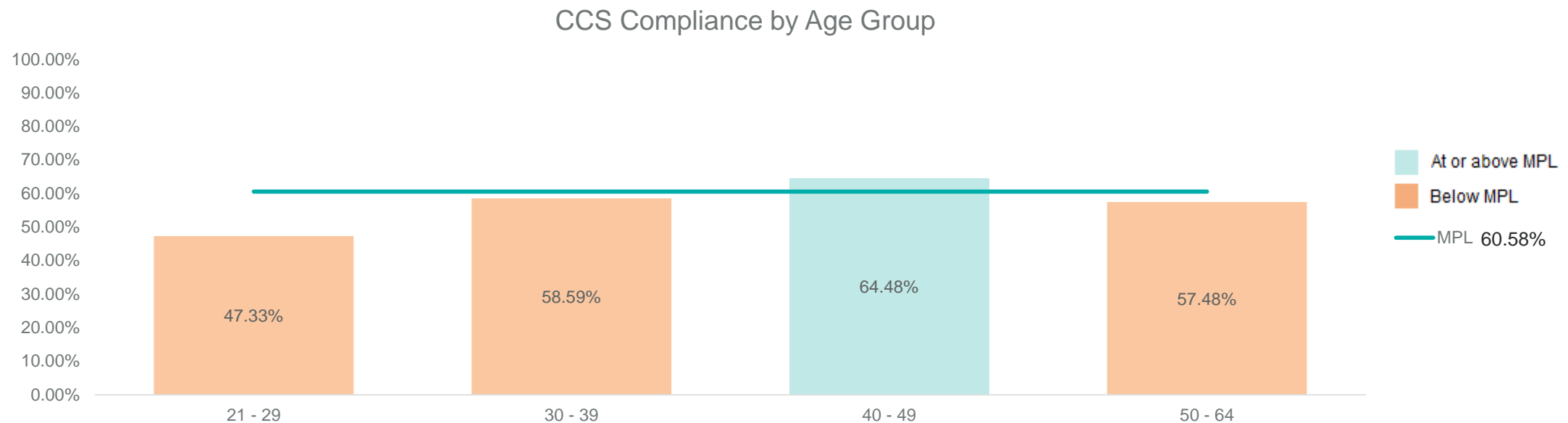
CCS Compliance by Preferred Language



Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	777	12,636	900	2,753	177	5,448
Denominator	1,366	24,008	1,636	4,450	385	7,744

Cervical Cancer Screening (CCS)

Members in the 40-49 age group performed above MPL

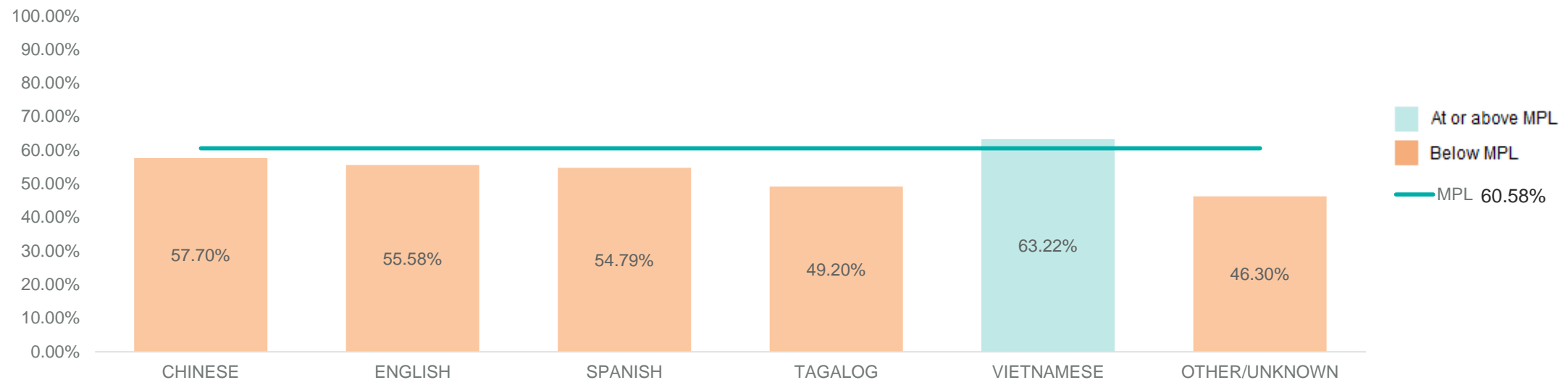


Age Group	21 - 29	30 - 39	40 - 49	50 - 64
Numerator	3,445	5,470	5,247	8,529
Denominator	7,278	9,336	8,138	14,837

Cervical Cancer Screening (CCS)

Members with Vietnamese-speaking PCPs performed above MPL

CCS Compliance by PCP Language

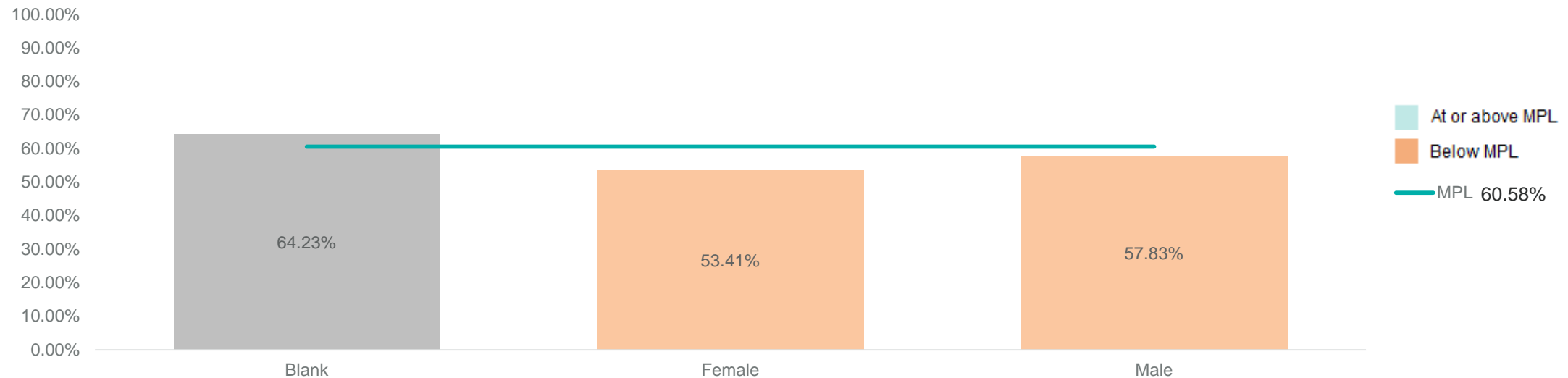


PCP Language	CHINESE	ENGLISH	SPANISH	TAGALOG	VIETNAMESE	OTHER/UNKNOWN
Numerator	2,090	18,754	5,207	924	7,914	169
Denominator	3,622	33,740	9,503	1,878	12,519	365

Cervical Cancer Screening (CCS)

Members with male PCPs performed better than members with female PCPs

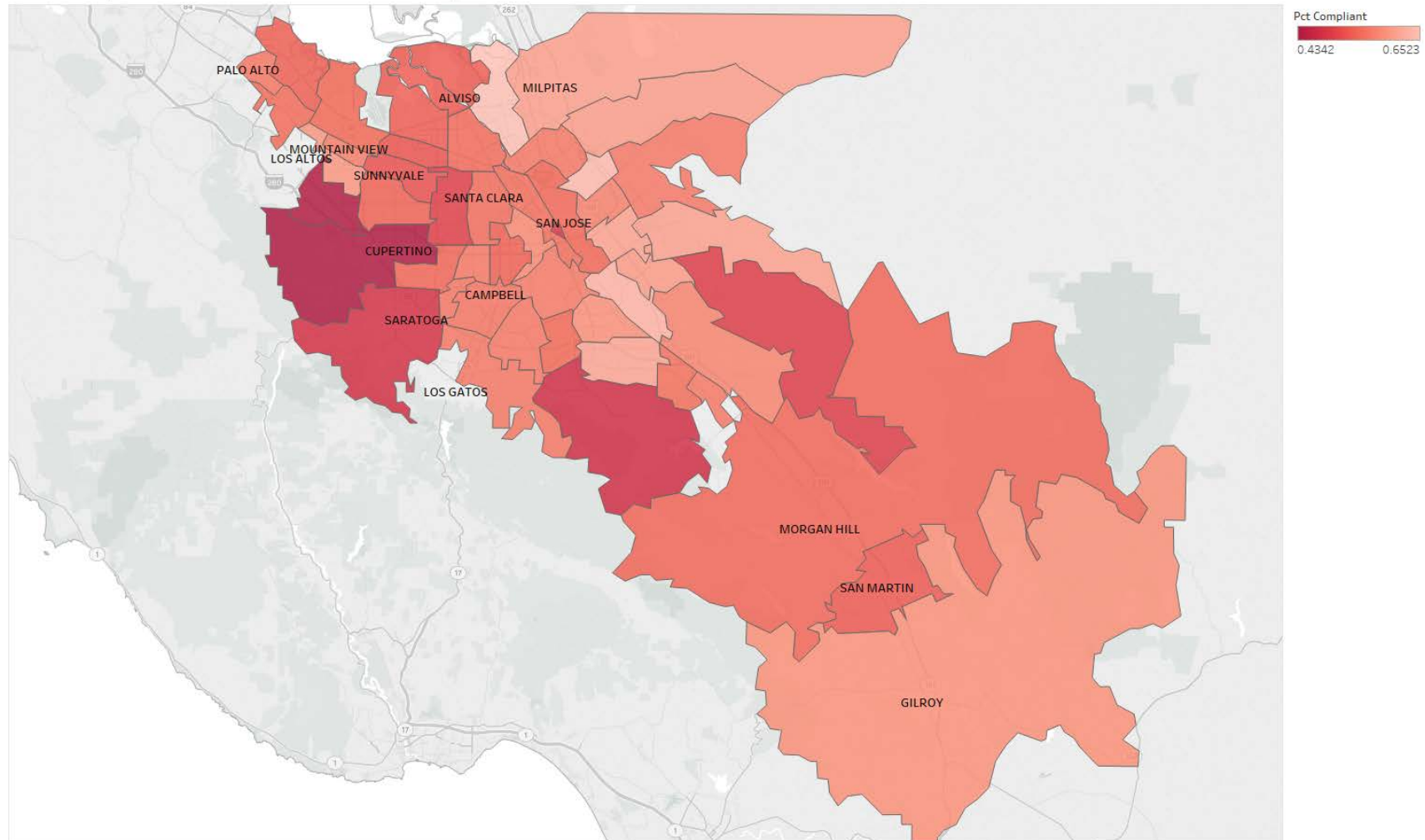
CCS Compliance by PCP Gender



PCP Gender	Blank	Female	Male
Numerator	5,995	9,667	7,029
Denominator	9,333	18,101	12,155

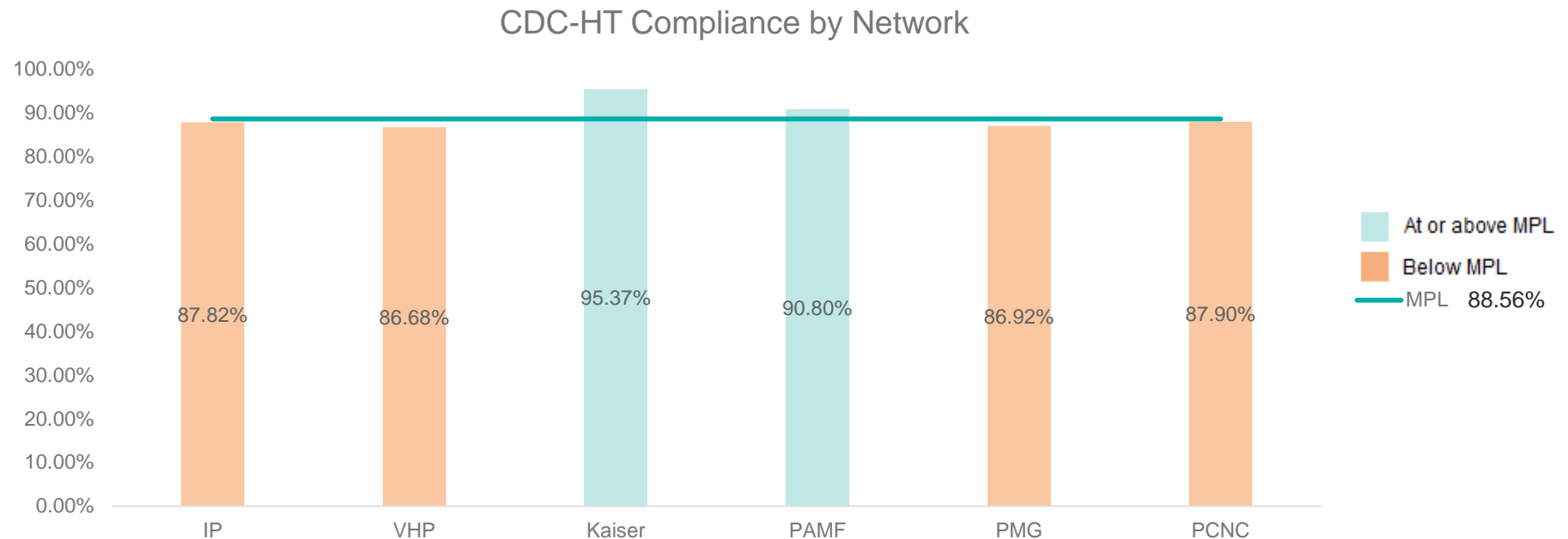
Cervical Cancer Screening (CCS)

Heat Map (Limited to zip codes with > 50 members)



Comprehensive Diabetes Care - Hemoglobin A1c Testing (CDC-HT)

Kaiser and PAMF performed above MPL

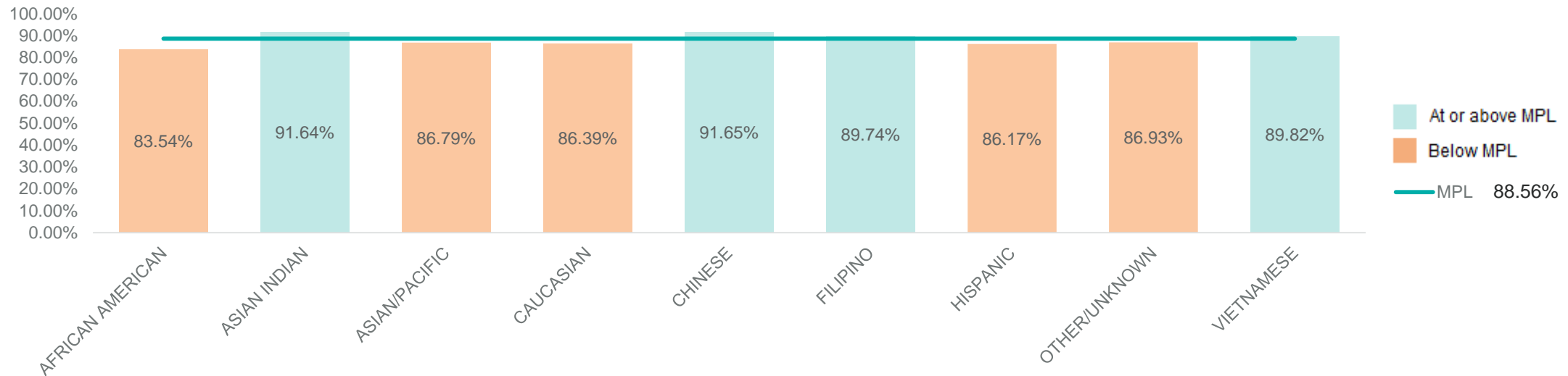


Network	IP	VHP	Kaiser	PAMF	PMG	PCNC
Numerator	692	4,495	679	148	1,309	632
Denominator	788	5,186	712	163	1,506	719

Comprehensive Diabetes Care - Hemoglobin A1c Testing (CDC-HT)

Asian Indian, Chinese, Filipino, and Vietnamese groups performed above MPL

CDC-HT Compliance by Ethnicity

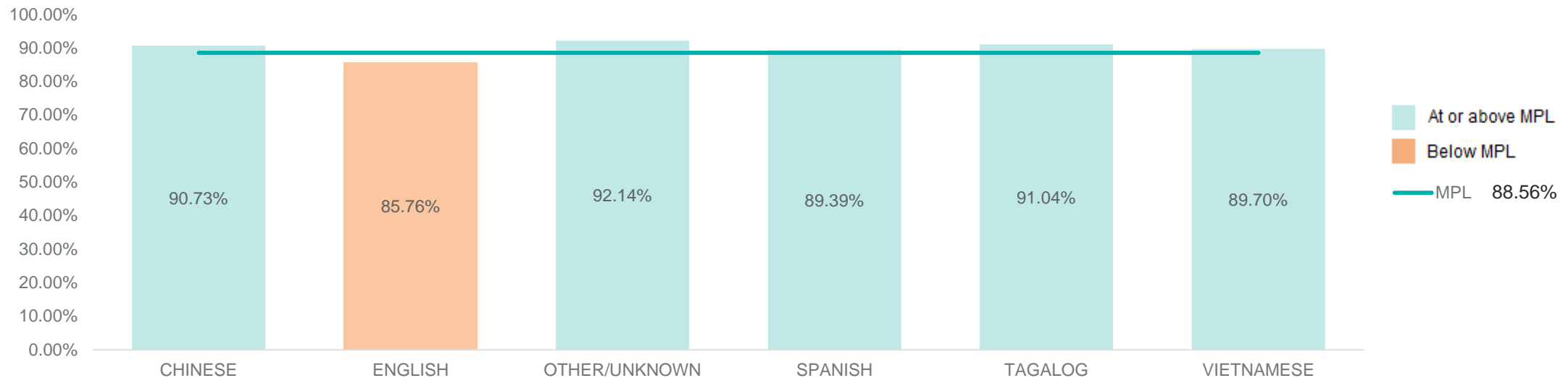


Ethnicity	AFRICAN AMERICAN	ASIAN INDIAN	ASIAN/PACIFIC	CAUCASIAN	CHINESE	FILIPINO	HISPANIC	OTHER/UNKN OWN	VIETNAMESE
Numerator	340	614	230	984	362	420	2,374	1,211	1,420
Denominator	407	670	265	1,139	395	468	2,755	1,394	1,581

Comprehensive Diabetes Care - Hemoglobin A1c Testing (CDC-HT)

Chinese, Other/Unknown, Spanish, Tagalog, and Vietnamese speaking groups performed above MPL

