












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

**Thursday, February 1, 2018  
12:15 PM – 1:45 PM  
210 E. Hacienda Avenue  
Campbell, CA 95008**

**AGENDA**

1.	<b>Roll Call</b>	Dr. Boris, Acting Chair	12:15	5 min.
2.	<b>Meeting Minutes</b> Review minutes from May 4, 2017  <b>Possible Action:</b> Approve minutes	Dr. Boris, Acting Chair	12:20	5 min.
3.	<b>Public Comment</b> Members of the public may speak to any item not on the agenda; 2 minutes per speaker. The Committee reserves the right to limit the duration of public comment period to 30 minutes	Dr. Boris, Acting Chair	12:25	5 min.
4.	<b>Chief Executive Officer</b> → Discussion on membership and current topics 	Ms. Tomcala, CEO	12:30	10 min.
5.	<b>Opioid Safety Programs</b>  → Presentation of Opioid Safety Program 	Dang Huynh, PharmD	12:40	15 min.
6.	<b>CAHPS Survey</b>  → Presentation of CAHPS Survey 	Johanna Liu, PharmD Director, Pharm & QI	12:55	15 min.
7.	<b>Provider Link – SCFHP New Provider Portal Demo</b> → Presentation of New Provider Portal 	Abby Baldovinos, PSR Claudia Graciano, PSR	1:10	30 min.
8.	<b>Quality and Pharmacy</b> → Discussion on Drug Report 	Johanna Liu, PharmD Director, Pharm & QI	1:40	5 min.
9.	<b>2018 Confidentiality Statement</b> 	Dr. Boris, Acting Chair	1:47	2 min.
10.	<b>Adjournment</b>	Dr. Boris, Acting Chair		

**Notice to the Public—Meeting Procedures**

- Persons wishing to address the PAC 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 PAC 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 Caroline Alexander 48 hours prior to the meeting at 408-874-1835.
- To obtain a copy of any supporting document that is available, contact Caroline Alexander 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 210 E. Hacienda Avenue, Campbell.
- This agenda and meeting documents are available at [www.scfhp.com](http://www.scfhp.com)

**PROVIDER ADVISORY COUNCIL MEETING**  
**Thursday, February 1, 2018**  
**12:15 – 1:45 PM**  
**Board Room**  
**SIGN IN SHEET**

**COMMITTEE MEMBERS**

NAME	COMPANY	SIGNATURE
1. Bridget Harrison, M.D.	Indian Health Center	EXCUSED
2. Chung Vu, M.D.*	Premier Care	<i>Chung Vu</i>
3. David Mineta*	Momentum for Mental Health	Excused
4. Dolly Goel, MD	Valley Health Plan	<i>Dolly Goel</i>
5. Jimmy Lin, M.D.*	Premier Care	<i>Jimmy Lin</i>
6. Kingston Lum	In Home Supportive Services	Excused
7. Peter L. Nguyen, D.O.*	Kelly Park Medical Clinic	<i>Peter L. Nguyen</i>
8. Sherri Sager*	Lucille Packard CH-DPS	<i>Sherri Sager</i>
9. Thad Padua, M.D.*	Center for Life	Excused

**ATTENDANCE NOTE:**

Thank you for your attendance. Committee Members whose names are marked with the (\*), and who attended today's meeting, will receive a \$250.00 stipend.

Approved:

*Christine Kauner* 2/5/18

**SANTA CLARA FAMILY HEALTH PLAN**

NAME	TITLE / DEPARTMENT	SIGNATURE
Christine Tomcala	Chief Executive Officer	<i>Christine Tomcala</i>
Jeff Robertson, MD	Chief Medical Officer	Excused
Chris Turner	Chief Operating Officer	<i>Chris Turner</i>
Abby Baldovinos	Sr. Provider Services Representative	<i>AB</i>
Art Shaffer	Sr. Provider Services Representative	<i>Art Shaffer</i>
Claudia Graciano	Sr. Provider Services Representative	<i>C. Graciano</i>
Rosa Perez	Provider Services Representative	<i>Rosa Perez</i>
Irene Walsh	Provider Services Representative, LTSS	—
Johanna Liu	Director of RX and QI	Present
Lily Boris, MD	Medical Director	<i>Lily Boris</i>
Lori Anderson	Operations Director, LTSS	—
Ngoc Bui-Tong	Director of Health Care Economics	—
Robyn Esparza	Administrative Assistant	<i>Robyn Esparza</i>
Sherry Holm	Med Management Mgr, Behavioral Health	<i>Sherry Holm</i>
Carel Peterson	Manager, Case Management	<i>Carel Peterson</i>

**GUESTS**

NAME	TITLE / DEPARTMENT	SIGNATURE
Dang Huynh	Pharmacy Manager	<i>Dang Huynh</i>
Andres Aguirre	QI Manager	—

SENT TO

LISA FITZGERALD

2/2/8

→ PARIS  
← 12/2

2/2/8  
2/5/8

1 BACK GAME 2/5/8





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

Thursday, May 4, 2017  
12:15 PM – 1:45 PM  
210 E. Hacienda Avenue  
Campbell, CA 95008

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### Minutes

#### **Members Present:**

Thad Padua, M.D., Chair  
Steve Church  
Bridget Harrison, M.D.  
Peter Nguyen, D.O.  
Jimmy Lin, M.D.  
Sherri Sager

#### **Members Not Present:**

Kingston Lum  
Dolly Goel, M.D.  
Dave Mineta

#### **Guest Present:**

Peter Goll, CEO, PMG, San Jose

#### **Staff Present:**

Christine Tomcala, Chief Executive Officer  
Jeff Robertson, M.D., Chief Medical Officer  
Chris Turner, Interim Chief Operating Officer  
Sherry Holm, Behavioral Health Program Manager  
Johanna Liu, Director of QI & RX  
Lori Andersen, Operations Director, LTSS  
Abby Baldovinos, Sr. Provider Services Representative  
Art Shaffer, Sr. Provider Services Representative  
Claudia Graciano, Sr. Provider Services Representative  
Robyn Esparza, Administrative Assistant

#### **Staff Not Present:**

Jennifer Clements, Director of PNM  
Irene Walsh, MLTSS Provider Services Representative  
Lily Boris, MD, Medical Director  
Lori Anderson, Operations Director, LTSS

**1. Roll Call**

Thad Padua, MD, Chairperson, called the meeting to order at 12:30 pm.  
Roll call was taken and a quorum was established.

**2. MINUTES REVIEW AND APPROVAL**

Meeting minutes were reviewed. Dr. Padua asked the Committee if there were any additional questions or comments regarding the February 2, 2017 meeting minutes.

- ✓ It was moved, seconded that the February 2, 2017 minutes be approved.

**3. PUBLIC COMMENT**

- ✓ There were no public comments.

**4. COMMITTEE MEMBERSHIP**

**a) Resignation of Dr. Tuyen Ngo, President, Premier Care**

Dr. Padua, Chair, advised the Committee that Dr. Tuyen Ngo, President, Premier Care, is moving on to other roles within the Premier Care organization and that Dr. Chung Vu, President of Premier Care, will be his successor and taking his place as a PAC Committee representative.

