Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Tuesday, October 11, 2022, 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: 962 5812 9548
https://zoom.us/j/96258129548
Passcode: SCFHP123

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 (QIC) 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 draft minutes of the 08/09/2022 QIC meeting. **Possible Action:** Approve draft minutes of the 08/09/2022 QIC meeting	Dr. Paul	6:10	5 min
4.	**Chief Executive Officer (CEO) Update** Discuss status of current topics and initiatives.	Ms. Tomcala	6:15	5 min
5.	**Compliance Report** Review the Compliance Report.	Mr. Haskell	6:20	10 min
6.	**QIC Member Appointment and Term Limits** Review QIC Member Appointment and Term Limits, per the QIC Charter.	Dr. Nakahira	6:30	10 min
7.	**Annual Assessment of Physician Directory Accuracy Report 2022** Review the Annual Assessment of Physician Directory Accuracy Report 2022. **Possible Action:** Approve the Annual Assessment of Physician Directory Accuracy Report 2022	Ms. Graciano	6:40	10 min
8.	**Accuracy and Quality of Pharmacy Benefit Information to Members via Telephone** Review of the annual Pharmacy Benefit Information: Telephone Accuracy and Quality Analysis. **Possible Action**: Approve the Accuracy and Quality of Pharmacy Benefit via Telephone Analysis	Ms. Nguyen	6:50	10 min

9. Annual CMC Continuity and Coordination Between Medical Care and Behavioral Health (BH) Analysis Review the annual CMC Continuity and Coordination Between Medical Care and BH Analysis. **Possible Action:** Approve the annual CMC Continuity and Coordination Between Medical Care and BH Analysis	Ms. Enke	7:00	10 min
10. Assessment of CMC Member Understanding of Policies & Procedures Review the Assessment of CMC Member Understanding of Policies & Procedures. **Possible Action:** Approve the Assessment of CMC Member Understanding of Policies & Procedures	Ms. Byom	7:10	5 min
11. Annual Review of Quality Improvement (QI) Policies **a.** QI.02 Clinical & Preventative Practice Guidelines **Possible Action:** Approve the QI Policy as presented	Ms. Bryant	7:15	3 min
12. Annual Review of Credentialing Policies **a.** CR.01 Credentialing and Recredentialing **b.** CR.02 Credentialing and Oversight of Mid-Level Practitioners **c.** CR.03 Objective Criteria for Defining HIV/AIDS Expertise **d.** CR.04 Notification to Authorities and Practitioner Appeal Rights **e.** CR.05 Delegation of Credentialing and Recredentialing **f.** CR.06 Ongoing Monitoring and Interventions **g.** CR.07 Assessment of Organizational Providers **h.** CR.08 Credentialing Committee **i.** CR.010 Credentialing System Controls **Possible Action:** Approve the Credentialing policies as presented	Ms. Fadley	7:18	4 min
13. Grievance & Appeals (G&A) Report Q2 2022 Review the G&A Report Q2 2022. **Possible Action:** Approve the G&A Report Q2 2022	Mr. Oliveira	7:22	10 min
14. Quality Dashboard Review the Quality Dashboard.	Ms. Bryant	7:32	10 min
15. Consumer Advisory Board (CAB) Review draft minutes of the 09/01/2022 CAB meeting. **Possible Action:** Accept the 09/01/2022 CAB meeting	Dr. Nakahira	7:42	5 min
16. Pharmacy & Therapeutics Committee (P&T) Review draft minutes of the 09/15/2022 P&T meeting. **Possible Action:** Accept the 09/15/2022 P&T draft meeting minutes	Dr. Lin	7:47	5 min
17. Credentialing Committee Review draft minutes of the 08/03/2022 Credentialing Committee meeting. **Possible Action:** Accept draft minutes of the 08/03/2022 Credentialing Committee meeting	Dr. Nakahira	7:52	5 min
18. Credentialing Committee Report Review 08/03/2022 Credentialing Committee Report. **Possible Action:** Approve the 08/03/2022 Credentialing Committee Report	Dr. Nakahira	7:57	3 min
19. Adjournment The next QIC meeting will be held on December 13, 2022.	Dr. Paul	8:00	

Notice to the Public—Meeting Procedures

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

Santa Clara Family Health Plan™

Quality Improvement Committee
Draft Meeting Minutes

August 9, 2022

Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Tuesday, August 9, 2022, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan, Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes – Draft

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
N/A

Specialty
Geriatrics
Adult & Child Psychiatry
Pediatrics
Pediatrics
Internist

Staff Present
Tyler Haskell, Interim Compliance Officer
Lori Andersen, Director, Long Term Services and Support
Mai Chang, Director, Quality & Process Improvement
Angela Chen, Director, Case Management & Behavioral Health
Tanya Nguyen, Director, Customer Service
Lucille Baxter, Manager, Quality & Health Education
Charla Bryant, Manager, Clinical Quality & Safety
Karen Fadley, Manager, Provider Data, Credentialing and Reporting
Claudia Graciano, Manager, Provider Access Program Manager
Robert Scrase, Manager, Process Improvement
Victor Hernandez, QA Program Manager, Grievance & Appeals
Amy Johnson Veazey, Accreditation Program Manager
Udari Perera, Process Improvement Project Manager
Cecilia Le, HEDIS Project Manager
Olivia Pham, Process Improvement Project Manager
Parina Mosley, Medical Management Personal Care Coordinator
Nancy Aguirre, Administrative Assistant

1. Roll Call

Ria Paul, MD, Chair, called the meeting to order at 6:00pm. Roll call was taken and a quorum was established.

Laurie Nakahira, D.O., Chief Medical Officer (CMO), welcomed back Mai Chang to Santa Clara Family Health Plan (SCFHP) as the Director of Quality and Process Improvement. Previously, Ms. Chang served as a Manager for the Quality Improvement (QI) department. Dr. Nakahira welcomed additional new hires, Parina Mosley, Medical Management Personal Care Coordinator; Olivia Pham, Process Improvement Project Manager; Amy Johnson, Accreditation Program Manager; and Udari Perera, Process Improvement Project Manager.

2. Public Comment

There were no public comments.

3. Meeting Minutes

Meeting minutes of the 06/14/2022 Quality Improvement Committee (QIC) meeting were reviewed.

It was moved, seconded and the draft minutes of the 06/14/2022 QIC meeting were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Nakahira
Ayes: Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Alkoraishi, Dr. Dawood, Dr. Foreman

4. Chief Executive Officer (CEO) Update

Christine Tomcala, Chief Executive Officer (CEO), announced the Plan's membership is currently at 315,281. Membership continues to grow while we remain in a public health emergency.

This concludes Ms. Tomcala's update.

5. Compliance Report

Tyler Haskell, Interim Compliance Officer, presented the Compliance Report. In May, the Plan recently received notice of a routine Department of Managed Health Care (DMHC) survey to be held onsite in October. This survey will cover the overall performance of the Plan against State health plan licensing regulations.

Mr. Haskell noted the Plan underwent its annual Department of Health Care Services (DHCS) audit in March, and has not yet received a written preliminary report.

Mr. Haskell announced DHCS has recently initiated a process to ensure Medi-Cal (MC) managed care plans' operational readiness for the requirements of the new 2024 contract. Between August 2022 and December 2023, plans will be required to submit documents demonstrating readiness to implement the revised contract. Compliance is working with internal business units to prepare submissions.

Mr. Haskell added, the Plan is currently undergoing the Compliance Effectiveness Audit required by CMS. This audit reviews the effectiveness of our Compliance Program and must be completed annually.

In response to Dr. Paul's question regarding the last DMHC audit and outcome, Mr. Haskell noted the last DMHC audit took place in 2019, with a follow up audit in early 2021. There were a low number of findings.

6. Cal MediConnect (CMC) Availability of Practitioners Evaluation

Claudia Graciano, Manager, Provider Access Program Manager, presented the CMC Availability of Practitioners Evaluation. The goal of this evaluation is to ensure there is adequate network to meet member's needs. The 2022 CMC results reflect all Provider Type goals were met, as well as the goals for Providers Accepting New Patients.

Ms. Graciano reviewed the metrics and standards for Maximum Driving Time & Distance (MTD), and noted the Plan met all performance goals.

Jennifer Foreman, MD, joined the meeting at 6:25pm.
Nayyara Dawood, MD, joined the meeting at 6:30pm.
Ali Alkoraishi, MD, joined the meeting at 6:31pm.

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

Motion: Dr. Nakahira
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: None

7. Annual E-Mail Quality and Analysis Report

Tanya Nguyen, Director, Customer Service, reviewed the Annual E-Mail Quality and Analysis Report. SCFHP has a responsibility to ensure the information shared via e-mail to members is accurate and timely. This is accomplished by measuring and evaluating the quality and timeliness of information.

There are two factors used to evaluate e-mail quality and timeliness of information. They include, E-Mail Turnaround-Time; and Response's Quality and Comprehensiveness. Also reviewed were the qualitative analyses for both factors.

Ms. Nguyen concluded by reviewing the opportunities for improvement and the interventions implemented.

In response to Dr. Paul's question regarding the kind of e-mails received from members, and if e-mails are encrypted, Ms. Nguyen noted the e-mails received from members come in a variety of inquiries such as, billing statement assistance, PCP selection, benefit explanation, etc. Ms. Nguyen confirmed the emails sent from SCFHP are encrypted.

It was moved, seconded and the Annual E-Mail Quality and Analysis Report was **unanimously approved.**

Motion: Ms. Tomcala
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Pail, Ms. Tomcala
Absent: None

8. Santa Clara Family Health Plan (SCFHP) Member Experience, including Behavioral Health (BH): 2021 Analysis

Victor Hernandez, Quality Assurance Program Manager, Grievance & Appeals, reviewed the Member Experience Report for CY2021. The data collected is aggregated into five categories – 1) Quality of Care, 2) Access, 3) Attitude/Service, 4) Billing/Financial, and 5) Quality of Practitioner Office Site. Mr. Hernandez reviewed the goals for each category as well as the quantitative and qualitative analyses. Areas with opportunities for improvement were reviewed.

Angela Chen, Director, Case Management and Behavioral Health, presented the Member BH Experience Survey Results on behalf of Jamie Enke, Program Manager. The purpose of this survey is to assess the member's perception of their access to care and quality of care.

Ms. Chen reviewed the qualitative analysis, unmet goals, as well as the opportunities for improvement.

It was moved, seconded and the SCFHP Member Experience, including BH: 2021 Analysis was **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Dawood
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: None

9. HEDIS Reporting

Cecilia Le, HEDIS Project Manager, presented the HEDIS Report. Ms. Le reviewed the HEDIS timeline, achievements and challenges, performance results for MC Managed Care Accountability Set (MCAS) Measures, and Cal MediConnect (CMC) measure results. Ms. Le highlighted MC met the Minimum Performance Level (MPL) for 13 of 15 MCAS measures, and for CMC, the rates increased for majority of hybrid measures from previous year.

Ms. Le noted a decline in the MC MCAS immunization measure (CIS10). Moreover, this decline is in line with the statewide decrease in the immunizations due to COVID-19.

Jennifer Foreman, MD, Santa Clara Valley Medical Center, noted the decrease for measure CIS10 is likely due to the recent addition of the influenza vaccine in the combination. As a result, the same vaccines are not being compared for vaccination status, as in previous years. Unfortunately, the influenza vaccine is often times declined by families, as it is not required by schools or daycare centers.

Additionally, Dr. Foreman shared the difficulty in reaching measure W30A-6 (Well-Child Visits in the First 15 Months of Life – 6 or more visits), as most infants initially share their mother's MC coverage. This poses an issue, as recognition of the initial Well-Child visit(s) is/are not recorded under the infant's membership.

Ms. Le shared the next steps and opportunities for improvement. Some of which include, increase in home assessments, member outreach using bilingual staff, and interdepartmental collaboration on focused measures.

10. Annual Review of QI Policies

Angela Chen, Director, Case Management & Behavioral Health, presented policies QI.17, QI.18, QI.21, and QI.25. Ms. Chen noted the minor changes of each policy.

a. QI.17 Behavioral Health Care Coordination
b. QI.18 Sensitive Services, Confidentiality, Rights of Adults and Minors
c. QI.21 Information Exchange Between SCFHP & SCCBHSD
d. QI.25 Palliative Care

It was moved, seconded and policies QI.17, QI.18, QI.21, and QI.25 were **unanimously approved.**

Motion: Dr. Nakahira
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: None

e. QI.34 Housing and Homelessness Incentive Program

Lori Andersen, Director, Long Term Services & Supports, presented a new policy – QI.34, specific to the Housing and Homelessness Incentive Program (HHIP). This policy reflects the APL 22-007, including how the health plan will participate in and implement the HHIP program, including the achievement of metrics and collaboration with the Coordinated Entry System and Continuum of Care (CoC) to address the needs of those who are unhoused or housing insecure in Santa Clara County. This is an opportunity for the health plan to partner very closely with the CoC, stakeholders, and providers to build on the existing County Plan to End Homelessness.

It was moved, seconded and policy QI.34 was **unanimously approved.**

Motion: Dr. Nakahira
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: None

11. Quality Dashboard

Charla Bryant, Manager, Clinical Quality and Safety, presented the Quality Dashboard beginning with the Initial Health Assessment (IHA) results. Reports indicate a slight decrease in completion rates when comparing June – July 2021 to 2022. Ms. Bryant noted DHCS had temporarily suspended the requirement to complete IHAs for members within 120 days of enrollment until the COVID-19 emergency declaration is rescinded. DHCS required all Primary Care Providers (PCPs) to resume IHA activities on 10/01/2021.

Ms. Bryant noted between June – July 2022, 14 Facility Site Reviews (FSRs) were completed. Certified Master Trainers (CMT) and QI Nurses continue to conduct FSRs to ensure sites operate in compliance with all applicable local, State, and federal laws and regulations.

Ms. Bryant reviewed the Potential Quality of Care Issues (PQIs), noting 52.3% of PQIs due from June – July 2022 closed on time (within 90 days). Also reviewed were the results for the Outreach Call Campaign, an internal program where staff conduct calls to members to promote health education. A total of 12,602 calls were made from June – July 2022.

In an effort to improve the HEDIS MC and CMC rates, alerts have been loaded into QNXT, so that internal staff can remind members about screenings and/or visits they are due for. A total of 3,084 QNXT Gaps in Care (GIC) alerts were terminated between June – July 2022.

Ms. Bryant noted Health Education (HE) mailing occurs July through November to remind members to complete missing services by the end of the year. A total of 28,202 letters were mailed to members, and 629 of which were mailed to CMC members.

12. Pharmacy & Therapeutics Committee (P&T)

The draft Open minutes of the 06/16/2022 P&T Committee meeting were reviewed by Jimmy Lin, MD, Chair, P&T Committee.

It was moved, seconded and the 06/16/2022 draft Open P&T Committee meeting minutes were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Nakahira
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: None

13. Utilization Management Committee (UMC)

The draft minutes of the 07/20/2022 UMC meeting were reviewed by Dr. Lin, Chair, UMC.

It was moved, seconded and the 07/20/2022 draft UMC meeting minutes were **unanimously approved.**

Motion: Dr. Lin
Second: Dr. Nakahira
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: None

14. Credentialing Committee Report

Dr. Nakahira reviewed the 06/01/2022 Credentialing Committee Report.

It was moved, seconded and the 06/01/2022 Credentialing Committee Report was **unanimously approved.**

Motion: Dr. Nakahira
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Dawood, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: None

15. Adjournment

The next regular QIC meeting will be held on October 11, 2022. The meeting was adjourned at 7:30pm.

_____ _____

Ria Paul, MD, Chair Date

Santa Clara Family Health Plan™

Chief Executive Officer (CEO) Update

Christine M. Tomcala

Santa Clara Family Health Plan™

Compliance Report

Tyler Haskell, Director, Government Relations

Compliance Activity Report

October 11, 2022

- **Department of Managed Health Care (DMHC) Routine Audit**
  Beginning October 17, the Plan will undergo a routine DMHC survey covering the overall performance of the Plan against State health plan licensing regulations. Compliance has been leading the preparation and document response in advance of the audit.

- **DMHC Financial Audit**
  DMHC recently completed its routine financial audit. This audit, which occurs every three years, examines the financial health and sustainability of the health plan, including cash, investments, liabilities, billing processes, claims processing, and provider disputes. On October 3, the Plan received a final written report with no deficiencies.

- **Department of Health Care Services (DHCS) Audit Update**
  The Plan underwent its annual DHCS audit in March, and has not yet received a written preliminary report.

- **CMS Notice of Noncompliance**
  The Plan recently received a Notice of Noncompliance from CMS related to a required protected class drug that was missing from the Plan's July 2022 formulary submission. The Plan's pharmacy benefit manager, MedImpact, removed Trizivir from the formulary based on the deletion of its generic version from CMS's formulary reference file and the continued presence of its individual components on the formulary. CMS disagreed with MedImpact's interpretation of the formulary requirement and denied the formulary submission. MedImpact added Trizivir back to the formulary in the next submission window, six days after the previous submission was denied.

- **Medicare Data Validation Audit**
  The Plan recently completed its annual Medicare data validation audit, with final results indicating 100% validation. SCFHP engaged Advent Advisory Group to complete a validation of various reports to CMS for calendar year 2021 operational activities. The audit validates data submitted for the Part D program, specifically for Appeals, Grievances, Coverage Determinations, Medication Therapy Management, and Improving Drug Utilization Review Controls. Advent's team conducted a virtual interview in April to review our reporting process and submitted the final results to CMS in July.

- **Compliance Program Effectiveness (CPE) Audit**
  CMS requires Medicare plans to have an independent review of the effectiveness of its compliance program each year. In collaboration with Health Plan Alliance, SCFHP partnered with Health Alliance Plan of Michigan to conduct a peer-review audit of our compliance program to meet CMS's CPE requirement for 2022. The audit process is based on the Part C and D Program Audit Protocols CMS uses for Medicare program audits. The audit occurred in August and the Plan received a final report in late September. The report includes one finding related to the lack of documentation demonstrating the Plan had provided required annual compliance training to a consultant doing work related to our Medicare line of business. The report also includes four observations related to improving the consistency and clarity of internal documents and reducing audit completion times.

Santa Clara Family Health Plan™

QIC Member Appointment and Term Limits

Laurie Nakahira, D.O., Chief Medical Officer

Santa Clara Family Health Plan

Santa Clara County Health Authority

QUALITY IMPROVEMENT COMMITTEE CHARTER

Purpose

The Quality Improvement Committee (QIC) is created as a standing Committee. Pursuant to the Bylaws, the Governing Board shall establish a QIC to provide expertise to the Santa Clara Family Health Plan (SCFHP) relative to their professional experience. QIC shall oversee SCFHP's Quality Improvement Program, which is an organization-wide commitment to utilize a systematic approach to quality using reliable and valid methods of monitoring, analysis, evaluation, and improvement in the delivery of health care provided to all members, including those with special needs. This approach to quality improvement provides a continuous cycle for assessing the quality of care and services in such areas as preventive health, acute, and chronic care, behavioral health, over- and under-utilization, continuity and coordination of care, patient safety, and administrative and network services.

Stakeholders

The QIC shall have a sufficient number of members to provide the necessary expertise and to work effectively as a group. The QIC shall include contracted providers from a range of specialties, as well as other representatives from the community, including, but not limited to, representatives from contracted hospitals, Medical Directors from contracted IPAs, non-physician representatives who possess knowledge regarding the initiatives and issues facing the patient and provider community, and representation from the behavioral health community.

Appointment and Term Limits

All QIC members, including the Chairperson, shall be appointed by the Health Plan's Chief Executive Officer (CEO). All QIC stakeholders, including the Chairperson, can serve up to three (3) two (2)-year terms. Additional terms may be appointed at the discretion of the CEO, provided that the member is in compliance with the requirements set forth in this Charter.
No person who holds a direct financial interest in an affiliated health care entity is eligible for appointment. QIC stakeholders shall annually sign a "Confidentiality, Conflict of Interest, and Non-Discrimination Agreement." Failure to sign the Agreement, or abide by the terms of the Agreement, shall result in removal from the Committee.

Meeting Time and Frequency

Regular meetings of the QIC shall be held quarterly, from 6:00 p.m. to 8:00 p.m. Additional special meetings, or meeting cancellations, may occur as circumstances dictate. Special ad-hoc meetings that require decision(s) between regularly scheduled meetings may be held at any time and place, as designated by the Chairperson, the CEO, or a majority of the members of the Committee, in real-time or virtually (through video/web conference), but shall not be conducted through e-mail (NCQA CR2A2). Ad-hoc discussions will be documented and

reported in the same manner as regularly scheduled meetings. Committee recommendations and reports shall be regularly and timely reported to the Governing Board.

Attendance

Committee members must attend at least two (2) meetings per year. Attendance may be in person or via teleconferencing. Teleconferencing shall be conducted pursuant to California Government Code section 54953(d).
The Committee may invite other individuals, such as members of management, auditors, or other technical experts to attend meetings and provide pertinent information relating to an Agenda item, as necessary.

Meetings of the QIC shall be open and public, except such meetings or portions thereof that may be held in closed session to the extent permitted by applicable law, pursuant, but not limited to, the Ralph M. Brown Act (Government Code section 54950 *et seq.*) and Section 14087.38.

The Director of Quality Improvement is responsible for notifying members of the dates and times of meetings and for preparing a record of the Committee's meetings.

Quorum

The presence of a majority of the voting stakeholders of the Committee shall constitute a Quorum for the transaction of business.

Minutes

The Minutes of all meetings of the Committee shall be recorded.

Stipend

Per leadership's review

Roles and Responsibilities

The following functions shall be the common, recurring activities of the QIC. These functions shall serve as a guide, with the understanding that the Committee may carry out additional functions as may be appropriate in light of changing business, regulatory, legal, or other conditions. The QIC also oversees the Utilization Management Committee, Credentialing and Peer Review Committee, the Pharmacy and Therapeutics Committee, and the Consumer Advisory Board. The Committee is responsible for the review and approval of health services, credentialing, pharmacy, and quality policies. The QIC shall also carry out any other responsibilities delegated to it by the Governing Board from time to time.