CDC-HT Compliance by Preferred Language

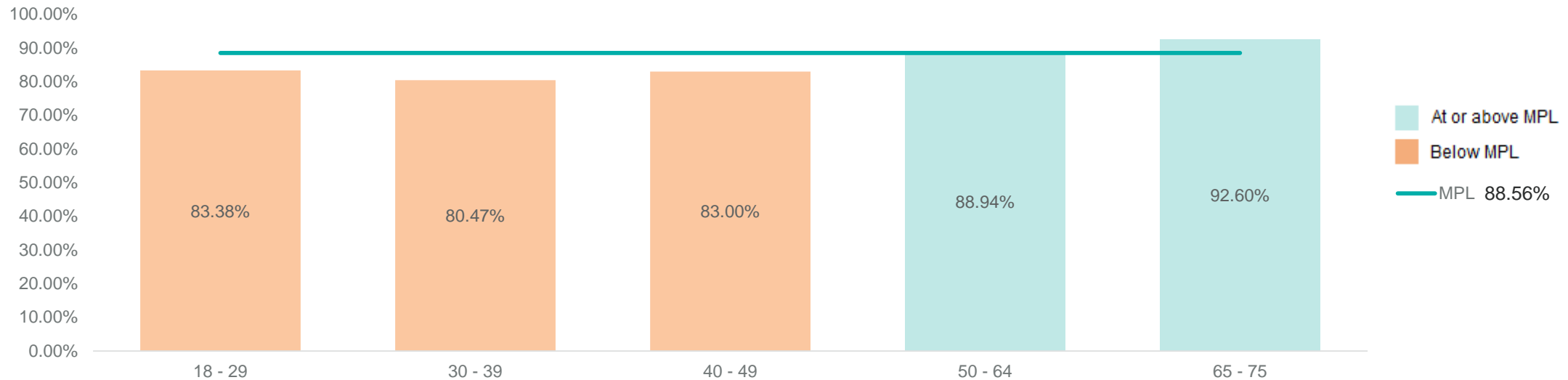


Language	CHINESE	ENGLISH	OTHER/UNKNOWN	SPANISH	TAGALOG	VIETNAMESE
Numerator	284	4,353	563	1,238	193	1,324
Denominator	313	5,077	611	1,385	212	1,476

Comprehensive Diabetes Care - Hemoglobin A1c Testing (CDC-HT)

Members ages 50-75 perform better than members ages 18-49

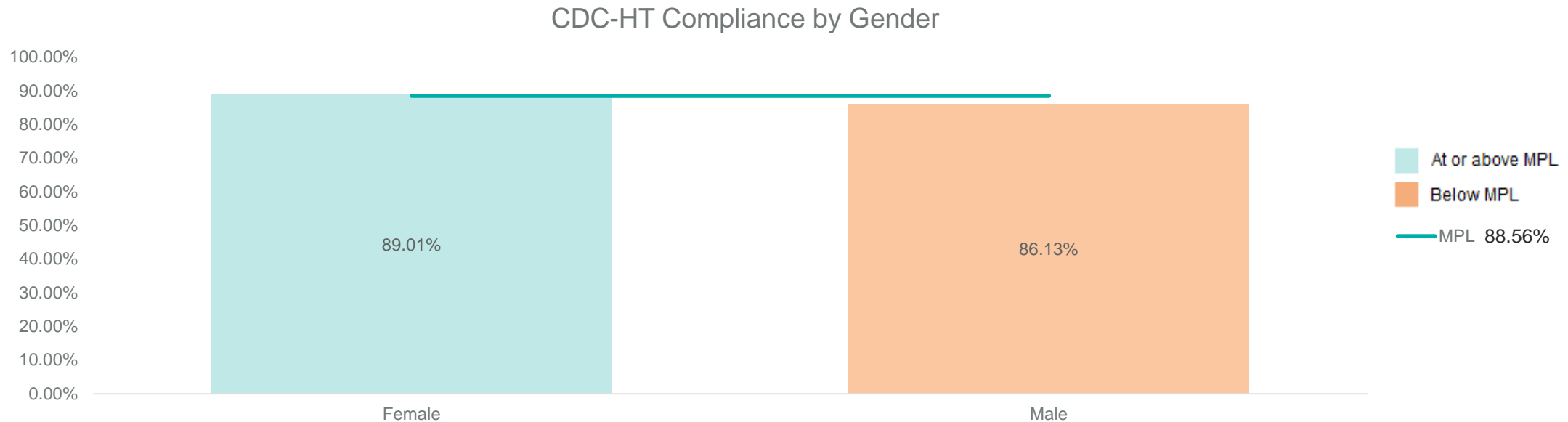
CDC-HT Compliance by Age Group



Age Group	18 - 29	30 - 39	40 - 49	50 - 64	65 - 75
Numerator	301	515	1,094	5,106	939
Denominator	361	640	1,318	5,741	1,014

Comprehensive Diabetes Care - Hemoglobin A1c Testing (CDC-HT)

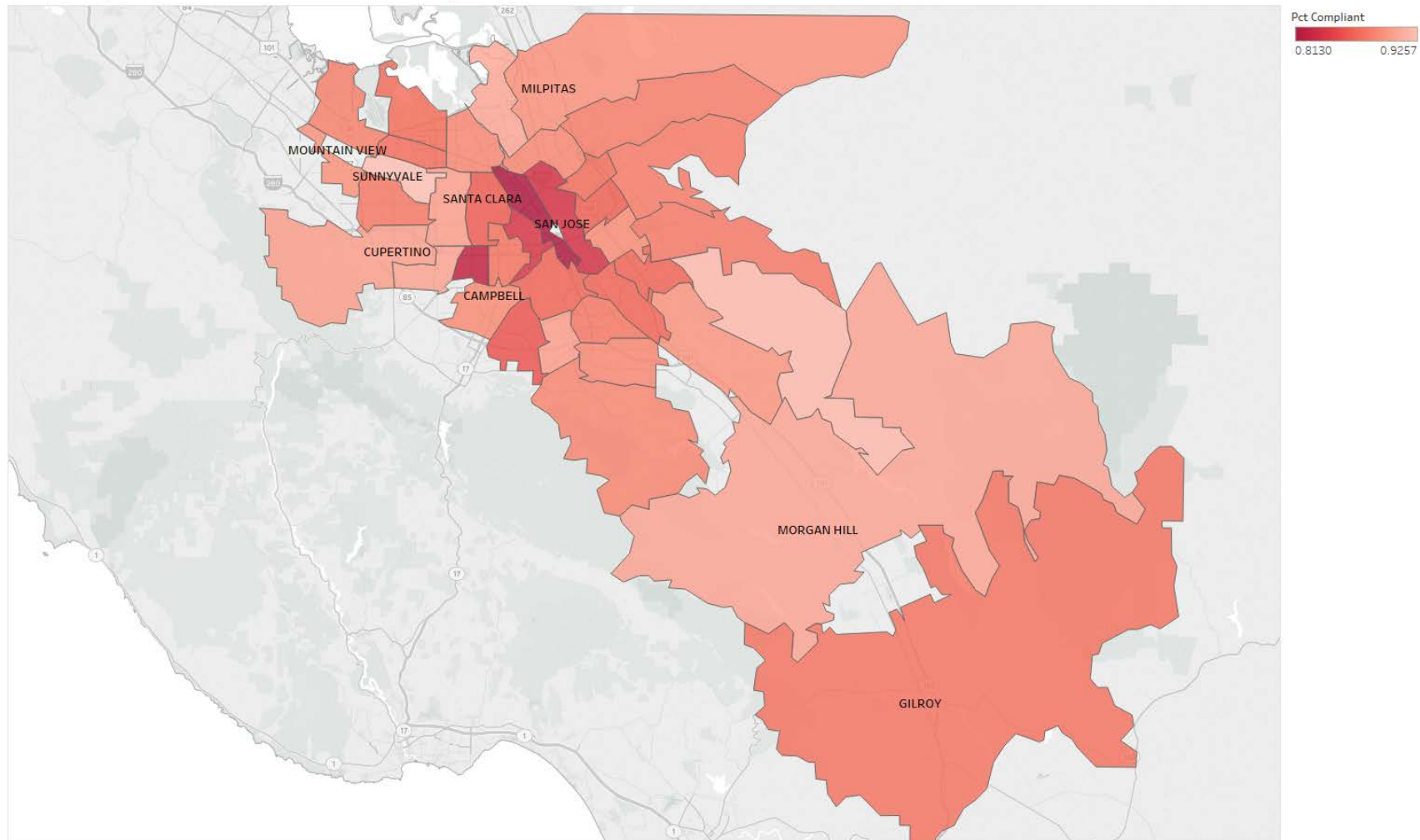
Females performed above MPL



Gender	Female	Male
Numerator	4,309	3,645
Denominator	4,841	4,232

Comprehensive Diabetes Care - Hemoglobin A1c Testing (CDC-HT)

Heat Map (Limited to zip codes with > 50 members)



Observations from the Data Analysis of the 4 Measures

- Kaiser performed above MPL in all of the measures in the network stratification
- PMG & PCNC performed above the MPL in 2 of the measures and PAMF performed above MPL in 1 measure in the network stratification
- Caucasian was the lowest performing ethnic group in 2 measures (AMR, AWC)
- Limited English Proficiency does not appear to be a barrier in the measures
- Younger and older age groups tended to perform better than middle age groups in 2 measures (AMR, CDC-HT)
- In AWC, 18-21 age group performed significantly worse
- Measures did not follow the same trend across zip codes
 - CCS & AWC measures performed lower in higher socioeconomic areas of the county
 - AMR & CDC-HT measures performed lower in lower socioeconomic areas of the county

Recommendations

Present Interventions

Member

- Newsletter Article
- Incentive Mailing
- Gaps in Care Inbound Reminder
- On-hold Messaging

Provider

- Fax memo
- Provider E-News
- Provider Performance Program
 - Gaps in Care Lists in the Provider Portal
 - Report Cards in the Provider Portal

Recommendations

Additional Interventions for groups with greater gaps

Network

- Targeted Provider Education (coding best practice, supplemental data submission, member health education, member and provider incentives available) to all networks that did not perform above MPL
- Request clinic days from providers that did not perform above MPL (AWC, CCS, CDC-HT)

Ethnicity, Language Spoken & Age

- Targeted Member Phone Outreach in preferred language to groups that did not perform above MPL to offer health education classes and materials and increase awareness of member incentives
- AWC Disparity Performance Improvement Project targeting VHP network 18-21 year olds

Zip Code

- Explore opportunities to expand health education program in those zip codes and identify additional barriers

Next Steps

- Meet with cultural champions in our community to identify additional barriers and opportunities
- Initiate projects/programs with appropriate clinics or groups to impact improvement
- For the lower performing groups, we will look at provider groups for additional trends to target interventions



**Santa Clara Family
Health Plan™**

Questions?

Review of Quality Improvement Policies

QI.17 Behavioral Health Care Coordination

QI.20 Information Sharing with San Adreas Regional Center (SARC)

QI.21 Information Exchange Between SCFHP & County of Santa Clara
Behavioral Health Services Department

QI.22 Early Start Program

QI.23 Alcohol Misuse: Screening and Behavioral Counseling
Interventions in Primary Care (SBIRT)

Policy Title:	Behavioral Health Care Coordination	Policy No.:	QI.17 v2
Replaces Policy Title (if applicable):	Cal MediConnect Behavioral Health Coordination Of Care Policy and Procedure	Replaces Policy No. (if applicable):	CM106_1
Issuing Department:	Health Services – Behavioral Health	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> CMC	

I. Purpose

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

II. Policy

- A. To complement the Comprehensive Case Management policy, SCFHP optimizes access to services for members by coordinating care and facilitating referrals to Behavioral Health (Mental Health and Substance Use Disorders) services for Medi-Cal and Cal MediConnect (CMC) members. This includes emergent, non-emergent, in-patient or outpatient referrals. Referrals may encompass community services, a community triage service, a community crisis line, contracted plan providers.
- B. SCFHP promotes continuity and coordination of care between behavioral healthcare providers and medical providers. Information is gathered regarding exchange of information, appropriate diagnoses, treatment, referrals, medications and follow-up. Successful collaboration is monitored, and improvement plans implemented as appropriate.
- C. SCFHP defines processes for the provision of Early, Periodic Screening, Diagnostic and Treatment (EPSDT) services for members 0 to 21 years of age which includes medically necessary Behavioral Health Treatment (BHT) services with or without an Autism diagnosis and other evidence based behavioral intervention services that develop or restore functioning. SCFHP provides BHT for members who are under 21, have a recommendation from a licensed physician, surgeon, or psychologist that evidence based BHT services are medically necessary, and that the member is medically stable without the need for 24-hour medical nursing monitoring.
- D. SCFHP requires Primary Care Physicians (PCP) to administer the Department of Health Services approved assessment tool as detailed in the procedure. To define how SCFHP provides guidelines to PCPs regarding management and treatment for members with Behavioral Health conditions as outlined in the procedure Mental Health Services Provided by PCPs.

III. Responsibilities

- A. Behavioral Health Services collaborates with other Health Services areas to coordinate care.



- B. Health Services, including Behavioral Health, coordinates with the Quality Improvement Department to monitor for under/over utilization.

IV. References

28 CCR 1300.74.72(g)(3) through (5)
 Title 9, CCR, Chapter 11, Division 1, Section(s)
 Title 22, CCR, Chapter 3, Article 4, Sections(s) 51305;51311;51313;51183
 Title 22, Section 51341.1 Drug Medi-Cal Substance Abuse Services; the California Health and Safety Code, Section 11752.1 and the State of California Alcohol and/or Other Drug Program Certification Standards California Health and Safety Code Sections 1374.72, 1374.73 and Rule 1300.74.72
 WIC Sections 14182.17(d)(4), 14186(b), 5600.3 and 14016.5
 3 Way Contract between United States Department of Health and Human Services; Centers for Medicare and Medicaid Services and California Department of Health Care Services
 Department of Health Care Services (DHCS) Agreement 04-36069, and Amendments thereof, Exhibit A, Attachment 11, Case Management and Coordination of Care, 5. Specialty Mental Health
 Department of Health Care Services (DHCS) Agreement 04-36069 and Amendments thereof, Exhibit A, Attachment 10, Scope of Services, 7. Services for all Members, D, Mental Health Services
 DHCS All Plan Letter 19-010, Requirements for Coverage of Early, Periodic, Screening, Diagnostic, and Testing Services for Medi-Cal Members Under the Age of 21, August 14, 2019
 DHCS All Plan Letter 19-014, Responsibilities for Behavioral Health Treatment Coverage for Members Under The Age Of 21, November 12, 2019
 DHCS APL 14-011, September 15, 2014
 MMCD Policy Letter 00-01
 NCQA Guidelines 2016

V. Approval/Revision History

First Level Approval		Second Level Approval		
Jeff Robertson, M.D. Medical Director		Laurie Nakahira Chief Medical Officer		
Date		Date		
Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Quality Improvement Committee		
V2	Revised	Quality Improvement Committee		



Policy Title:	Information Sharing with San Andreas Regional Center (SARC): MOU	Policy No.:	QI.20 v2
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Health Services – Behavioral Health	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> CMC	

I. Purpose

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

II. Policy

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

A. Santa Clara Family Health Plan

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

B. San Andreas Regional Center

1. SARC shall provide client information, including comprehensive diagnostic evaluation(s), treatment plan(s), utilization data and assessment information to SCFHP upon receipt of appropriate release of information (ROI)
2. SARC shall refer clients under age 21 who are diagnosed without regard to diagnosis for evaluation for medically necessary BHT services upon client/member request for BHT services.



3. SARC shall provide case management & care coordination services related to SARC’s Early Start Program clients to SCFHP for medically necessary BHT services.
4. SARC shall provide case management and care coordination to eligible clients and assist those clients in maintaining an ongoing relationship with the SCFHP’s assigned primary care provider when medical needs arise.
5. SARC will identify a staff person to be the primary liaison to SCFHP. The liaison will meet not less than quarterly to ensure continuous communication and resolve any operational, administrative and policy complications.
6. SARC will share information on community resources to SCFHP and/or its sub-contracted providers and vendors.
7. SARC shall provide Targeted Case Management (TCM) services to eligible clients and their families to assure timely access to health, developmental, social, educational, and vocational services.
 - a. TCM includes, but is not limited to:
 - i. Coordination of health-related services with SCFHP to avoid duplication of services; and
 - ii. Provision of referrals to specialty centers and follow-up with schools, social workers and others involved in the IPP and IFSP
 - iii. SARC agrees to provide periodic training to SCFHP’s staff as requested by the SCFHP concerning SARC services and requirements
 - iv. SARC shall work collaboratively with SCFHP to resolve timely access and coordination of care issues.

III. Responsibilities

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

IV. References

Center for Medicare & Medicaid Services approved California State Plan Amendment (SPA) 14-026 Section 1915 C waiver, CA.336 HCBS Waiver for Californians with Developmental Disabilities
 DHCS All Plan Letter 18-009 Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans and Regional Centers, 03/02/2018
 DHCS All Plan Letter 19-014 Responsibilities for Behavioral Health Treatment Coverage For Members Under The Age Of 21, 11/12/2019

V. Approval/Revision History

First Level Approval	Second Level Approval

Jeff Robertson, M.D. Medical Director	Laurie Nakahira Chief Medical Officer
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original		08/05/2016	
V1	Reviewed		06/03/2019	
V2	Revised	Quality Improvement Committee		

Policy Title:	Information Exchange Between Santa Clara Family Health Plan & County of Santa Clara Behavioral Health Services Department	Policy No.:	QI.21 v2
Replaces Policy Title (if applicable):	Information Exchange Between Santa Clara Family Health Plan & County of Santa Clara County	Replaces Policy No. (if applicable):	HS 409
Issuing Department:	Health Services – Behavioral Health	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> CMC	

I. Purpose

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

II. Policy

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

III. Responsibilities

A. Assessment Process

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

B. Referrals

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

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

C. Information Exchange

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

D. Care Coordination

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

IV. References

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

V. Approval/Revision History

First Level Approval		Second Level Approval		
Jeff Robertson, M.D. Medical Director		Laurie Nakahira Chief Medical Officer		
Date		Date		
Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original		06/06/2018	
V1	Reviewed		06/03/2019	
V2	Revised	Quality Improvement Committee		

Policy Title:	Early Start Program (Early Intervention Services)	Policy No.:	QI.22 v5
Replaces Policy Title (if applicable):	Early Start Program (Early Intervention Services): Developmental Delay Identification, Referral and Care Coordination	Replaces Policy No. (if applicable):	CM.005_03
Issuing Department:	Health Services – Behavioral Health	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> CMC	

I. Purpose

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

II. Policy

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

III. Responsibilities

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

IV. References

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

V. Approval/Revision History

First Level Approval	Second Level Approval
<hr/> Jeff Robertson, M.D. Medical Director	<hr/> Laurie Nakahira Chief Medical Officer

Date		Date		
Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original			
V2	Revised		2/8/2017	
V3	Revised		6/6/2018	
V4	Revised		6/3/2019	
V5	Revised	Quality Improvement Committee		

Policy Title:	Alcohol Misuse: Screening and Behavioral Counseling Interventions in Primary Care	Policy No.:	QI.23 v2
Replaces Policy Title (if applicable):		Replaces Policy No. (if applicable):	
Issuing Department:	Health Services – Behavioral Health	Policy Review Frequency:	Annual
Lines of Business (check all that apply):	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> CMC	

I. Purpose

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

II. Policy

- A. SCFHP’s policy is to support the contracted network in providing an expanded alcohol screening for members 18 years of age and older who answer “yes” to the alcohol question in the Individual Health Education Behavioral Assessment (IHEBA).
- B. It is the policy of SCFHP to meet the Department of Health Care Services (DHCS) expanded contractual requirements for identification of potential alcohol misuse problems.
- C. Providers in SCFHP primary care settings must offer and document AMSC services are offered.
- D. The SCFHP will not limit behavioral counseling interventions. Beneficiaries who meet criteria for an alcohol use disorder or whose diagnosis is uncertain, are to be referred for further evaluation to the County Gateway program at 1-800-488-9919.

III. Responsibilities

- A. SCFHP’s Behavioral Health Department is responsible for monitoring compliance with the policy.
- B. SCFHP’s Health Services Department coordinates with the Quality Improvement Department to collaborate with the assistance of the Health Education, Provider Services and Behavioral Health Departments to train/educate providers in the provision of the AMSC.