**b) Introduction of New Committee Member**

Dr. Padua, Chair, introduced and welcomed Dr. Chung Vu, President, and Premier Care, who is replacing the vacating member Dr. Tuyen Ngo, to the Committee. Dr. Vu's CV was presented and reviewed by the Committee.

- ✓ Dr. Vu's Committee membership approved.

**c) Committee Membership Roster**

Per last month's meeting, the Committee Membership Roster was presented for the Committee reference.

**5. CHIEF EXECUTIVE OFFICER UPDATE**

Ms. Tomcala presented the April 2017 Membership Summary, noting the current enrollment is 277,665, with the majority of our membership in Medi-Cal, down 1000 members since January

- Healthy Kids: 2,794
- Cal MediConnect: 7,567
- Medi-Cal: 267,304

With regard to Medi-Cal Membership by Age Group and Network, Ms. Tomcala presented the following:

- Pediatrics: 41%
- Adults: 59%

Ms. Tomcala discussed the following current events:

**a) Affordable Care Acts House Vote**

Ms. Tomcala advised the Committee that the House vote on the Affordable Care Act (ACA) passed today with 217 in favor and 212 opposed.

**b) DHCS Audit**

Ms. Tomcala advised the Committee that the Plan was audited by the Department of Health Care Services (DHCS) in April of this year. The audit was the annual medical audit and that it went quite well. The Plan has been working diligently to identify any areas that needed improvement in regards to compliance and implement required policies and procedures. She noted that the auditors appreciated all the work the Health Plan has done to accomplish this task since the last Corrective Action Plan (CAP). The remaining compliance gap involves Provider Dispute Resolutions (PDRs). The Plan continues to work diligently and it will be completed by end of year.

**c) Claims System Upgrade**

Ms. Tomcala advised Committee The Plan has been using two systems to process claims: Cal MediConnect (CMC) claims processed by the QNXT system and Medi-Cal (MC) claims processed by XPRESS, a much older system. The Plan is in the process of converting our MC system over to QNXT, so we will now have a single platform processing all claims for all lines of business. The go live date for QNXT is July 1, 2017.

6. **Chief Medical Officer**

Dr. Robertson discussed the following items:

a) SCFHP 20<sup>th</sup> Anniversary

Dr. Robertson, CMO, informed the Committee that in honor of SCFHP's 20<sup>th</sup> Anniversary the Marketing Department asked a photographer to attend today's meeting to take photographs throughout the meeting. These pictures will be included in an album of events which is being created in celebration of our anniversary.

b) Technology Upgrade

Dr. Robertson informed the Committee that The Plan is implementing a lot of new technology that would be expected from a 21<sup>st</sup> century Silicon Valley company. A total of four systems are being implemented:

- 1) **Credentialing System:** Upgrading to Vistar, which will be more automated, replacing our current paper process and help reduce our current application cycle. Currently, we get about 90% done in 60 days. We expect to shorten that even further with bringing new providers on board and credentialing.
- 2) **Provider & Member Portal:** Will allow providers to check eligibility, prior authorization and interact electronically with the Plan. Our current portal is very primitive and many providers only use it to check eligibility. Providers will receive notices from the Plan with instructions on how to register. Our goal is to reduce the need to call the Plan and provide more self-service opportunities for the provider office staff.
- 3) **Case Management System:** The new system, Esset, will allow more interaction for providers in regards to their patients who are on case management.
- 4) **Claims & Membership System:** QNXT is not a new system, the Plan has been using it for two years for Cal MediConnect, so we know it works well. However, it is a new system for Medi-Cal, which is the vast majority of our membership. Dr. Robertson educated the Committee on bundling and unbundling, for the purpose of soliciting their feedback on any issues they see arising. He noted unbundling is when you take one procedure, break it down to as many parts as possible and then individually charge for each component. He advised that for the last 20 years, there has been an industry standard called CCI (Correct Coding Initiative) thru Medicare and it takes these unbundled elements and puts them back into the parent charge. So, QNXT will reject unbundled claims and rundle them. The Plan is prepared for questions from the providers.

7. **Behavioral Health**

Ms. Sherry Holm, Director of Behavioral Health, provided a presentation on of Behavioral Health. Ms. Holm directs the Autism Program and is liaison between the Plan and County partners.

- ✓ Ms. Holm will develop a workflow to present at a future meeting.

8. **Quality and Pharmacy**

Ms. Johanna Liu, Director of QI and Pharmacy, presented the drug reports on the Top 10 Drugs by Total Cost and by Prior Authorization for the date range of 01/01/17 – 03/31/17.

9. **ADJOURNMENT**

It was moved, seconded, and approved to adjourn the meeting at 1:40pm. The next meeting is scheduled for August 3, 2017.