Quality Improvement Program goals and objectives are to monitor, evaluate, and improve the following elements:

- The quality of clinical care and services provided by the health care delivery system in all settings, especially as it pertains to the unique needs of the plan population;

- The important clinical and service issues facing the Medi-Cal and CMC populations relevant to its demographics, high-risks, and disease profiles for both acute and chronic illnesses, and preventive care;
- The continuity and coordination of care between specialists and primary care practitioners, and between medical and behavioral health practitioners;
- The accessibility and availability of appropriate clinical care among a wide network of providers with experience in providing care to the population;
- The qualifications and practice patterns of all individual providers in the Medi-Cal network to deliver quality care and service;
- Member and provider satisfaction, including the timely resolution of complaints and grievances;
- Compliance with regulatory agencies and accreditation standards;
- Compliance with Clinical Practice Guidelines and evidence-based medicine;
- Design, measure, assess, and improve the quality of the organization's governance, management, and support processes;
- Monitor utilization practice patterns of practitioners, contracted hospitals, contracted services, ancillary services, and specialty providers;
- Provide oversight of quality monitors from the contracted facilities to continuously assess and ensure that the levels of care and service provided satisfactorily meet quality goals.

Santa Clara Family Health Plan™

Assessment of Physician Directory Accuracy

Cal-MediConnect – 2022

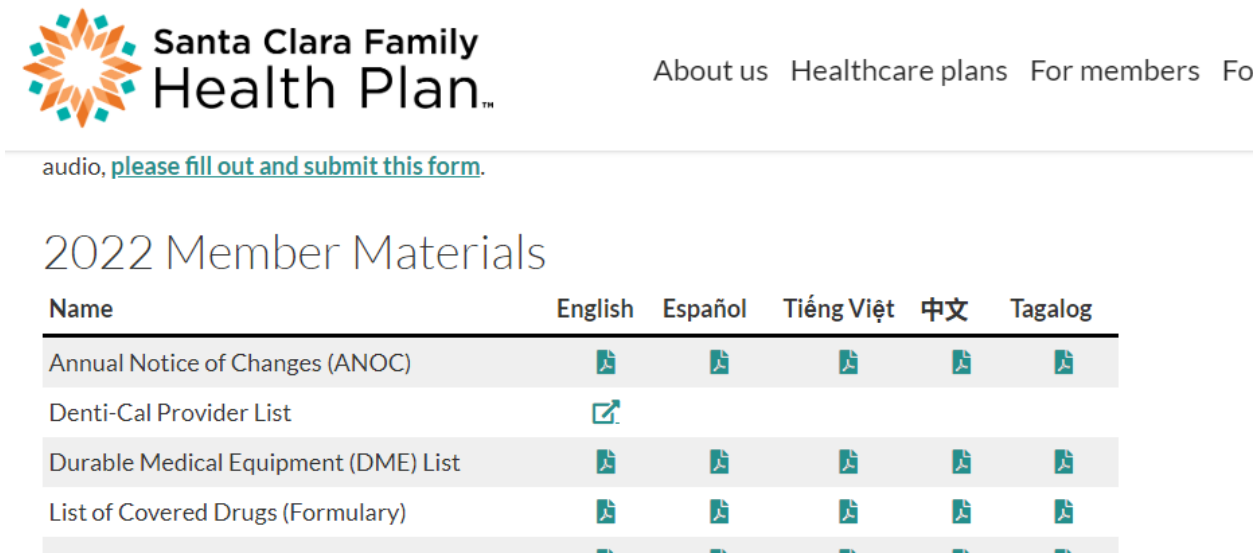
Quality Improvement Committee (QIC) Oct. 11, 2022

Prepared by: Claudia Graciano, Provider Network Program Manager

Introduction

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.



Overview

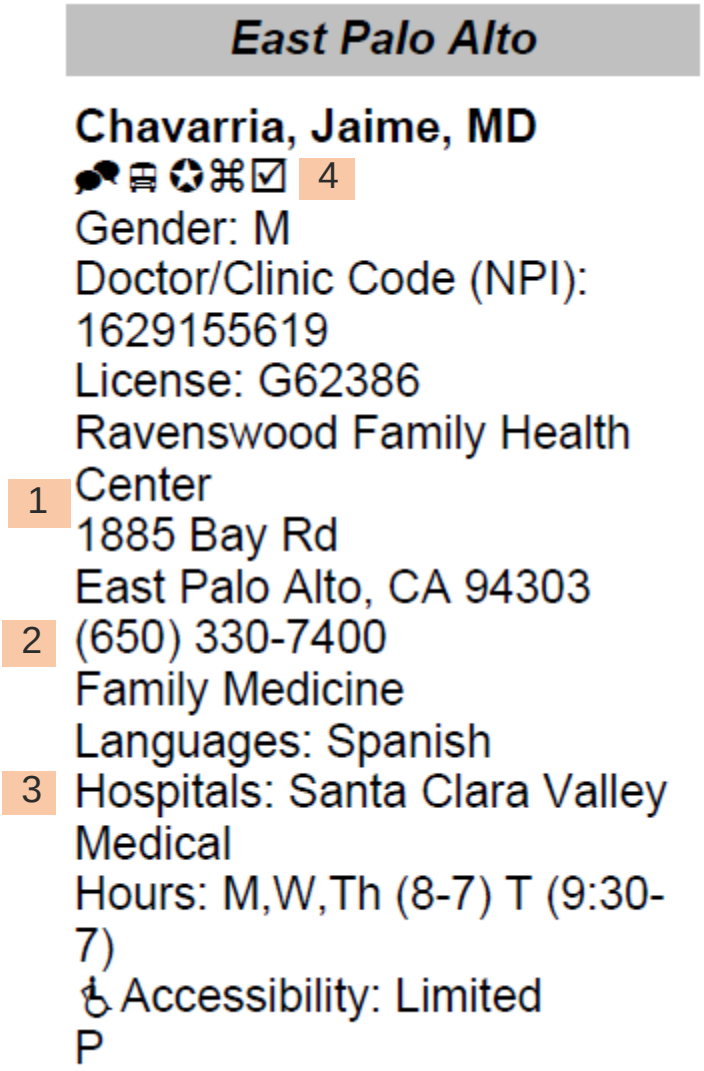
By performing routine outreach to our providers to keep their information up to date, we maintain our dedication to our members and their health.

- Provider Rosters
- Provider Profiles
- Provider and Facility Attestations

Overview continued

Data associated with physician directory accuracy.

- Measure 1. Accuracy of office locations
- Measure 2. Accuracy of phone numbers
- Measure 3. Accuracy of hospital affiliations (admitting privileges)
- Measure 4. Accuracy of accepting new patients
- Measure 5. Awareness of physician office staff of physician's participation in the organization's network



Methodology

1

Provider Directory Data

Legal Name & Title	Practitioner NI	Practi	Languages Spoken t	Are you p	Specialty1	Specialty2	Specia	Practitioner Hospital Affiliatio	Medical Group Name/ Practice Na
Abalos-Gallo, Marietta ,	1437277082	F	English,Tagalog	PCP	Internal Medicine				Marietta Abalos-Gallo MD
Kaykha, Amir , MD	1639375959	M	English,Farsi	Specialist	Cardiovascular Diseases			Good Samaritan - Eff Date Unkn	Amir Kaykha MD Inc
Ajluni, Nadia , DC	1184518759	F	English	Specialist	Chiropractic				Nadia Ajluni, DC
Aptekar, Robert G, MD	1811982259	M	English,Punjabi,Spanish	Specialist	Orthopedic Surgery			El Camino - Eff Date Unknown, G	Arthritis & Orthopedic Medical Clinic
Murthy, Harris H, MD	1922074061	M	English,Kannada	Specialist	Pulmonary Disea	Sleep Medicine		El Camino - Eff Date Unknown	Bay Area Surgical Specialists
Murthy, Harris H, MD	1922074061	M	English,Kannada	Specialist	Sleep Medicine	Pulmonary Disease		El Camino - Eff Date Unknown	Bay Area Surgical Specialists
Murthy, Harris H, MD	1922074061	M	English,Kannada	Specialist	Sleep Medicine	Pulmonary Disease		El Camino - Eff Date Unknown	Bay Area Surgical Specialists
Murthy, Harris H, MD	1922074061	M	English,Kannada	Specialist	Pulmonary Disea	Sleep Medicine		El Camino - Eff Date Unknown	Bay Area Surgical Specialists
Luong, Danny B, MD	1386750438	M	Cantonese,Chinese,Eng	Specialist	Ophthalmology	Ophthalmology			Advanced Eye Associates
Xie, John Z, MD	1972861664	M	Chinese,English,Mandar	Specialist	Ophthalmology				Advanced Eye Associates
Cheung, Alphonsus L, MD	1619822469	M		Specialist	Anesthesiology	Pain Medicine			Alphonsus L Cheung
Asad, Nevaid , MD	1104807684	M	English,Hindi,Russian,Sp	Specialist	Cardiovascular Diseases			Good Samaritan - Eff Date Unkn	Cardiac & Vascular Care Inc
Butcher, Michael D, MD	1386631133	M	English,Farsi,Russian	Specialist	Orthopedic Surgery			Good Samaritan - Eff Date Unkn	Arthritis & Orthopedic Medical Clinic
Cahn, David A, MD	1689782205	M	English,Spanish	PCP	Family Medicine				Hamilton Medical Group
Greenwald, Leonard , DP	1134179047	M	English	Specialist	Podiatry				Berryessa Hills Podiatry Group
Carrie, Brian J, MD	1851378095	M	English	Specialist	Nephrology			El Camino - Eff Date Unknown	El Camino Renal Medical Group
Cervantes, Hector L, DPM	1265859584	M	English,Tagalog	Specialist	Podiatry				Hector L Cervantes, DPM
Che, Qi , MD	1447429212	F	English,Mandarin	Specialist	Nephrology				Chabot Neph Med Grp Inc
Vu, Chung H, MD	1013995017	M	Cantonese,English,Viet	PCP	Internal Medicine				Chung H Vu MD
Contreras, Claudio S, MD	1184983387	M	English,Spanish	Specialist	Ophthalmology				Claudio S Contreras MD Inc
Khay, Darith S, MD	1295761608	M	Cambodian,English	PCP	Family Medicine				Darith S Khay MD Inc

2

Parameters

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

3

Phone Calls

Analysis

Provider Directory Accuracy

- Goal = 100% accuracy, not met
- 2022 Accuracy Percentage 85%-87%
- There was an overall accuracy percentage decreased

*Provider Terms, not yet updated
- timing of data pull/changes (2 term now, 6 have not received term notice)

*Provider visits on pause due to Covid. These visits have started in Q3 2022.

	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	51	52	52	51	52
Total Physician Responses	60	60	60	60	60
2022 Accuracy Percentage (%)	85%	87%	87%	85%	87%
2021 Accuracy Percentage (%)	92%	96%	83%	96%	96%
2020 Accuracy Percentage (%)	98%	97%	100%	97%	100%
Goal	100%	100%	100%	100%	100%
Goal Met (Y/N)	N	N	N	N	N

2022 Barrier and Opportunity Analysis

Barrier	Opportunity	Intervention	Selected for 2022?	Date Initiated
Delays in receiving changes from providers through their delegates. Additionally, inaccuracy in the delegate provide	Reminders to delegates	Continue to communicate timeliness and accuracy of provider changes at Delegate Data Work Group meetings.	Y	Ongoing
Rapidly changing provider data due to frequent staff changes	Inform/ educate providers of importance of submitting timely information	Include information on directory accuracy requirements in annual provider education packets. As needed, discuss data changes with MD and their office staff.	Y	Ongoing
SCFHP Provider Data report Data Validation Quality Checks	Create Quarterly Quality Checks on Provider Data Directory Validation	Quarterly validate the provider data through calls to provider office in validation of their submitted data reporting.	Y	Ongoing

Santa Clara Family Health Plan™

Accuracy and Quality of Pharmacy Benefit Information to Members via Telephone

Tanya Nguyen, Director, Customer Service

SANTA CLARA FAMILY HEALTH PLAN

Pharmacy Benefit Information 2022:

Telephone Accuracy and Quality Analysis

Prepared by: Tanya Nguyen, Director of Customer Service
For review and approval by the Quality Improvement Committee October 11, 2022

I. Overview

Pharmaceutical benefits and drugs change periodically throughout the year. In an effort to best serve members, Santa Clara Family Health Plan (SCFHP) has a responsibility to ensure that members can contact the organization over the telephone and receive accurate, quality information on drugs, coverage, and cost.

SCFHP conducts monthly quality monitoring to assure the quality of the information provided to members related to pharmacy benefits. In addition, SCFHP also conducts an annual evaluation through the selection of certain call categories to identify opportunities to improve the quality and accuracy of the pharmacy benefit information provided by Customer Service Representatives (CSRs) to members.

II. Methodology: Telephone

Quarterly, SCFHP audits Customer Service telephone calls from members. To review the quality and accuracy of the telephone calls of member in one attempt, requested information on six factors which are: Financial responsibility, exceptions process, mail order, pharmacy location, and generic substitution. The auditors (Quality Training Manager and the Quality & Training Specialist) randomly select ten (10) member contacts based on the selected call categories and call recording for each quarter. If there are less than ten (10) member contacts for a call category, all contacts for that factor were reviewed. When a particular category involves a turn-around time frame, twenty (20) cases would be selected, ten (10) cases would be selected for the standard requests and ten (10) cases would be selected for the expedited requests. The calls were specifically selected to review the quality and accuracy assessment on the pharmacy benefit information. The auditor assesses the call to determine whether the members were able to obtain answers to their inquiries. To determine the quality and accuracy of member inquiries, the auditor reviews the CSR's call documentation for completeness, listen to call recording to see if the CSR was accurate on informing the member whether or not the pharmacy benefit inquiry can be answered in one attempt call made by the member. If a medication does require a copay, the

CSR is able to respond correctly. If the caller is requesting an exception to a non-covered medication, the CSR is able to initiate this request. If the caller is requesting a mail order service for their medications, the CSR is able to assist with setting up mail service. If the caller is requesting a pharmacy location in their proximity, the CSR is able to provide accurate information. Lastly, if the caller is requesting for a generic substitution, the CSR is able to accurately provide the availability of generic substitutes for specific pharmaceuticals. Data included in this analysis was captured from July 1, 2021 through June 30, 2022.

A. Pharmacy Benefit Inquiry Accuracy Assessments

Factor 1: Financial responsibility
Measure 1: Did the CSR respond correctly to copay?
Numerator: Number of cases that were audited from July 1, 2021 through June 30, 2022 that the CSR determine their financial responsibility for a drug, based on the pharmacy benefit.
Denominator: Number of cases received July 1, 2021 through June 30, 2022
Goal: 100% callers can determine their financial responsibility (e.g., out-of-pocket cost associated with filling a prescription) for specified pharmaceuticals by telephone.

Factor 2: Exceptions process
Measure 1: Was the request submitted for the medication(s) member requested?
Measure 2: Was the request marked correctly (standard vs expedited)?
Measure 3: Was the correct turnaround time provided?
Numerator: Number of cases that were audited from July 1, 2021 through June 30, 2022 that the CSR Initiate the exceptions process
Denominator: Number of cases received July 1, 2021 through June 30, 2022
Goal: 100% of callers can initiate the exceptions process on their own behalf without having to go through a dispensing pharmacist's telephone system. Limiting the process to initiate the exceptions process to only practitioners does not meet the factor

Factor 3: Mail-order prescription refills

Measure 2: Did the CSR thoroughly respond to the member's inquiry about utilizing the pharmacy mail order?
Numerator: Number of cases that were audited from July 1, 2021 through June 30, 2022 that the member is able to Order a refill for an existing, unexpired, mail-order prescription
Denominator: Number of cases received July 1, 2021 through June 30, 2022
Goal: 100% of callers can order a refill of an existing, unexpired mail-order prescription, if allowed by law.

Factors 4, 5: Location and proximity search

Measure 1: Did the CSR conduct proximity search using tool?

Numerator: Number of cases that were audited from July 1, 2021 through June 30, 2022 that the CSR was able find the location of an in-network pharmacy and conduct a proximity search based on zip code.
Denominator: Number of cases received July 1, 2021 through June 30, 2022
Goal: 100% of callers can locate a pharmacy within their proximity

Factor 6: Availability of generic substitutes

Measure 1: Was the correct response to the member based on the search outcome from the formulary tool?

Numerator: Number of cases that were audited from July 1, 2021 through June 30, 2022 that the CSR was able to determine the availability of generic substitutes

Denominator: Number of cases received July 1, 2021 through June 30, 2022

Goal: 100% of callers can access information by telephone on the availability of generic substitutes for specific pharmaceutical

B. Pharmacy Benefit Inquiry- Quality Assessments

Measure 2: Did CSR review LIS level and provide max copay?
Numerator: Number of cases that were audited from July 1, 2021 through June 30, 2022 that the CSR determine their financial responsibility for a drug, based on the pharmacy benefit.
Denominator: Number of cases received July 1, 2021 through June 30, 2022

Goal: 100% callers can determine their financial responsibility (e.g., out-of-pocket cost associated with filling a prescription) for specified pharmaceuticals by telephone

Factor 2: Exceptions process

Measure 4: Was the next step for the exception submission provided?
Measure 5: Did CSR fully explain/provide the restriction(s) pertaining to the medication(s) member requested?
Numerator: Number of cases that were audited from July 1, 2021 through June 30, 2022 that the CSR Initiate the exceptions process
Denominator: Number of cases received July 1, 2021 through June 30, 2022
Goal: 100% of callers can initiate the exceptions process on their own behalf without having to go through a dispensing pharmacist's telephone system. Limiting the process to initiate the exceptions process to only practitioners does not meet the factor

Factor 3: Mail-order prescription refills

Measure 1: Did the CSR provide instructions to place an order for refills or offer/ warm transfer the member set up the pharmacy mail order service?
Numerator: Number of cases that were audited from July 1, 2021 through June 30, 2022 that the member is able to Order a refill for an existing, unexpired, mail-order prescription
Denominator: Number of cases received July 1, 2021 through June 30, 2022
Goal: 100% of callers can order a refill of an existing, unexpired mail-order prescription, if allowed by law.

Factors 4, 5: Location and proximity search

Measure 2: Did CSR provide the correct name and address of pharmacy?
Numerator: Number of cases that were audited from July 1, 2021 through June 30, 2022 that the CSR was able find the location of an in-network pharmacy and conduct a proximity search based on zip code.
Denominator: Number of cases received July 1, 2021 through June 30, 2022
Goal: 100% of callers can locate a pharmacy within their proximity

Factor 6: Availability of generic substitutes

Measure 2: Did the CSR provide the response to member's request fully such as dosage and restrictions?