IV. References

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

V. Approval/Revision History

First Level Approval		Second Level Approval		
Jeff Robertson, M.D. Medical Director		Laurie Nakahira Chief Medical Officer		
Date		Date		
Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original		02/21/2018	
V1	Reviewed		06/03/2019	
V2	Revised	Quality Improvement Committee		

2021 Board and Committee Meeting Calendar

JANUARY

S	M	T	W	T	F	S
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10	11	12	13	14	15	16
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31						

APRIL

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JULY

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FEBRUARY

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AUGUST

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NOVEMBER

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MARCH

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JUNE

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SEPTEMBER

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DECEMBER

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Governing Board 12:00pm – 2:30pm	Quality Improvement Committee 6:00pm – 8:00pm
March 25	February 9
June 24	April 14
September 23	June 9
December 16	August 11
Executive/Finance Committee 11:30am – 1:30pm	October 13
	December 8
	Utilization Management Committee 6:00pm – 8:00pm
January 28	
February 25	
April 22	January 20
May 27	April 21
July 22	July 21
August 26	October 20
October 28	Credentialing Committee 12:15pm – 1:30pm
November 18	
Compliance Committee 1:30pm – 3:30pm	February 3
	April 7
February 25	June 2
May 27	August 4
August 26	October 6
November 18	December 1
Provider Advisory Council 12:15pm – 1:45 pm	Pharmacy & Therapeutics Committee 6:00pm-8:00pm
	March 18
February 10	June 17
May 12	September 16
August 10	December 16
November 10	
Consumer Advisory Committee (Medi-Cal) 6:00pm – 7:00pm	Consumer Advisory Board (CMC) 11:30am – 1:00pm
	March 4
March 9	June 3
June 8	September 2
September 14	December 2
December 14	

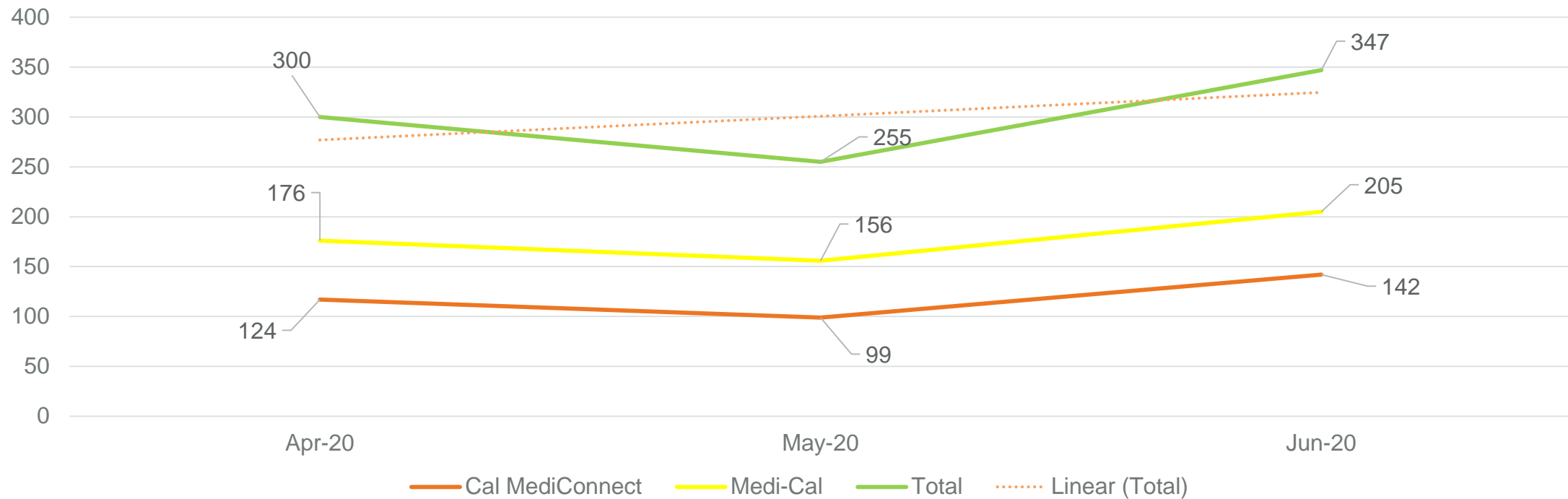


Santa Clara Family Health Plan™

Quality Improvement Committee

Q2 2020 Review

Q2 2020 Total Cases Received



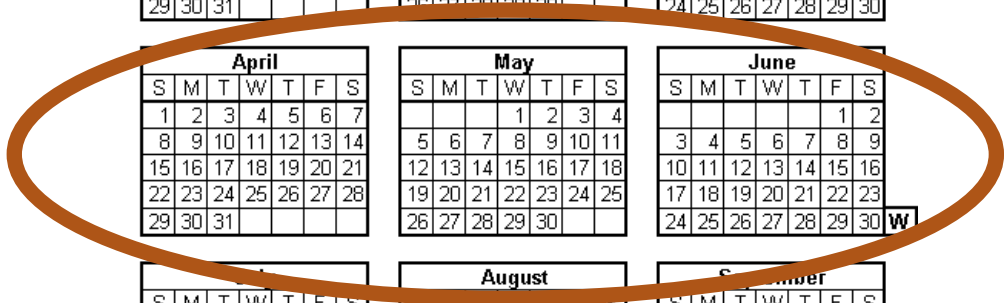
Medi-Cal

January							February							March						
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April							May							June						
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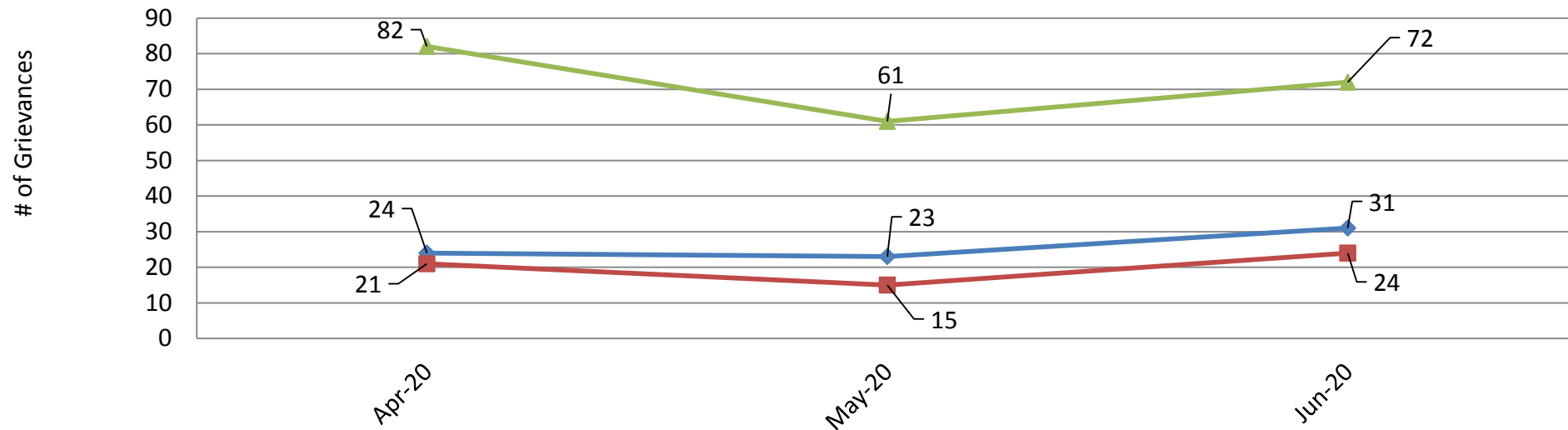
July							August							September						
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October							November							December						
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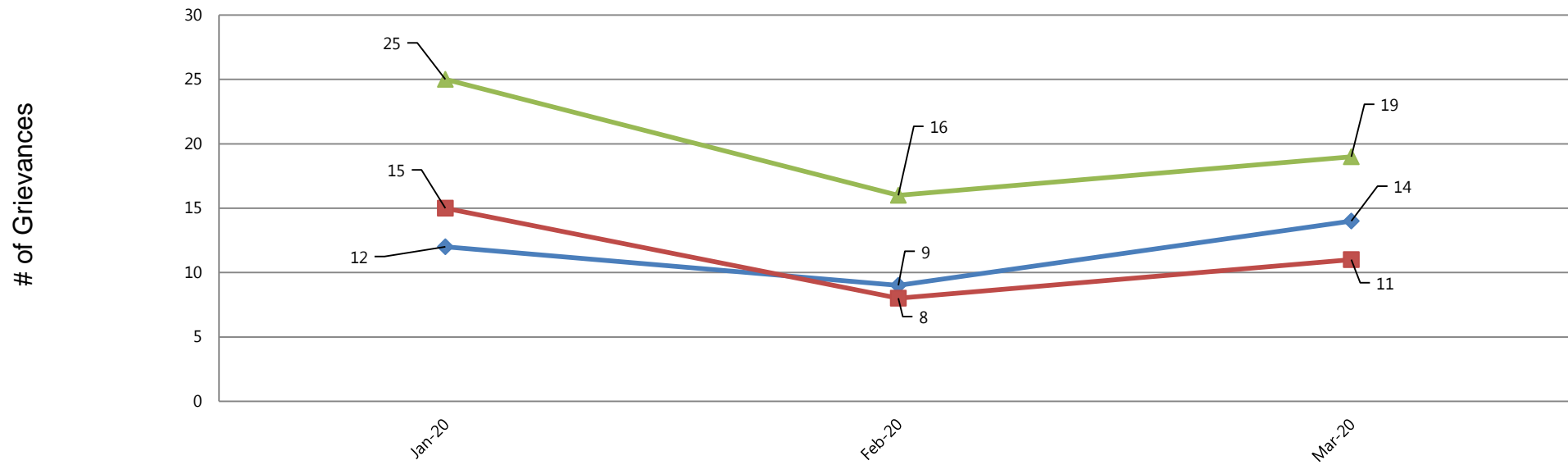
Q2 2020

Q2 2020: Top 3 Medi-Cal Grievance Categories



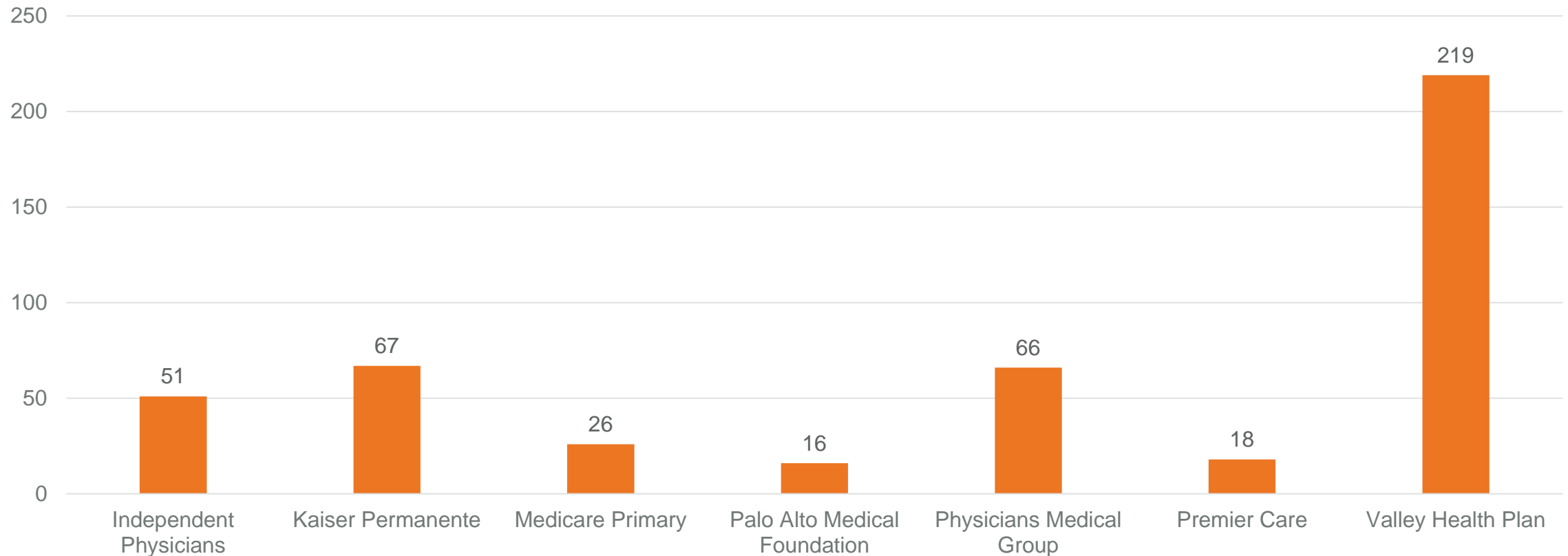
	Apr-20	May-20	Jun-20
◆ Access	24	23	31
■ Quality of Care	21	15	24
▲ Quality of Service	82	61	72

Q2 2020: Top 3 Medi-Cal Grievance Subcategories

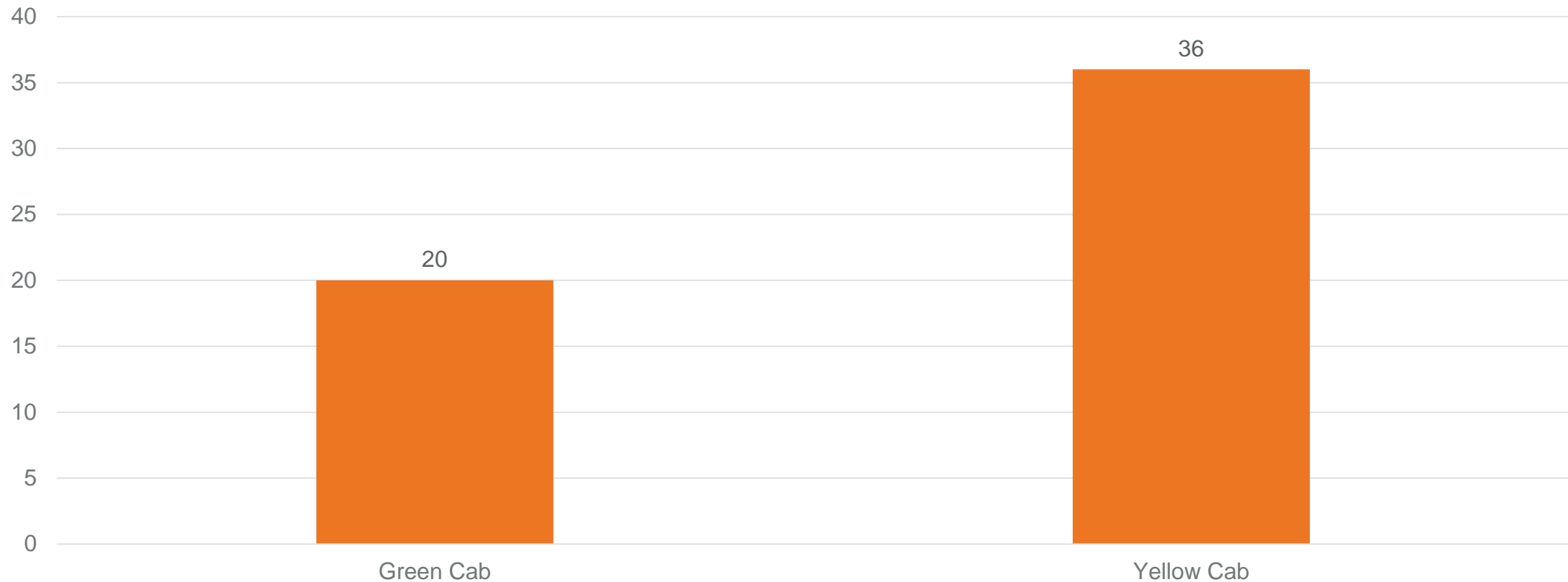


	Jan-20	Feb-20	Mar-20
QOC- Inappropriate Provider Care	12	9	14
QOS-Operation Policy	15	8	11
QOS-Transportation Services (NMT)	25	16	19