  
\_\_\_\_\_  
Dr. Lily Boris, PAC Committee Acting Chair

2-1-18  
\_\_\_\_\_  
Date



Santa Clara  
Family Health Plan

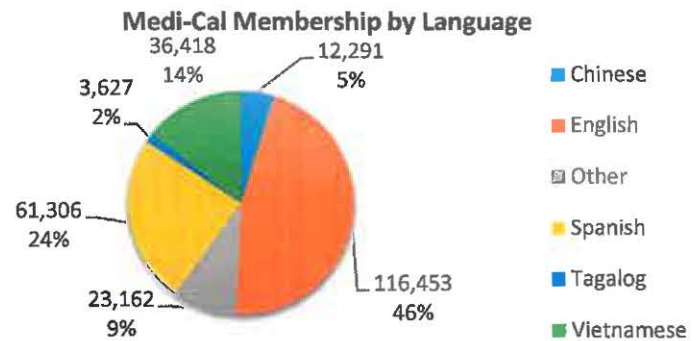
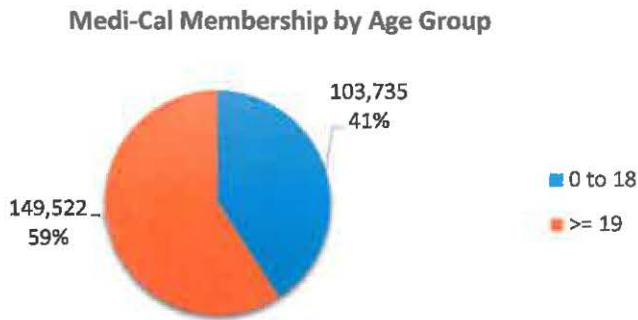
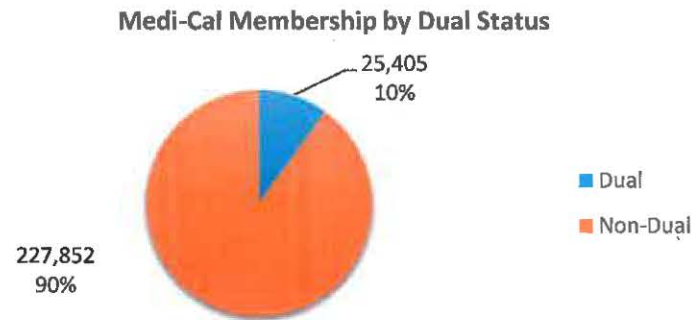
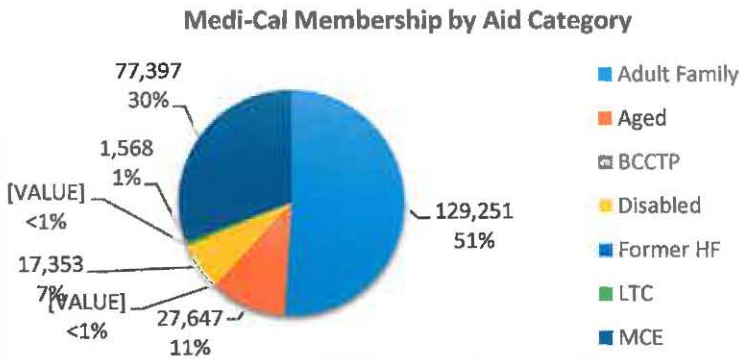
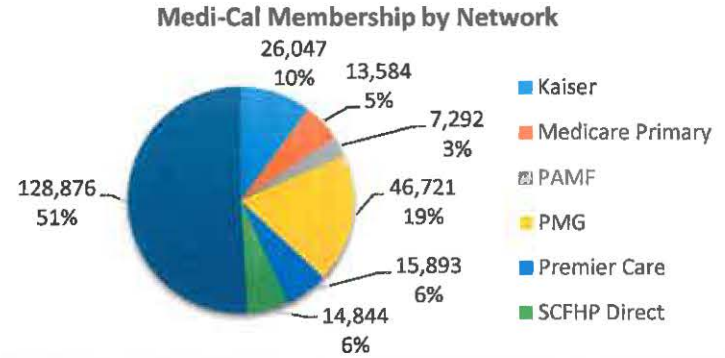
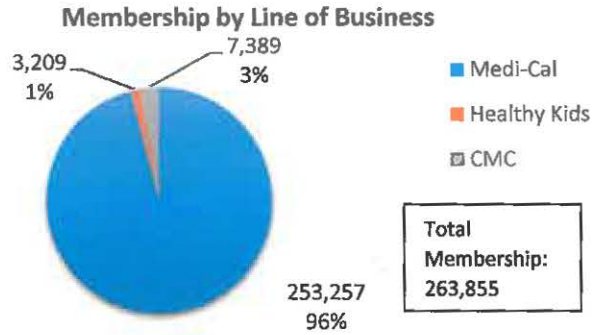
**Medi-Cal Membership by Age Group and Network**  
January 2018

Age Group	SCFHP Direct	Valley Health Plan	Kaiser	Palo Alto Medical Foundation	Physicians Medical Group	Premier Care	Total	Percentage
< 6 Years	1,673	14,810	3,904	671	7,581	1,174	29,813	11.8%
6 to 17	4,687	31,520	8,915	1,749	17,652	4,278	68,801	27.2%
18 to 34	3,936	30,725	5,472	1,216	8,480	3,299	53,128	21.0%
35 to 44	1,716	10,917	2,004	495	3,188	1,439	19,759	7.8%
45 to 54	1,757	12,020	1,836	593	3,964	2,443	22,613	8.9%
55 to 64	2,044	15,136	1,796	673	4,166	2,757	26,572	10.5%
65 to 74	5,838	7,633	805	479	1,084	361	16,200	6.4%
75 to 84	4,566	4,618	854	932	525	118	11,613	4.6%
>= 85 Years	2,211	1,497	461	484	81	24	4,758	1.9%
<b>Total</b>	<b>28,428</b>	<b>128,876</b>	<b>26,047</b>	<b>7,292</b>	<b>46,721</b>	<b>15,893</b>	<b>253,257</b>	<b>100.0%</b>
<b>Percentage</b>	<b>11.2%</b>	<b>50.9%</b>	<b>10.3%</b>	<b>2.9%</b>	<b>18.4%</b>	<b>6.3%</b>	<b>100.0%</b>	





**JANUARY 2018 ENROLLMENT SUMMARY**





Santa Clara  
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# OPIOID

## Safety Program



Provider Advisory Council, Santa Clara Family Health Plan, Campbell, CA.  
Dang Huynh, Pharm.D.

What's the  
**difference?**

# opiate vs. opioid

natural opium

morphine  
codeine  
heroin



synthetic



# Santa Clara County **Opioid Statistics**

**66** **overdose deaths**

4,659 opioid deaths in California 2015\*\*

**85** **emergency department visits**

**88** **overdose hospitalizations**

\*California Department of Public Health Data, Santa Clara Numbers at a Glance Count 2016

\*\*Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury

# Santa Clara County **Opioid Statistics**

**713,379**

**opioid prescriptions**

\*California Department of Public Health Data. Santa Clara Numbers at a Glance Count 2016

## Some of the Things We Do...



### **Quantity Limits**

Quantity limits set to 120 MEDs



### **Naloxone Required**

Request for greater than 120 MED  
requires naloxone to be co-prescribed



### **Early Refill**

Refill thresholds increased to 90%



## Some of the Things We Do...



### **Member Outreach**

We encourage members to see one prescriber and use one pharmacy for pain medications



### **Prescriber Communication**

Work with our prescribers regarding high utilizing opioid members



### **Case Management**

Refer cases to our Case Management team

## How We Can Do More...



### **First Fill Program**

Limit opioid new starts to 7 days.



### **Immediate-Release First**

Extended-release/long-acting opioids require history of immediate-release opioids












### **Non-opioid Step**

Require anti-inflammatories for chronic pain before opioids

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# Opioid Safety Program

Thank you.

-  120 MED Quantity Limit
-  Co-Prescribe Naloxon
-  Early Refill Threshold
-  Member Outreach
-  Prescriber Communication
-  Case Management
-  First Fill Program
-  Immediate-Release First
-  Non-opioid Step Therapy



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# Consumer Assessment of Healthcare Providers & Systems (CAHPS) 2017

Quality Improvement, 2017



# CAHPS Overview

- CMS required customer satisfaction survey administered annually to 800 Cal MediConnect members
- Conducted from March to June 2017
  - 2 survey mailings and 5 telephone calls
- Survey sent in English or Spanish
- SCFHP contracts with DSS Research (CMS approved vendor) to conduct the survey
- Results are made public on the CMS website
- Results influence Quality Withhold and Star Ratings





# New in 2017

## Changes:

- Survey was reduced by 24 questions to 68 questions total
- Addition of Spanish questionnaires to Spanish speakers
- Mailed educational postcards to encourage members to participate in survey
- Article in the member newsletter

## Results:

- 29% SCFHP response rate up from 15.6% in 2016
  - Average response rate 27.7% for all plans
- Less N/A results due to insufficient responses