Numerator: Number of cases that were audited from July 1, 2021 through June 30, 2022 that the CSR was able to determine the availability of generic substitutes

Denominator: Number of cases received July 1, 2021 through June 30, 2022

Goal: 100% of callers can access information by telephone on the availability of generic substitutes for specific pharmaceutical

III. Data – Telephone Functionality

Table 1: Quality and Accuracy Assessments of Factor 1 – Financial Responsibility (July 2021-June 2022)

Element B: Functionality – Telephone (QUALITY AND ACCURACY)																
Quarters	**Q3 - 2021**				**Q4 - 2021**				**Q1 - 2022**				**Q2 - 2022**				**Annual Total**
Total Sample Per Quarter	**10**				**10**				**10**				**10**				**40**
Goal	**100%**				**100%**				**100%**				**100%**				**100%**
Factor 1: Copay	**MET**	**UNMET**	**N/A**	**GOAL MET**	**Met**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**Average Annual Total**
1. Did the CSR respond correctly to copay?	10	0	0	100%	100 %	0	0	100%	10	0	0	100%	10	0	0	100%	**100%**
2. Did the CSR review LIS level and provide max copay?	10	0	0	100%	100%	0	0	100%	10	0	0	100%	10	0	0	100%	**100%**

Table 2: Quality and Accuracy Assessments of Factor 2 – Exceptions Process (July 2021-June 2022)

Element B: Functionality – Telephone (QUALITY AND ACCURACY)																
Quarters	**Q3- 2021**				**Q4 - 2021**				**Q1 - 2022**				**Q2 - 2022**				**Annual Total**
Total Sample Per Quarter	**20**				**20**				**20**				**20**				**80**
Goal	**100 %**				**100%**				**100%**				**100%**				**100%**
Factor 2: Exception Request	**Met**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**Annual Total Average**
1. Was the request submitted for the medication(s) member requested?	20	0	0	100%	20	0	0	100%	20	0	0	100%	20	0	0	100%	**100%**
2. Was the request marked correctly (standard vs expedited)?	20	0	0	100%	20	0	0	100%	20	0	0	100%	20	0	0	100%	**100%**
3. Was the correct turn-around time provided?	20	0	0	100%	18	2	0	90%	17	3	0	85%	20	0	0	100%	**94%**
4. Was the next step for the exception submission provided	19	1	0	95%	18	2	0	90%	17	3	0	85%	18	2	0	90%	**90%**
5. Did CSR fully explain/provide the restriction (s) pertaining to the medication (s) member requested?	20	0	0	100%	20	0	0	100%	20	0	0	100%	20	0	0	100%	**100%**

Table 3: Quality and Accuracy Assessments of Factor 3 – Mail-order Prescription Refills (July 2021-June 2022)

Element B: Functionality – Telephone (QUALITY AND ACCURACY)																	
Quarters	**Q3 - 2021**				**Q4 - 2021**				**Q1 - 2022**				**Q2 - 2022**				**ANNUAL TOTAL**
Total Sample Per Quarter	**10**				**5**				**8**				**9**				**32**
Goal	**100%**				**100%**				**100%**				**100%**				**100%**
Factor 3 – Mail Order	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**ANNUAL TOTAL AVERAGE**
1. Did the CSR provide instructions to place an order for refills or offer/ warm transfer the member set up the pharmacy mail order service?	10	0	0	100%	5	0	0	100%	8	0	0	100%	8	0	0	100%	**100%**
2. Did the CSR thoroughly respond to the member's inquiry about utilizing the pharmacy mail order?	10	0	0	100%	5	0	0	100%	8	0	0	100%	8	0	0	100%	**100%**

Table 4: Quality and Accuracy Assessments of Factor 4, 5 – Location and Proximity Search (July 2021-June 2022)

Element B: Functionality – Telephone (QUALITY AND ACCURACY)																	
Quarters	**Q3 - 2021**				**Q4 - 2021**				**Q1 - 2022**				**Q2 - 2022**				**ANNUAL TOTAL**
Total Sample Per Quarter	**1**				**1**				**1**				**0**				**3**
Goal	**100%**				**100%**				**100%**				**100%**				**100%**
Factor 4&5 – Pharmacy Location	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**ANNUAL TOTAL AVERAGE**
1. Did the CSR conduct proximity search using tool?	1	0	0	100%	1	0	0	100%	1	0	0	100%	0	0	0	*NA	**100%**
2 Did CSR provide the correct name, address of pharmacy?	1	0	0	100%	1	0	0	100%	1	0	0	100%	0	0	0	*NA	**100%**

*NA is due to no pharmacy location inquiries received for that quarter

Table 5: Quality and Accuracy Assessments of Factor – 6: Availability of Generic Substitutes Search on the Telephone (July 2021-June 2022)

Element B: Functionality – Telephone (QUALITY AND ACCURACY)																	
Quarters	**Q3 - 2021**				**Q4 - 2021**				**Q1 - 2022**				**Q2 - 2022**				**ANNUAL TOTAL**
Total Sample Per Quarter	**3**				**4**				**1**				**1**				**9**
Goal	**100%**				**100%**				**100%**				**100%**				100%
Factor 6 – Generic Availability	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**MET**	**UNMET**	**N/A**	**GOAL MET**	**ANNUAL TOTAL AVERAGE**
1. (Generic) The correct response to the member based on the search outcome from the formulary tool.	3	0	0	100%	4	0	0	100%	1	0	0	100%	1	0	0	100%	**100%**
2. (Generic) Did the CSR provide the response to member's request fully such as dosage and restrictions? Did CSR review LIS level and provide max copay?	3	0	0	100%	4	0	0	100%	1	0	0	100%	1	0	0	100%	**100%**

Table 6: Pharmacy Benefit Accuracy Analysis Compared to Previous Year (2021-2022 Vs 2020-2021)

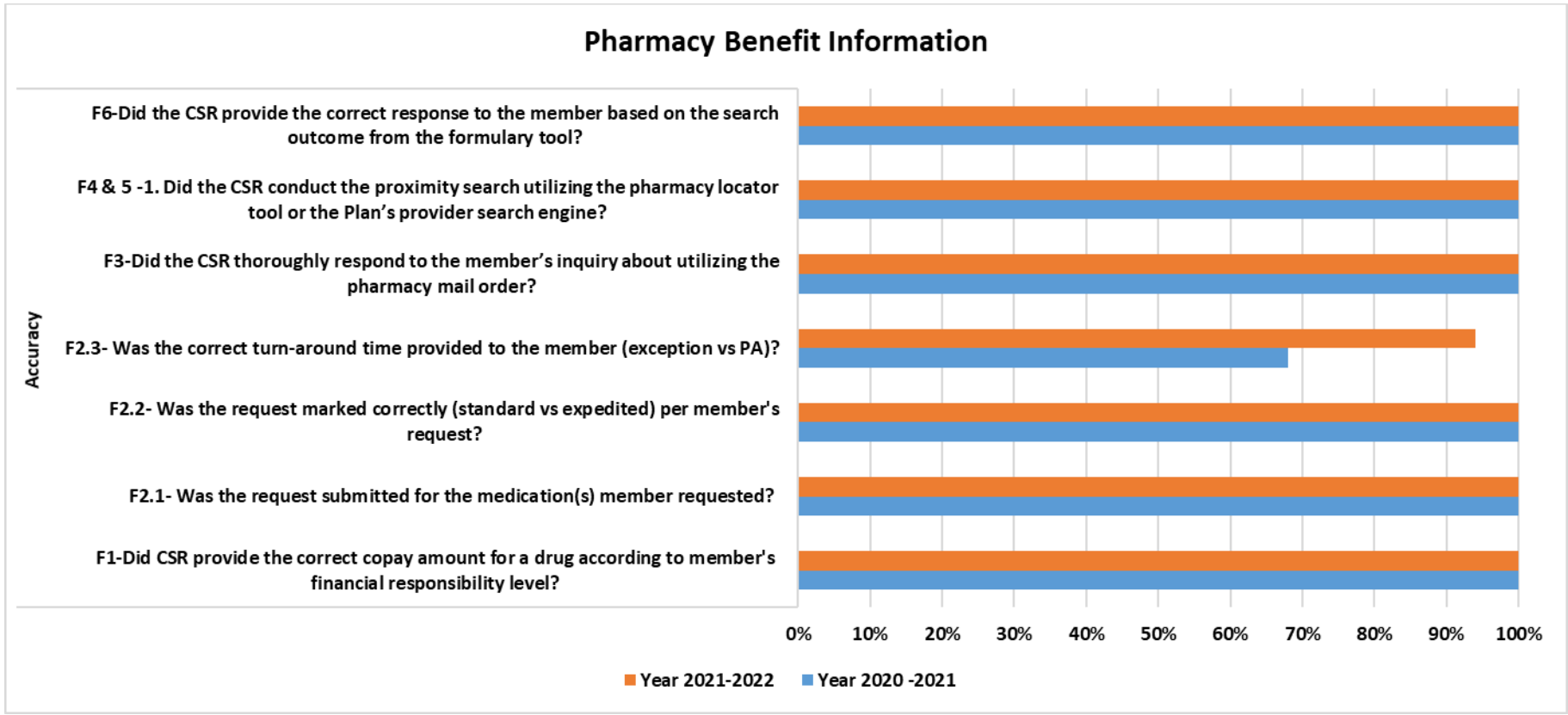
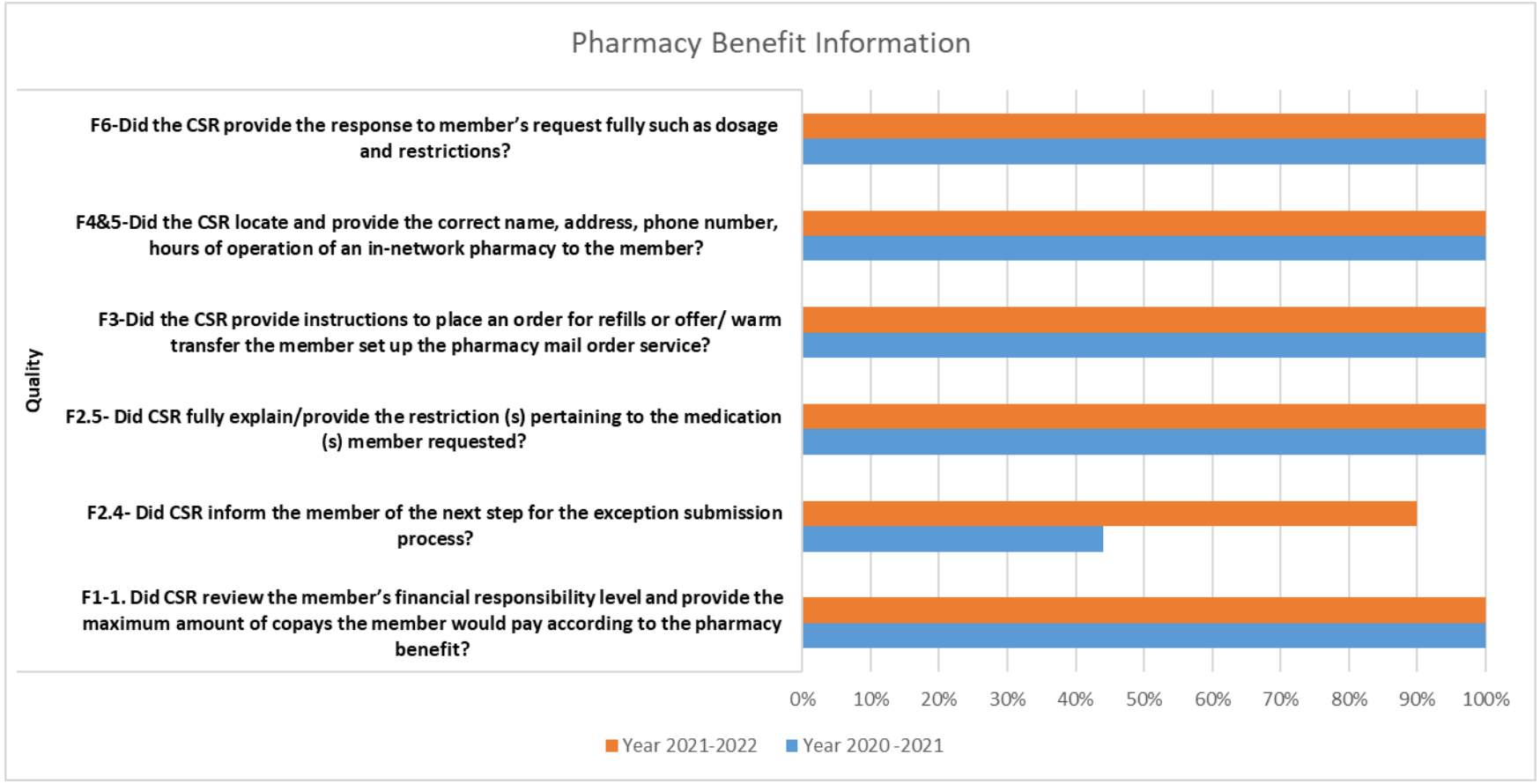


Table 7: Pharmacy Benefit Quality Analysis Compared to Previous Year (2021-2022 Vs 2020-2021)



IV. Quantitative Analysis

For this audit period, SCFHP has randomly selected Forty-four (44) samples for Q3-2021, Forty (40) samples for Q4-2021, Forty (40) samples for Q1-2022, and Forty (40) samples for Q2-2022 to conduct the quality and accuracy study. This totaled up to one hundred (124) cases annually. The inconsistencies of the number of samples are due to the limited data that applies to each factor for the specified quarter.

All of the measures listed under each factors for the pharmacy benefit telephone accuracy assessments met the target goal at 100% with the exception of factor 2, measure 3. The Plan was able to achieve a target goal of 100% for Q1-2021 and Q4-2022 and did not meet the target goal for Q2 and Q3 of 2021 which brought the result of 94% for the reporting period. However, when compared to the previous year (2020-2021), we noted an improvement of twenty-six (26) percentage points.

Similarly, all of the measures listed under each factors for the pharmacy benefit telephone quality assessments met the target goal at 100% with the exception of factor 2, measure 4. Our assessments revealed the Plan did not meet the target goal for any of the quarters throughout the reporting period. Again, when compared to the previous year (2020-2021), we noted an improvement of forty-six (46) percentage points.

V. Qualitative Analysis

When the Quality Training Manager and the Quality & Training Specialist conduct the assessments, they would make notes of the deficiencies and the potential barriers throughout the review period. These deficiencies were presented to the Customer Service Manager to conduct immediate refresher trainings and/or provide individual coaching to any Customer Service Representatives (CSR) who did not perform well on the measures. The Customer Service Manager prepared and analyzed the annual preliminary audit results, including identified barriers and recommendations for improvement at the end of the reporting period and were presented to the Customer Service Director. The Customer Service Director then reviewed the identified barriers and would make additional recommendations for improvement opportunities as needed. It is important to note that although the department monitors these data on a quarterly basis, the compiled data were also reviewed and discussed. Findings and recommendations are

reported to the cross-functional Quality Improvement Committee (QIC), which includes representatives from Customer Services, Quality Improvement, Provider Network, Regulatory Compliance, and Behavioral Health.

Overall, the Plan met the target goal of 100% for all of the pharmacy benefit factors and measures for the accuracy assessment with the exception of factor 2, measures 3. This measure assessed the accuracy of whether or not the CSR provided the correct turn-around time to the caller when an exception or a prior authorization was submitted. During our review of the data throughout the audit period, it was noted the root cause of the deficiencies was due to the oversight of a new hired staff and several seasoned CSRs. Upon review of factor 2 measure 3, the deficiency of 90% for the accuracy assessment for Q2-2022, was a result of an oversight of a new CSR. The deficiency of 85% in the accuracy for Q1-2022 measure 3, was due to a new processing timeframe on the Part D exception requests that was previously 14 days and was updated to 17 days starting in Q1-2022.

The Plan also met the target goal of 100% for all of the pharmacy benefit factors and measures for the quality assessment with the exception of factor 2, measures 4. This measure assessed the quality of the phone call if the CSRs inform the caller of the next step for the exception submission process. Upon review of factor 2 measure 4, the deficiencies of 95% for Q3-2021, 90% for Q4-2021, 85% of Q1-2022, and 90% of Q2-2022 were due to the oversight of multiple seasoned staff who overlooked the next steps when submitting an exception request.

The Plan recognized the need to improve the deficiencies for both measures from factor 2 and effort was put into action to correct this issue. A quick reference guide, named “Processing Time Frames Quick Reference Sheet”, was created and presented to the staff on August 21st, 2021. The quick reference guide included the correct processing time frames for exception requests. During the meeting, the training and quality monitoring associate was able to provide a refresher training and relay the correct processing time frame to the staff. On January 20th, 2022, a training was provided to the staff providing the new processing timeframe and on March 4th, 2022 an additional refresher training was provided. Individual coaching also took place after the March 4, 2022 meeting with those CSRs who had cases that were deficient. During both trainings on January 20th, 2022 and March 4th 2022, CSRs were reminded to fully explain and document the next steps and expected turn-around time once the exceptions request was submitted, to members. Staff were also reminded of the importance of conveying this information to avoid member confusion about the process. SCFHP will continue to monitor these metrics on a quarterly basis, as part of its ongoing audit process.

The Customer Service Manager and Director reviewed the cases that did not meet the accuracy and quality requirements on the exception process, and concluded the following barriers during this audit period:

- A new staff member was hired during Q3-2021 of the review period. When the exception time frame was updated in Q1_2022, the CSR did not capture the change and continued to provide the former time frame that she was previously trained on.
- Our seasoned staff were accustomed to providing the turn-around time for Part D exception request for many years and forgot that it was changed from 14 days to 17 days. Some CSRs continued to reference their personal writing template that contain the out dated turn-around time.
- CSRs were very good at recognizing the opportunities to offering and submitting the exception requests for members; however, they were not consistently providing the next steps when the exception request has been submitted.

VI. 2022 Barrier and Opportunity Analysis Table

Barriers	Opportunities	Intervention	Selected for 2022	Date Initiated
A new staff member was hired during Q3-2021 of the review period. When the exception time frame was updated in Q1_2022, the CSR did not capture the change and continue to provide the former time frame that she was previously trained on.	Re-educate staff on the correct exception processing timeframe	A refresher training on the exception processing timeframe was provided to the entire team due to not meeting the set goal	X	August 2021
Our seasoned staff were accustomed to providing the turn-around time for Part D exception request for many years and forgot that it was changed from 14 days to 17 days. Some CSRs continued to reference their personal writing	Re-educate staff on the correct exception processing timeframe	• A quick reference guide, named “Processing Time Frames Quick Reference Sheet”, was created and presented to the staff	X	August 2021

Barriers	Opportunities	Intervention	Selected for 2022	Date Initiated
template that contain the out dated turn-around time		• A refresher training on the exception processing timeframe was provided at teams meeting • Individual coaching was provided to specific staff who had cases that did not reach set goal on the exception process. Requested staff to update their personal reference material as needed.		January 2022 March 2022
The CSRs were not consistently informing members of the next steps in the exception process after the request has been submitted	Re-educate staff on the importance of providing the next steps to the callers when an exception request is submitted	• A refresher training on the exception processing timeframe was provided at teams meeting • Individual coaching was provided to specific staff who had cases with missed opportunity in providing the next steps when the	X	January 2022 March 2022

Barriers	Opportunities	Intervention	Selected for 2022	Date Initiated
		exception request is submitted.		

Santa Clara Family Health Plan™

NCQA QI 4 – Continuity and Coordination of Medical and Behavioral Health Care

Jamie Enke, BH Program Manager

NCQA: QI 4 Standard

- **The organization collaborates with behavioral healthcare practitioners to monitor and improve coordination between medical care and behavioral healthcare.**
- The organization annually collects data about opportunities for collaboration between medical care and behavioral healthcare in the following areas:

1. Exchange of information.
2. Appropriate diagnosis, treatment and referral of behavioral disorders commonly seen in primary care.
3. Appropriate use of psychotropic medications.
4. Management of treatment access and follow-up for members with coexisting medical and behavioral disorders.
5. Primary or secondary preventive behavioral healthcare program implementation.
6. Special needs of members with severe and persistent mental illness.

NCQA: QI 4 Standard

- Annual report
- 6 measures
- For each measure:
  - Establish annual **goal**
  - **Measure performance** against the goal
  - **Quantitative analysis** (describe how we performed)
  - **Qualitative analysis** (root cause analysis – why did we not meet goal?)
  - **Opportunities for improvement**
  - **Implementation of interventions** to target measure performance

Factor 1 – Exchange of Information

- **Requirement**: The exchange of information is bidirectional. The organization collects data on exchange of information between behavioral healthcare and relevant medical delivery systems (e.g., medical/surgical specialists, organizational providers) measuring any or all of the following:
  - Accuracy of information.
  - Sufficiency of information.
  - Timeliness of information.
  - Clarity of information.
- **Background**: In previous years, SCFHP BH team completed standalone PCP surveys to request info about satisfaction with exchange of information with BH.
  - Low response rates but high effort in previous measurement years
  - **BH did not move forward with the survey in 2022**
  - **Identify optimal method for assessing the exchange of information for 2023**

Factor 2 – Diagnosis, Treatment, & Referral of Behavioral Disorders Commonly Seen in Primary Care

- **New Measure for 2021**: Initiation and Engagement of Substance Use Disorder Treatment (HEDIS® Measure):
  - **Initiation of SUD Treatment.** % of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days.
  - **Engagement of SUD Treatment.** % of new SUD episodes that have evidence of treatment engagement within 34 days of initiation.

- **Relevance**:
  - Mental health and substance use declared public health crisis in Santa Clara County in 2022 by Supervisors Ellenberg & Lee
  - In a mid-2020 survey, over half of CA SUD providers serving Medi-Cal beneficiaries reported decrease in substance use disorder treatment attendance and increase in the number of patients who have relapsed (Henretty, K., 2021)

Factor 2 – Diagnosis, Treatment, & Referral of Behavioral Disorders Commonly Seen in Primary Care

- IET – Initial Phase

2020 Rate	2021 Rate	+/- YOY 2020 to 2021	+/- from goal	**Goal** (HEDIS National Benchmarks – 50th Percentile)
36.65%	33.85%	-3.20% percentage pts	-2.80% percentage pts	34.84%

- IET – Engagement Phase

2020 Rate	2021 Rate	+/- YOY 2020 to 2021	+/- from goal	**Goal** (HEDIS National Benchmarks – 75th Percentile)
7.33%	4.69%	-2.64% percentage pts	-6.93% percentage pts	11.62%

Barriers, Opportunities for Improvement

- **Barriers Identified**:
  - Members not seeking treatment and/or relapsing due to Covid-related stress
  - Lack of support for members to stay in treatment once engaged
  - Lack of available providers and/or difficulty navigating behavioral health care delivery system in Santa Clara County
- **Opportunities for Improvement:**
  - Improve coordination between SCCBHSD & SCFHP
  - Follow up with members after discharge from ER for SUD-related problems
  - Expand accessibility of BH providers for SUD
- **Intervention(s) selected:**
  - Improve coordination between SCCBHSD & SCFHP **(Started Q3 2022)**
  - Implement program to provide follow-up to members after discharge from ER due to SUD **(Development in process for Q1 2023)**

Factor 3 – Appropriate Use of Psychotropic Medications

- **Requirement**: The organization collects data on behavioral and medical practitioner adherence to prescribing guidelines.
- **Measure**: Antidepressant Medication Management (AMM, HEDIS® Measure)
  - **Effective Acute Phase**: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).
  - **Effective Continuation Phase**: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).
- **Importance**:
  - Depression is the 6th most reported chronic condition among CMC members (SCFHP CMC 2021 Population Health Assessment)
  - SCFHP prevalence (13.6%) higher than general population (est. 8.1%, per 2016 CDC report)

Factor 3 – Appropriate Use of Psychotropic Medications

- **Effective Acute Phase:**

2019 Rate	2020 Rate	2021 Rate	+/- YOY 2020 to 2021	+/- 2021 from base	+/- from goal	Goal	Goal Percentile
71.78%	75.00%	80.28%	+5.28% percentage points	+8.50% percentage points	-1.88% percentage points	82.16%	75th

- **Continuation Phase:**

2019 Rate	2020 Rate	2021 Rate	+/- YOY 2020 to 2021	+/- 2021 from base	+/- from goal	Goal	Goal Percentile
57.92%	61.57%	66.20%	+4.63% percentage points	+8.28% percentage points	-1.18% percentage points	67.38%	75th

Factor 3 – Appropriate Use of Psychotropic Medications

- **Barriers**:
  - Lack of understanding/education re: importance of taking medication daily
  - Lack of understanding, engagement and/or continuity of the PCP in managing the member's antidepressant medication regimen
  - Issues with retrieving medication refills: transportation, lack of time, inability to see provider
- **Opportunities for Improvement**:
  - Provider more support & education to PCPs in antidepressant medication management
  - Educate members on importance of continuing to take their medication via member communications
  - Provide outreach and support to members who have not refilled prescribed psychotropic medications
- **Interventions:**
  - Offer CME training (in partnership with SCCBHSD) to providers on behavioral health in primary care, including medication management (**ETA Q4 2022**)
  - Member newsletter article regarding antidepressant medication education (**TBD**)
  - Establish reoccurring cross-functional workgroup meetings to review and monitor psychotropic medication utilization **(Started Q2 2022)**

Factor 4 – Management of Coexisting Medical & Behavioral Conditions

- **Requirement**: SCFHP collects data on issues around management of multiple conditions where there are **both** medical and behavioral health conditions, and management across the continuum of care is an issue. The intent is to collect data on both treatment access and follow-up services for members with coexisting medical and behavioral conditions.
- **HEDIS® Measure**: Diabetes Screening for People With Schizophrenia or Bipolar Disorder (SSD)
  - The percentage of members 18–64 years of age with schizophrenia, schizoaffective disorder or bipolar disorder, who were dispensed an antipsychotic medication and had a diabetes screening test during the measurement year.
- **Relevance**:
  - Strong link between schizophrenia (and other serious mental illness) and diabetes type II **+** high prevalence of diabetes type II in SCFHP CMC (35.5%)

2020 Rate	2021 Rate	+/- YOY 2020 to 2021	+/- from goal	Goal
71.33%	76.32%	+4.99 percentage pts	+1.32 percentage pts	75.00%

Factor 5 – Prevention Programs for Behavioral Healthcare

- **NCQA Requirement**: The organization collects data on issues that could be preventable if appropriate primary or secondary programs were developed and implemented. The organization identifies the programs that the collaboration deems most appropriate, but is not required to implement the program to meet the element.
- **Proposed Program Name**: PHQ-9 Depression Screening & Referral Program
- **Methodology**: All CMC members are offered an HRA upon enrollment and annually thereafter. Completed HRAs are stored in essette, SCFHP's case management system. In the HRA, there is the following question:

"Over the past month (30 days) how often have you felt tense, anxious or depressed?"