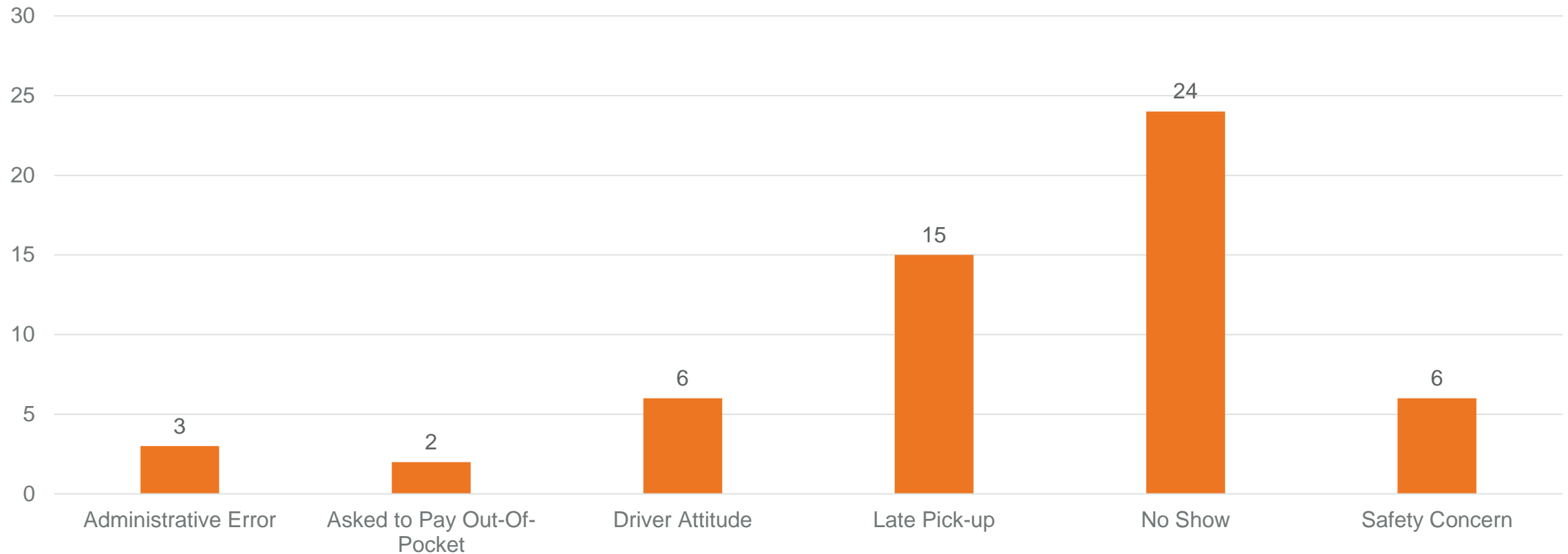
Q2 2020 MC Grievances by Network



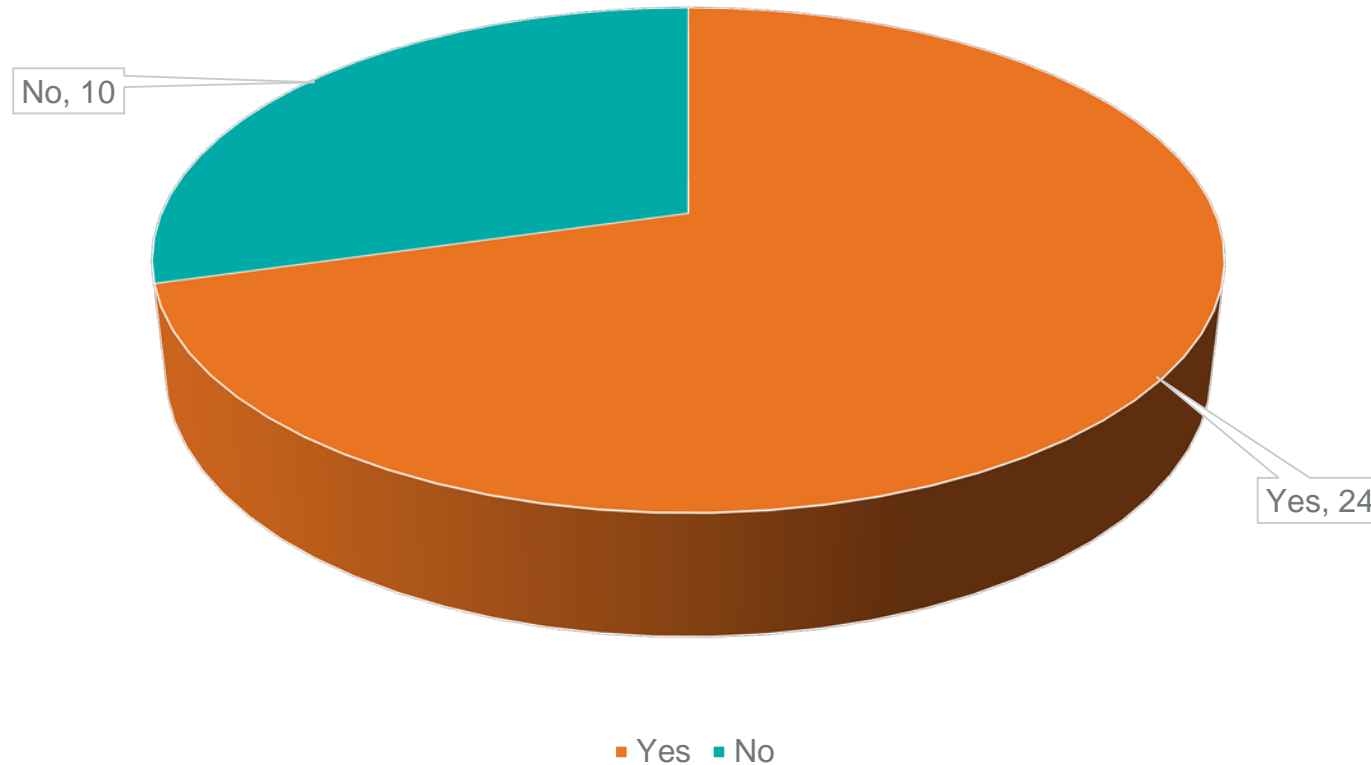
Q2 2020 MC NMT Grievances by Vendor



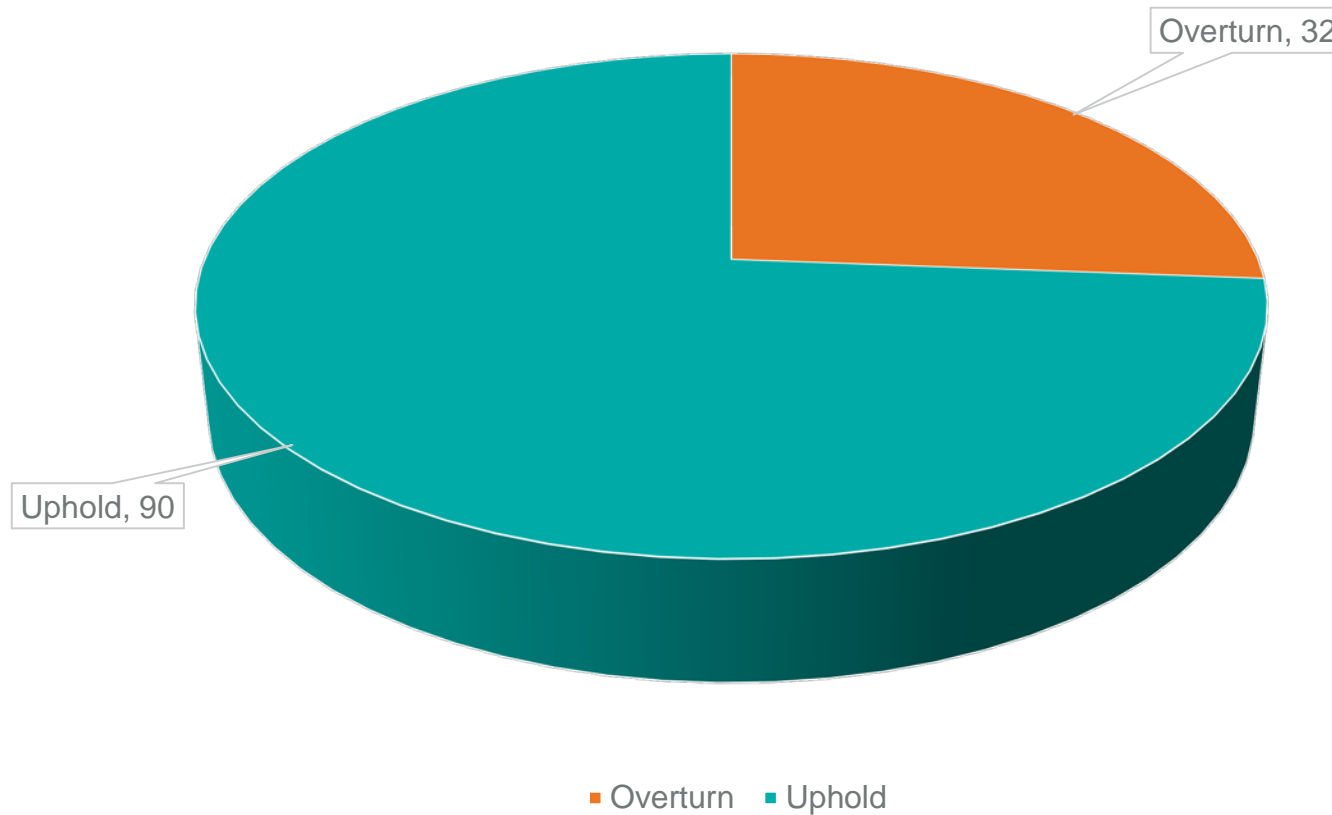
Q2 2020 MC NMT Grievances by Reason



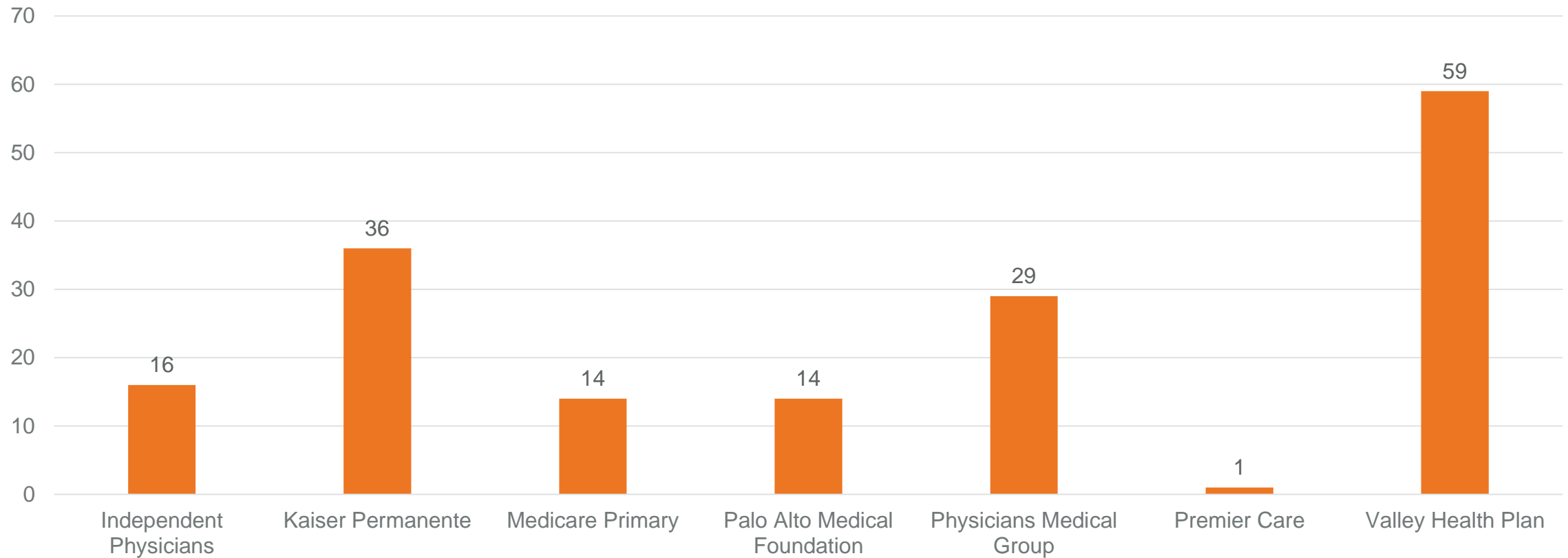
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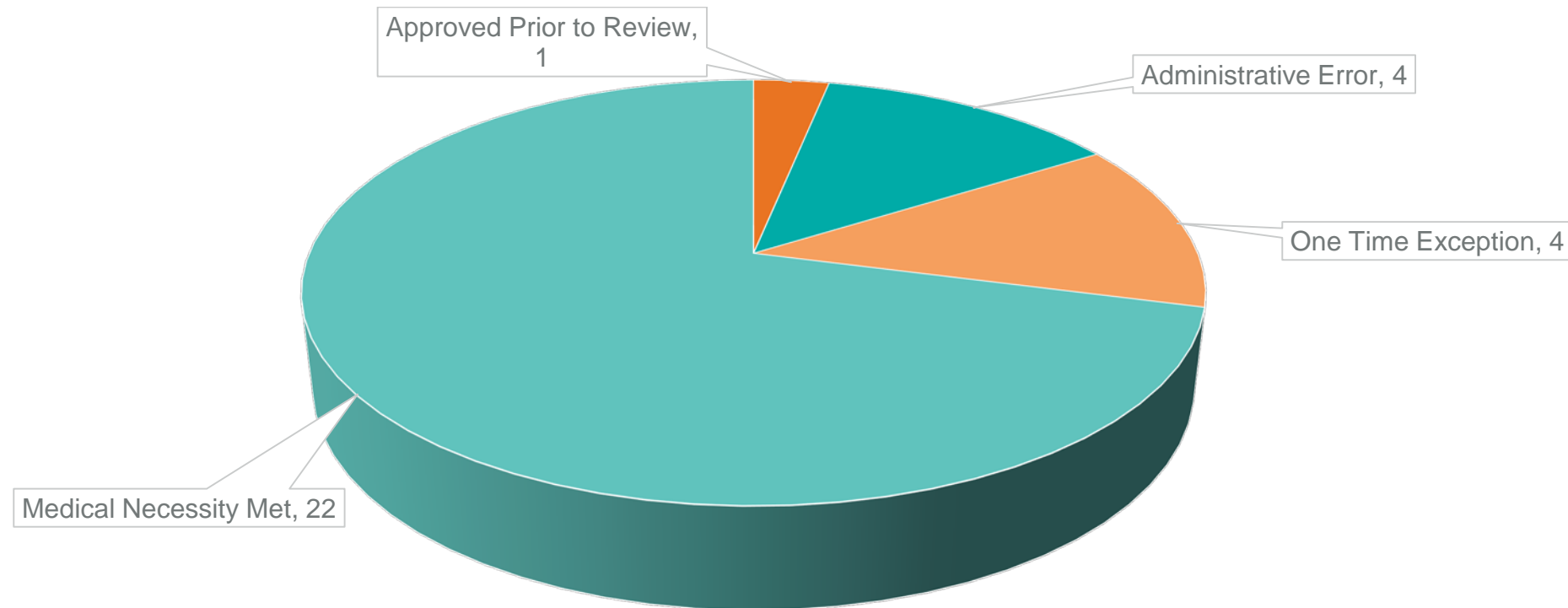
Q2 2020 MC Appeals



Q2 2020 MC Appeals by Network

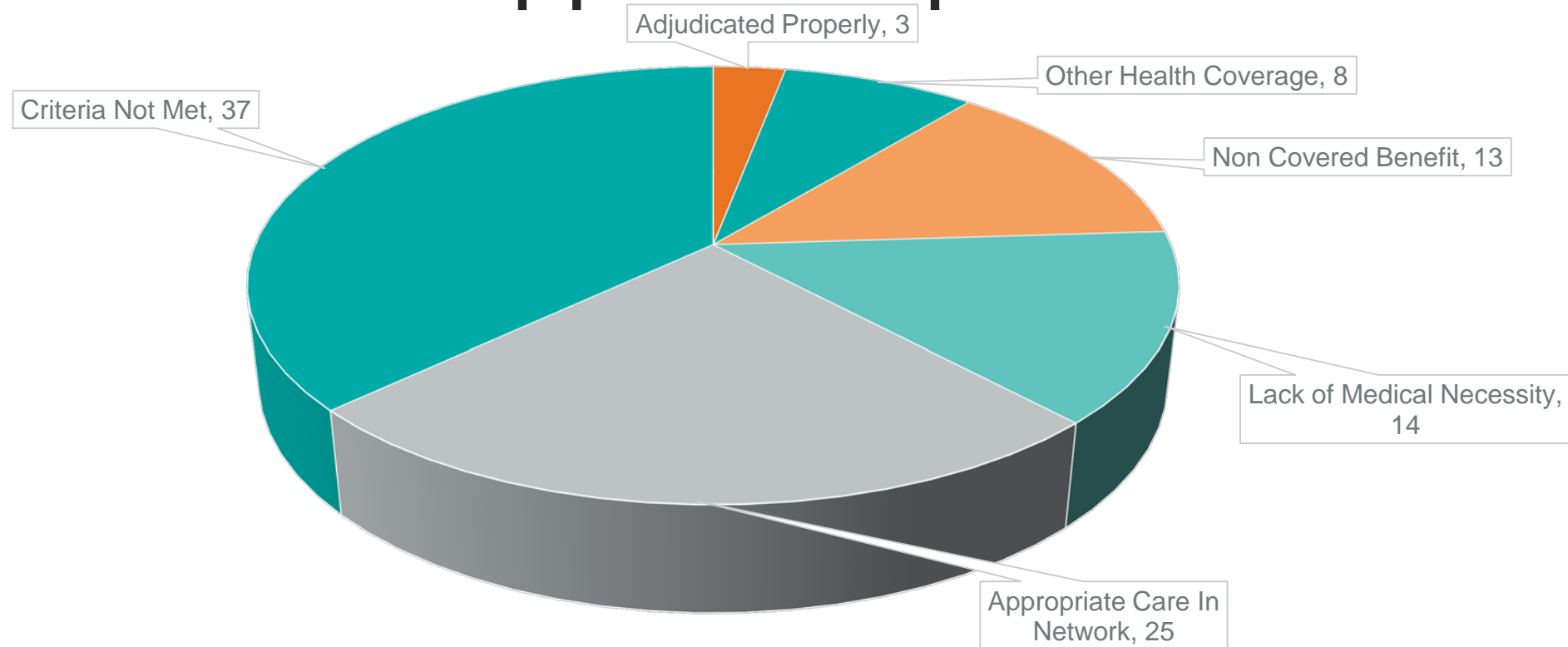


Q2 2020 MC Appeals: Overturn Rationale



■ Approved Prior to Review ■ Administrative Error ■ One Time Exception ■ Medical Necessity Met

Q2 2020 MC Appeals: Upheld Rationale



- Adjudicated Properly
- Other Health Coverage
- Non Covered Benefit
- Lack of Medical Necessity
- Appropriate Care In Network
- Criteria Not Met

Cal MediConnect

January						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

February						
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

March						
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23	24	25	26	27	28	29
30	31					

April						
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22	23	24	25	26	27	28
29	30	31				

May						
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25	26	27	28	29	30	

June						
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30	31					

July						
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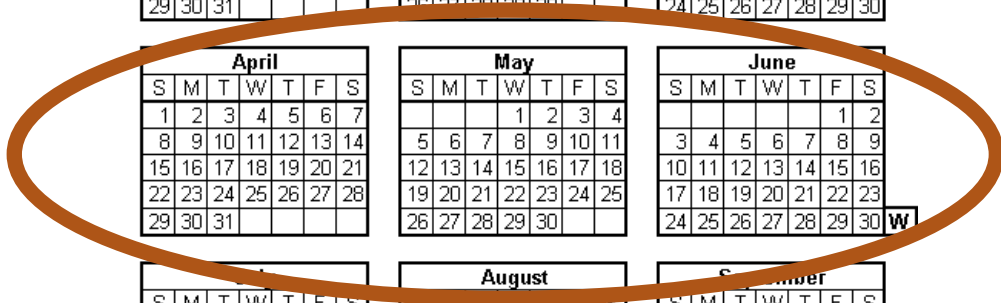
August						
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11	12	13	14	15	16	17
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September						
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

October						
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22	23	24	25	26	27	28
29	30	31				

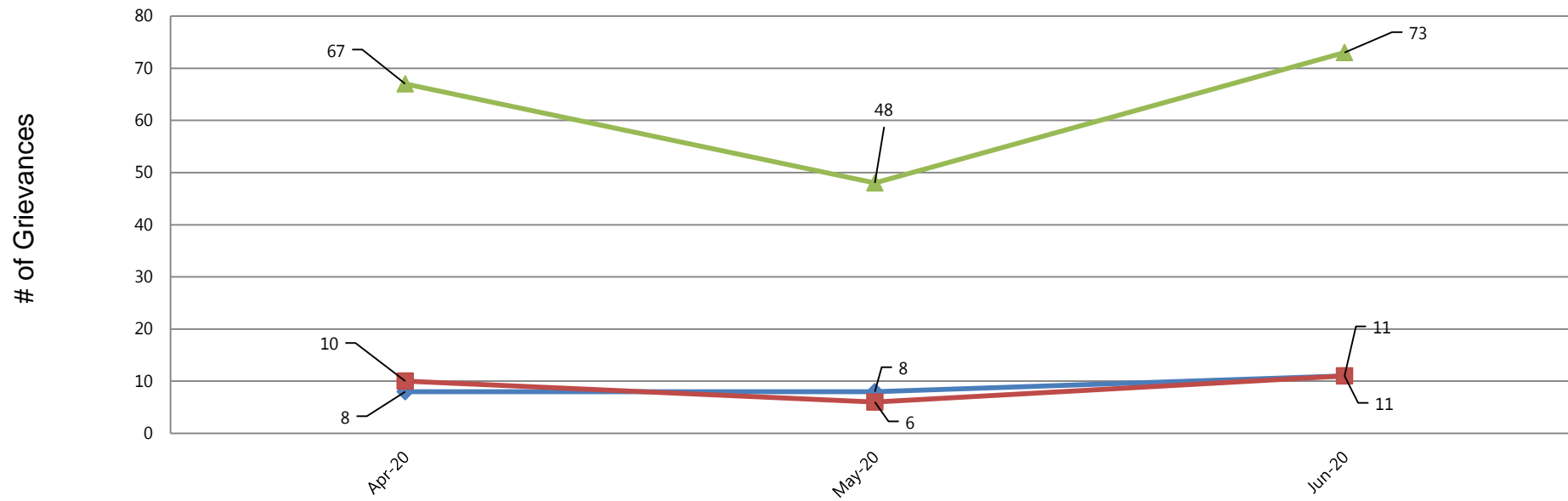
November						
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11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