# Questionnaire Topics

- Questions are related to the following topics:
  - Getting Needed Care
  - Getting Appointments and Care Quickly
  - Doctors Who Communicate Well
  - Customer Service
  - Care Coordination
  - Rating of Health Plan
  - Overall Rating of Health Care Quality
  - Overall Rating of Personal Doctor & Specialist
  - Getting Needed Prescription Drugs
  - Rating of Drug Plan



# Results

Areas performing better than CA MMP average:

- Care Coordination
- Annual Flu Vaccine
- Pneumonia Shot

Areas that scored N/A

- Doctors Who Communicate Well
- Customer Service
- Overall Rating of Personal Doctor & Specialist
- Getting Needed Prescription Drugs

Areas performing worse than CA MMP average:

- Getting Needed Care
- Getting Appointments and Care Quickly
- Rating of Health Plan
- Overall Rating of Health Care Quality
- Overall Rating of Drug Plan



# Getting Needed Care

Category	Description	SCFHP 2016 Mean Score	SCFHP 2017 Mean Score	2017 National MMP	2017 CA MMP
Getting Needed Care		N/A	3.17	3.42	3.36
Question 10	In the last 6 months, how often was it easy to get the care, tests, or treatment you needed?	N/A	3.31	3.44	3.35
Question 29	In the last 6 months, how often did you get an appointment to see a specialist as soon as you needed?	N/A	N/A	3.41	3.38





# Getting Appointments & Care Quickly

Category	Description	SCFHP 2016 Mean Score	SCFHP 2017 Mean Score	2017 National MMP	2017 CA MMP
Getting Appointments and Care Quickly		3.09	3.02	3.27	3.19
Question 4	In the last 6 months, when you needed care right away, how often did you get care as soon as you needed?	N/A	N/A	3.56	3.48
Question 6	In the last 6 months, how often did you get an appointment for a check-up or routine care as soon as you needed?	N/A	N/A	3.46	3.38
Question 8	In the last 6 months, how often did you see the person you came to see within 15 minutes of your appointment time?	2.72	2.60	2.78	2.71





# Overall Rating of Health Plan, Health Care Quality & Drug Plan

Category	Description	SCFHP 2016 Mean Score	SCFHP 2017 Mean Score	2017 National MMP	2017 CA MMP
Rating of Health Plan		8.3	8.2	8.6	8.5
Overall Rating of Health Care Quality		N/A	8.2	8.5	8.3
Rating of Drug Plan		8.4	8.0	8.6	8.4



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- Mailing a series of educational postcards to encourage members to participate in survey
- Completing a study on Chinese and Vietnamese populations to determine impact on rates
- Adding provider network IDs to be able to stratify results
- Educated all staff that engages with members
- Educated providers
- Updating post call member satisfaction survey and call center workflow language to mirror CAHPS language

Additional Ideas?





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4/24/2018

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4/24/2018

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Santa Clara Family Health Plan

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Santa Clara Family Health Plan

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### Additional Ideas?





Santa Clara  
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# Provider Link

Santa Clara Family Health Plan's  
Provider Portal Training



# Provider Link

Welcome to Santa Clara Family Health Plan's new provider portal!

**Provider Link** allows you to:

- Register and create your own accounts, you do not need to contact SCFHP for access
- Check a member's eligibility and print each transaction
- View and download a primary care physician's patient list
- Check the status of authorizations processed by SCFHP's Utilization Management Department
- Check the status of a claim that has been processed by SCFHP's Claims Department

**Provider Link** will allow electronic authorization submissions to SCFHP's Utilization Management Department. This feature will be available soon.





# Please Note

- **Provider Link gives you access to information maintained by SCFHP.** SCFHP has a number of delegated relationships with its provider network for the Medi-Cal and Healthy Kids programs. Providers need to continue working with our delegates for any Medi-Cal or Healthy Kids enrollee assigned to one of our delegates.
- SCFHP manages the care for all SCFHP Cal MediConnect members directly. If you have any questions about a Cal MediConnect member's claim or authorization, contact our Customer Service Department at 408-874-1788.
- If you have questions about **Provider Link** features, or information found on **Provider Link**, please contact SCFHP's Customer Service Department at 408-874-1788 or by email at [providerservices@scfhp.com](mailto:providerservices@scfhp.com).



# Creating a New User Account

- Access **Provider Link** using the following URL:  
**Providerportal.scfhp.com**
- Click on the orange REGISTER button  to open the wizard and follow the steps



 Santa Clara  
Family Health Plan

**Login**  
Username  
Password

**SUBMIT**

[Forgot your username or password?](#)

[Need a username and password?](#)

**REGISTER**

## \*\*IMPORTANT INFORMATION FOR PROVIDERS\*\*

The NEW Provider Link is coming soon! During this transition, HealthTrio/Connect is no longer available.

- To look up rosters or eligibility in the interim, please go to Providers-Member Search on the SCFHP website
- For claims please call us at 1-408-874-1788
- For authorization status please call us at 1-408-874-1821

To ensure you have access to the new Provider Link, register your new Provider Link account now by clicking on the [Register](#) button. Please note that some data may be missing or inaccurate until 8/1/2017.

## Welcome to the Provider Link

The Provider Link is an online tool for accessing eligibility, claims, and other helpful resources. You can login to:

- Validate and update your practice information
- Check member eligibility
- Search claims
- Submit authorization requests
- Search member authorizations
- Access patient roster
- Access plan announcements and alerts

# Step 1 – License Agreement

- Click on the green AGREE button  to open, Step 2 of 4: Validation



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## Step 1 of 4: License Agreement

The provider must agree to the Healthix License Agreement. If you have an additional documents you want the provider to review and agree to, please provide the document in PDF format. The default agreement cannot be modified.

### License Agreement

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**Security.** You are responsible for changing your password upon entering the system for the first time. You are also responsible for safeguarding and maintaining the secrecy of your password at all times. We believe that we have taken all reasonable security steps to encrypt your information so that it cannot

Cancel

AGREE



Santa Clara  
Family Health Plan

7/28/17 v2

Page 4



## Step 2 -- Validation

- Fill in all fields to create an account on the system

### Step 2 of 4: Validation

---

Please fill in the fields to create an account on the system.

1. Enter your First Name and Last Name to associate your name with your account
  2. Enter the Tax Identification Number (TIN) and Address for the Practice you are registering to your account. The TIN must not include any spaces or dashes when entered
  3. For security purposes, add a claim paid by SCRHP in the last 180 days for the TIN you entered
  4. Include your Contact Name and Contact Phone Number in the event we have questions regarding your user account
  5. Once all fields are filled in, click the 'Add TINs' button
- To add any additional TINs to your account, enter the new TIN, new address, and new claim number, then click the "Add TINs" button again.

Click "Finished adding TINs to account" when complete.