  - If a member responds with "**Almost every day**", this is an indicator that the member may be experiencing mental health symptoms or a possible mental health diagnosis.
  - **Denominator**: # of members who answered "Almost every day" to the question "Over the past month (30 days) how often have you felt tense, anxious or depressed?" on the HRA in 2021
  - **Numerator**: # of members who answered "Almost every day" to the question "Over the past month (30 days) how often have you felt tense, anxious or depressed?" on the HRA in 2021 + completed a PHQ-9 assessment with their care coordinator

Factor 5 – Prevention Programs for Behavioral Healthcare

Measure Description	Measure
# of HRA Responses Indicating Mental Health Symptoms	364
# of PHQ-9 Offered but Declined	39
Denominator (# of HRA responses - # of Declined PHQ-9)	325
Numerator: PHQ-9 Completed	51 **(16%)**

- **Discussion**: As this is baseline data, there was no goal set for this measure.
- The data reflects a low completion of the PHQ-9 assessment and a need to complete screenings according to a standardized process
- **Interventions**:
  - Update HRA questions to match evidence-based depression screening tool, PHQ-2 (**Q4 2022**)
    - Auto-trigger PHQ-9 screening tool when positive screen on PHQ-2
    - Refresh depression screening desktop procedures and re-train staff on the importance and purpose of the PHQ-9

Factor 6 – Special Needs of Members with Severe and Persistent Mental Illness

- **NCQA Requirement**: The organization collects data on specific issues around the continuity and coordination of services for members with severe and persistent mental illness (SPMI).
- **Measure**: Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD, HEDIS® Measure)
  - The percentage of members 18–64 years of age with schizophrenia or schizoaffective disorder and diabetes who had both an LDL-C test and an HbA1c test during the measurement year.
- **Relevance**:
  - Studies have shown individuals with schizophrenia have 50% higher rate of diabetes type 2 than general population (Dickinson et al., 2008)

Factor 6 – Special Needs of Members with Severe and Persistent Mental Illness

2020 Rate	2021 Rate	+/- YOY 2020 to 2021	+/- from goal	Goal
71.33%	76.32%	+ 5.00 percentage pts	-3.68 percentage pts	80.00%

- **Barriers**:
  - Lack of social and/or family support for maintaining regular doctor's appointments
  - Lower priority given to diabetes management due to severity of mental illness
  - Inability for providers and case managers to contact or follow up with individuals with schizophrenia due to unstable housing and inaccurate contact information (Santa Clara County 2019 homeless census survey estimate 42% of people experiencing homelessness in Santa Clara County are also suffering from psychiatric or emotional conditions)
- **Interventions:**
  - Educate case management team on the link between schizophrenia and schizoaffective disorders and diabetes type 2, as well as appropriate care plan interventions **(Q4 2022)**

References

- Barnett, A., Mackin, P., Chaudhry, I., Farooqi, A., Gadsby, R., Heald, A., Hill, J., Millar, H., Peveler, R., Rees, A., Singh, V., TayLor, D., Vora, J., & Jones, P. (2006, August 4). Minimising metabolic and cardiovascular risk in schizophrenia: diabetes, obesity and dyslipidaemia. *Journal of Psychopharmacology*, *21*(4), 357–373. https://doi.org/10.1177/0269881107075509
- Henretty, K., Padwa, H., Treiman, K., Gilbert, M., & Mark, T. L. (2021, January). Impact of the Coronavirus Pandemic on Substance Use Disorder Treatment: Findings from a Survey of Specialty Providers in California. *Substance Abuse: Research and Treatment*, *15*, 117822182110286. https://doi.org/10.1177/11782218211028655
- Mark, T. L., Gibbons, B., Barnosky, A., Padwa, H., & Joshi, V. (2021, July 14). Changes in Admissions to Specialty Addiction Treatment Facilities in California During the COVID-19 Pandemic. *JAMA Network Open*, *4*(7), e2117029. https://doi.org/10.1001/jamanetworkopen.2021.17029
- Mulligan, K., McBain, H., Lamontagne-Godwin, F., Chapman, J., Flood, C., Haddad, M., Jones, J., & Simpson, A. (2018, June 1). Barriers to effective diabetes management – a survey of people with severe mental illness. *BMC Psychiatry*, *18*(1). https://doi.org/10.1186/s12888-018-1744-5
- Perez, O. (2022, January 10). Santa Clara County leaders declaring mental health and substance abuse a public health crisis. *Kron4.com*. Retrieved September 28, 2022, from https://www.kron4.com/news/bay-area/santa-clara-county-leaders-declaring-mental-health-and-substance-abuse-a-public-health-crisis/
- Sullivan, E., & Fleming, M. (Eds.). (2008). *A guide to substance abuse services for primary care clinicians*. Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/SMA08-4075_508.pdf
- Dickinson, D., Gold, J. M., Dickerson, F. B., Medoff, D., & Dixon, L. B. (2008, March). Evidence of Exacerbated Cognitive Deficits in Schizophrenia Patients With Comorbid Diabetes. *Psychosomatics*, *49*(2), 123–131. https://doi.org/10.1176/appi.psy.49.2.123

Santa Clara Family Health Plan™

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

Presented to Quality Improvement Committee by Chelsea Byom, VP Marketing, Communications & Outreach

Building the Report

1

Time period

07/1/2021 to 6/30/2022

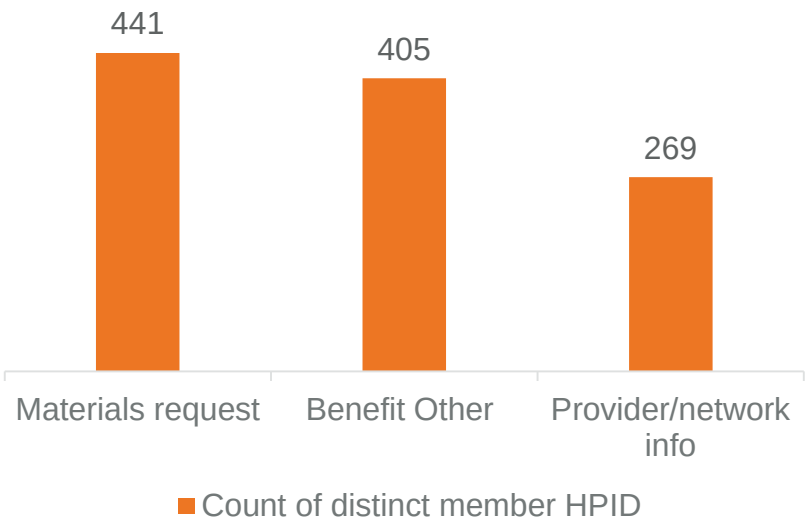
2

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	Form/Process Category
Materials request	Mail AOR (Appointment of Representative) form
	VSP (Vision Benefit Providers) directory
Benefit Inquiry Other	Change provider, primary care provider (PCP) inquiry
	Mail AOR (Appointment of Representative) form
General Provider/Network Information Inquiry	Confirm provider or specialist, primary care provider PCP inquiry
	Mail AOR (Appointment of Representative) form

Results

In addition, a report of all grievances related to marketing materials was requested and reviewed.

- Zero (0) grievances were categorized as “marketing.”

Actionable Opportunities for Improvement

1

Educate on available forms

Educate & Increase member awareness of SCFHP's forms and instructions in newsletters, enrollment kit, member orientations and website.

2

Promote self-service options

Improve utilization of the member portal to check PCP and change to PCP.

3

Update webpages to include AOR form and instruction more prominently

SCFHP to develop and implement a strategy to update webpages to improve awareness and access to the AOR form and instructions

Santa Clara Family Health Plan™

Annual Review of Quality Improvement Policies

Charla Bryant, Manager, Clinical Quality & Safety

Annual Review of Quality Improvement Policies

October 11, 2022

Policy No.	Policy Title	Changes
QI.02	Clinical & Preventative Practice Guidelines	Removed version number; Added Mai Chang as the approver

POLICY

Policy Title:	**Clinical & Preventative Practice Guidelines**	**Policy No.:**	QI.02
Replaces Policy Title (if applicable):	Development of Clinical Practice Guidelines	**Replaces Policy No. (if applicable):**	QM008_001
Issuing Department:	Quality & Process Improvement	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To ensure a consistent process for development and revisions of Clinical Practice and Preventative Care Guidelines.

II. Policy

Santa Clara Family Health Plan (SCFHP) adopts and disseminates Clinical Practice and Preventive Care Guidelines relevant to its members for the provision of preventive, acute and chronic medical services and behavioral health care services. These guidelines are adopted to help practitioners make appropriate decisions for specific clinical circumstances, preventive health and behavioral healthcare services.

A. These guidelines are based on up to date evidence and explicit criteria developed by recognized sources or appropriately certified professionals or, where evidence-based practice guidelines do not exist, consensus of professionals in the field.

B. SCFHP adopts at least two medical based and two behavioral health based clinical practice guidelines.

C. The guidelines are reviewed and updated at least every two years by the Quality Improvement Committee (QIC).

D. The guidelines are available for viewing on the provider web page of the health plan website, in the Provider Manual and upon request.

E. In addition to the clinical practice guidelines, SCFHP adopts preventive care guidelines for the following:
   1. Care for children up to 24 months old
   2. Care for children 2-19 years old
   3. Care for adults 20-64 years old
   4. Care for adults over 65 years old

F. SCFHP annually measures performance against at least two important aspects of the disease management programs

G. SCFHP annually evaluates provider adherence to CPGs and Preventive Care Guidelines through analysis demonstrating a valid methodology to collect data.
    a. The QI Department analyzes pertinent HEDIS scores and claims data. The analysis includes quantitative and qualitative analysis or performance.
    b. Member satisfaction and grievances are tracked and reported to the QIC at least annually and acted upon as recommended by the QIC.

III. Responsibilities

Health Services Department, Quality Improvement Department and plan providers develop and adhere to Clinical and Preventive Practice Guidelines which are reviewed / revised at least annually. Evaluation of the guidelines occurs every 2 years.

IV. References

CA.gov. (2016, February 11). Retrieved February 22, 2015, from California Department of Managed HealthCare: https://www.dmhc.ca.gov/

Medicare Coverage Data Base. (2016, February 07). Retrieved February 07, 2016, from CMS.gov: https://www.cms.gov/medicare-coverage-database/

NCQA Guidelines. 2018

V. Approval/Revision History

First Level Approval	Second Level Approval
Mai Chang Director, Quality & Process Improvement	Laurie Nakahira Chief Medical Officer
Date	Date

Santa Clara Family Health Plan™

Annual Review of Credentialing Policies

Karen Fadley, Manager, Provider Data, Provider Network Operations

Annual Review of CredentialingPolicies
October 11, 2022

Policy No.	Policy Title	Changes
CR.01 v2	Credentialing and Recredentialing	No Change
CR.02 v1	Credentialing and Oversight of Mid-Level Practitioners	No Change
CR.03 v1	Objective Criteria for Defining HIV/AIDS Expertise	No Change
CR.04 v1	Notification to Authorities and Practitioner Appeal Rights	No Change
CR.05 v1	Delegation of Credentialing and Recredentialing	No Change
CR.06 v1	Ongoing Monitoring and Interventions	No Change
CR.07 v2	Assessment of Organizational Providers	No Change
CR.08 v1	Credentialing Committee	No Change
CR.10 v2	Credentialing System Controls	No Change

POLICY

Policy Title:	**Credentialing and Recredentialing**	**Policy No.:**	CR.01 v2
Replaces Policy Title (if applicable):	Credentialing and Recredentialing Policy	**Replaces Policy No. (if applicable):**	CROOl,CR-07-01,QM-CR-04-01
Issuing Department:	Provider Network Operations - Credentialing	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To establish a well-defined process to credential & recredential practitioners who are contracted with Santa Clara Family Health Plan (SCFHP), or are applying to contract with SCFHP.

II. Policy

A. SCFHP conducts timely verification of information, in accordance with all applicable regulatory and accrediting requirements, to ensure that practitioners have the legal authority and relevant training and experience to provide quality care to its members.

III. Responsibilities

A. The Credentialing department is responsible for coordinating the terms of this policy with Quality Improvement, Delegation & Oversight, and Grievance & Appeals departments.
B. The Grievance & Appeals department has responsibility to collect and review all practitioner related grievance and appeals.
C. SCFHP's Credentialing Committee uses a peer review process to make recommendations regarding credentialing decisions.
D. The Delegation & Oversight department has responsibility to oversee delegated credentialing.

IV. References

T28 CCR § 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA) California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12 MMCD Policy Letter 02-03
DMHC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16 T22 CCR § 53100, 53280
T42 CFR §422.504(i) (4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4, 10, 11, 13-18, 25, 39-40

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval
Janet Gambatese, Director Provider Network Operations Date	Chris Turner Chief Operating Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Revised	Credential Committee	Approve/12-2-2020	
2	Reviewed	Credential Committee Quality Improvement Committee	Approve/8-3-2022 Recommend/10-4-2022	

POLICY

Policy Title:	Credentialing and Oversight of Mid-Level Practitioners	**Policy No.:**	CR.02 v1
Replaces Policy Title (if applicable):	Physician Oversight of Allied Health Practitioners	**Replaces Policy No. (if applicable):**	CR002, CR-07-03, QM-CR-05-04
Issuing Department:	Credentialing	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

The purpose of this policy is to outline the guidelines for credentialing and oversight of non-physician practitioners ("Mid-Level Practitioners") who are contracted with Santa Clara Family Health Plan (SCFHP). Mid-Level Practitioners include the following licensed non-physician practitioners: Nurse Practitioners (NP), Physicians Assistants (PA), and Certified Nurse Midwives (CNM).

II. Policy

It is the policy of SCFHP to conduct timely verification of credentialing and recredentialing information, in accordance with all applicable regulatory and accrediting requirements to ensure that Mid-Level Practitioners have the legal authority, relevant training and experience, and applicable supervision to provide quality care to SCFHP members.

A supervising physician is responsible for overseeing the care provided by a Mid-Level Practitioner. The supervising physician must ensure that the Mid-Level Practitioner has the licensure and experience required for the care they provide. In addition, they must also ensure that procedures and protocols are established for the care that will be provided by the Mid-Level Practitioner.

SCFHP's policy is to follow all California regulations related to the credentialing and oversight of Mid-Level Practitioners.

III. Responsibilities

A. The Credentialing department is responsible for coordinating the terms of this policy with Quality Improvement, Delegation & Oversight, and Grievance & Appeals departments.
B. The Grievance & Appeals department has responsibility to collect and review all allied health practitioner related grievance and appeals.
C. SCFHP's Credentialing Committee uses a peer review process to make recommendations regarding allied health practitioner credentialing decisions.
D. The Delegation & Oversight department has responsibility to oversee delegated credential and recredential of allied health providers.

IV. References

T28 CCR § 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA)
California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12
MMCD Policy Letter 02-03
DMHC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16
T22 CCR § 53100, 53280
T42 CFR § 422.504(i)(4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4,10,11,13-18,25,39-40

V. Approval/Revision History

First Level Approval	Second Level Approval
Janet Gambatese, Director Provider Network Operations	Christine Turner Chief Operating 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)
1	Revised	Credential Committee Quality Improvement Committee	Approve/8-3-2022 Recommend/10-4/2022	

POLICY

Policy Title:	Objective Criteria for Defining HIV/AIDS Expertise	**Policy No.:**	CR.03 v1
Replaces Policy Title (if applicable):	Objective Criteria for Defining HIV/AIDS Expertise	**Replaces Policy No. (if applicable):**	CR003, CR-07-04
Issuing Department:	Provider Network Management - Credentialing	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

The purpose of this policy is to establish a process to identify track and credential HIV/AIDS specialist physicians on an ongoing basis.

II. Policy

SCFHP conducts timely verification of information, in accordance with all applicable regulatory and accrediting requirements, to ensure that HIV/AIDS specialist practitioners have the legal authority and relevant training and experience to provide quality care to its members. SCFHP maintains a list of all Practitioners and Clinics that are credentialed as HIV/AIDS providers.

III. Responsibilities

A. The Credentialing department is responsible for coordinating the terms of this policy with Quality Improvement, Delegation & Oversight, and Grievance & Appeals departments.
B. The Grievance & Appeals department has responsibility to collect and review all HIV/AIDS specialist physician's related grievance and appeals.
C. SCFHP's Credentialing Committee uses a peer-review process to make recommendations regarding HIV/AIDS specialist practitioner credentialing decisions.
D. The Delegation & Oversight department has responsibility to oversee delegated credentialing of HIV/AIDS specialist practitioners.
E. The Credentialing Department will provide to the Provider Network, Utilization Management, Case Management, and Customer Service Department a list of all practitioners and clinical who are credentialing and approved HIV/AIDS providers. This list will be made available to all Primary Care Providers (PCPs).

IV. References

T28 CCR § 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA)

POLICY

California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12
MMCD Policy Letter 02-03
DMHC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16
T22 CCR § 53100, 53280
T42 CFR § 422.504(i)(4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4,10,11,13-18,25,39-40

V. Approval/Revision History

First Level Approval	Second Level Approval
Janet Gambatese, Director Provider Network Management	Chris Turner Chief Operating 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)
1	Reviewed	Credential Committee Quality Improvement Committee	Approve/8-3-2022 Recommend/10-4-2022	

POLICY

Policy Title:	Notification to Authorities and Practitioner Appeal Rights	**Policy No.:**	CR.04 v1
Replaces Policy Title (if applicable):	Fair Hearing Plan	**Replaces Policy No. (if applicable):**	CR004, CR-07-05
Issuing Department:	Provider Network Operations - Credentialing	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

The purpose of this policy is to provide defined practitioners a process to appeal negative determinations based on quality of care or service that are a result of SCFHP's Credentialing Committee peer review process.

The purpose of this policy is to establish a process for SCFHP to report negative determinations, as defined, to appropriate agencies.

II. Policy

Santa Clara Family Health Plan (SCFHP) monitors, terminates, reduces, suspends or limits privileges of contracted practitioners, and/or denies potential practitioners applying to contract with SCFHP, when the cause of the action is related to clinical competency and professional conduct. SCFHP maintains the accountability and authority to over-turn any credentialing or recredentialing decision made by a delegated entity.

When the Credentialing Committee makes a negative initial, recredentialing or mid-cycle determination, and denies new participation or terminates existing participation from the network based on quality of care or service, SCFHP notifies the affected contracted and/or applying practitioner, and affords certain practitioners a fair hearing and appeal process to contest negative determinations.

SCFHP reports all applicable negative uncontested or fair hearing negative determinations to the applicable authorities including the appropriate licensing boards and the National Practitioner Data Bank.

III. Responsibilities

A. The Credentialing department is responsible for coordinating the terms of this policy with Quality Improvement, Delegation & Oversight, and Grievance & Appeals departments.

B. For defined practitioners who receive a negative initial or recredentialing determination by the Credentialing Committee, the Credentialing department notifies defined practitioners of their appeal rights.
C. SCFHP's Chief Medical Officer has responsibility to initiate the fair hearing processes to defined practitioners, when requested.
D. SCFHP's Hearing Officer has responsibility to conduct the fair hearing process.
E. The Credentialing department reports negative determinations to applicable authorities.

IV. References

T28 CCR § 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA)
California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12
MMCD Policy Letter 02-03
DMHC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16
T22 CCR § 53100, 53280
T42 CFR § 422.504(i)(4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4,10,11,13-18,25,39-40

V. Approval/Revision History

First Level Approval	Second Level Approval
Janet Gambatese, Director Provider Network Operations	Christine Turner Chief Operating 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)
1	Reviewed	Credential Committee Quality Improvement Committee	Approve/8-3-2022 Recommend/10-4-2022	

POLICY

Policy Title:	Delegation of Credentialing and Recredentialing	**Policy No.:**	CR.05 v1
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	CROOS, CR006, CR-07-09, CR-07-08, QM-CR-04-02
Issuing Department:	Provider Network Operations - Credentialing	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

The purpose of this policy Is to establish processes for Santa Clara Family Health Plan (SCFHP) to oversee certain delegated credentialing responsibilities to its delegated provider groups

II. Policy

A. SCFHP permits certain defined entities to be delegated for credentialing and recredentialing decisions with the ability to conduct timely verification of information to ensure that the delegated entity's contracted practitioners who serve SCFHP members have the legal authority, relevant training and experience, and applicable supervision to provide quality care to SCFHP members, on behalf of SCFHP. SCFHP retains ultimate accountability and authority for the credentialing and recredentialing of all practitioners in all networks. SCFHP conducts oversight of the delegated entity's credentialing and recredentialing processes. SCFHP maintains the authority to over-turn or reject any credentialing decision made by a delegated entity.