December						
S	M	T	W	T	F	S
						1
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16	17	18	19	20	21	22
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30	31					



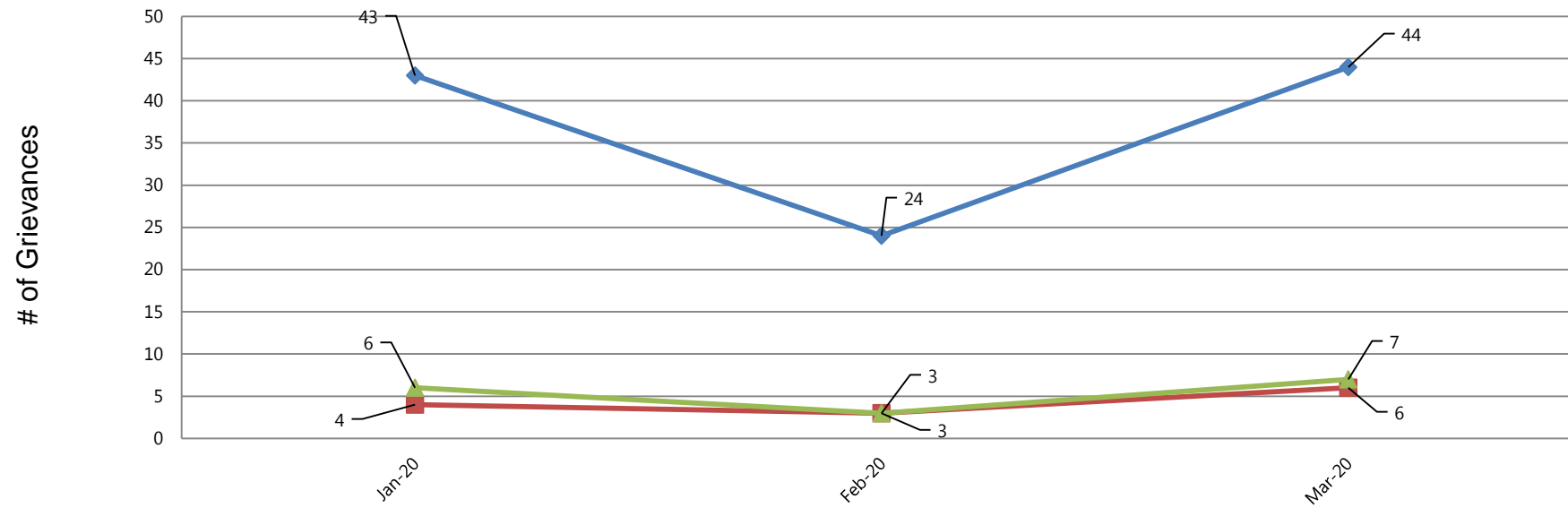
Q2 2020

Q2 2020: Top 3 Cal MediConnect Grievance Categories



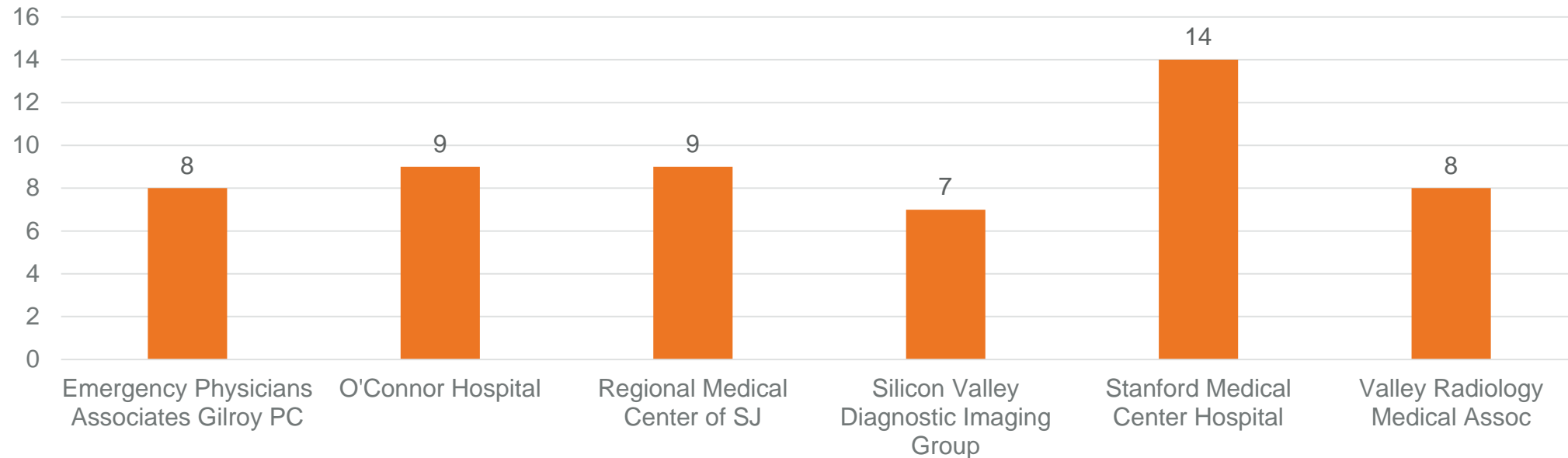
	Apr-20	May-20	Jun-20
Access	8	8	11
Quality of Care	10	6	11
Quality of Service	67	48	73

Q2 2020: Top 3 Cal MediConnect Grievance Subcategories

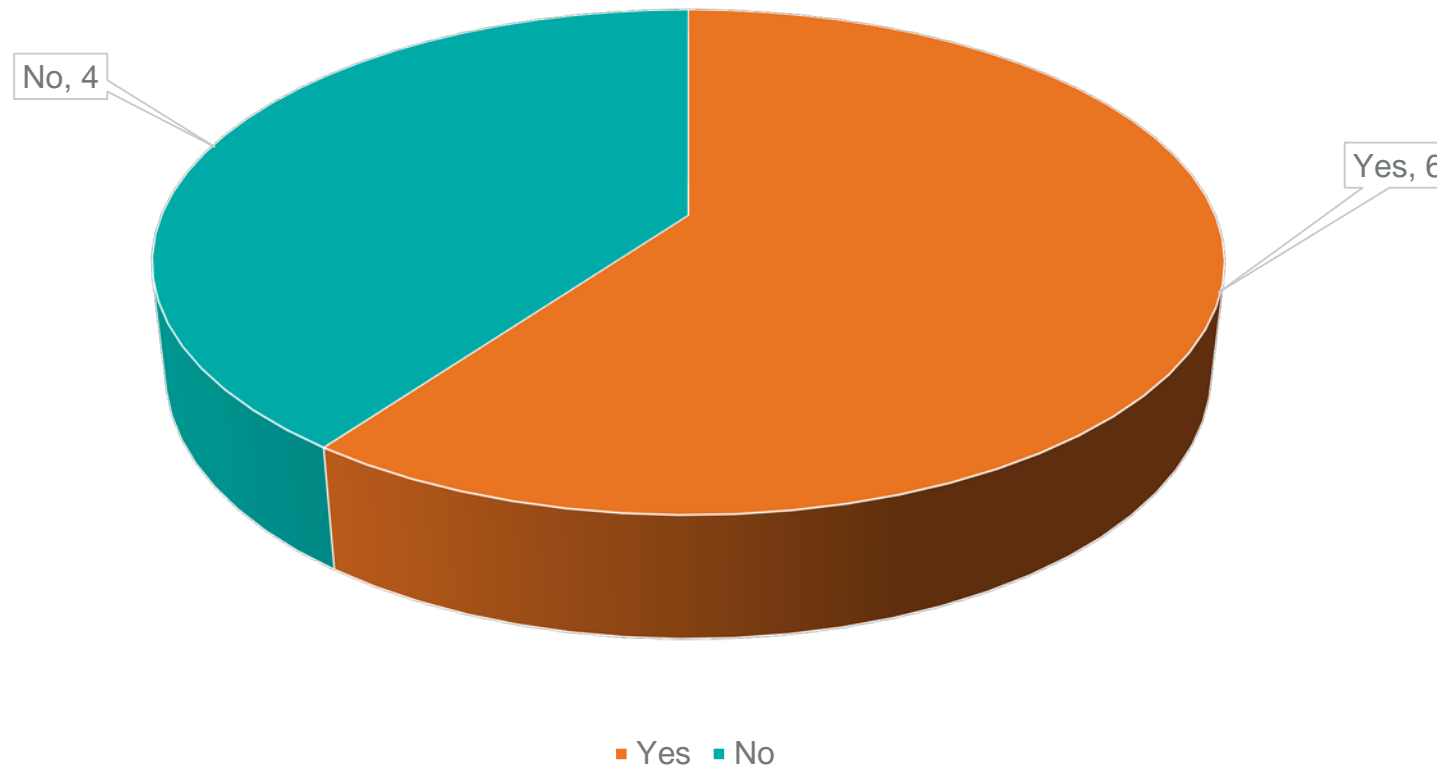


	Jan-20	Feb-20	Mar-20
QOS-Billing/Balance Billing	43	24	44
QOC-Inappropriate Provider Care	4	3	6
QOS-Poor Provider/Staff Attitude	6	3	7

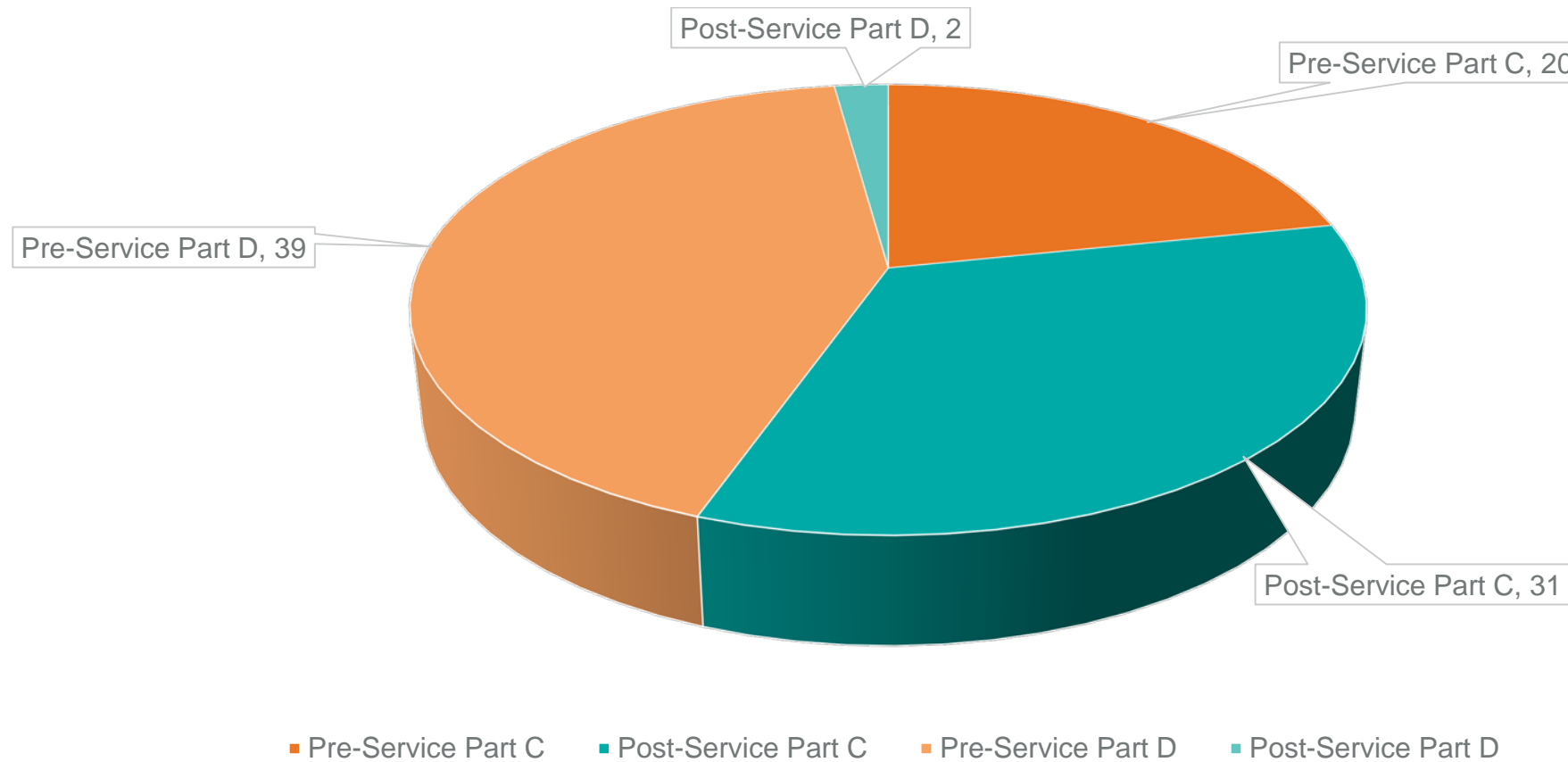
Q2 2020 CMC Balance Billing Grievances by Vendor



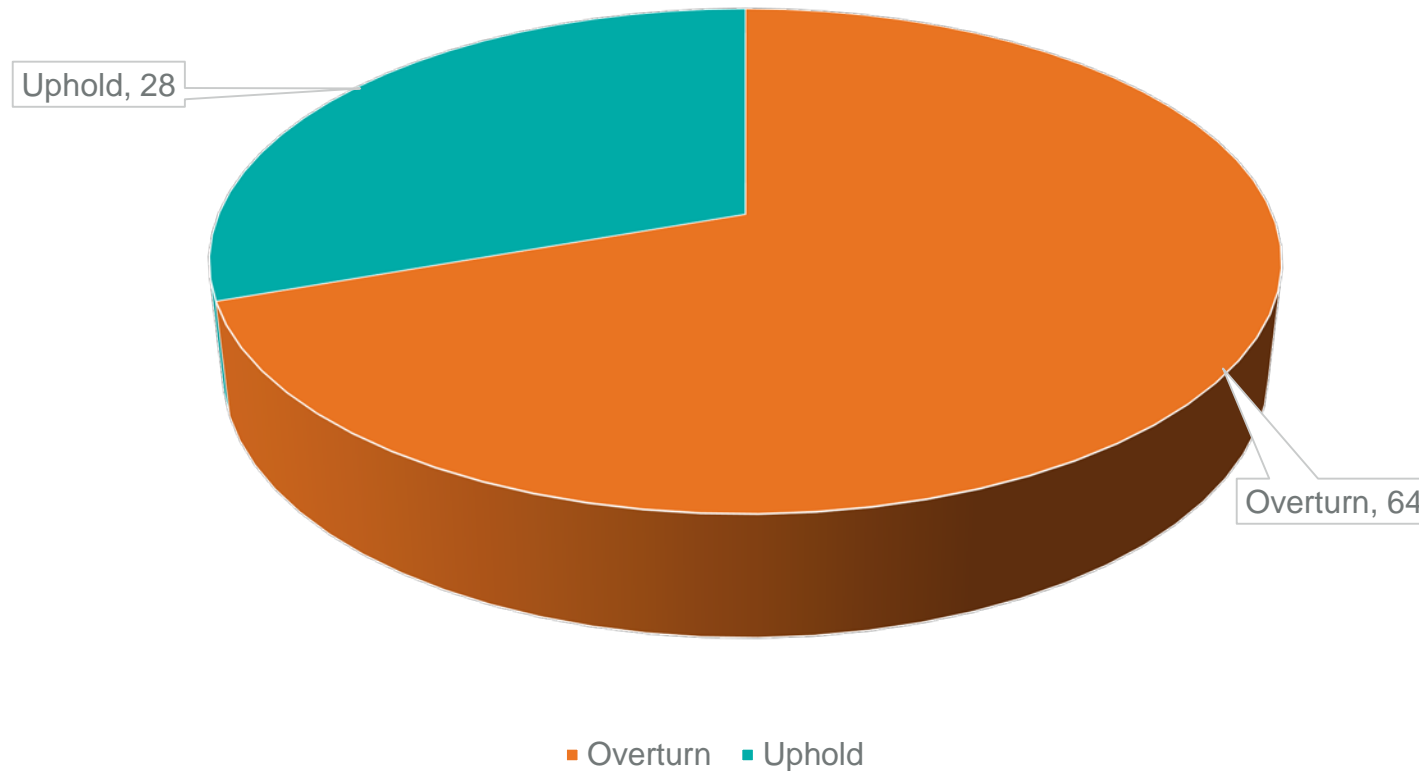
Q2 2020 CMC Inappropriate Provider Care PQI Issues Flag