---



## Step 2 Continued

Enter the following:

1. First and Last Name of the person registering for the account (your name). Note, each person in the office should have their own account.
2. The Tax Identification Number (TIN) for the practice you are registering for.
3. Your Address, City, State and Zip
4. An SCFHP claim number from a **PAID** claim (within the last six [6] months).
  - a. If you are using a Medi-Cal or Healthy Kids claim number with a paid date prior to July 1, 2017 you must add the letter "H" or "M" after the claim number.
    - "H" for a facility claim
    - "M" for a professional claim
  - b. If you are using a Medi-Cal or Healthy Kids claim number with a paid date on or after July 1, 2017 you do not need to add an "H" or an "M" after the claim number.
  - c. You do not need to add an "H" or an "M" to any Cal MediConnect claim numbers.
5. Practice name
6. Your contact phone number





## Step 2 Continued

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Added Providers \_\_\_\_\_

TIN \_\_\_\_\_

Address Line \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_  
San Jose

State \_\_\_\_\_  
California


Zip \_\_\_\_\_

Prod Claim Number \_\_\_\_\_

Divorced/leaver for claims used within last 180 days

Practice Name \_\_\_\_\_

Contact Phone \_\_\_\_\_

- If you are registering more than one TIN click on “ADD TINS” 
- If you register only one TIN click “FINISHED ADDING TINS TO ACCOUNT”



## Step 3: Create Username/Password

Enter the following:

- Username – Must be at least 6 characters and start with a letter
- Email address
- Confirm email address
- Password – Must be at least 8 in length and include at least one number and at least one special character
- Three Security Questions

### Step 3 of 4: Create Username/Password

You will use this information to login to your user account.  
Keep this information stored safely as you will need it to login to your account. All fields are required.

Username	Username: Must be at least 6 characters in length and start with a letter.
Email Address	Please enter your full email address. For example, name@domain.com
Confirm Email Address	
Password	Password: Must be at least 8 characters in length (50 maximum) and include at least one number and at least one special character. Special characters allowed include: !, @, #, \$, %, ^, &, *.
Confirm Password	Repeat your password. Min: 8, Max: 50
Security Question 1 -- Select Question --	Don't have an email account? This site requires a valid email address. If you do not have a valid email address, you may create a MySF Health account with one of these popular providers: <input type="checkbox"/> United <input type="checkbox"/> eNoC
Security Question 2 -- Select Question --	
Security Question 3 -- Select Question --	

*Remember to save your User Name and Password in a secure location.*

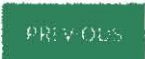

- Click on the green NEXT button

NEXT



# Step 4: Confirm Your Information

Review information displayed to confirm the login information is correct.

- Use the Previous button  at the bottom of the screen to go back and edit information
- Click the Finish button  to complete your registration



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Family Health Plan

## Step 4 of 4: Confirm Your Information

Please review to confirm the login information is correct. Click "Finish".

Username: You're Name Here

First Name: TesterFirst

Last Name: TesterLast

E-Mail Address:

Address: 123 Fake Test Ave  
Testville, CA 95120

Contact: TesterPractice

TIN: You're TIN Here

PREVIOUS

FINISH

Cancel



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Family Health Plan

7/28/2017 v2

Page 9

# You are Now Registered with Provider Link

## You can now:

- Check a member's eligibility and print each transaction
- View and download a primary care physician's patient list
- Check the status of authorizations processed by SCFHP's Utilization Management Department
- Check the status of a claim that has been processed by SCFHP's Claims Department
- Look up Pharmacy Formulary information by plan
- Access SCFHP Provider Resources, Quick Links and Documents

Now let's review each of the sections on Provider Link.





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# Accessing Provider Link, and the Home Page



# Accessing Provider Link

- Access **Provider Link** using the following URL:  
**Providerportal.scfhp.com**
- Enter your Username and Password
- Click on the orange Submit button  to access the Home Screen



## Login

Username

Password

**SUBMIT**

[Forgot your username or password?](#)

Need a username and password?

**REGISTER**

### \*\*IMPORTANT INFORMATION FOR PROVIDERS\*\*

The NEW Provider Link is coming soon! During this transition, HealthTrio/Connect is no longer available.

- To look up rosters or eligibility in the interim, please go to Providers-Member Search on the SCFHP website
- For claims please call us at 1-408-874-1789
- For authorization status please call us at 1-408-874-1821

To ensure you have access to the new Provider Link, register your new Provider Link account now by clicking on the **Register** button. Please note that some data may be missing or inaccurate until 8/1/2017.

### Welcome to the Provider Link

The Provider Link is an online tool for accessing eligibility, claims, and other helpful resources. You can login

==

- Validate and update your practice information
- Check member eligibility
- Search claims
- Submit authorization requests
- Search member authorizations
- Access patient roster
- Access plan announcements and alerts

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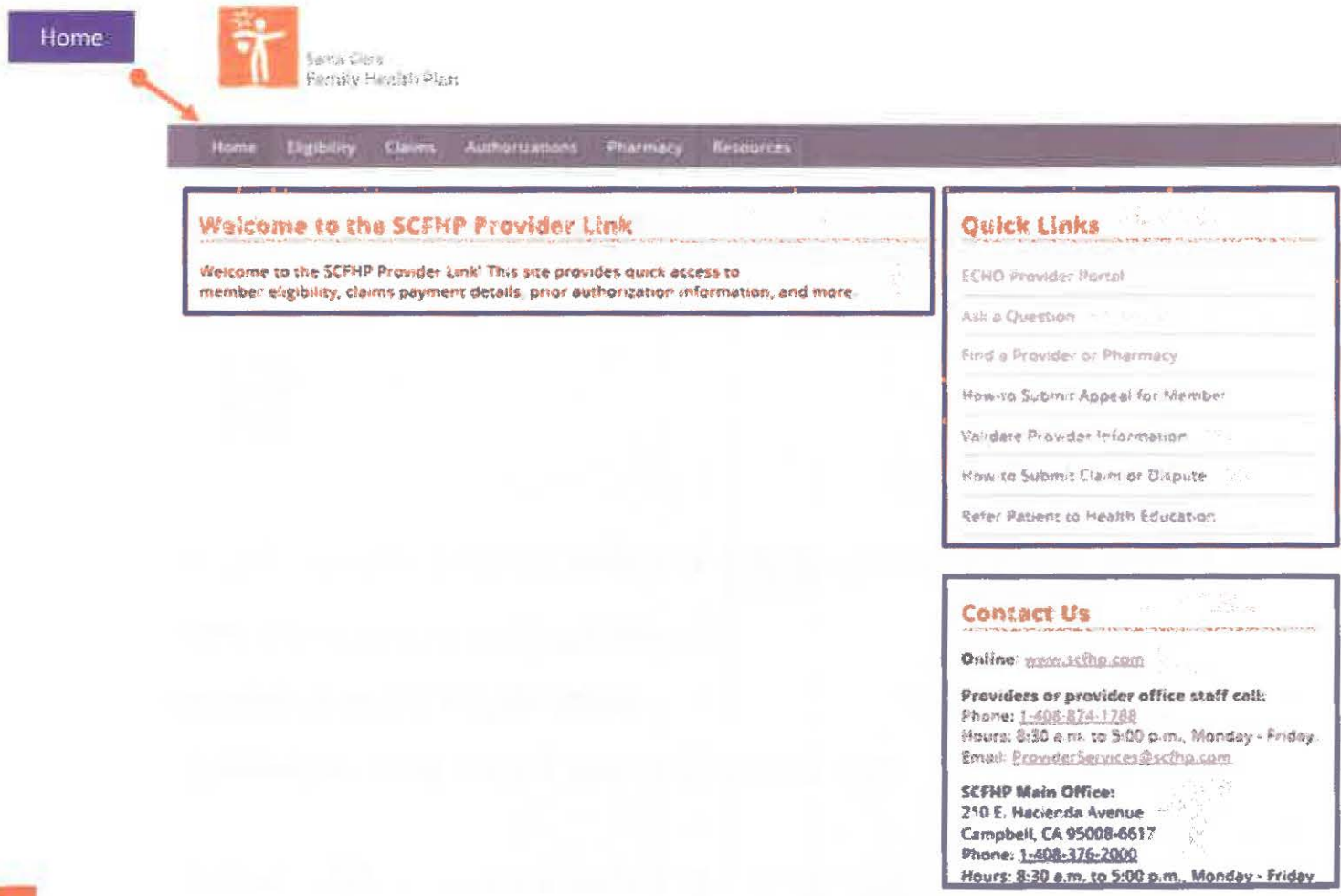
7/28/2017 v2