III. Responsibilities

A. The Credentialing department is responsible for coordinating the terms of this policy with Quality Improvement, Delegation & Oversight, and Grievance & Appeals departments. The Grievance & Appeals department has responsibility to collect and review all delegated practitioner related grievance and appeals. SCFHP's Credentialing Committee has responsibility to use a peer review process to make recommendations regarding credentialing decisions across all networks. The Delegation & Oversight department has responsibility to oversee delegated credentialing.

IV. References

T28 CCR§ 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA)
California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12
MMCD Policy Letter 02-03
DM HC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16
T22 CCR§ 53100, 53280
T42 CFR § 422.504(i)(4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4,10,11,13-18,25,39-40

V. Approval/Revision History

First Level Approval	Second Level Approval
Janet Gambatese, Director Provider Network Operations	Christine Turner Chief Operating 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)
1	Reviewed	Credential Committee Quality Improvement Committee	Approve/8-3-2022 Recommend/10-4-2022	

POLICY

Policy Title:	Ongoing Monitoring and Interventions	**Policy No.:**	CR.06 v1
Replaces Policy Title (if applicable):	Ongoing Monitoring of Practitioners	**Replaces Policy No. (if applicable):**	CR008, CR-07-01, QM-CR-04-01
Issuing Department:	Provider Network Operations - Credentialing	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

The purpose of this policy is to monitor, on an ongoing basis, Santa Clara Family Health Plan's (SCFHP) practitioners who are contracted with the network.

II. Policy

A. SCFHP implements processes for ongoing monitoring of practitioner sanctions, complaints and quality issues between recredentialing cycles and takes appropriate action against practitioners when it identified occurrences of poor quality.

B. SCFHP reports certain defined findings to the Credentialing Committee for review, decision, action and practitioner appeal rights.

III. Responsibilities

The Credentialing department is responsible to conduct ongoing monitoring and take appropriate interventions by collecting and reviewing:

Medicare and Medicaid sanctions;

Sanctions or limitations on licensure;

Complaints;

Information from identified adverse events; and

Implementing appropriate interventions and review by the Credentials Committee when instances of poor quality related to the above is identified.

The Credentialing department is responsible for coordinating the terms of this policy with Quality Improvement, Delegation & Oversight, and Grievance & Appeals departments.

The Delegation & Oversight department has responsibility to oversee ongoing monitoring of providers in a delegated network.

The Credentialing department has responsibility to report ongoing monitoring findings to SCFHP's Credentialing Committee for review, recommendation, and decision.

POLICY

The Credentialing department has responsibility to report SCFHP's Credentialing Committee actions to SCFHP's Quality Committee.
For practitioners who receive a negative determination by the Credentialing Committee, the Credentialing department notifies defined practitioners of their appeal rights.
The Credentialing department reports practitioner suspensions or terminations to applicable authorities.

IV. References

T28 CCR § 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA)
California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12
MMCD Policy Letter 02-03
DMHC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16
T22 CCR § 53100, 53280
T42 CFR § 422.504(i)(4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4,10,11,13-18,25,39-40

V. Approval/Revision History

First Level Approval	Second Level Approval
Janet Gambatese, Director Provider Network Operations Date	Christine Turner Chief Operating Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
1	Reviewed	Credential Committee Quality Improvement Committee	Approve/8-3-2022 Recommend/10-4-2022	

POLICY

Policy Title:	Assessment of Organizational Providers	**Policy No.:**	CR.07 v2
Replaces Policy Title (if applicable):	Credentialing of Institutional Providers	**Replaces Policy No. (if applicable):**	CR009, CR-07-06, HA-06-06
Issuing Department:	Provider Network Operations - Credentialing	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

The purpose of this policy is to establish a process to credential organizational providers in accordance with applicable regulations.

II. Policy

SCFHP conducts timely verification of information, in accordance with all applicable regulatory and accrediting requirements, to ensure that organizational providers and their facility settings have the legal authority and relevant training and experience to provide quality care to SCFHP members.

SCFHP does not delegate the credentialing of organizational providers.

The scope of this policy applies to the following contracted organizational facilities*, and those facilities applying to become contracted:

1. Hospitals
2. Home Health Agencies (HHA)
3. Hospices
4. Clinical Laboratories
5. Skilled Nursing Facilities (SNF)
6. Comprehensive Outpatient Rehabilitation Facilities (CORF)
7. Outpatient Physical Therapy (PT) and Speech Pathology (SP/ST) Providers
8. Free-standing/Ambulatory Surgical Centers (ASC)
9. Providers of End-Stage Renal Disease (ESRD) Services
10. Portable X-Ray Suppliers
11. Durable Medical Equipment (DME)
12. Behavioral Health (BH) Inpatient
13. BH Residential
14. BH Ambulatory
15. Other Ancillary or Allied Health Professionals, as applicable

* This policy does not apply to providers who exclusively practice within the inpatient hospital setting, also known as “Hospitalists”, including but not limited to radiologists, pathologists, etc.

Santa Clara Family Health Plan™

POLICY

III. Responsibilities

A. The Credentialing department is responsible for coordinating the terms of this policy with Quality Improvement, Delegation & Oversight, and Grievance & Appeals departments.
B. The Grievance & Appeals department has responsibility to collect and review all organizational related grievance and appeals complaints.
C. SCFHP's Credentialing Committee has responsibility to use a peer review process to make recommendations of organization regarding organizations who do not meet pre-established criteria.

IV. References

T28 CCR § 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA)
California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12
MMCD Policy Letter 02-03
DMHC Regulation LS-34-01
3-Way Contract between SCFHP, CMS, DHCS
CA Health and Safety Code § 1367(a-c) and § 1374.16
T22 CCR § 53100, 53280
T42 CFR § 422.504(i)(4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4,10,11,13-18,25,39-40

V. Approval/Revision History

First Level Approval	Second Level Approval
Janet Gambatese, Director Provider Network Operations	Christine Turner Chief Operating 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)
V2 on 12/14/2021	Changed 'Provider Network Management' to 'Provider Network Operations' in several places	Credential Committee Quality Improvement Committee	Approve/8-3-2022 Recommend/10-4/2022	

Santa Clara Family Health Plan™

POLICY

POLICY

Policy Title:	Credentialing Committee	**Policy No.:**	CR.08 v1
Replaces Policy Title (if applicable):	Credentialing Committee; and Credentialing Committee Confidentiality and Conflict of Interest Agreement	**Replaces Policy No. (if applicable):**	CR010, CR-07-04, CR007, CR-07-07
Issuing Department:	Provider Network Operations - Credentialing	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

The purpose of this policy is for Santa Clara Family Health Plan (SCFHP) to establish a Credentialing Committee, which also serves as the Peer Review Committee when requested by the Quality Improvement Committee (QIC), in order to obtain meaningful advice and expertise using peer review from participating practitioners; and to identify the scope and responsibility of the Committee.

II. Policy

In accordance with applicable regulatory requirements, SCFHP designates its Credentialing Committee to use a peer review process to make decisions regarding health plan credentialing of its contracted practitioners and those applying to contract with the Plan; and to also serve as the Peer Review Committee when quality review is requested by the QIC; and to use a peer review process for Quality of Care and Quality of Service matters that fall outside of the credentialing process; and make associated recommendations.

SCFHP requires all Credentialing Committee participants to adhere to SCFHP's Credentialing Committee Charter.

SCFHP requires all Credentialing Committee participants to adhere to SCFHP's Credentialing Committee Conflict of Interest and Confidentiality Agreements.

The Credentialing Committee shall document discussions and provide de-identified reports of both the Credentialing Committee, and the Peer Review Committee when they meet, to the QIC. The Credentialing Committee discussions, activities and documents shall remain confidential in accordance with the California Evidence Code, Division 9, Chapter 3 § 1157.

III. Responsibilities

A. The Credentialing staff within the Provider Network Operations department is responsible for coordinating the terms of this policy with the Credentialing Committee and its participants.

POLICY

B. The Credentialing Committee has responsibility to define the Committee Charter.
C. The Committee participants have the responsibility to follow the Committee Charter.
D. SCFHP's Compliance department has responsibility to define Conflict of Interest Agreement.
E. The Committee participants have the responsibility to follow the Conflict of Interest Agreement.

IV. References

T28 CCR § 1300.74.16(e) and § 1300.67.60
National Committee for Quality Assurance (NCQA)
California Business and Professions Code § 805 and 809
DHCS Contract, Exhibit A, Attachment 4, Provisions 6, 10, and 12
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T22 CCR § 53100, 53280
T42 CFR § 422.504(i)(4-5)
MMC Manual, Chapter 6, §§ 20.2, 30, 50, 60.2, 60.3
T16 CCR Divisions 4,10,11,13-18,25,39-40

V. Approval/Revision History

First Level Approval	Second Level Approval
Janet Gambatese, Director Provider Network Operations	ChristineTurner Chief Operating 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)
1	Reviewed	Credential Committee Quality Improvement Committee	Approve/8-3-2022 Recommend/10-4-2022	

POLICY

Policy Title:	**Credentialing System Controls**	**Policy No.:**	CR.10 v2
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	CR.10 v1
Issuing Department:	Provider Network Operations - Credentialing	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒Medi-Cal	☒CMC	

I. Purpose

The purpose of this policy is to standardize the process for system controls specific to Credentialing primary source verification, how it is received, stored, and tracked and dated.

II. Policy

Santa Clara Family Health Plan (SCFHP) conducts timely verification of information, in accordance with all applicable regulatory and accrediting requirements, to ensure that the credentialing system processes comply with all applicable state and federal laws, and NCQA standards.

III. Responsibilities

A. The Credentialing Verification Organization (CVO) is contracted to perform primary source verifications.
B. The Credentialing Coordinator will download the primary source verifications from the CVO website and ensure all required information has been verified by the CVO.
C. Credentialing files may not be reproduced except for confidential peer review and within federal and state regulations as it pertains to credentialing practices.
D. The Director of Provider Network Operations grants access to users who will be allowed to access the database of the CVO and SCFHP's Credentialing (CR) network files.
E. The Director of Provider Network Operations will work with the HIPAA Security Officer to change or delete user access when a staff member is terminated, transitions from the CR department, or voluntarily terminates their relationship with SCFHP.
F. Annually, all users with access to credentialing data will be reviewed by the Director Provider Network Operations to identify users who no longer require access, as well as the level of access to current users.
G. The Director of Provider Network Operations will receive reports semi-annually of all system modifications that did not meet the CVO's/delegate's policies and procedures. If inappropriate or inaccurate changes are identified, a quarterly monitoring process will be implemented. Monitoring will continue until improvement is demonstrated in at least one finding over three consecutive quarters.

IV. References

Santa Clara Family Health Plan™

POLICY

HI-IT.07 v1, Workforce Security
HI-IT.08 v1, Workforce Authorization and Supervision Policy
HI-IT.10 v1, Termination
IT.13 User IDs and Passwords

V. Approval/Revision History

First Level Approval	Second Level Approval
Janet Gambatese, Director Provider Network Operations	Christine Turner Chief Operating 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)
2	Reviewed	Credential Committee Quality Improvement Committee	Approve/8-3-2022 Recommend/10-4-2022	

Santa Clara Family Health Plan™

Quality Improvement Committee

Q2 2022 Grievance & Appeals Data

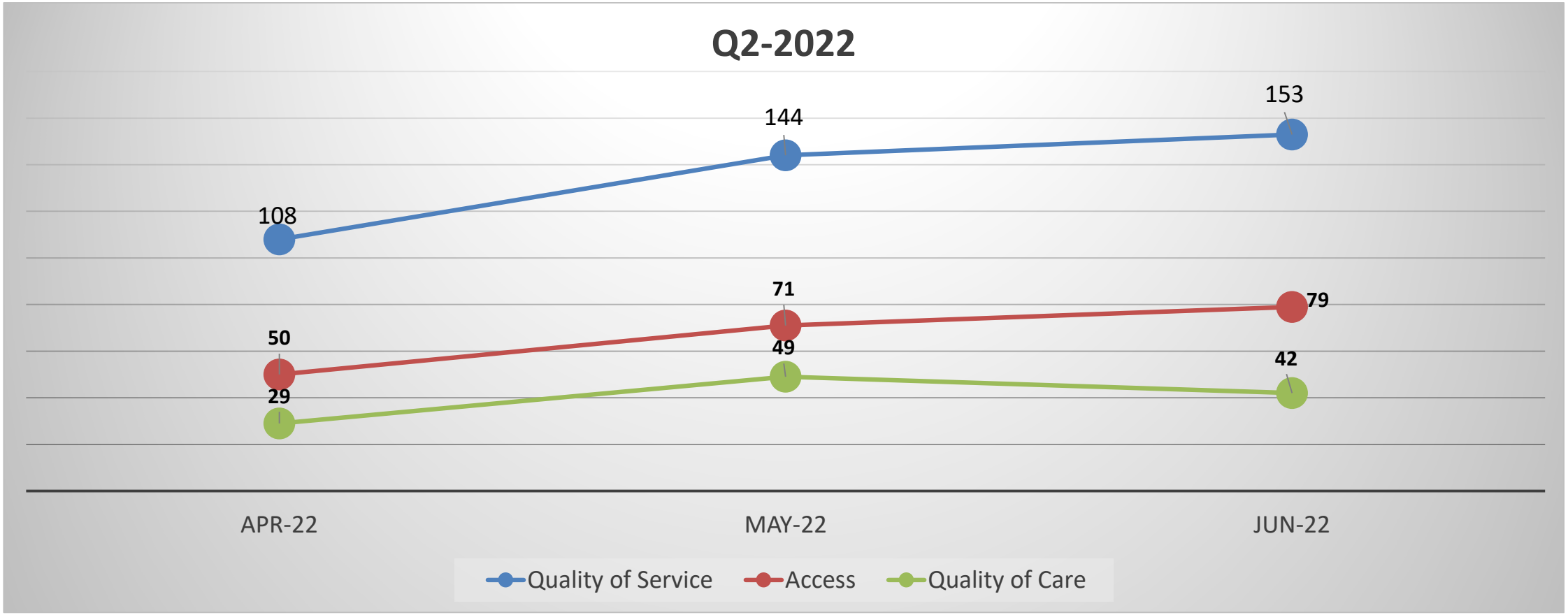
Total Grievances & Appeals

(*Rate per 1000 Members*)

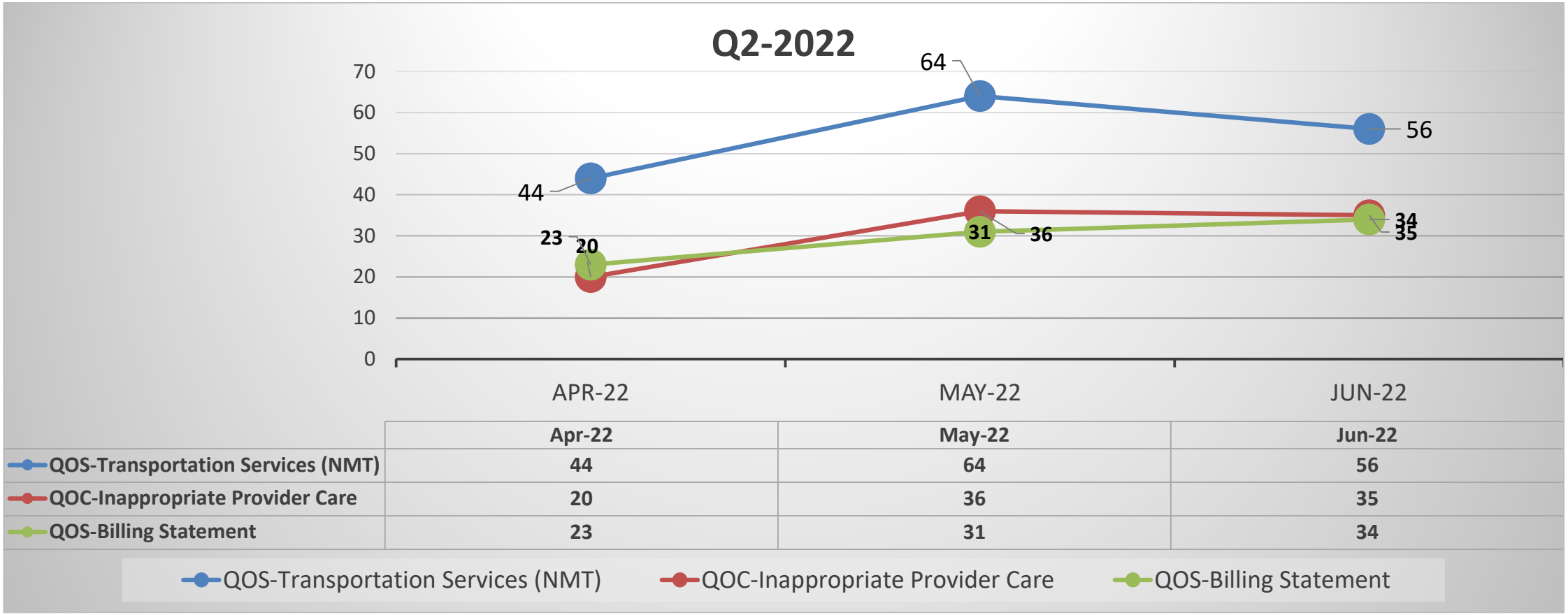
	Apr-21	May-21	Jun-21	Apr-22	May-22	Jun-22
Total Appeals	**89**	**58**	**60**	**51**	**45**	**46**
CMC Total Membership	**9,924**	**9,989**	**10,080**	**10,333**	**10,334**	**10,332**
Rate per 1,000	8.96816	5.80639	5.95238	4.93564	4.35455	4.45218
Total Grievances	**128**	**101**	**99**	**107**	**102**	**142**
CMC Total Membership	**9,924**	**9,989**	**10,080**	**10,333**	**10,334**	**10,332**
Rate per 1,000	12.8980	10.1111	9.82143	10.3551	9.87033	13.7437

	Apr-21	May-21	Jun-21	Apr-22	May-22	Jun-22
Total Appeals	92	87	124	61	48	34
MC Total Membership	**269,043**	**271,246**	**272,590**	**288,485**	**290,928**	**296,050**
Rate per 1,000	0.34195	0.32074	0.45490	0.21144	0.16498	0.11484
Total Grievances	199	147	196	238	301	316
MC Total Membership	**269,043**	**271,246**	**272,590**	**288,485**	**290,928**	**296,050**
Rate per 1,000	0.73966	0.54194	0.71903	0.82499	1.03462	1.06738