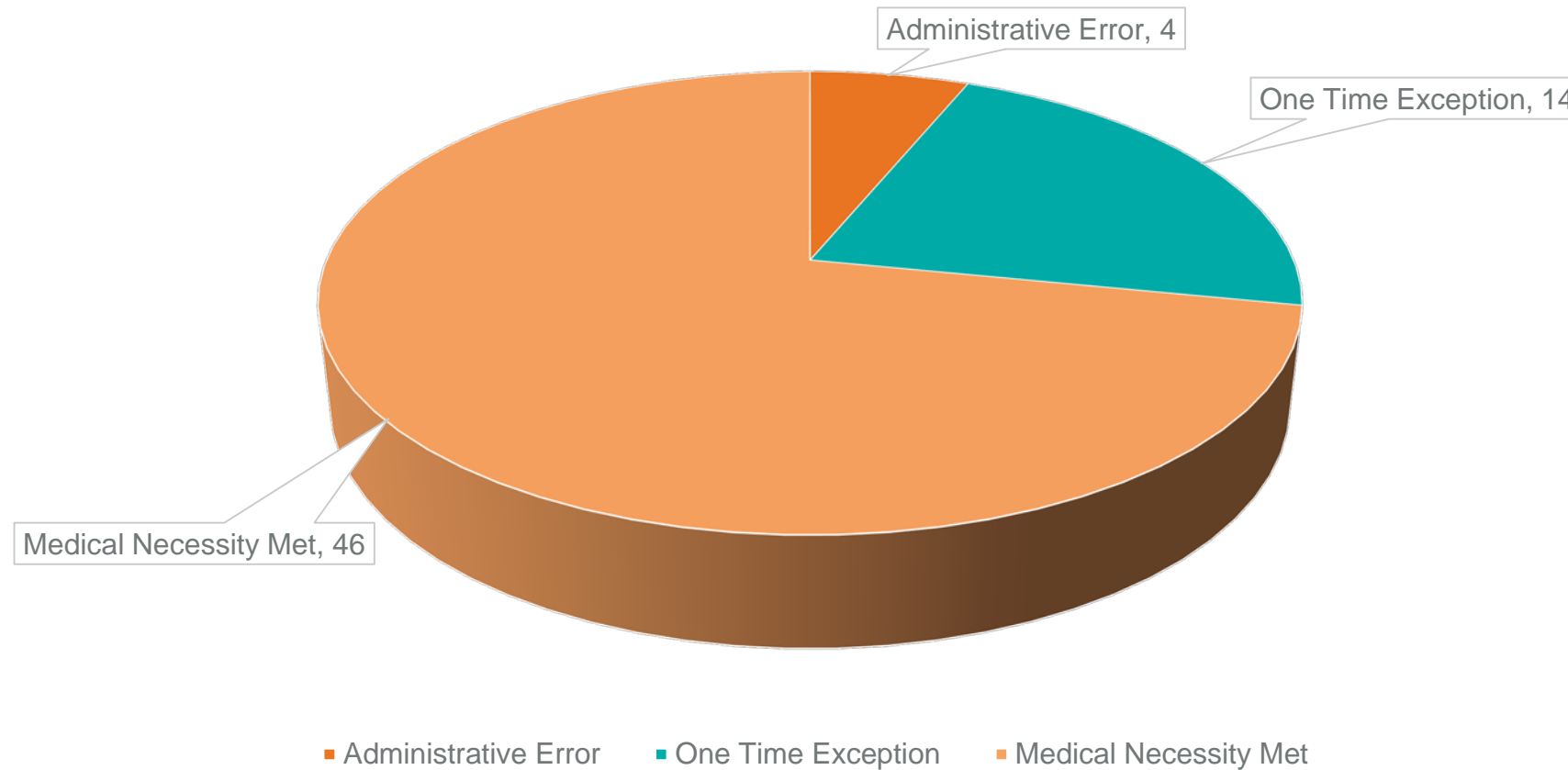
Q2 2020 CMC Appeals by Case Type



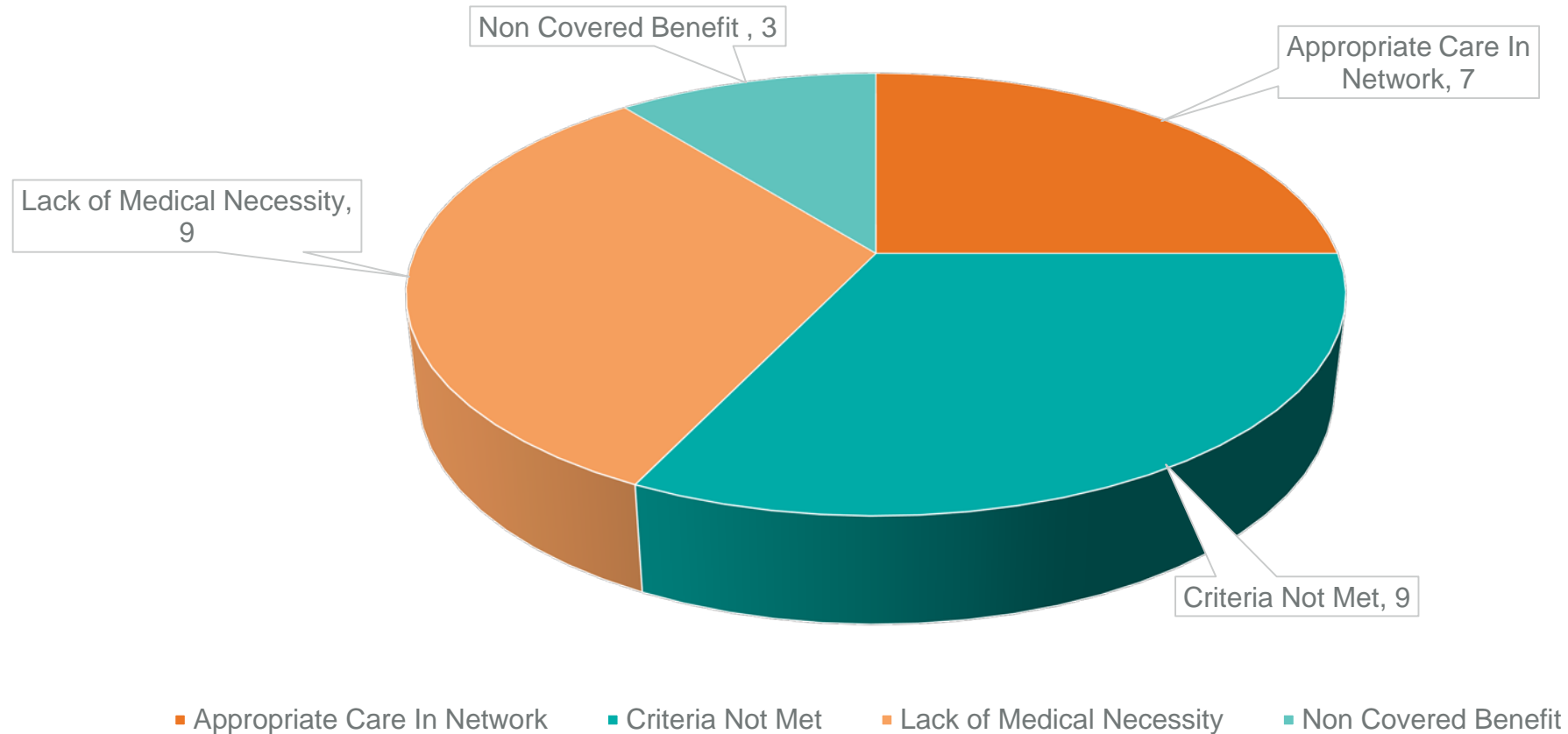
Q2 2020 CMC Appeals by Disposition



Q2 2020 CMC Appeal: Overturn Rationale



Q2 2020 CMC Appeal: Upheld Rationale





Santa Clara Family Health Plan™

Quality Improvement Committee

October 21, 2020



**Santa Clara Family
Health Plan™**

Quality Improvement Dashboard

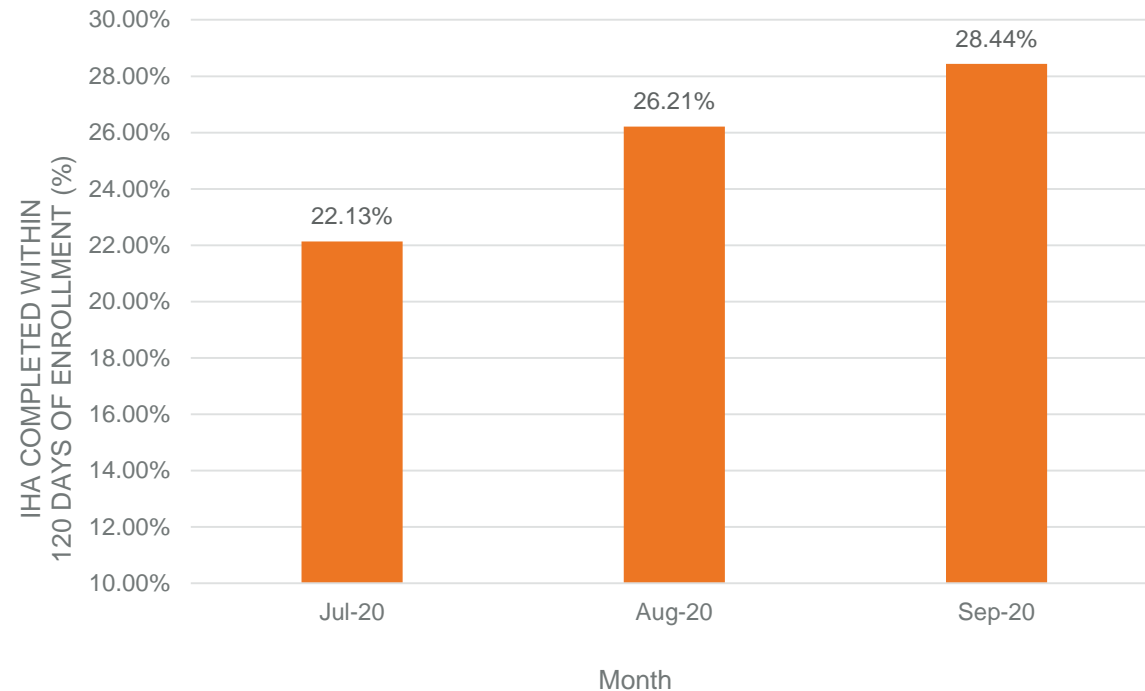
July- September 2020

Initial Health Assessment (IHA)

What is an IHA?

An IHA is a comprehensive assessment completed during a new MC member's initial visit with their PCP within 120 days of joining the plan

QI currently conducts quarterly IHA audits and provider education to continually improve IHA completion rates



*DHCS has temporarily suspended the requirement to complete IHAs for members within 120 days of enrollment until the COVID-19 emergency declaration has ended. The IHAs will have to be completed once this emergency is over.

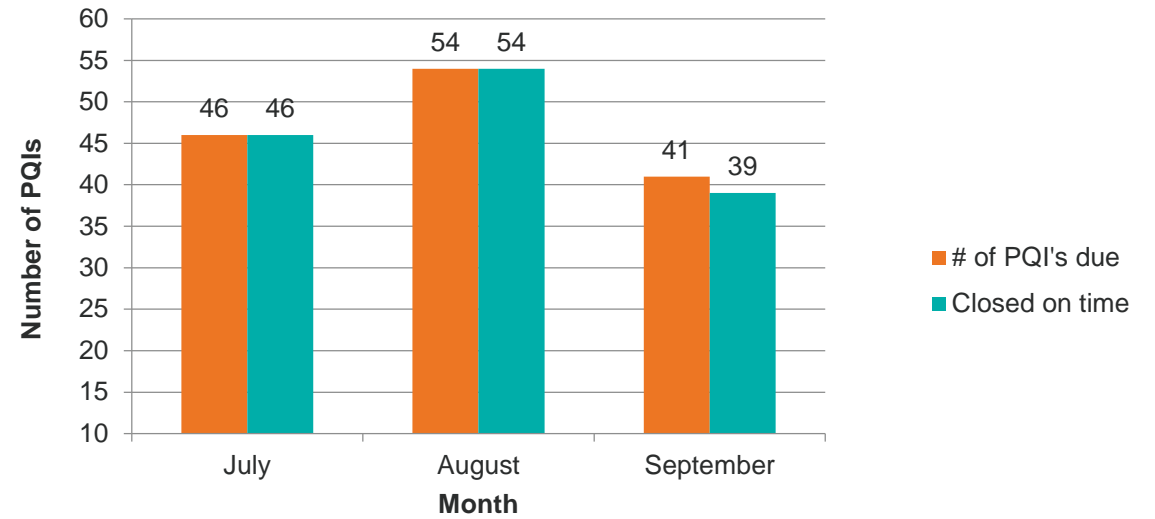
Potential Quality of Care Issues

Quality helps ensure member safety by investigating all potential quality of care (PQI) issues

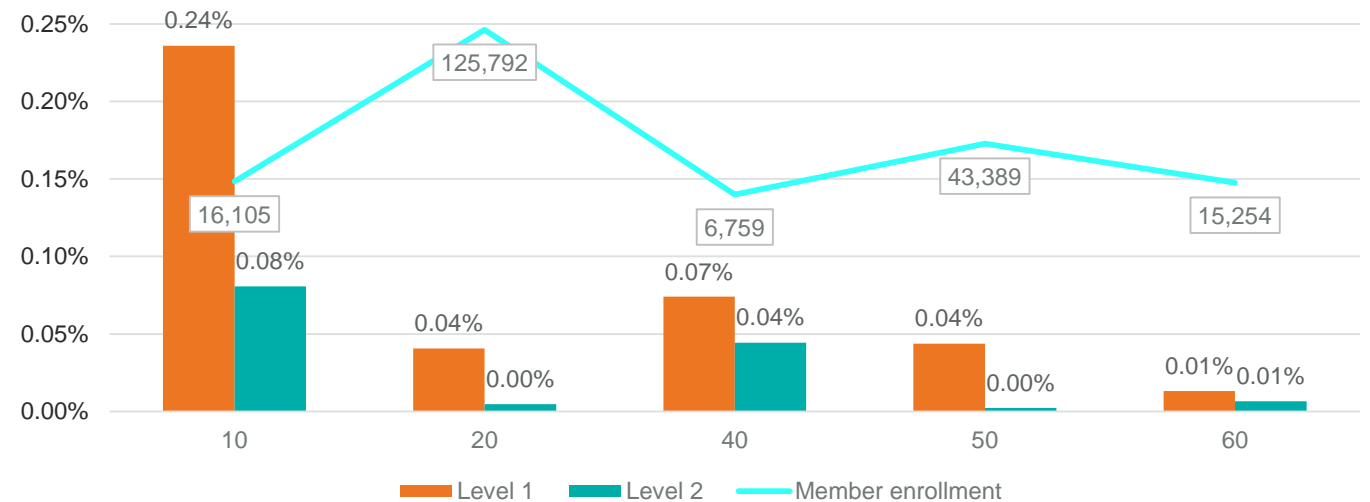
98.6%

Percentage of PQIs due from July- Sep, 2020 closed on time within 60 days

PQIs July- September 2020



Severity Level of Closed PQI Cases July- September 2020

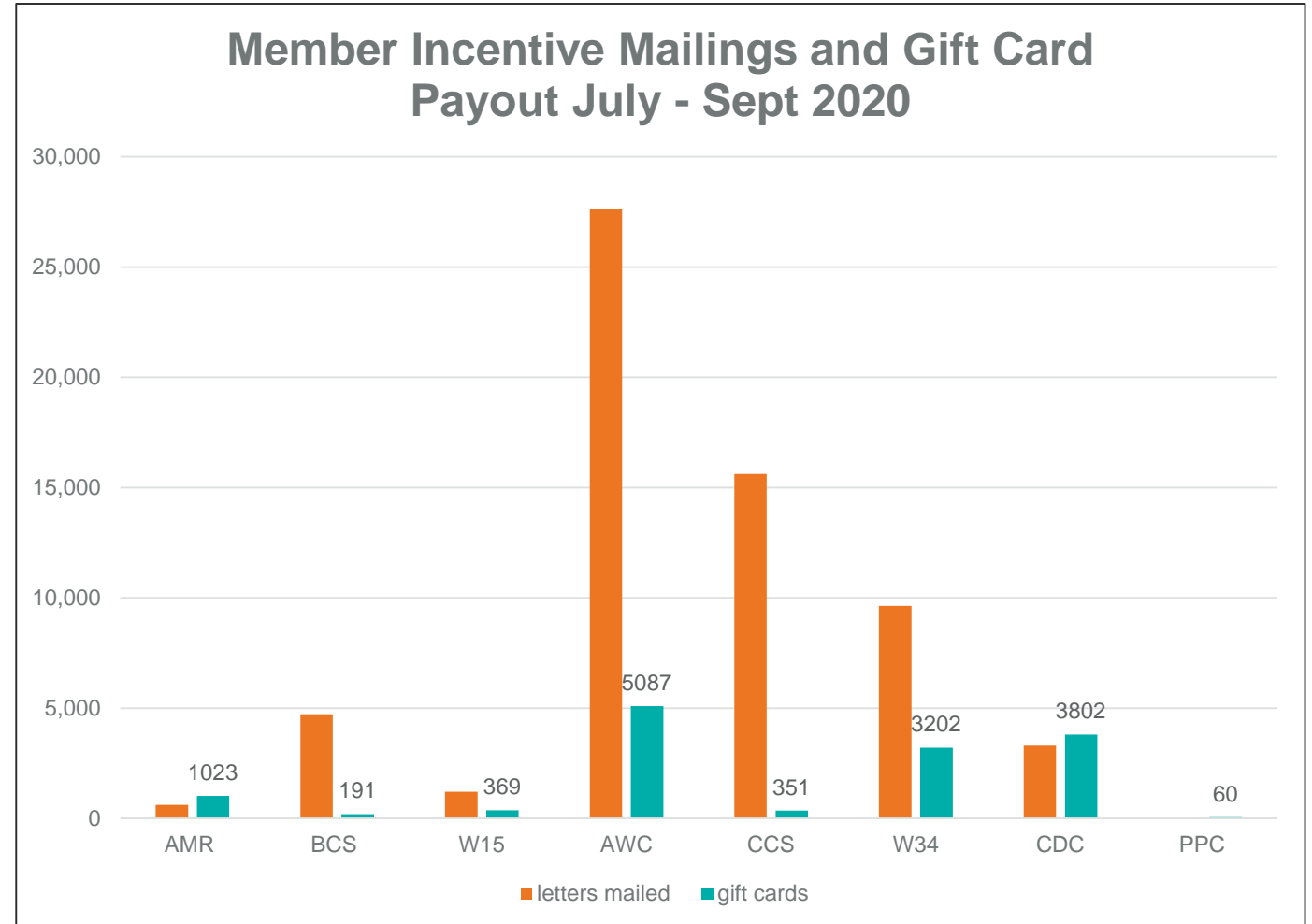


Member Incentives: Wellness Rewards Mailing

Letters to non-compliant members started in July for:
W15, W34, AWC, BCS, CCS, CDC, AMR

*PPC is referral based, no mailers

Total # of mailers sent since July 2020	62,713
Total # of gift cards mailed since July 2020	14,085



Outreach Call Campaign

Dedicated outreach call staff conduct calls to members for health education promotion, to help schedule screenings and visits while offering Wellness Rewards

Campaigns completed (January – June 2020)

Well-care visits in the first 15 months (W15)

Asthma Medication Ratio (AMR)

Virtual Summer Camps (YMCA Healthy Living + Breathe CA Asthma)

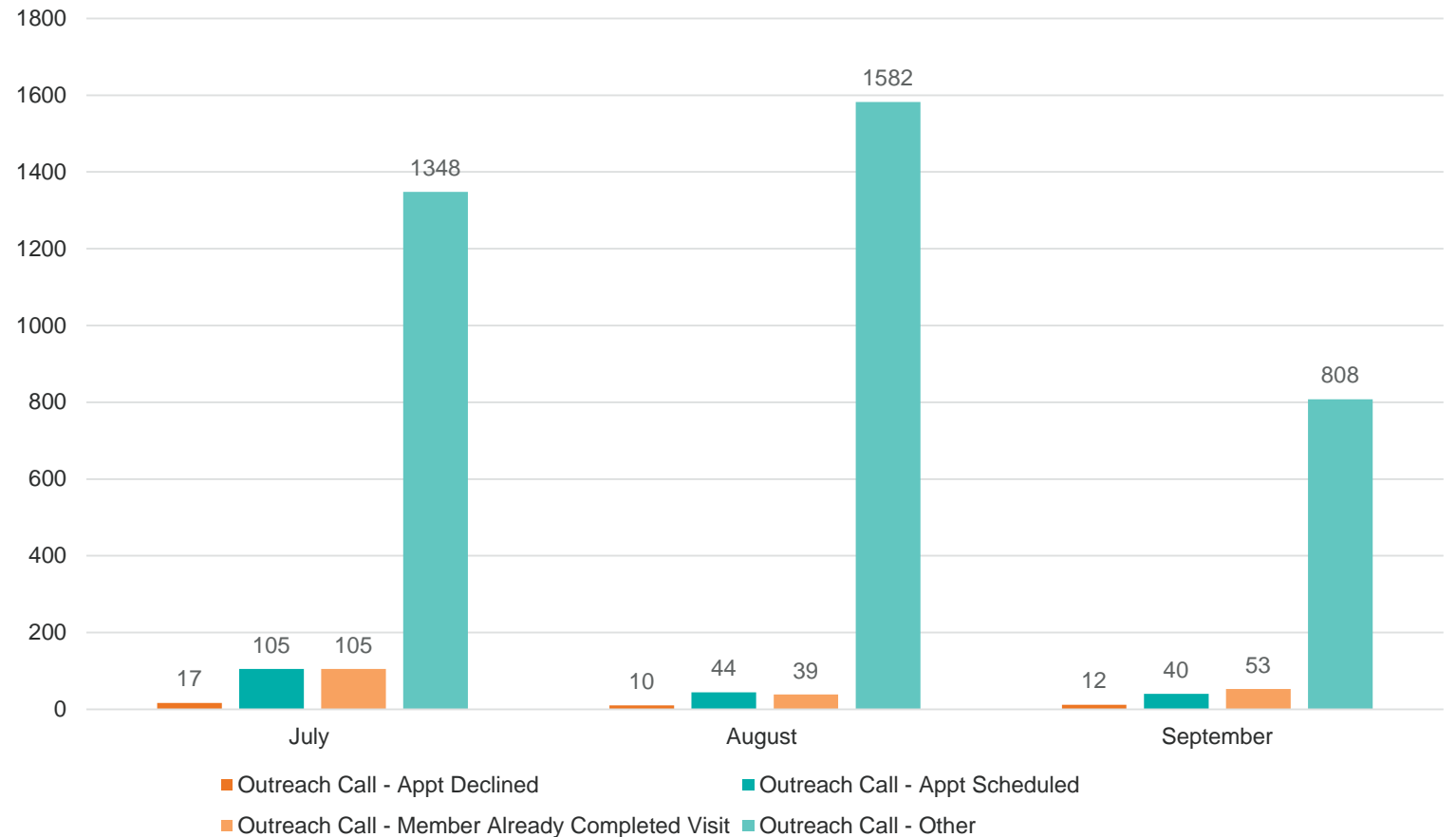
Comprehensive Diabetes Care (CDC)

Adolescent Well-Care Visit (AWC)

4,163

Total members called from July-September 2020

July-September Call Code Data



*As of October we have implemented new call codes to better categorize/identify the outcome.