Page 12

# Home Screen

The Home Screen provides access to the following:

- Welcome
- Quick Links
- Contact Us





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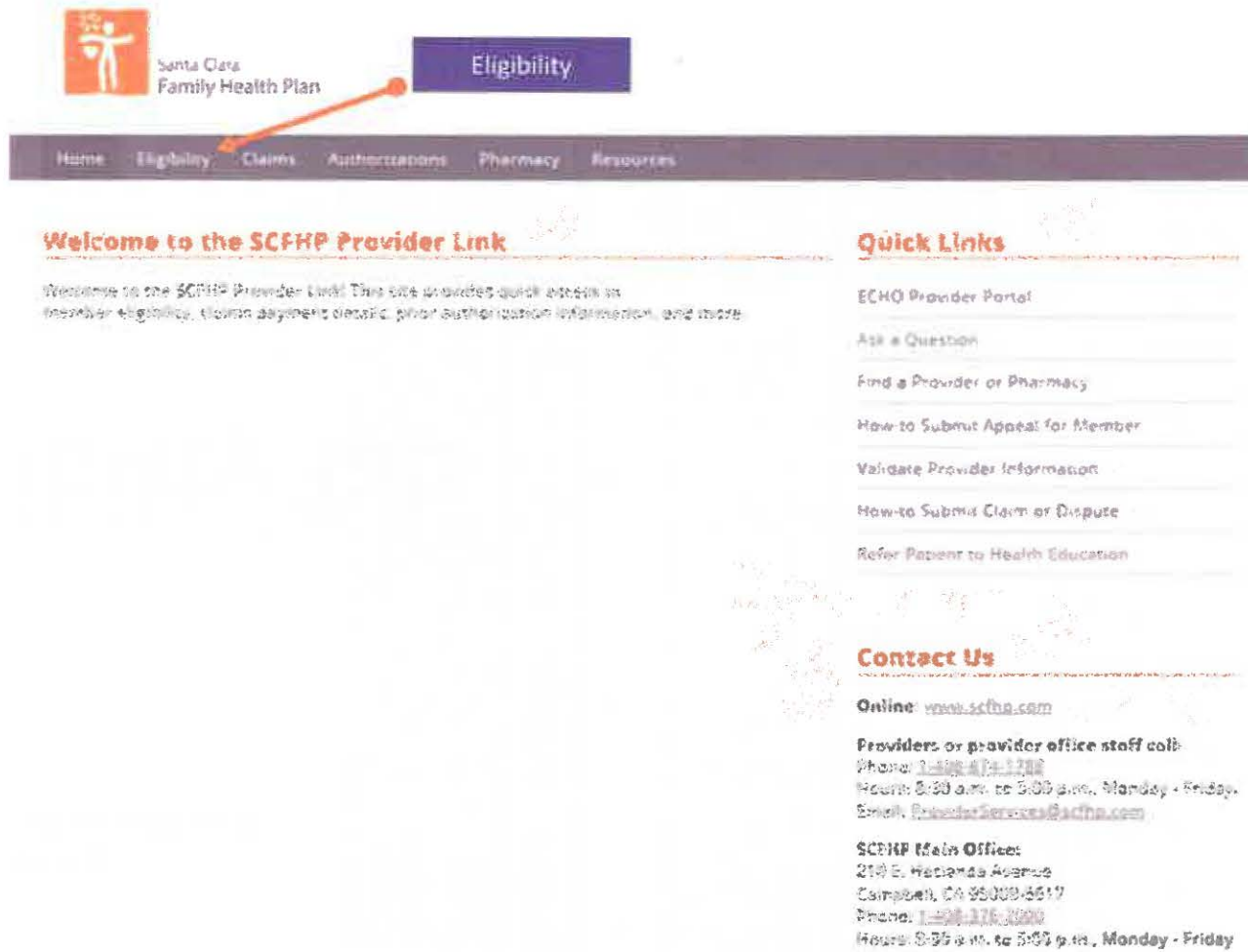
# Eligibility Tab



# Eligibility

From the Home page:

Click on the Eligibility tab  to access the member search wizard



The screenshot shows the Santa Clara Family Health Plan website. At the top left is the logo with the text "Santa Clara Family Health Plan". To its right is a purple button labeled "Eligibility". Below the logo and button is a navigation bar with links: Home, Eligibility, Claims, Authorizations, Pharmacy, and Resources. The "Eligibility" link is highlighted with a red arrow. Below the navigation bar is a section titled "Welcome to the SCFHP Provider Link" with a sub-header "Quick Links". The "Quick Links" section contains several links: ECHO Provider Portal, Ask a Question, Find a Provider or Pharmacy, How to Submit Appeal for Member, Validate Provider Information, How to Submit Claim or Dispute, and Refer Patient to Health Education. Below the "Quick Links" section is a "Contact Us" section with the following information: Online: [www.scfhp.com](http://www.scfhp.com); Providers or provider office staff call: Phone: 1-800-474-1188; Hours: 8:00 a.m. to 5:00 p.m., Monday - Friday; Email: [ProviderServices@scfhp.com](mailto:ProviderServices@scfhp.com); SCFHP Main Office: 210 E. Hacienda Avenue, Campbell, CA 95008-2617; Phone: 1-908-376-3000; Hours: 8:30 a.m. to 5:00 p.m., Monday - Friday.