Q2 2022:Top 3 Medi-Cal Grievance Categories

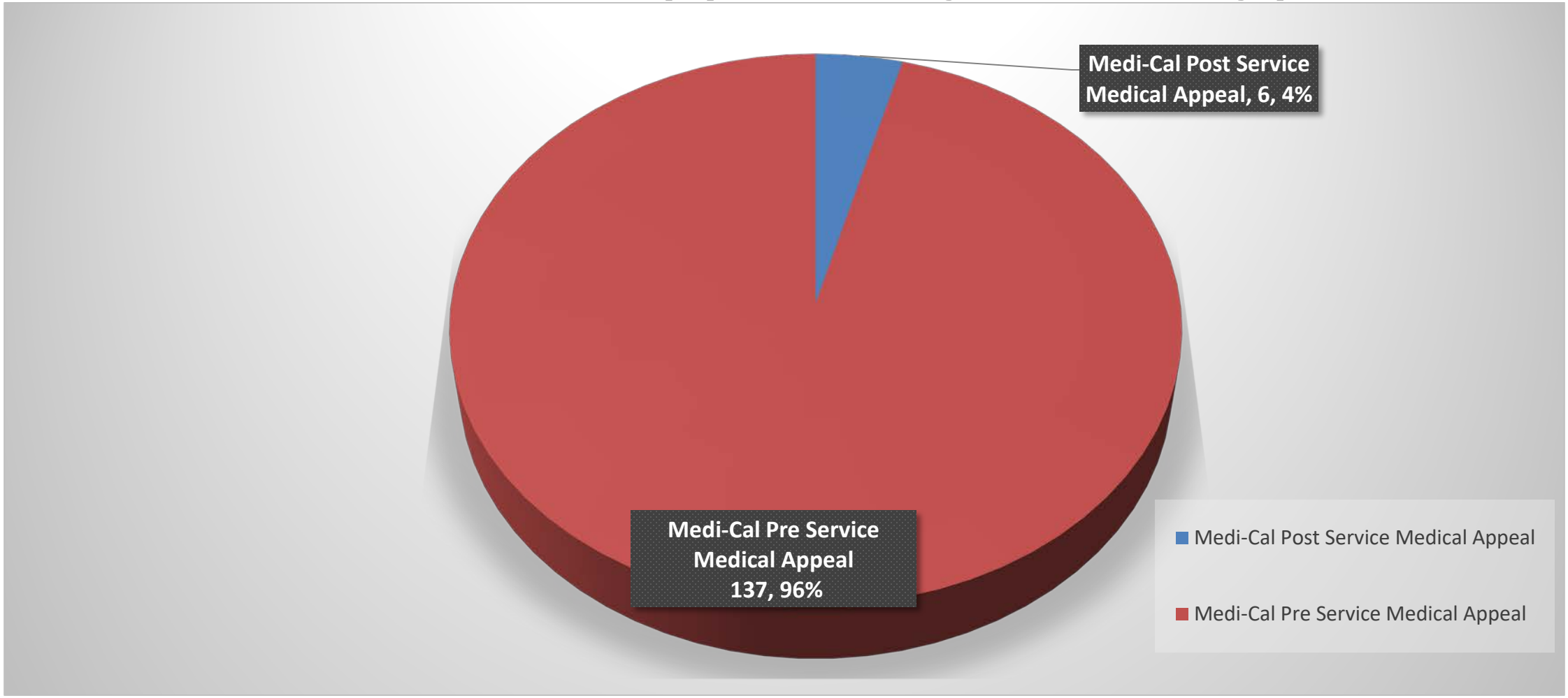


Q2 2022:Top 3 Medi-Cal Grievance Subcategories

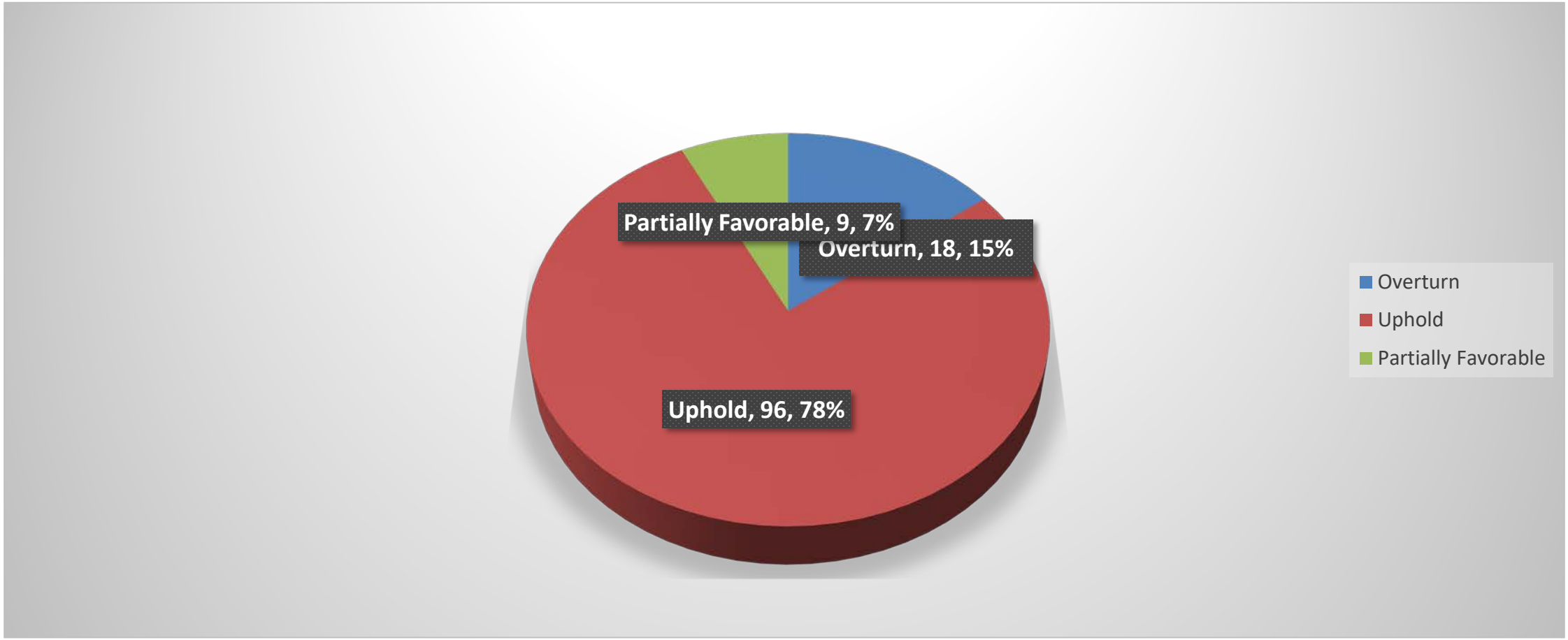


	Apr-22	May-22	Jun-22
QOS-Transportation Services (NMT)	44	64	56
QOC-Inappropriate Provider Care	20	36	35
QOS-Billing Statement	23	31	34

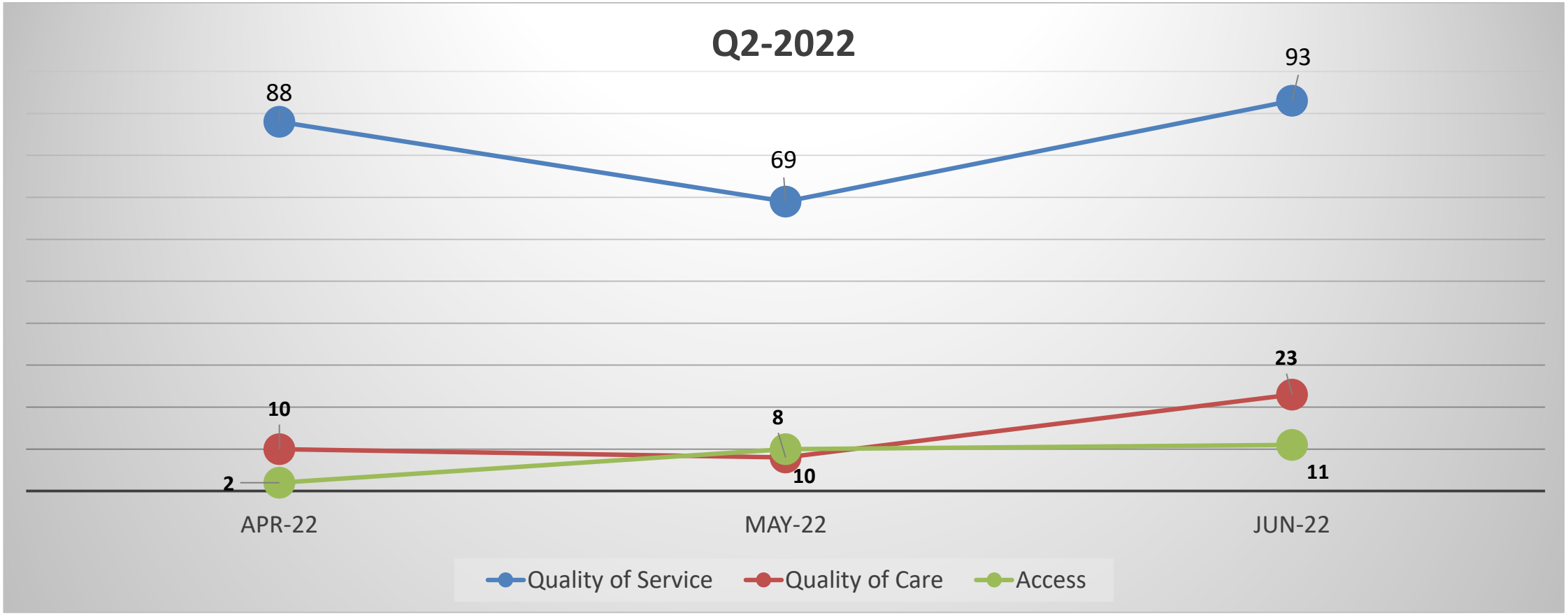
Q2 2022 Medi-Cal Appeals by Case Type



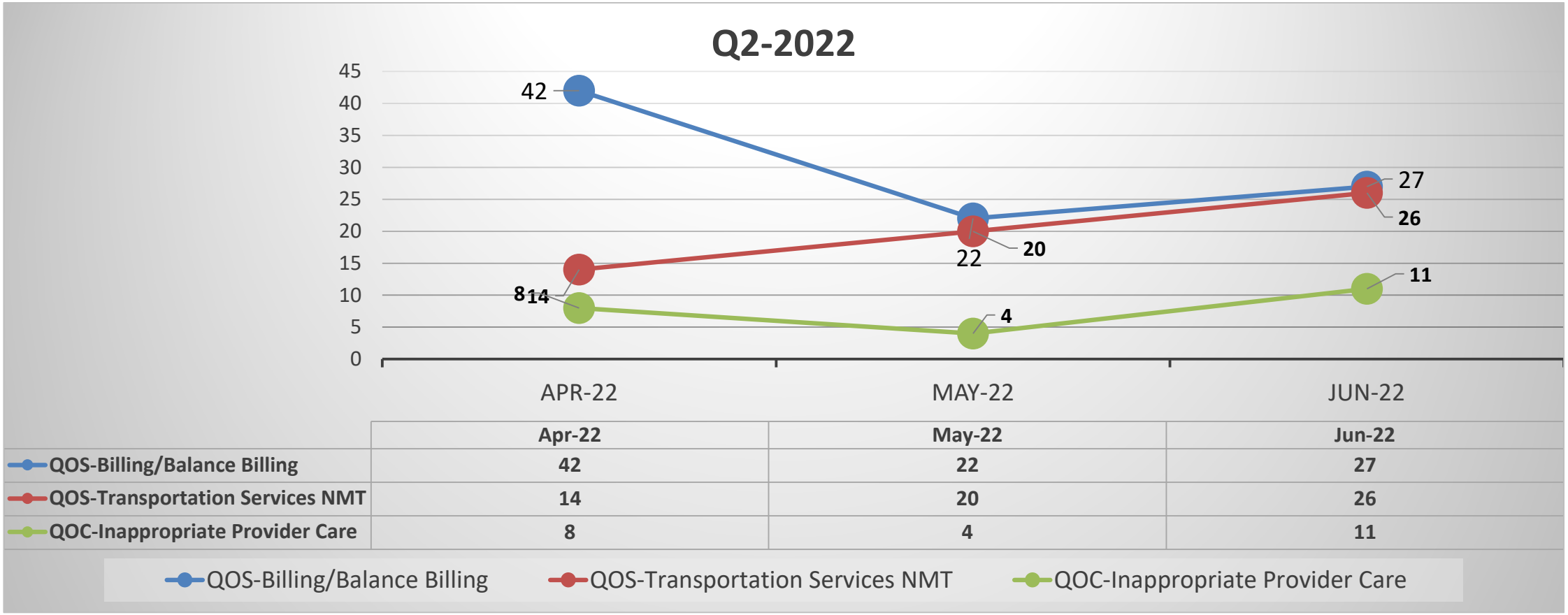
Q2 2022 MC Appeals by Disposition



Q2 2022:Top 3 Cal MediConnect Grievance Categories

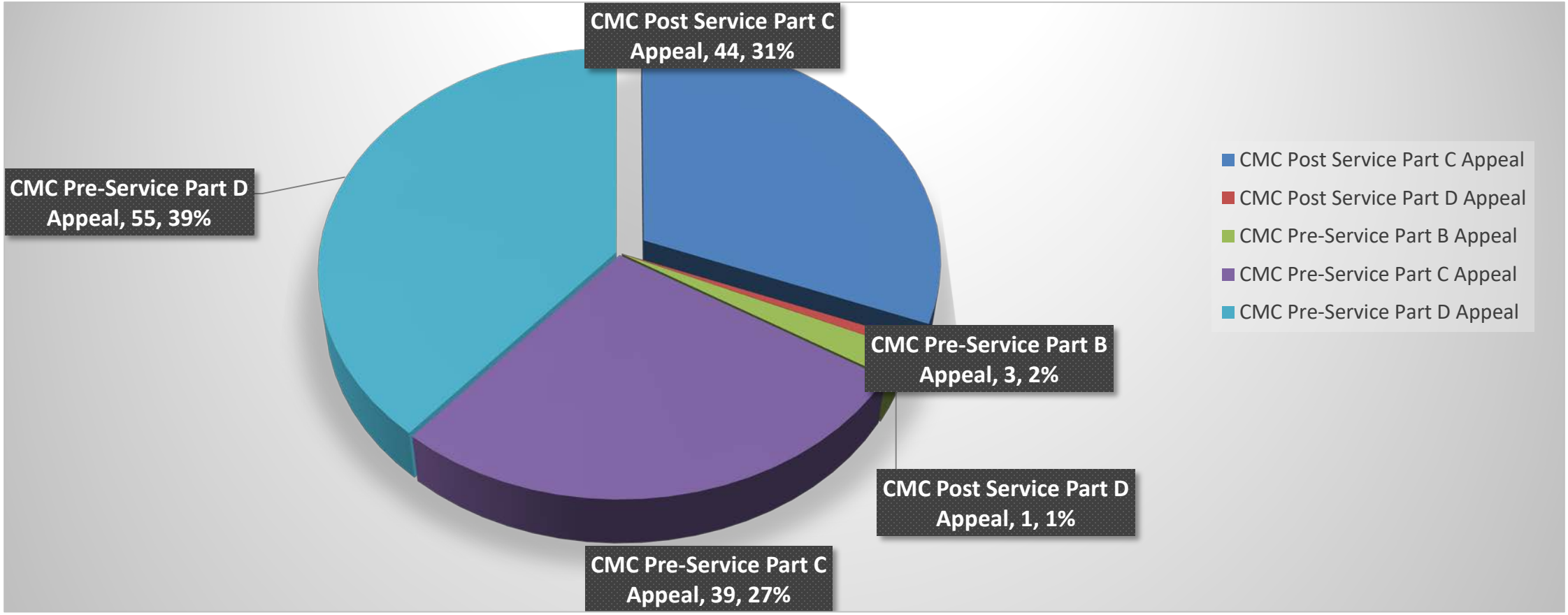


Q2 2022:Top 3 Cal MediConnect Grievance Subcategories

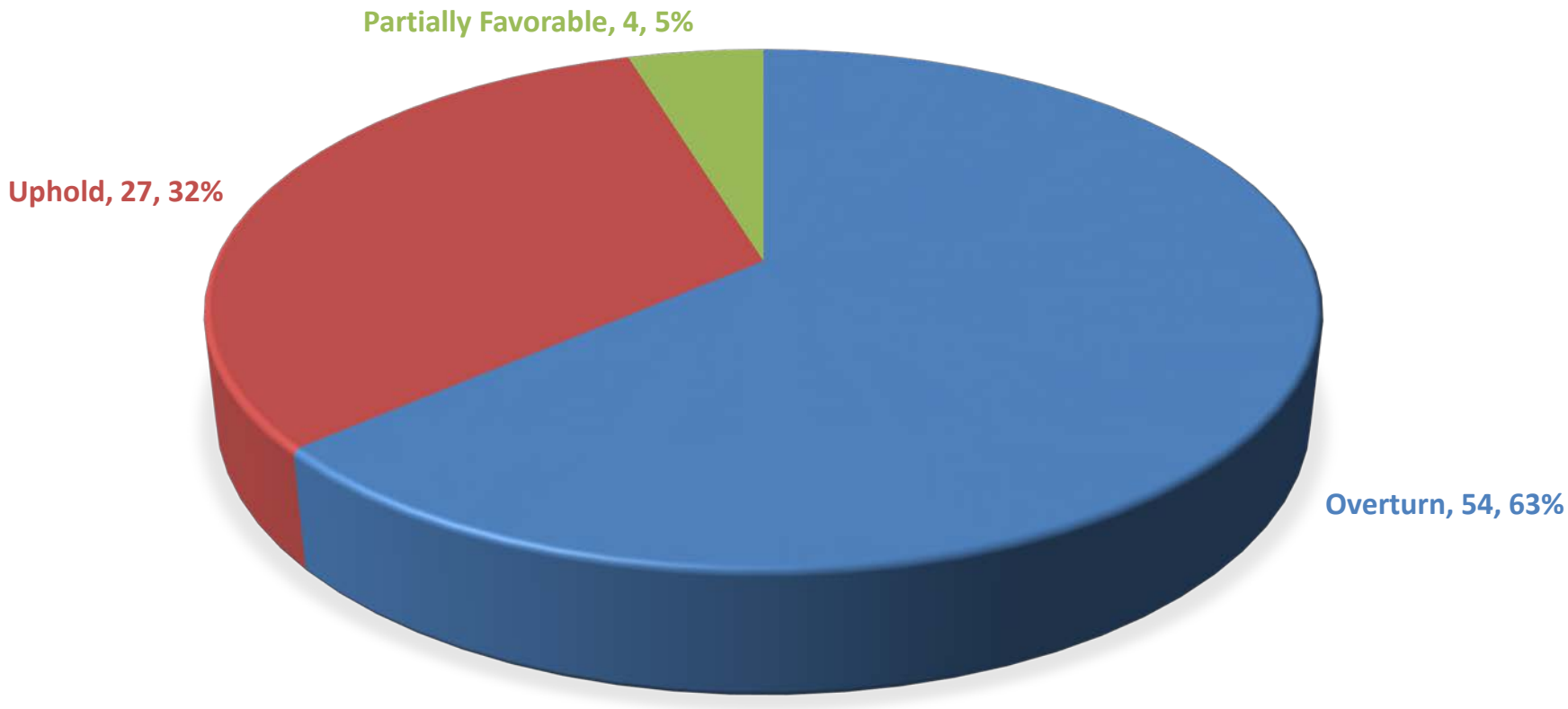


	Apr-22	May-22	Jun-22
QOS-Billing/Balance Billing	42	22	27
QOS-Transportation Services NMT	14	20	26
QOC-Inappropriate Provider Care	8	4	11

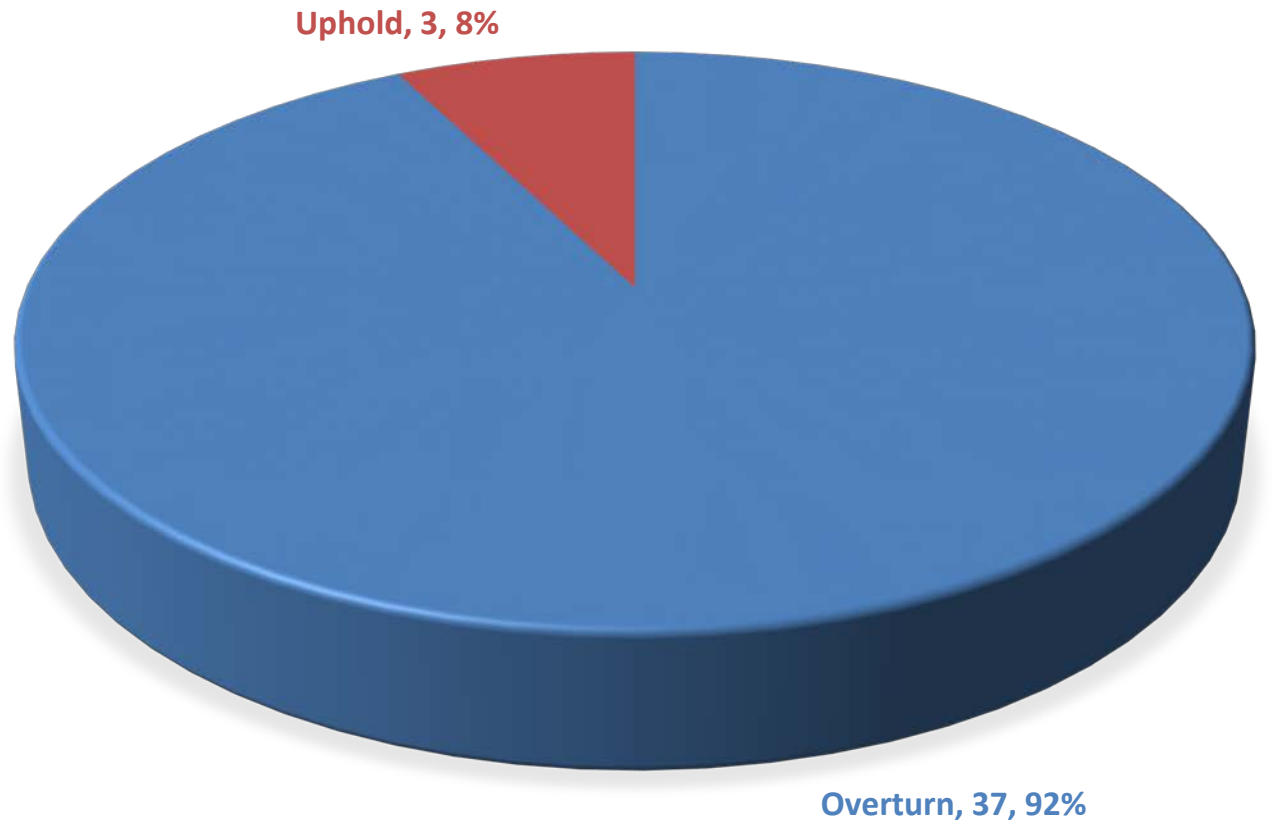
Q2 2022 CMC Appeals by Case Type



Q4 2022 CMC Pre-Service Appeals by Disposition



Q2 2022 CMC Post-Service Appeals by Disposition



Santa Clara Family Health Plan™

Quality Improvement Dashboard

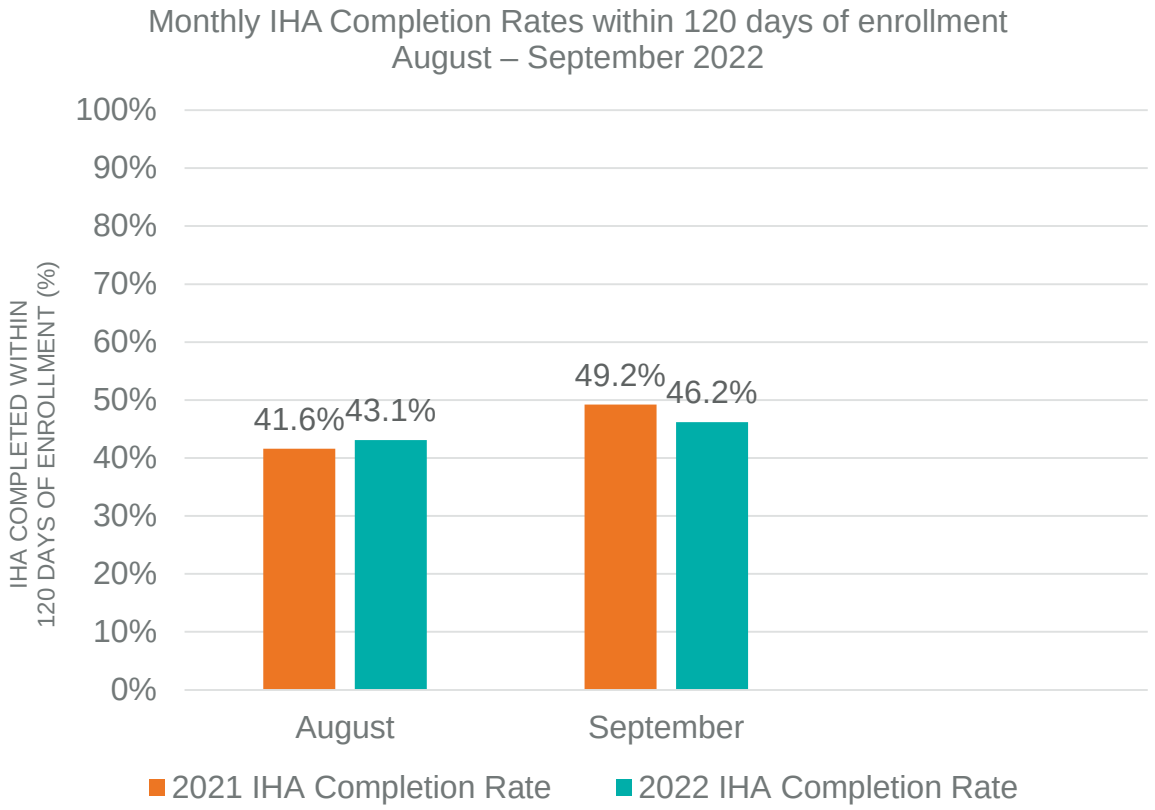
August & September 2022

Initial Health Assessment (IHA)