Health Homes Program (HHP)

HHP launched with Community Based Care Management Entities (CB-CMEs) on July 1, 2019 for Chronic Conditions and on January 1, 2020 for Serious Mental Illness

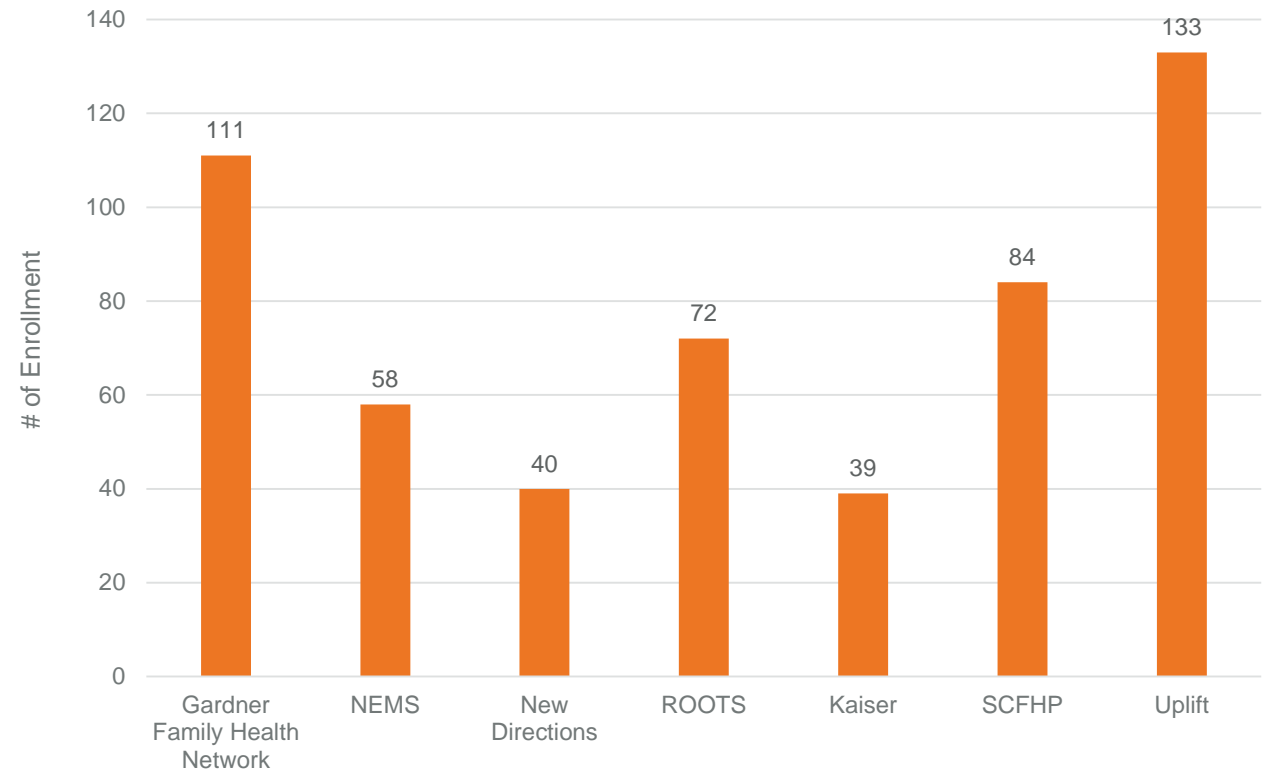
What is the Health Homes Program?

HHP is designed to coordinate care for Medi-Cal beneficiaries with chronic conditions and/or substance use disorders

537

Members have verbally consented into Health Homes as of October 7, 2020

Number of Enrolled Members as of July 31, 2020



Community Based Care Management Entity (CB-CME)

Facility Site Review (FSR)

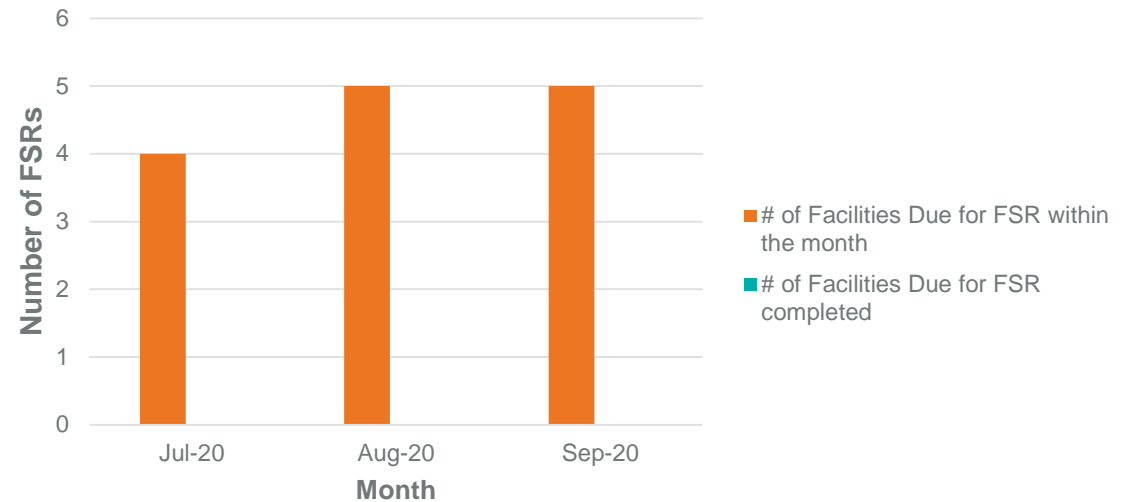
What is a FSR?

A FSR is a 3 part evaluation of all PCPs and high volume specialists to audit provider offices for patient safety

FSRs were not conducted due to the **COVID-19 situation**- Extensions have been approved by DHCS



Number of Facilities Due for FSR within the Month



*DHCS has temporarily suspended the requirement to conduct FSRs until the COVID-19 emergency declaration is rescinded. The FSRs will have to be completed once this emergency is over

Compliance Report

October 21, 2020

AUDIT UPDATE

- **Centers for Medicare & Medicaid Services (CMS) Program Audit**

The Plan has wrapped up activities related to our CMS Program Audit Revalidation (Revalidation Audit). For the revalidation of the Care Coordination and Quality Improvement Program Effectiveness (CCQIPE) conditions, the Plan worked to sustain full compliance and completed the audit “clean period” at the end of July. Audit field work for the CCQIPE conditions took place in August, and were conducted by ATTAC, the firm conducting audit activities on behalf of CMS.

The second component of the Revalidation Audit was related to the Coverage Determinations, Appeals and Grievances (CDAG) portion. The clean period for the CDAG re-test closed at the end of August, and related audit fieldwork took place in early September with ATTAC.

SCFHP received the final Revalidation Audit report from ATTAC in September, which included no findings. SCFHP submitted the report to CMS, and subsequently received from CMS a letter which, recognizing that we had sufficiently corrected all 31 of the Program Audit findings, officially closed the audit.

- **Department of Health Care Services (DHCS) Medi-Cal Managed Care Audit**

DHCS issued its final report for our 2020 annual Medi-Cal audit, which includes a total of six findings, which is a 57% reduction from the 14 findings in the 2019 audit. SCFHP submitted Corrective Action Plans addressing the six deficiencies to DHCS in September.

- **Compliance Program Effectiveness (CPE) Audit**

In accordance with CMS requirements, the Plan will be undergoing its annual Compliance Program Effectiveness Audit (CPE) in the Fall. Given that in recent years, the Plan has been examined for some of the CPE requirements as part of its CMS Program Audit, our recent CPE audits have been correspondingly limited in scope. This year’s CPE audit will include the full scope of CPE audit requirements.

- **Department of Managed Health Care (DMHC) Medi-Cal Managed Care Audit**

The DMHC has indicated that the Plan is scheduled for a follow-up audit in March 2021.

Pharmacy & Therapeutics Committee
Meeting Minutes
June 18, 2020

Regular Meeting of the

Santa Clara County Health Authority Pharmacy & Therapeutics Committee

Thursday, June 18, 2020, 6:00-8:00 PM

Santa Clara Family Health Plan - Teleconference

6201 San Ignacio Ave, San Jose, CA 95119

MINUTES (Open) - Approved

Members Present

Jimmy Lin, MD, Chair
Ali Alkoraishi, MD
Amara Balakrishnan, MD
Hao Bui, BS, RPh
Dang Huynh, PharmD, Director of Pharmacy
Laurie Nakahira, DO, Chief Medical Officer
Peter Nguyen, DO
Jesse Parashar-Rokicki, MD
Narinder Singh, PharmD

Members Absent

Xuan Cung, PharmD
Dolly Goel, MD

Staff Present

Duyen Nguyen, PharmD, Clinical Pharmacist
Tami Otomo, PharmD, Clinical Pharmacist
Michelle Huynh, Pharmacy Coordinator

Others Present

Alan Kaska, Account Manager, Abbott
Amy McCarty, PharmD, Clinical Program
Manager, MedImpact
Lily Xia, PharmD, Pharmacy Resident, Valley
Medical Center

1. Roll Call

Jimmy Lin, MD, Chair, called the meeting to order at 6:10 pm. Roll call was taken and a quorum was established at 6:14 pm.

Dang Huynh, PharmD, Director of Pharmacy, SCFHP, announced that Dr. Minh Thai will be resigning from the Pharmacy & Therapeutics (P&T) Committee.

2. Public Comment

Alan Kaska, Account Manager, Abbott, announced that the FDA approved the Freestyle Libre 2 continuous glucose monitor (CGM) as a Class II medical device. The Freestyle Libre 2 CGM has real-time glucose alarms for both high and low glucose readings and is indicated for the management of diabetes for adults and children 4 years and older. It has 14 day accuracy for adults and children. This device may be used as an integrated CGM with other compatible medical devices, such as insulin pumps. The price is the same as Abbott's other CGM product, Freestyle Libre 14 Day.

3. Open Meeting Minutes

The 1Q2020 P&T Committee open meeting minutes were reviewed.

It was moved, seconded and the minutes of the April 30, 2020 P&T meeting were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Balakrishnan, Ms. Bui, Dr. Huynh, Dr. Lin, Dr. Nakahira, Dr. Nguyen, Dr. Parashar-Rokicki, Dr. Singh
Absent: Dr. Cung, Dr. Goel

4. Standing Agenda Items

a. Chief Medical Officer Health Plan Updates

Laurie Nakahira, D.O., Chief Medical Officer (CMO), SCFHP, reviewed the following Health Plan updates:

- I. The state has a 54 billion dollar deficit. State legislation passed the state budget on June 15 and is waiting for the governor to sign off.
- II. There was an increase in membership in both Medi-Cal and Cal-MediConnect lines of business as of June 1st.
- III. SCFHP has had approximately 156 members hospitalized with coronavirus disease 2019 (COVID). However, SCFHP has been unable to collect accurate numbers from all of the hospitals and delegates. SCFHP's call center call volume was slightly down when COVID started, but has now increased. Nurse advice line calls have also increased. SCFHP is looking into providing telehealth for behavioral health. Since California is still under a state of emergency, SCFHP continues to allow pharmacies to override for early refills and up to a 90-day supply of medications via mail order. The SCFHP website has a list of COVID testing sites.
- IV. The Department of Health Care Services (DHCS) is encouraging plans to focus on flu vaccine campaign outreach to ensure everyone receives a flu shot, due to the concern for potential resurgence of COVID in the winter.
- V. SCFHP is working on the community resource center (CRC), which is targeted to open in September/October of this year. The CRC will provide services such as health and wellness classes, enrollment assistance, and customer service.
- VI. SCFHP is preparing internally for the state Medi-Cal pharmacy carve out, effective January 1, 2021 and is awaiting further guidance.

b. Medi-Cal Rx Update

Dr. Huynh shared that SCFHP is working with the state to help minimize the impact to members and providers once the pharmacy benefit is carved out to the state. The pharmacy benefit under the state will be referred to as Medi-Cal Rx. The state is planning to remove the restriction of six prescriptions per month and will be providing a transition period of 120 days. If members have an active drug prior authorization (PA) with their managed Medi-Cal plan, Medi-Cal Rx will honor the PA.

c. Plan/Global Medi-Cal Drug Use Review

I. Global Medi-Cal DUR Board Activities

Tami Otomo, PharmD, Clinical Pharmacist, SCFHP, stated that SCFHP participates in the state's Global Drug Use Review (DUR) Board quarterly meetings, then assesses DUR activities that need to be implemented at the plan. There were no actions for SCFHP from the last DUR meeting. Dr. Otomo noted that the state's DUR Board regularly releases DUR educational articles, and SCFHP does write-ups on these articles to publish in the plan's Provider eNews.

Dr. Otomo shared that SCFHP is working on the annual DUR report to submit to the state by July 1st.

II. Drug Use Evaluation

This topic was inadvertently missed and will be presented on at the next P&T meeting.

d. Emergency Supply Report

I. 2018 4th Quarter Report

Duyen Nguyen, PharmD, Clinical Pharmacist, SCFHP, stated that this is an ongoing report required by DHCS. The purpose of this report is to evaluate access to medication(s) prescribed pursuant to an emergency room (ER) visit and determine if any barriers exist in obtaining the prescription(s). Specifically, members with an ER visit diagnosis of urinary tract infection (UTI) are reviewed to determine if they received medication(s) within 72 hours of the ER visit. There were a total of 23,656 ER visits in 4th Quarter of 2018. There were no issues identified with approved or denied claims.

Dr. Peter Nguyen and Dr. Parashar-Rokicki questioned why fluconazole was included in the report if looking at UTI.

Dr. Nguyen replied that the plan will investigate further for any future reports that include an antifungal.

Dr. Nakahira stated that the etiology should be looked at to see if the patient is being treated for fungal UTI or a secondary infection like vaginitis.

II. 2019 1st Quarter Report

Dr. Nguyen shared that there were a total of 24,290 ER visits in 1st Quarter of 2019. There were no issues identified with approved or denied claims.

Dr. Nguyen reported that SCFHP had a DHCS audit in March 2020 where DHCS asked the plan why UTI was chosen over other diagnoses for this emergency supply report. Dr. Nguyen explained that there is a high likelihood of a patient being discharged from the ER with a prescription if diagnosed with UTI.

***Adjourned to Closed Session at 6:54 p.m.
Pursuant to Welfare and Institutions Code Section 14087.36 (w)***

5. Closed Meeting Minutes

The 2Q2020 P&T Committee closed meeting minutes were reviewed.

It was moved, seconded and the closed meeting minutes of the April 30, 2020 P&T meeting were unanimously approved.

Motion: Dr. Nguyen

Second: Ms. Bui

Ayes: Dr. Alkoraishi, Dr. Balakrishnan, Ms. Bui, Dr. Huynh, Dr. Lin, Dr. Nakahira, Dr. Nguyen, Dr. Parashar-Rokicki, Dr. Singh

Absent: Dr. Cung, Dr. Goel

6. Metrics and Financial Updates

a. Membership Report

b. Pharmacy Dashboard

c. Drug Utilization & Spend

7. Discussion and Recommendations for Changes to SCFHP's Cal MediConnect Formulary & Coverage Determination Criteria

- a. Pharmacy Benefit Manager 1Q2020 P&T Minutes
- b. Pharmacy Benefit Manager 2Q2020 P&T Part D Actions

Voting on the Pharmacy Benefit Manager Minutes & Part D Actions was deferred until a quorum was re-established.

At 7:22 PM, Dr. Huynh resumed the Committee's voting process, as a quorum was re-established upon Dr. Alkoraishi's reconnection.

It was moved, seconded and the Pharmacy Benefit Manager 1Q2020 Minutes & 2Q2020 Part D Actions were unanimously approved.

Motion: Dr. Lin
Second: Ms. Bui
Ayes: Dr. Alkoraishi, Dr. Balakrishnan, Ms. Bui, Dr. Huynh, Dr. Lin, Dr. Nakahira, Dr. Nguyen, Dr. Parashar-Rokicki, Dr. Singh
Absent: Dr. Cung, Dr. Goel

8. Discussion and Recommendations for Changes to SCFHP's Medi-Cal & Prior Authorization Criteria

a. Old Business/Follow-Up

i. Vascepa (icosapent ethyl)

b. Formulary Modifications

It was moved, seconded and the Formulary Modifications were unanimously approved.

Motion: Dr. Nguyen
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Balakrishnan, Ms. Bui, Dr. Huynh, Dr. Lin, Dr. Nakahira, Dr. Nguyen, Dr. Parashar-Rokicki, Dr. Singh
Absent: Dr. Cung, Dr. Goel

c. Fee-for-Service Contract Drug List Comparability

It was moved, seconded and the proposed action from the Fee-for-Service Contract Drug List Comparability unanimously approved.

Motion: Dr. Nguyen
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Balakrishnan, Ms. Bui, Dr. Huynh, Dr. Lin, Dr. Nakahira, Dr. Nguyen, Dr. Parashar-Rokicki, Dr. Singh
Absent: Dr. Cung, Dr. Goel

d. Prior Authorization Criteria

i. New or Revised Criteria

1. Oncology – *revised; added Tazverik*
2. Hepatitis C Policy – *revised*
3. Epclusa – *revised; removed requirement for genotype*
4. Mavyret – *revised; removed requirement for genotype*
5. Enablex – *revised; added trespium as tried and failed option, removed age limit*
6. Rhopressa – *revised; added Xelpros as tried and failed option*
7. Dovonex – *revised; removed age requirement and added plaque psoriasis on or around the eyelids*
8. Androgel – *revised; changed Approval Period from 6 to 12 months*
9. Elmiron – *revised; changed Approval Period from 6 to 12 months*
10. Lysteda – *revised; changed Approval Period from 6 to 12 months*
11. Provigil – *revised; changed Approval Period from 6 to 12 months*
12. Symlin – *revised; changed Approval Period from 6 to 12 months*
13. Tymlos – *revised; changed Approval Period from 6 to 12 months*
14. Mycobutin – *revised; changed Approval Period from 6 to 12 months*
15. Amitiza – *revised; changed Approval Period from 6 to 12 months*
16. Restasis – *revised; changed Approval Period from 6 to 12 months*
17. Marinol – *revised; changed Approval Period from 6 to 12 months*
18. Nebupent – *revised; changed Approval Period from 4 to 6 months*

ii. Annual Review

1. Reauthorization – *no changes*
2. Non-Formulary Oral Liquids – *no changes*
3. Pain Medications-Terminally Ill – *no changes*
4. Diabetic Supplies (blood glucose meter, test strips, & lancets) – *no changes*
5. Ciprodex – *no changes*
6. Exelon – *no changes*
7. Hycet – *no changes*
8. Intron A – *no changes*
9. Lovaza – *no changes*
10. Makena – *no changes*
11. Malarone – *no changes*
12. Revatio – *no changes*
13. Santyl – *no changes*
14. Sporanox – *no changes*
15. Viroptic – *no changes*
16. Xenazine – *no changes*
17. Letairis – *no changes*

It was moved, seconded and the Prior Authorization Criteria were unanimously approved.