# Member Search

Note: There are two ways to check a member's eligibility

1. Single member search - Enter the patient's First and Last name and Date of Birth.
2. Multiple member search - Using the Member ID(s) box, to enter the first Member ID Number, click enter and enter the second, etc. Click Search and results will be displayed under the search button

Home Eligibility Claims Authorizations Pharmacy Resources

Select TIN: 9100000 Select Provider:

To search for a member:

- Enter the Member ID
- or*
- Enter the Last Name and Date of Birth (MM/DD/YYYY)
  - Multiple Member IDs can be entered.
  - Press the 'enter' key after each Member ID





# Search Results

- Results will be displayed under the search button [Search](#)
- Results can be printed or downloaded by clicking on the [Print Results](#) or [Download Results](#) buttons

To search for a member:  
 • Enter the Member ID  
 • Enter the Last Name and Date of Birth (MM/DD/YYYY)

Name	Member ID	Date of Birth	Gender	Benefit Plan	PCP
<a href="#">Doe, Jane</a>	12345678A	9/10/2009	F	Medi-Cal	Gray, Ellis
<a href="#">Test, Adam</a>	23456789A	3/4/1991	M	Medi-Cal	Ross, Doug
<a href="#">Mouse, Mickey</a>	34567891A	4/25/1975	M	Medi-Cal	Hunt, Owen
<a href="#">Gorilla, Missilla</a>	45678912D	1/2/2001	F	Medi-Cal	Weaver, Kerry
<a href="#">Owens, John</a>	56789123B	3/14/1968	M	Medi-Cal	O'Malley, George
<a href="#">Boop, Betty</a>	67891234A	11/5/2003	F	Medi-Cal	Weaver, Kerry
<a href="#">Duck, Daffy</a>	98765432B	9/30/1984	M	Medi-Cal	Benson, Peter
<a href="#">Tracy, Dirk</a>	87654321A	10/1/2000	M	Medi-Cal	Sloan, Mark

Print or download results as .CSV (viewable as Microsoft Excel Spreadsheet)

# PCP Rosters

Primary Care Providers can generate and print their patient rosters from the Eligibility page

- Select the TIN and PCP using the dropdown buttons
- Click Search

Select TIN and Provider

Select TIN: 810000001 Select Provider: Gray, Ellis

To search for a member:

- Enter the Member ID
- or
- Enter the Last Name and Date of Birth (MM/DD/YYYY)
- Multiple Member IDs can be entered.
- Press the 'enter' key after each Member ID

Show/Hide Search

Member ID(s):  
First Name:  
Last Name:  
Date of Birth:

Search

Search View All Patients

Search Results

Name	MemberID	Date of Birth	Gender	Benefit Plan	PCP
<u>Doe, Jane</u>	118456754	9/10/2009	F	Medi-Cal	Gray, Ellis
<u>Simpson, Eric</u>	789654820	6/15/1974	M	Medi-Cal	Gray, Ellis
<u>Brown, Charlie</u>	554321953	1/26/1995	M	Medi-Cal	Gray, Ellis
<u>LaPew, Pepe</u>	987654321	10/4/1985	M	Medi-Cal	Gray, Ellis

Page 1 of 1

Print Results & Download Results

Print Results Download Results



# Member Status and Coverage Dates

Once the Patient Roster has been generated,

Click on the Member's Name

[Name](#)

[See info](#)

to view their Eligibility Status and Coverage Dates.

Member Name	Name	MemberID	Date of Birth	Gender	Benefit Plan	PCP
	<a href="#">Doe, Jane</a>	12345678A	9/10/2009	F	Medi-Cal	Grey, Ellis
	<a href="#">Simpson, Bart</a>	78965432D	8/15/1974	M	Medi-Cal	Grey, Ellis
	<a href="#">Brown, Charlie</a>	65432198B	1/28/1999	M	Medi-Cal	Grey, Ellis

Current Patient: **Doe, Jane**

[Show/Hide Search](#)

First Name:	Member ID(s):	Date of Birth:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name:		Group:
<input type="text"/>		<input type="text"/>

[Search](#) [View All Patients](#)

## Subscriber

Member: **Jane Doe**  
Member ID: **12345678A**

Group Name:  
Status:

**Medi-Cal**  
**Active**

[Eligibility Status](#)

## Coverages

Medi-Cal  
Current Benefit Effective Date: **07/01/2015** Termination Date:

[Coverage Dates](#)

[Back to Search Results / Print View](#)

[Back to Search Results / Print View](#)



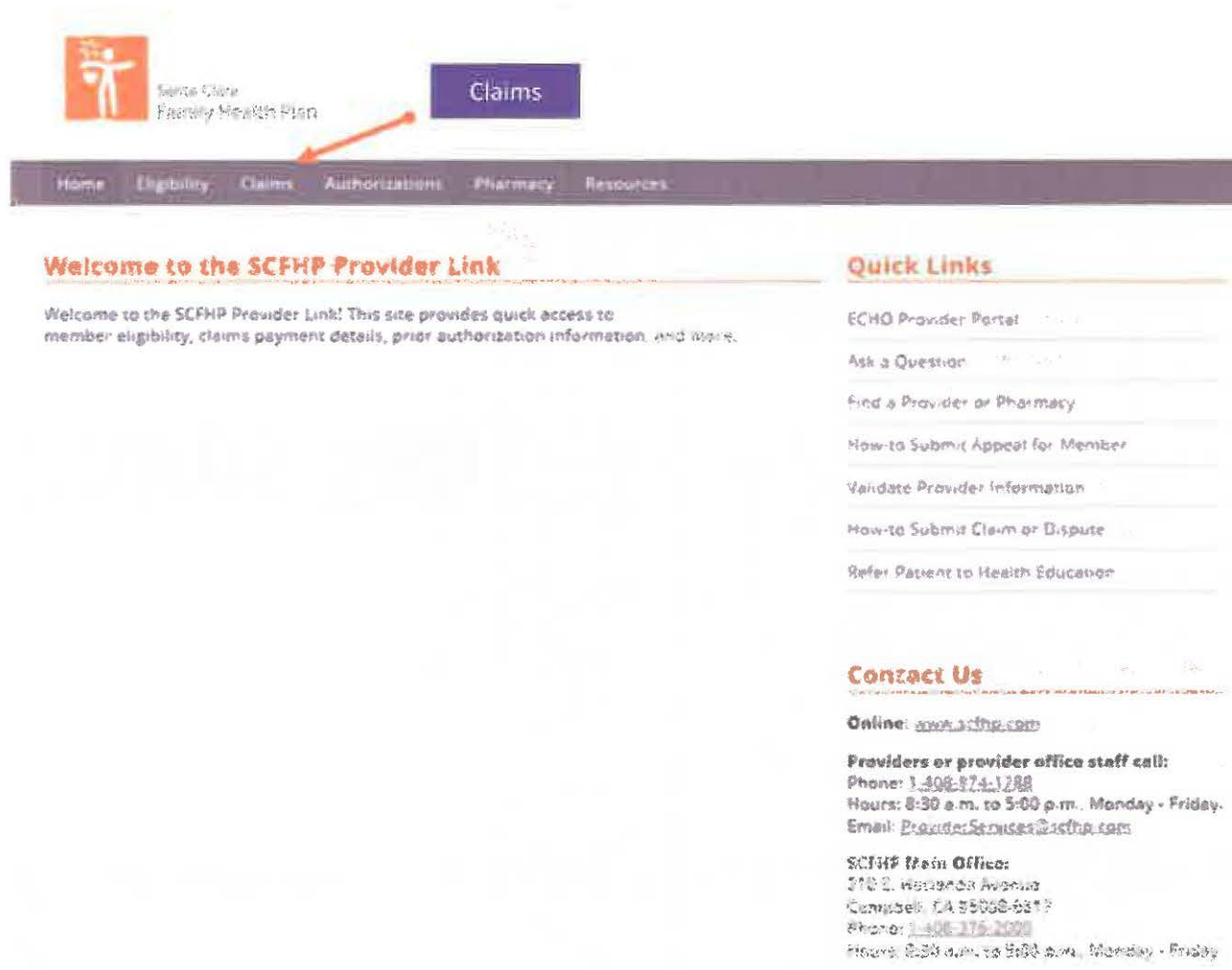



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# Claims Tab

# Home

From the Home Screen, click on the Claims  tab to access the search screen.