Santa Clara Family Health Plan

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



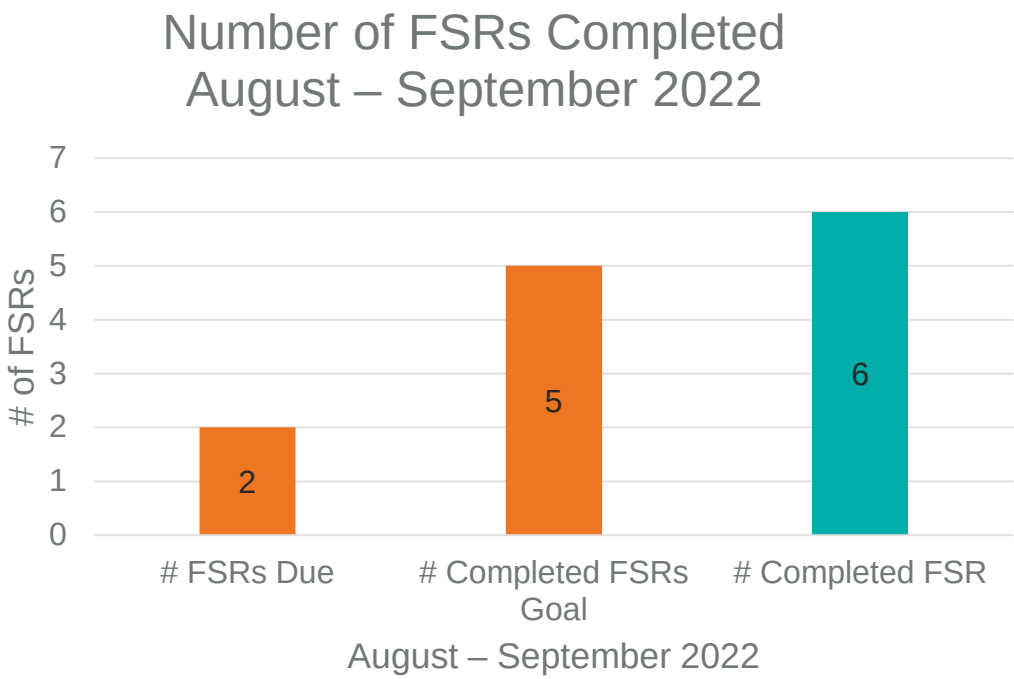
*DHCS had temporarily suspended the requirement to complete IHAs for members within 120 days of enrollment until the COVID-19 emergency declaration is rescinded. Starting October 1, 2021, DHCS required all primary care providers to resume IHA activities.

*These IHA rates may change in the future months owing to the 90-day claims lag

Facility Site Review (FSR)

Santa Clara Family Health Plan

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



*FSR Certified Master Trainer (CMT) and QI Nurses have continued to conduct the audit to ensure sites operate in compliance with all applicable local, state, and federal laws and regulations.

# Periodic FSRs Completed	5
# Initial FSRs Completed	1

Potential Quality of Care Issues

Santa Clara Family Health Plan

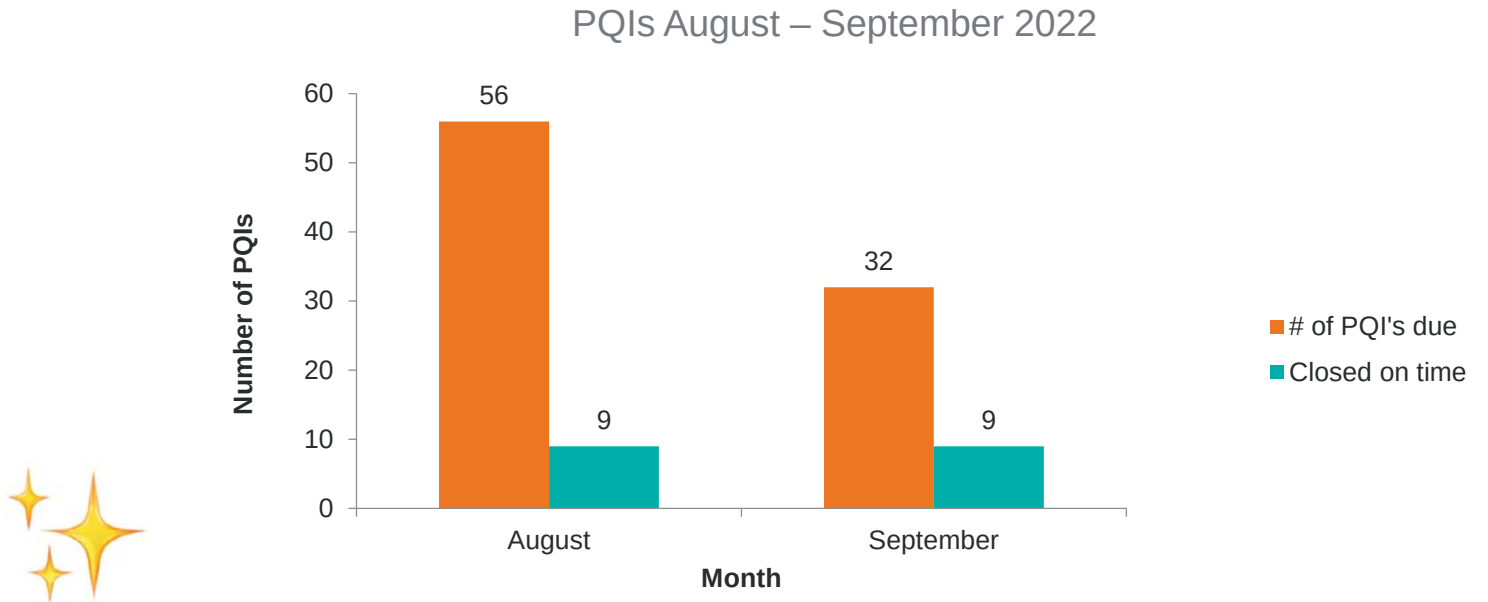
Quality helps ensure member safety by investigating all potential quality of care (PQI) issues

20.5%

Percentage of PQIs due from August – September 2022 closed on time within 90* days

PQI Levels: August – September 2022

Level 0: 0 Cases
Level 1: 16 Cases
Level 1A: 1 Case
Level 2: 1 Cases
Level 3: 0 Case
Level 4: 0 Case

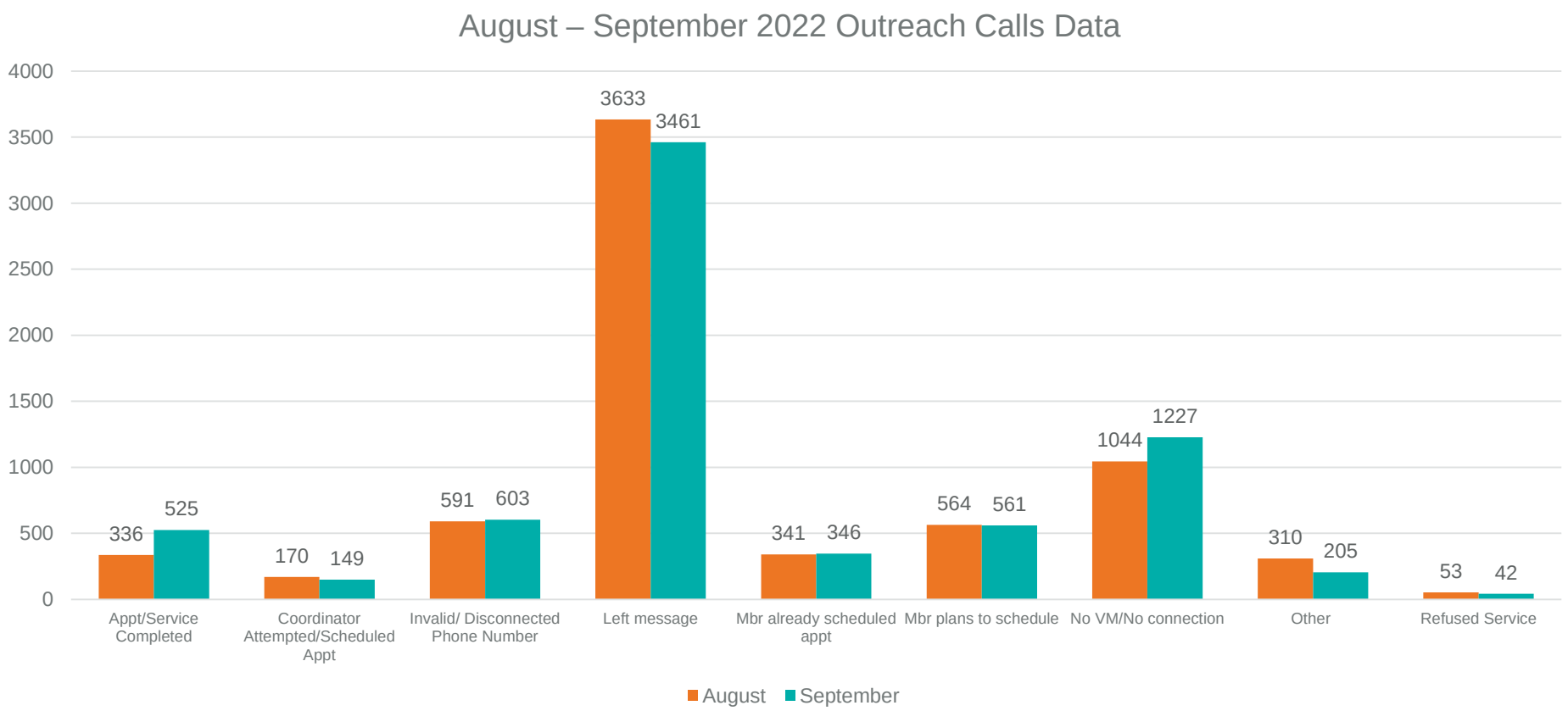


Network	Case Identified Level 0	Case Identified Level 1	Case Identified Level 1A	Case Identified Level 2	Case Identified Level 3	Case Identified Level 4
Admin – Medicare Primary	0	0	0	0	0	0
Direct SCFHP (Net 10)	0	4	0	1	0	0
North East Medical Services/NEMS (Net 15)	0	0	0	0	0	0
VHP Network	0	8	1	0	0	0
PAMF (Net 40)	0	0	0	0	0	0
Physicians Medical Group (Net 50)	0	3	0	0	0	0
Premier Care (Net 60)	0	1	0	0	0	0

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 (August – September 2022)	
CMC: Ambulatory Visit (AAP)	MC: Ambulatory Care Visit (AAP)
CMC: Breast Cancer Screening (BCS)	MC: Breast Cancer Screening (BCS)
CMC: Controlling High Blood Pressure (CBP)	MC: Controlling High Blood Pressure (CBP)
CMC: Comprehensive Diabetes Care (CDC 1 & CDC 4)	MC: Comprehensive Diabetes Care (CDC)
CMC: Colorectal Cancer Screening (COL)	MC: Well Child Visits aged 0 – 30 months (W30A & W30B)
	MC: Prenatal & Postpartum Visit (PPC)
	MC: Cervical Cancer Screening (CCS)
Initial Health Assessment (IHA)	MC: Child and Adolescent Well-Visits (WCV)



*Outreach call - Other include member demographic change requests, dis-enrollment requests, specific questions from members, and other miscellaneous requests

Total number of attempted outreach in August – September 2022

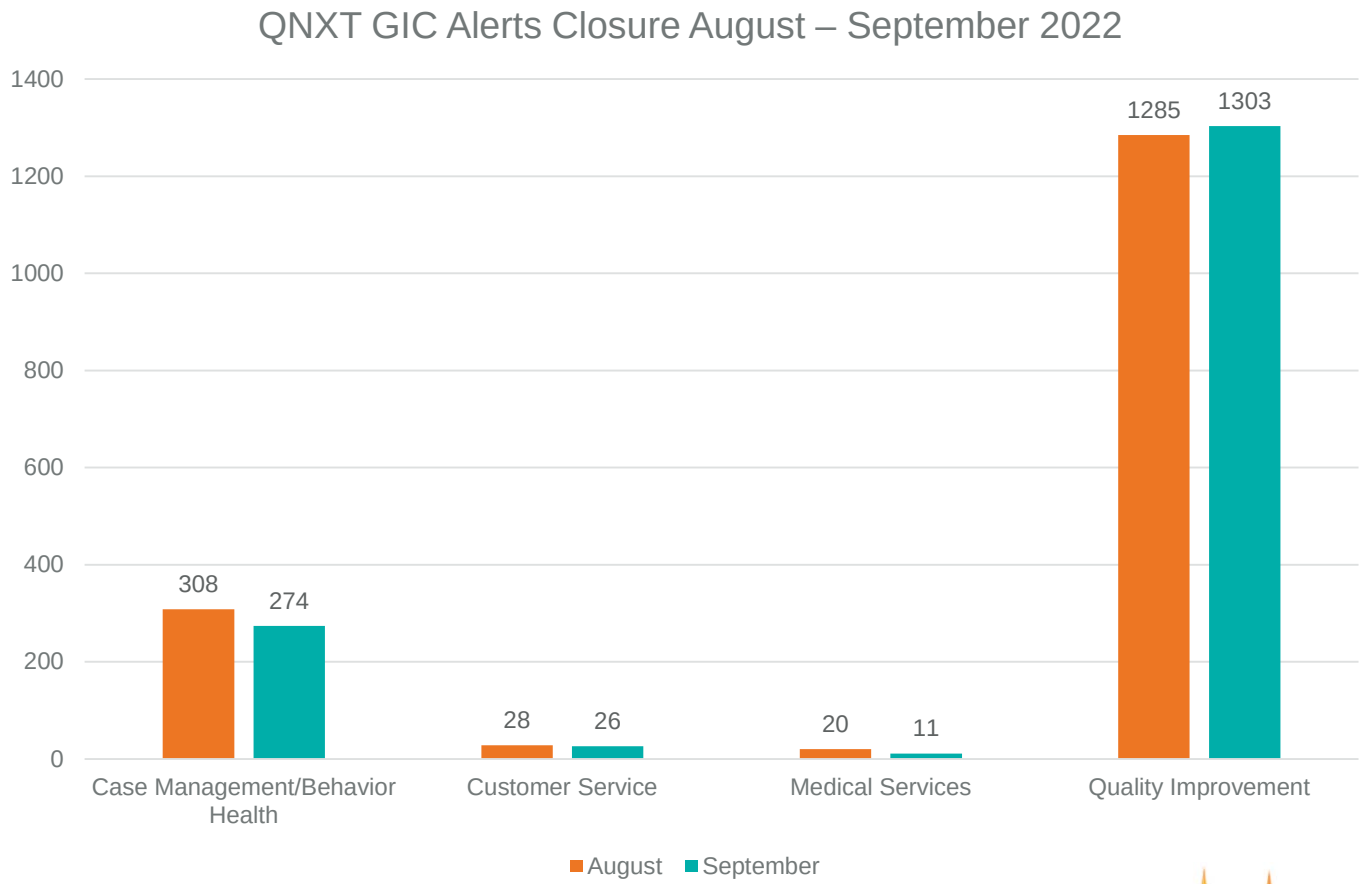
14,161

QNXT Gaps In Care (GIC) Alerts

Santa Clara Family Health Plan

What are QNXT GIC Alerts?

In an effort to improve our company-wide HEDIS MC and CMC rates, alerts have been loaded into QNXT in order for internal staff to remind members about the screenings and/or visits they are due for.



3,255

Total number of QXNT GIC alerts terminated in August – September 2022

Santa Clara Family Health Plan™

Consumer Advisory Board (CAB)
Draft Meeting Minutes

September 1, 2022

Regular Meeting of the

Santa Clara County Health Authority

Cal MediConnect Consumer Advisory Board (CAB)

Thursday, September 1, 2022 11:30 AM – 1:00 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present
Laurie Nakahira, DO, Chief Medical Officer, Chair
John B. Henley, Jr.
Andy Le, Ombudsperson, Supervising Staff Attorney, Bay Area Legal Aid
Narendra Pathak

Members Absent
Charles Hanks
Dennis Schneider

Staff Present
Chelsea Byom, Vice President, Marketing, Communications, and Outreach
Lori Andersen, Operations Director, Long-Term Services and Supports
Mai Chang, Director, Quality and Process Improvement
Mike Gonzalez, Director, Community Engagement
Thien Ly, Director, Medicare Outreach
Carole Ruvalcaba, Director, Marketing and Communications
Lucille Baxter, Manager, Quality and Health Education
Charla Bryant, Manager, Clinical Quality and Safety
Cristina Hernandez, Manager, Marketing and Public Relations
Jamie Enke, Behavioral Health Program Manager
Jorge Hidalgo, Supervisor, Case Management
Jessica Yip, Supervisor, Case Management
Lynette Topacio, Marketing Project Manager
Zara Hernandez, Health Educator
Jeanette Montoya, Health Educator
Amy O'Brien, Administrative Assistant

Others Present
Rita Cruz Gallegos, Aurrera Health Group

1. Roll Call

Dr. Laurie Nakahira, DO, Chief Medical Officer, and Chair called the meeting to order at 11:33 a.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 June 2, 2022 Cal MediConnect (CMC) CAB Committee meeting were reviewed.

4. Health Plan Update

Dr. Nakahira presented the Health Plan update. She began with an enrollment update. As of August 1, 2022, the Plan's total membership includes 315,281 members, a 10.4% increase since August 2021. The Plan's total CMC membership includes 10,414 members, which is a 1.6% increase since August 2021. The Plan's Medi-Cal (MC) membership includes 304,867 members, a 10.8% increase since August 2021.

Dr. Nakahira continued with a summary of various Plan updates. As of September 6, 2022, SCFHP headquarters will be open to the public. All members are encouraged to visit and speak with a Customer Service Representative or a member of our Case Management team. The COVID-19 public health emergency will likely extend through mid-January 2023. As a result, Board and committee meetings may continue to take place via Zoom until further notice. Dr. Nakahira discussed the MC redeterminations "pause" which remains in effect until at least January 2023. Adults ages 26-49 will remain on "pause" until after January 2024.

Dr. Nakahira discussed the expansion of MC eligibility to include adults ages 50 or over, regardless of their immigration status. As a result, 6,500 individuals transitioned to SCFHP from limited scope MC. The Plan also supported a coalition of community-based organizations who will conduct outreach to newly eligible MC beneficiaries. The Department of Health Care Services (DHCS) will renew its contract with Anthem Blue Cross Partnership Health Plan, as the commercial MC health insurance provider in Santa Clara County. The contract takes effect in 2024.

Dr. Nakahira provided an overview of the Plan's Fiscal Year 2022-2023 Plan Objectives. She also discussed the activities and events that will be held in celebration of SCFHP's 25th anniversary.

5. Centers for Disease Control (CDC)/COVID-19 Update

Dr. Nakahira gave an overview of the CDC recommendations and guidelines in regards to COVID-19 and Monkey pox. Currently, Santa Clara County is in the orange (medium) COVID tier. To date, there have been numerous variants of SARS-CoV-2. She discussed the guidelines for the prevention of COVID.

Dr. Nakahira's overview included a breakdown of the recommended number of COVID-19 vaccine dosages by age group and dosage type. She discussed the recommended treatment guidelines to follow if you do contract COVID. She provided a snapshot of the treatments that are now available, per age group. She also discussed what to do if you come in confirmed close contact with someone who has contracted COVID.

Dr. Nakahira continued with an overview of the Monkey pox virus, which is a rare virus that shares some of the same symptoms as Small pox. Monkey pox is rarely fatal. Out of the 18,417 reported cases in the U.S., there have been no fatalities. Dr. Nakahira discussed the symptoms of Monkey pox and how the virus is spread. She concluded her update with an overview of Monkey pox prevention and treatment options.

6. Standing Items

a. Cal MediConnect Ombudsperson Program Update

Andy Le, Ombudsperson and Supervising Staff Attorney for Bay Area Legal Aid, gave an overview of the services Bay Area Legal Aid provides our CMC members. Members who experience any issues with access to healthcare are encouraged to call the legal advice line. Mr. Le typed this number into the Chat.