Motion: Dr. Lin

Second: Dr. Nguyen

Ayes: Dr. Alkoraishi, Dr. Balakrishnan, Ms. Bui, Dr. Huynh, Dr. Lin, Dr. Nakahira, Dr. Nguyen, Dr. Parashar-Rokicki, Dr. Singh

Absent: Dr. Cung, Dr. Goel

9. New Drugs and Class Reviews

a. Chewable Birth Control Pills

b. Diabetes Update

- i. **Trulicity – Cardiovascular Outcomes**
- ii. **Continuous Glucose Monitor (CGM)**
- iii. **Farxiga – Heart Failure**

It was motioned, seconded and the proposed actions from the New Drugs and Class Reviews were unanimously approved.

Motion: Dr. Lin

Second: Dr. Nguyen

Ayes: Dr. Alkoraishi, Dr. Balakrishnan, Ms. Bui, Dr. Huynh, Dr. Lin, Dr. Nakahira, Dr. Nguyen, Dr. Parashar-Rokicki, Dr. Singh

Absent: Dr. Cung, Dr. Goel

c. Thyroid Eye Disease – Tepezza

d. New Derivatives, Formulations, Combinations

e. New/Expanded Indications

Reconvened in Open Session at 8:03 p.m.

10. Discussion Items

a. New and Generic Pipeline

Dr. McCarty reviewed the New and Generic Pipeline and highlighted Farxiga for heart failure and obeticholic acid for NASH as potential high impact-interest agents in 2nd quarter of 2020.

11. Adjournment

The meeting was adjourned at 8:05 p.m. The next P&T Committee meeting will be on September 17, 2020.

Jimmy Lin, MD, Chair

Date

Utilization Management Committee
Meeting Minutes
July 15, 2020

Regular Meeting of the

Santa Clara County Health Authority Utilization Management Committee

Wednesday, July 15, 2020, 6:00-7:30 PM

Santa Clara Family Health Plan – Teleconference

6201 San Ignacio Ave., San Jose, CA 95119

MINUTES - Approved

Members Present

Jimmy Lin, MD, Internal Medicine, Chair
Ali Alkoraishi, MD, Psychiatry
Dung Van Cai, DO, Head & Neck
Dr. Ngon Hoang Dinh, DO
Dr. Habib Tobbagi, PCP, Nephrology
Indira Vemuri, Pediatric Specialist

Staff Present

Christine Tomcala, Chief Executive Officer
Lily Boris, MD, Medical Director
Angela Chen, Manager, Utilization Management
Natalie McKelvey, Manager Behavioral Health
Luis Perez, Supervisor, Utilization Management
Amy O'Brien, Administrative Assistant

Members Absent

Laurie Nakahira, DO, Chief Medical Officer

1. Introduction

Dr. Jimmy Lin, Chair, called the meeting to order at 6:05 p.m. Roll call was taken and a quorum was established.

2. Public Comment

There were no public comments.

3. Meeting Minutes

The minutes of the April 15, 2020 Utilization Management Committee (UMC) meeting were reviewed.

It was moved, seconded, and the minutes of the April 15, 2020 Utilization Management Committee meeting were unanimously approved.

Motion: Dr. Cai

Seconded: Dr. Tobbagi

Ayes: Dr. Alkoraishi, Dr. Cai, Dr. Dinh, Dr. Lin, Dr. Tobbagi, Dr. Vemuri

Absent: Dr. Nakahira

4. Chief Executive Officer Update

Christine Tomcala, Chief Executive Officer, provided an update, as the majority of SCFHP staff continue to shelter in place and work remotely, with approximately 10 staff members who work in house. SCFHP continues to do its utmost to track the number of members and staff diagnosed with COVID. To date, approximately 247 members have been hospitalized for COVID, with 26 deceased, 17 of whom were Skilled Nursing Facility (SNF) residents, and 9 of whom were not residents of a SNF. SCFHP continues to focus on many of the activities that were priorities prior to COVID. As of April 10, 2020, a Telehealth option was added to the 24/7 nurse advice line. So far, 274 members have sought physician care

through the Telehealth option. SCFHP encourages members who use Telehealth to seek care through their own Providers, rather than going through the nurse advice line. Membership continues to increase, not necessarily due to new members, but as a result of the state's response to the COVID outbreak. At this time, the state has ceased member disenrollment when members fail to return qualifying paperwork. Normally, SCFHP sees a few thousand members fall off the membership rolls; however, membership has increased from 243K to 257K, with 248K Medi-Cal members and 9K Cal MediConnect members. Once the pandemic emergency is over, the state and the county will continue to process redeterminations and several of these memberships will fall off. Ms. Tomcala addressed the budget issues, with the state's and the county's decisions to decrease SCFHP's premium rates by 1.5%, retroactive to July 1, 2019. Going forward, SCFHP anticipates that these premium rates will continue to drop. Dr. Lin pointed out that even a 1.5% drop in premium rates amounts to several millions of dollars. Ms. Tomcala agreed, however, she also pointed out that the Medi-Cal rates have not changed and the individual physician rates have not gone down. This will impact the capitation that SCFHP receives and provides to their downstream Independent Physician Associations (IPA's). Dr. Alkoraishi asked Ms. Tomcala if the Plan anticipates any staff member furloughs, lay-offs, or salary decreases. Ms. Tomcala replied that, at this time, we do not anticipate any furloughs, lay-offs, or salary decreases. Many staff members are SEIU (Service Employees International Union) members and, prior to the outbreak, negotiations for increases were completed for the new year. Healthcare is a cyclical business, and the Plan can draw upon reserves. To that end, SCFHP has budgeted to lose money in the upcoming fiscal year, and the Plan may even lose money in the next couple of years. The Plan's main concern is to continue to provide uninterrupted, seamless service to our members. The Plan believes it has adequate reserves to withstand the effects of the outbreak, and it is also important to maintain a good workforce, so no drastic action will be taken at this time.

5. Chief Medical Officer Update

Dr. Boris planned to give the Chief Medical Officer Update on behalf of Dr. Nakahira. It was determined, however, that all updates of note were covered by Ms. Tomcala in her Chief Executive Officer update.

6. Old Business/Follow-Up Items

a. General Old Business

There is no old business to discuss this evening.

b. LTC Statistics

Dr. Boris began with a follow-up item from the April 2020 meeting. Dr. Boris presented the LTC statistics for the calendar year 2019 to the Committee. Dr. Boris explained that these statistics pertain to members who are in long-term care, not skilled nursing care. The statistical breakdown includes members who were discharged; the total number of members per line of business; and how many members are homeless. At this time, the breakdown does not include the number of members who were homeless prior to, or are currently homeless and in, long-term care. A field to capture this data will be built in to include these members, as many of them have been in long-term care for several years. Dr. Boris explained that there are 2 teams responsible for the discharge of these members. Dr. Lin pointed out that there are still 2,100 members who reside in 5 of our long-term care facilities. Dr. Boris reminded Dr. Lin that long-term care was not a Medi-Cal benefit several years ago, and it was purposefully transitioned to a managed Medi-Cal plan due to cost. The Plan does take care of our members who are in long-term care, with a focus on transition into the community. Dr. Lin expressed concern about the cost to the Plan, and he would like to see the Plan track the additional data on the number of members who are homeless and in long-term care. Dr. Boris agreed. Dr. Alkoraishi discussed Santa Clara County's approach to housing the homeless. Dr. Boris pointed out that Medi-Cal has strict criteria in regards to the qualifications for long-term care. There was discussion amongst Dr. Boris, Dr. Lin, and Dr. Alkoraishi as to options for the homeless in Santa Clara County.

c. Home Health Comparison for Care Coordinator Guidelines

Dr. Boris introduced Mr. Perez who presented the Home Health Comparison for Care Coordinator Guidelines to the Committee. Mr. Perez discussed the fact that the Plan contacted other health plans in the area to compare the number of initially allowable home health visits approved under their guidelines, as compared to what SCFHP approves. Of the health plans we contacted, some were hesitant to give us this information, as it is based on medical necessity. Health Plan A allows up to 20 initially allowable visits, and Health Plan B allows up to 12 initially allowable visits. Dr. Lin stated that he still feels SCFHP is generous, especially when compared to commercial health plans, which typically only allow up to 4 or 5 visits. Dr. Boris explained that, as a Committee, up to 18 home health visits were approved, and the Plan's research shows that 2 local health plans were similar to SCFHP. Dr. Lin requests that the Plan reevaluate their findings and bring the results to the October 2020 meeting. Dr. Boris concurred and advised we will also evaluate home health utilization.

7. UM Manager/Director “Second Review” of Denial Letters

Angela Chen, Manager, Utilization Management, presented the UM Manager/Director “Second Review of Denial Letters” to the Committee. Ms. Chen began with a brief overview of the purpose behind the Plan's mandatory process of second review of denial letters. Ms. Chen highlighted the fact that since the implementation of second review, SCFHP has successfully shown compliance in subsequent annual audits with CMS, DHCS, DMHC, and the NCQA. As a result, the UM department now requests to end the second review of every denial letter by a manager or a director. QA measures will continue and, should issues be found, the UM department will immediately re-implement the process of second review of daily denial letters and notify the Committee.

It was moved, seconded, and the suspension of the UM Manager/Director “Second Review” of Denial Letters was unanimously approved.

Motion: Dr. Cai
Seconded: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Cai, Dr. Dinh, Dr. Lin, Dr. Tobbagi, Dr. Vemuri
Absent: Dr. Nakahira

8. Reports

a. Membership

Dr. Boris presented the Membership Reports to the Committee. The Plan's Medi-Cal line of business has increased, largely attributable to the fact that the number of redeterminations by DHCS has decreased due to the COVID outbreak. The Cal MediConnect is an active enrollment and has also grown. It is noteworthy that approximately 50% of our members are enrolled in the Valley Health Plan Network. Dr. Lin inquired as to how the Plan increased the Cal MediConnect enrollment? Ms. Tomcala gave a brief overview of the Cal MediConnect product line and the responsibilities of the Medicare Outreach Team. Dr. Tobbagi asked if Medi-Cal has any members who remain on the fee-for-service Medi-Cal product line outside the HMO plan. Ms. Tomcala responded that the majority are in managed care, with a few exceptions. Foster children, for example, are not required to be in a managed care plan. Dr. Cai inquired as to whether or not we have a number for the members on a PPO Medi-Cal plan? Ms. Tomcala responded that we do not have a handy source for this information. SCFHP enrollment constitutes approximately 79% of the market share, with Anthem serving the remainder of the market share, and a few under fee-for-service plans. A discussion ensued as to whether or not inmates also fall under the fee-for-service Medi-Cal plan. Ms. Tomcala advised that the County bears responsibility for inmates, and the Plan does not have sufficient data as to which Medi-Cal plans cover inmates.

b. Over/Under Utilization by Procedure Type/Standard UM Metrics

Dr. Boris presented the Utilization Metrics to the Committee. Dr. Boris explained that for the Medi-Cal line of business the UM department looks at quarterly metrics for SPD and non-SPD in-patient utilization from 7/1/2019- 6/30/2020, and the numbers are fairly stable. For the Cal MediConnect line of business, the slide may have inadvertently included SNF stays, and Dr. Boris will rerun this data to present in the October 2020 meeting. Dr. Boris presented the benchmarks comparisons for discharges per thousand members per month for our SPD and non-SPD populations. Dr. Boris presented the data for Medi-Cal and Cal MediConnect inpatient readmissions; reductions of inpatient readmissions is a strategic goal for the UM department in the upcoming year. The significant difference in the total number of denominators between Medi-Cal and Cal MediConnect is attributable to the population sizes between the 2 plans. Dr. Boris summarized the metrics for ADHD Medi-Cal BH. Dr. Boris concluded with the metrics for Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia, which has significantly dropped and will be monitored. Dr. Alkoraishi asked if the Plan differentiates between adult ADHD and child ADHD. Dr. Boris explained that the data presented pertains to HEDIS, which is specific to child ADHD. Dr. Boris will follow-up to confirm whether or not HEDIS includes adult ADHD, and will present her findings at the October 2020 meeting.

c. Dashboard Metrics

Mr. Perez presented the Call Center Dashboard Metrics to the Committee.

- Turn-Around Time Q2 2020

Mr. Perez summarized the turn-around times for Medi-Cal authorizations. Suspension of prior authorizations due to the COVID outbreak are reflected in the Dashboard metrics. Mr. Perez advised the Committee that the UM team's turn-around times for routine authorizations, expedited authorizations, and decisions are timely and fall within at least the 98.1 percentile or better. Mr. Perez pointed out that in the area of Urgent Concurrent Review, where decisions must be rendered within 72 hours (a new NCQA change), the UM team achieved a 100% timely decision rate. For the area of Retrospective Review, where a decision must be rendered within 30 calendar days, the UM team also achieved a 100% for retrospective review and with a 97.9% timely decision rate. This same trend continues with the Cal MediConnect line of business. For routine determinations, urgent concurrent determinations, and post-service determinations the team falls within at least the 99.4 percentile or better.

Call Center Q2 2020

Mr. Perez presented the UM Call Center metrics for Medi-Cal and Cal MediConnect to the Committee. For the Medi-Cal line of business, the Call Center volume increased from month to month, as a result of prior authorization suspension. Increasingly, more calls came in each month regarding extensions of authorizations and verification of which services require authorizations. For the Cal MediConnect line of business, call volume also increased each month. Dr. Cai was concerned with the abandonment rate. Dr. Boris clarified that it is typically the Provider office who drops the call. Dr. Lin inquired as to whether or not we have a recording that plays during Providers' hold time, and Mr. Perez confirmed this is the case. Dr. Boris reminded the committee that these metrics are a positive trend that reflect staff capabilities while working from home.

d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q2 2020

Dr. Boris next discussed the 'Q2 Referral Tracking Report'. The Plan does an annual rollup, with quarterly numbers. This report is specific to the number of authorizations, and factors such as whether or not services were rendered, and the Claim paid, within 90 days; if the Claim was paid after 90 days; and what percentage of the authorizations received had no Claim paid. Dr. Boris pointed out that, out of

2,011 authorizations received for the Cal MediConnect plan, the 47.4% of authorizations with no services rendered is likely attributable to the COVID outbreak. The same trend continues with the Medi-Cal line of business. Dr. Boris suspects many authorizations are in open approved status which explains why they now receive more requests for extensions. Dr. Lin concurred that the COVID outbreak is the likely cause, as many people are afraid to see their doctor.

e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q2 2020

Ms. Chen reviewed the results of the standard quarterly report on Quality Monitoring of Plan Authorizations and Denial Letters for the 2nd quarter of 2020. Ms. Chen advised the Committee that the Plan analyzes a random sample of 30 authorizations per quarter, which includes examination of all the pertinent audit elements. During this review process, 50% of the letters that were examined pertained to the Medi-Cal line of business, and the other 50% of the letters that were examined pertained to the Cal MediConnect line of business, with 100% of them being denials. Ms. Chen gave a breakdown of the Plan's results with an emphasis on both member and provider notification. Ms. Chen explained that the provider letters are in English, while members receive their denial letters in their threshold language. Dr. Cai inquired as to whether or not there was a second review, and Ms. Chen confirmed there is always a second review. Ms. Chen advised QA measures will continue on a weekly basis with all findings reported to the Medical Director along with a corrective action plan.

f. Inter-Rater Reliability (IRR) Report – Q2 2020 Delayed

Dr. Boris introduced the topic of the IRR report, which is a semi-annual report for both the UM team and the BH team.

- **IRR UM**

Ms. Chen presented the results of the IRR testing to the Committee. The testing is designed to evaluate the consistency and accuracy of review criteria applied by all physician and non-physician reviewers, as well as to identify opportunities for process improvement. The majority of staff members passed, with the exception of 1 Care Coordinator who is relatively new and 1 nurse who does not regularly review authorizations, as her focus is on members in long-term care facilities. The next IRR testing will occur in Q3 2020, and the findings will be presented at the October 2020 meeting.

- **IRR BH**

Ms. McKelvey presented the results of the IRR testing for BH to the Committee. Dr. Cai inquired as to why BH had a higher score than UM. Ms. McKelvey replied that the IRR testing for BH is based on medical necessity, and BH has a pattern of not issuing denials unless the medical necessity criteria has not been met. Ms. McKelvey advised that most of the questions were based on BH treatment, which are the ABA authorizations, and there was 1 psychiatry question and 1 mild-to-moderate talk therapy question. Those questions are fairly easy to answer.

g. Behavioral Health UM

Ms. McKelvey presented the Behavioral Health UM Reports to the Committee. Ms. McKelvey began with BH treatment, which usually includes the ABA. Ms. McKelvey outlined the BH providers with pending contracts, as well as new potential providers. Ms. McKelvey reviewed the BH utilization statistics. The Developmental Screening numbers for the 2nd, 3rd, and 4th quarters of 2019, and the 1st and 2nd quarters of 2020, were also presented to the Committee. The numbers have increased, though there is room for improvement. An internal work group was established to address the developmental screening rates. The internal work group is focused on provider, member, and parent education, and potential barriers to developmental screenings. The results of the work group, and a work plan, will be presented at the October 2020 meeting. Dr. Lin would like to see results from the people at the high end and low end of the screenings, as well as incentives for screening. Ms. McKelvey agreed, and she highlighted the fact that the Plan is collaborating with First Five to provide these incentives.

9. Adjournment

The meeting adjourned at 7:03 pm. The next meeting is scheduled for Wednesday, October 14, 2020 at 6:00 pm.

Reviewed and approved by:

_____ Date _____

Jimmy Lin, M.D., UM Committee Chairperson

Credentialing Committee Report

August 5, 2020

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity:

Monitoring or Meeting Period:

Credentialing Committee

08/05/2020

Areas of Review or Committee Activity

Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

Initial Credentialing (excludes delegated practitioners)		
Number initial practitioners credentialed	19	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	12	
Number practitioners recredentialed within 36-month timeline	12	
% recredentialed timely	100%	100%
Number of Quality of Care issues requiring mid-cycle consideration	0	
Percentage of all practitioners reviewed for ongoing sanctions or licensure limitations or issues	100%	100%
Terminated/Rejected/Suspended/Denied		
Existing practitioners terminated with cause	0	
New practitioners denied for cause	0	
Number of Fair Hearings	0	
Number of B&P Code 805 filings	0	
Total number of practitioners in network (excludes delegated providers) as of 07/31/2020	270	

(For Quality of Care ONLY)	Stanford	LPCH	VHP	PAMF	PMG	PCNC
Total # of Suspension	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	0	0
Total # of Resignations	0	0	0	0	0	0
Total # of practitioners	1598	1508	740	814	404	133

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