Bay Area Legal Aid continues to assist individuals who experience difficulties with enrollment into the CMC plan. It is not uncommon for individuals to experience errors with their Medicare or DHCS records. Mr. Le explained that many of their clients also need assistance with improper balance billing errors from Providers and hospitals. Errors have been made not only by small, local Providers, who may not be well-versed in balancing billing, but also some of the larger community hospitals.

Mr. Le continued with an update on the MC Rx program. Some individuals have faced challenges with the enrollment process, as well as issues with medication approval and the COVID-19 reimbursement process. Bay Area Legal Aid provides assistance on how to navigate this reimbursement process, either via the Conlan webpage or the DHCS.

Dr. Nakahira asked if Bay Area Legal can provide SCFHP with the details on which entities continue to balance bill "Medi-Medi" members. Mr. Le replied that they are working directly with these entities to inform them that it is against the law to balance bill "Medi-Medi" members. He will follow-up with his staff to ask them to share some basic information with SCFHP. Dr. Nakahira explained that it is in the Plan's best interest to provide education and instruction on balance billing to internal staff members and our provider networks.

b. Community Resource Center

Mike Gonzalez, Director, Community Engagement, presented an overview of the recent activities at the Blanca Alvarado Community Resource Center. Mr. Gonzalez introduced the 2 newest Customer Service Representatives at the CRC, Elizabeth Gonzales-Alvarez and Teresa Nguyen. Mr. Gonzalez shared the hours of operation, and the monthly calendar of activities, which can be found on our website at www.crc.scfhp.com and through our social media account @CRC_SCFHP. Mr. Gonzalez highlighted the services, programs, and events available at the Center. He summarized the topics discussed during the July 2022 meeting of the community-based Santa Clara County Health Equity Agenda. He also shared the number of visitors to the Center from April through July 2022, and an overview of support services rendered by CRC staff.

Mr. Gonzalez discussed the impact of the CRC on the community. He also shared the results of the July 2022 Visitor Satisfaction Survey. Mr. Gonzalez discussed the details of SCFHP's 25th anniversary celebration event, and he shared the date, time, and address of the event. He encouraged the committee members to mark their calendars and plan to attend. Mr. Gonzalez concluded with a request for committee members to provide feedback on how to strengthen members' experiences at the Center.

Mr. Pathak suggested programs and services on diabetes and high blood pressure. Dr. Nakahira responded that high blood pressure monitoring classes and focus groups on Diabetes are currently being offered via Zoom, and may also be offered at the CRC in the future. She also explained that informational classes on stroke prevention and treatment may also be offered at the CRC in the future.

c. Member Communications

Chelsea Byom, Vice President, Marketing, Communications, and Outreach, highlighted the member communications completed since the June 2022 meeting. Ms. Byom also asked for the committee's feedback on how the Plan can improve our members' understanding of plan materials and processes, such as appointing an authorized representative or choosing a primary care provider (PCP). She explained that these processes should be easily accessible and comprehensive for our members. Based on members' feedback, the Plan is happy to implement ideas that will streamline these processes. She also explained how members can access and request forms, either by calling the Plan directly or going online through the web portal.

Mr. Henley responded that it has been a while since he had to access authorized representative forms or choose a PCP. In any case, he is happy with the results. Mr. Henley also suggested that a survey of these 2 questions be done when new members visit the CRC. Ms. Byom agreed this is a good suggestion.

Ms. Byom concluded with a list of the events the Plan participated in since our June 2022 meeting. Staff members at the Plan also participated in the annual Pride parade and festival.

d. Behavioral Health Update

Jamie Enke, Behavioral Health Program Manager, discussed the 988 Crisis and Suicide Prevention Lifeline and the current services that are available through the lifeline. Ms. Enke also discussed how individuals can access the non-crisis 800 number, and she summarized the support available for individuals who are not necessarily in crisis, but do require support.

Ms. Enke next gave an overview of the 2022 Member Behavioral Health Experience Survey results. She explained the purpose and goals of the survey and the survey process. Ms. Enke outlined the demographics of the survey participants, and she summarized the 2020 through 2022 survey results. She compared the results from prior years, and highlighted the areas of improvement. Ms. Enke explained that a workgroup was formed to review the results, make observations, and identify opportunities for improvement. Ms. Enke concluded with an overview of the goals that were not yet met, and the interventions that Behavioral Health will implement to ensure responses to all the survey questions rank at 85% or better.

e. Case Management Update

Jorge Hidalgo, Supervisor, Case Management and Jessica Yip, Supervisor, Case Management, shared 2 complex case management member success stories with the committee. Members who would like to access and read these stories can refer to the complete Consumer Advisory Board agenda packet.

f. Health Education – Overview of 'On Lok Aging Mastery Program'

Zara Hernandez, Health Educator, presented an overview of the Plan's new 'On Lok Aging Mastery Program'. Ms. Hernandez explained this is a pilot program with a curriculum that was developed by the National Council on Aging. This program is no cost to eligible members. The program provides an opportunity for members to engage with other enrolled members in an informal setting. Currently, the program is only offered via Zoom; however, if it is successful it may be offered in person.

Ms. Hernandez discussed the core curriculum, and the 10 topics that will each be taught by experts in the field. Ms. Hernandez gave an overview of the benefits of the aging mastery program. She discussed the dates and times of the weekly workshops. Members who attend at least 7 of the 10 workshops will be invited to an in-person graduation event at the CRC. Ms. Hernandez concluded her presentation with instructions on how to sign up for the program and what to do if you miss one of the workshops. Members are encouraged to tell other SCFHP members they know about the program.

7. Dual Eligible Special Needs Plan (D-SNP)

Thien Ly, Director, Medicare Outreach, gave an overview of the upcoming CMC transition to DualConnect (HMO D-SNP). Mr. Ly discussed the expansion of the eligibility requirements, which now include members with End-Stage Renal Disease (ESRD). Santa Clara County residents who are enrolled in Medicare Parts A and B, together with full scale MC, are eligible to enroll in the D-SNP.

Mr. Ly gave an overview of the enrollment periods and the enrollment process. D-SNP enrollment periods will follow the Medicare enrollment period. Members can choose to enroll either over the phone, via the Plan's online web portal, via Medicare.gov, or in-person. Mr. Ly reminded the committee members that current SCFHP CMC members will automatically be enrolled into the D-SNP on January 1, 2023. No further action is necessary, and there will be no interruption of benefits.

Dr. Nakahira also added that a more detailed overview of the new Case Management and Community Supports (CS) benefits included in the D-SNP will be discussed during the committee's December 1, 2022 meeting.

At this time, and in response to Mr. Pathak's questions, Dr. Nakahira advised that a discussion on the advance notice requirements for transportation to and from medical appointments, and the length of time given for doctor's appointments, will be added to the December 1, 2022 meeting agenda.

8. Adjournment

The meeting adjourned at 1:06 p.m. The next Cal MediConnect Consumer Advisory Board meeting is scheduled for Thursday, December 1, 2022 at 11:30 a.m.

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Laurie Nakahira, DO, Chairperson
Cal MediConnect Consumer Advisory Board Committee

Santa Clara Family Health Plan™

Pharmacy & Therapeutics Committee
Draft Open Meeting Minutes

September 15, 2022

Regular Meeting of the

Santa Clara County Health Authority

Pharmacy & Therapeutics Committee

Thursday, September 15, 2022, 6:00 PM – 8:00 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Minutes (Open) - Draft

Members Present
Jimmy Lin, MD, Chair
Ali Alkoraishi, MD
Xuan Cung, PharmD
Dang Huynh, PharmD, Director of Pharmacy and UM
Laurie Nakahira, D.O., Chief Medical Officer
Peter Nguyen, D.O.
Jesse Parashar-Rokicki, MD

Members Absent
Judy Ngo, PharmD

Staff Present
Tami Otomo, PharmD, Clinical Pharmacist
Duyen Nguyen, PharmD, Clinical Pharmacist
Caroline Tambe, PharmD, Clinical Pharmacist
Nancy Aguirre, Administrative Assistant

1. Roll Call

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

Dr. Lin called for a moment of silence to remember our beloved friend and colleague, Dr. Jeff Roberson. Dr. Jeff served the Health Plan for over 10 years at the capacity of Chief Medical Officer, and more recently, as a Medical Director. Dr. Jeff will be deeply missed.

2. Public Comment

There were no public comments.

3. Open Meeting Minutes

The 2Q 2022 P&T Committee open meeting minutes were reviewed.

It was moved, seconded and the open minutes of the 2Q 2022 P&T meeting minutes were **unanimously approved.**

Motion: Dr. Nguyen
Second: Dr. Alkoraishi
Ayes: Dr. Cung, Dr. Huynh, Dr. Lin, Dr. Nakahira, Dr. Parashar-Rokicki
Absent: Dr. Ngo

4. Standing Agenda Items

a. Chief Medical Officer Health Plan Updates

Laurie Nakahira, D.O., Chief Medical Officer (CMO), presented the CMO Health Plan Updates. Dr. Nakahira reported the current Plan membership is 316,695 members, reflecting over 30,000 more members than September, 2021. Membership is expected to increase as we remain in a Public Health Emergency (PHE). The PHE is expected to end in January, 2023.

Dr. Nakahira highlighted the new DSNP program launching in January, 2023. Detailed information regarding the changes to come from Cal MediConnect (CMC) to DSNP will be shared at future meetings.

Peter Nguyen, D.O., asked how DSNP is different from fee-for-service (FFS) Medicare MediCal (MC). Dang Huynh, PharmD, Director, Pharmacy and Therapeutics, explained, currently, for the CMC line of business, both MC and over the counter (OTC) drugs are covered on the Plan's formulary. Once the Plan shifts to DSNP, Medicare drugs will remain, however, MC and/or OTC drugs will now be processed through Magellan. Additionally, a new supplemental OTC benefit will begin. Every quarter, each member will receive an allowance to select items off an OTC drug catalog equaling $75.00.

Dr. Nakahira noted the Department of Health Care Services (DHCS) Annual Audit took place in March, covering both MC and CMC lines of business. The Plan has yet to receive the audit findings. Updates to come as they are made available.

Dr. Nakahira noted the Department of Managed Health Care (DMHC) audit is approaching in October. Although a schedule has not been released, there have been several requests for files and medical records.

b. Annual P&T Charter Review

Dr. Huynh presented the P&T Charter for review, and noted there have not been any changes since 2019, with the exception of simple formatting and layout revisions.

It was moved, seconded and the P&T Charter was **unanimously approved.**

Motion: Dr. Nguyen
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Cung, Dr. Huynh, Dr. Nakahira, Dr. Parashar-Rokicki
Absent: Dr. Ngo

c. Grievance & Appeals Report – 2Q 2022

Dr. Huynh presented the Grievance & Appeals (G&A) Report 2Q 2022 on behalf of Mauro Oliveira, Director, Operations. Dr. Huynh reviewed the top three most appealed drugs, as well as the appeals by volume, decision, and rationale.

d. Policy Review

i. PH.01 Pharmacy and Therapeutics Committee
ii. PH.02 Formulary Development and Guideline Management
iii. PH.03 Prior Authorization
iv. PH.04 Pharmacy Clinical Programs and Quality Monitoring
v. PH.05 Continuity of Care for Pharmacy Services
vi. PH.06 Pharmacy Communications
vii. PH.07 Pharmacy Recalls
viii. PH.08 Pain Management Drugs for Terminally Ill
ix. PH.09 Mental Health Parity
x. PH.11 340B Program Compliance
xi. PH.12 Drug Management Program
xii. PH.14 Medications for Cancer Clinical Trial
xiii. PH.15 Diabetic Supplies
xiv. PH.16 Medi-Cal Rx

Tami Otomo, PharmD, Clinical Pharmacist, reviewed the policies due for annual review. Most revisions reflect the change in terminology from CMC to DSNP, as the Plan prepares for the shift in January, 2023. Additional changes were made to the reference sections, as well as replacing the terminology used for Behavioral Health with 'Mental Health'.

It was moved, seconded and the SCFHP Pharmacy Policies were **unanimously approved.**

Motion: Dr. Nguyen
Second: Dr. Alkoraishi
Ayes: Dr. Cung, Dr. Huynh, Dr. Lin, Dr. Nakahira, Dr. Parashar-Rokicki
Absent: Dr. Ngo

e. Plan/Global Medi-Cal Drug Use Review

i. **Drug Utilization Evaluation Update**
Caroline Tambe, PharmD, Clinical Pharmacist, reviewed the results from SCFHP's quarterly retrospective Drug Use Evaluation (DUE) program. The latest clinical program was centered on asthma, with 98 members identified as affected. PCPs will receive a letter regarding recommended controller options for medication.

f. Emergency Supply Report – 3Q 2021
Duyen Nguyen, PharmD, Clinical Pharmacist, reviewed the Emergency Supply Report for Q3 2021. Dr. Nguyen reported in Q3 2021, SCFHP had a total of 24,143 ER visits from claims and encounter data. Approved claims were appropriate. There were no inappropriate denied claims. For claims, there were no issues with the completed charts that were reviewed.

Adjourned to Closed Session at 6:30p.m.
Pursuant to Welfare and Institutions Code Section 14087.36 (w)

5. Closed Meeting Minutes

The 2Q 2022 P&T Committee closed meeting minutes were reviewed.

It was moved, seconded and the closed minutes of the 2Q 2022 P&T meeting minutes were **unanimously approved**.

Motion: Dr. Nguyen
Second: Dr. Lin
Ayes: Dr. Alkoraishi, Dr. Cung, Dr. Huynh, Dr. Nakahira, Dr. Parashar-Rokicki
Absent: Dr. Ngo

6. Metrics and Financial Updates

a. Membership Report
The Membership Report was presented by Dr. Nakahira.

b. Pharmacy Dashboard
Dr. Nguyen reviewed the Pharmacy Dashboard.

c. Pharmacy Member Portal Stats – 1H 2022
Dr. Nguyen reviewed the Pharmacy Member Portal Stats 1H 2022.

d. Drug Utilization & Spend – 2Q 2022
Dr. Otomo presented the Drug Utilization & Spend 2Q 2022.

e. Behavioral Health Drug Utilization
Dr. Tambe reviewed the BH Drug Utilization.

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

   a. **Pharmacy Benefit Manager 2Q 2022 P&T Minutes**
   Dr. Huynh reviewed the Pharmacy Benefit Manager 2Q 2022 P&T Minutes.

   b. **Pharmacy Benefit Manager 3Q 2022 P&T Part D Actions**
   Dr. Huynh reviewed the Pharmacy Benefit Manager 3Q 2022 P&T Part D Actions.

   It was moved, seconded and the MedImpact Minutes and Actions were **unanimously approved**.

   Motion: Dr. Lin
   Second: Dr. Alkoraishi
   Ayes: Dr. Cung, Dr. Huynh, Dr. Nakahira, Dr. Nguyen, Dr. Parashar-Rokicki
   Absent: Dr. Ngo

   c. **2022 Update & 2023 Medical Benefit Drug Prior Authorization Grid**
   Dr. Otomo reviewed the 2022 update and 2023 Medical Benefit Drug PA Grid.

   It was moved, seconded and the 2022 update & 2023 Medical Benefit Drug PA Grid was **unanimously approved**.

   Motion: Dr. Nguyen
   Second: Dr. Cung
   Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Nguyen, Dr. Parashar-Rokicki
   Absent: Dr. Ngo

8. **Discussion of SCFHP Pharmacy Clinical Programs**

   a. **Diabetes Management Program - Updates**
   Dr. Tambe reviewed the Diabetes Management Program updates.

   b. **Pharmacy Clinical Program FY2023 Planning – Updates**
   Dr. Tambe reviewed the Pharmacy Clinical Program FY2023 Planning updates.

9. **New Drugs and Class Reviews**

   a. **COVID-19 Updates**
   Dr. Tambe reviewed the COVID-19 updates.

   b. **Olumiant (baricitinib) – COVID-19**
   Dr. Nguyen reviewed Olumiant (baribitinib) – COVID-19.

   c. **Diabetes Devices – Omnipod 5, CeQur Simplicity, Freestyle Libre 3, Dexcom G7**
   Dr. Tambe reviewed Omnipod 5, CeQur Simplicity, Freestyle Libre 3, and Dexcom G7.

   d. **Beovu (brolucizamub-dbll) – diabetic macular edema**
   Dr. Nguyen reviewed Beovu (brolucizamub – dbll) – diabetic macular edema.

   e. **Psoriasis Disease Review – roflumilast, deucravacitinib, spesolimab**
   Dr. Nguyen reviewed Psoriasis Disease – roflumilast, deucravacitinib, spesolimab.

   f. ***Informational only:***
      i. *HIV Disease State Review – lenacapavir, Apretude*
      ii. *Gefapixant – chronic cough*
      iii. *Vitrisiran – hATTR-polyneuropathy*
      iv. *Oteseconazole – Recurrent vulvovaginal candiasis*
      v. *Tavneos – ANCA-associated vasculitis*
      vi. *Adlarity – Alzheimer's disease*
      vii. *Skyrizi – psoriasis arthritis*

g. **New and Generic Pipeline**
Dr. Otomo reviewed the new and generic pipeline.

Reconvene in Open Session at 7:43 p.m.

10. Adjournment
The meeting adjourned at 7:45p.m. The next P&T Committee meeting will be on Thursday, December 15, 2022.

_____ _____
Jimmy Lin, MD, Chair Date

Santa Clara Family Health Plan™

Credentialing Committee
Draft Open Meeting Minutes
August 3, 2022

For a Regular Meeting of the

Santa Clara County Health Authority

Credentialing/Peer Review Committee

Wednesday, August 3, 2022, 12:15-1:30 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave, San Jose, CA 95119

Minutes – Open Session

Members Present:
Mario Cordero-Gamez, MD, Chairperson
Laurie Nakahira, DO, Chief Medical Officer
Jeff Robertson, MD, Medical Director
Clara Adams, LCSW
Jimmy Lin, MD

Staff Present:
Janet Gambatese, Director, Provider Network Operations
Mauro Oliveira, Director Operations
Karen Fadley, Manager, Credentialing, Provider Data, and Reporting
Catherine Almogela, Credentialing Coordinator

Members Absent:
Peter L. Nguyen, DO

Others Present:
None

1. **Roll Call / Establish Quorum**
   Laurie Nakahira, DO, Chief Medical Officer, convened the meeting at 12:15 pm. Roll call was taken and a quorum was established.

2. **Public Comment**
   There were no public comments.

3. **Review Open Session Meeting Minutes of June 1, 2022**
   The meeting minutes were distributed to the Committee at the meeting. The Committee reviewed the minutes.

   It was moved, seconded, and the Open Session Meeting Minutes was **unanimously approved**.

   Motion: Dr. Lin
   Second: Dr. Robertson
   Ayes: Dr. Nakahira, Dr. Robertson, Dr. Lin, Ms. Adams
   Absent: Dr. Cordero, Dr. Nguyen

4. **CMO Update(s)**
   Laurie Nakahira, DO, Chief Medical Officer shared the following information updates:
   - The DMHC audit will occur in October.
   - The DHCS audit findings in March are still pending.
   - SCFHP is preparing for the DSNP implementation on January 1, 2023.
   - SCFHP is also preparing for the 2024 DHCS Medi-Cal re-contracting with the State. There are new updated requirements in the agreements. SCFHP is focusing on health equity disparities and closing the gaps.

5. **Delegated Credentialing Quarterly Reports**
   The following quarterly reports for the delegated network were presented to the Committee for review with no suspensions, or terminations:
   - LPCH Q1
   - NEMS Q1
   - PAMF Q1
   - PCNC Q1
   - PMG Q1
   - Stanford Q1
   - VHP Q1
   - VSP Q1 – Advantage and Medicaid

6. **Annual Review of Credentialing Policies**
   The following credentialing policies were presented to the Committee for annual review with no changes:
   - CR.01 Credentialing and Recredentialing
   - CR.02 v1 Credentialing and Oversight of Mid-Level Practitiioners
   - CR.03 v1 Objective Criteria for Defining HIV/AIDS Expertise
   - CR.04 v1 Notification to Authorities and Practitioner Appeal Rights
   - CR.05 v1 Delegation of Credentialing and Recredentialing
   - CR.06 v1 Ongoing Monitoring and Interventions
   - CR.07 v2 Assessment of Organizational Providers
   - CR.08 v1 Credentialing Committee
   - CR.10 v2 Credentialing System Controls

   It was moved, seconded, and the Annaul Review of Credentialing Policies were **unanimously approved**.

   Motion: Dr. Lin
   Second: Dr. Robertson
   Ayes: Dr. Cordero, Dr. Nakahira, Dr. Robertson, Ms. Adams, Dr. Lin
   Absent: Dr. Nguyen

Adjourn to Closed Session
The Committee adjourned to closed session at 12:35 pm to discuss agenda items 8-15.

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Mario Cordero-Gamez, MD
Committee Chairperson

Santa Clara Family Health Plan™

Credentialing Committee Report

Laurie Nakahira, D.O., Chief Medical Officer (CMO)

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity: Credentialing Committee

Monitoring or Meeting Period: 08/03/2022

Areas of Review or Committee Activity

Credentialing of new applicants and recredentialing of existing network practitioners

Findings and Analysis

DIRECT NETWORK		
Initial Credentialing		
Number initial practitioners credentialed	21	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	22	
Number practitioners recredentialed within 36-month timeline	22	
% 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 07/31/2022	684	

DELEGATED NETWORS							
(For Quality of Care ONLY)	**Stanford**	**LPCH**	**VHP**	**PAMF**	**PMG**	**PCNC**	**NEMS**
Total # of Suspension	0	0	0	0	0	0	0
Total # of Terminations	0	0	0	0	1	0	0
Total # of Resignations	0	0	0	0	0	0	0
Total # of practitioners	1418	852	1126	811	1212	481	1027

Total counts for some Networks have increased due to Provider Adds for Full Delegate Network Reporting.

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

Santa Clara Family Health Plan™

Adjournment

The next QIC meeting will be held on December 13, 2022