 Santa Clara Family Health Plan

[Home](#) [Eligibility](#) [Claims](#) [Authorizations](#) [Pharmacy](#) [Resources](#)

### Welcome to the SCFHP Provider Link

Welcome to the SCFHP Provider Link! This site provides quick access to member eligibility, claims payment details, prior authorization information, and more.

### Quick Links

- [ECHO Provider Portal](#)
- [Ask a Question](#)
- [Find a Provider or Pharmacy](#)
- [How to Submit Appeal for Member](#)
- [Validate Provider Information](#)
- [How to Submit Claim or Dispute](#)
- [Refer Patient to Health Education](#)

### Contact Us

**Online:** [www.scfhp.com](http://www.scfhp.com)

**Providers or provider office staff call:**  
Phone: 1-408-874-1288  
Hours: 8:30 a.m. to 5:00 p.m., Monday - Friday.  
Email: [ProviderServices@scfhp.com](mailto:ProviderServices@scfhp.com)

**SCFHP Main Office:**  
310 E. Hacienda Avenue  
Campbell, CA 95008-6317  
Phone: 1-408-375-2000  
Hours: 8:30 a.m. to 5:00 p.m., Monday - Friday



# Claims Search Screen Message

Note: SCFHP's Provider Portal only displays claims processed by SCFHP



Home - Home

Select TIN: 200527458

Select Provider:

SCFHP's provider portal only displays authorizations and claims that are processed by SCFHP.

- All authorizations and claims for Cal MediConnect, Medicare and Medi-Cal plan members are processed by SCFHP, and can be viewed below.
- SCFHP delegates some functions to medical groups. For SCFHP Medi-Cal and Healthy Kids members affiliated with a delegated medical group, please contact the delegated medical group as they are responsible for authorizations and claims.
  - You can find updated contact information for all of SCFHP's delegated medical groups on our website at [www.scfhp.com](http://www.scfhp.com) or in our Quick Reference Guide [\[click here\]](#).
- For Medi-Cal and Healthy Kids members, claims older than July 2015 may (1) not appear in the search listing, or (2) appear with limited or missing data (e.g., missing Paid Date).

Link to SCFHP Contact Information

Link to SCFHP Quick Reference Guide



# Claims Search

There are numerous ways to search claims on Provider Link

- Single Claim Search: Enter the Patient ID Patient ID: \_\_\_\_\_ or Date of Birth Date of Birth: \_\_\_\_\_ or Claim Number Claim Number(s): \_\_\_\_\_ or Check Number Check #: \_\_\_\_\_
- Multiple Claims Search: Using the Claims Number(s) box \_\_\_\_\_, enter the a Claim Number, click enter, and then enter the next Claim Number or use a date range with Begin Date Begin Date: 7/17/2014 and End Date End Date: 7/17/2017
- Click Search Search \_\_\_\_\_, and results will be displayed under the search button

To search for a patient claim:

- Enter the Patient ID
- or
- Date of Birth (MM/DD/YYYY) and the Service Range Begin/End Date
- or
- Enter a Claim Number
  - Multiple Claim Numbers can be entered
  - Press the 'enter' key after each Claim Number

[Show/Hide Search](#)

Single Member Search

<div style="background-color: #4a4a8a; color: white; padding: 5px; text-align: center; margin-bottom: 5px;">Multiple Claims Search</div> <input style="width: 90%; height: 40px;" type="text"/>	<input style="width: 90%; height: 25px;" type="text"/> <small>Patient ID:</small>	<input style="width: 90%; height: 25px;" type="text"/> <small>Begin Date:</small>	<input style="width: 90%; height: 25px;" type="text"/> <small>Check #</small>
	<input style="width: 90%; height: 25px;" type="text"/> <small>Date of Birth:</small>	<input style="width: 90%; height: 25px;" type="text"/> <small>End Date:</small>	

Search

→

[Search](#)    [View All Claims](#)

# Search Results

- Results will be displayed under the Search button
- Results can be downloaded by clicking on the Download Results button
- To view the claim, click on the underlined Claim Number 12000000001 [Download Results](#)

Search

Search [Search](#) [View All Claims](#)

<u>Claim Number</u>	<u>Member</u>	<u>Service Date</u>	<u>Total Charge</u>	<u>Member Responsibility</u>	<u>Claim Status</u>	<u>Paid Amount</u>
<u>12000000001</u>	La Pew, Pepe	5/22/2017	\$17.87	\$0.00	In Process	\$1.00
<u>12000000009</u>	Boop, Betty	5/31/2017	\$180.92	\$0.00	In Process	\$29.31
<u>12000023450</u>	Boop, Betty	6/9/2017	\$46.52	\$0.00	In Process	\$9.42
<u>12000027330</u>	Test, Adam	4/30/2017	\$59.12	\$0.00	In Process	\$1.00
<u>12000100023</u>	Duck, Daffy	6/25/2017	\$123.39	\$0.00	In Process	\$13.00
<u>12000100189</u>	Duck, Daffy	7/1/2017	\$16.47	\$0.00	In Process	\$1.00

14 of 1 Page

Claim Number

Download Results [Download Results](#)

Download results in Microsoft Excel



# View Claim

Click the Print View [Print View](#) to print or save a copy of a claim

## Claim # 170000000001

Member: Pepe La Pew  
Member ID: 65498782D  
Total Charges: \$17.87

Date(s) of Service: 5/22/2017  
Service Provider: XYZ MEDICAL EQUIPMENT

Charges	Plan Paid
\$17.87	\$1.00
Claim Status:	In Process

## Payment Details

Claim Received	Pay To	Type	Amount	Date Paid
05/27/2017		EFT	\$0.00	

## Claim Details

Description	CPT	Charges	Member Copay/Coinsurance	Plan Paid
Nebulizer with compressor	00570	\$17.87	\$0.00/ \$0.00	\$1.00
<b>Total</b>		<b>\$17.87</b>	<b>\$0.00</b>	<b>\$1.00</b>

## Disclaimer

THIS IS NOT A BILL

[Back to Search Results](#) | [Print View](#)

[Print](#)





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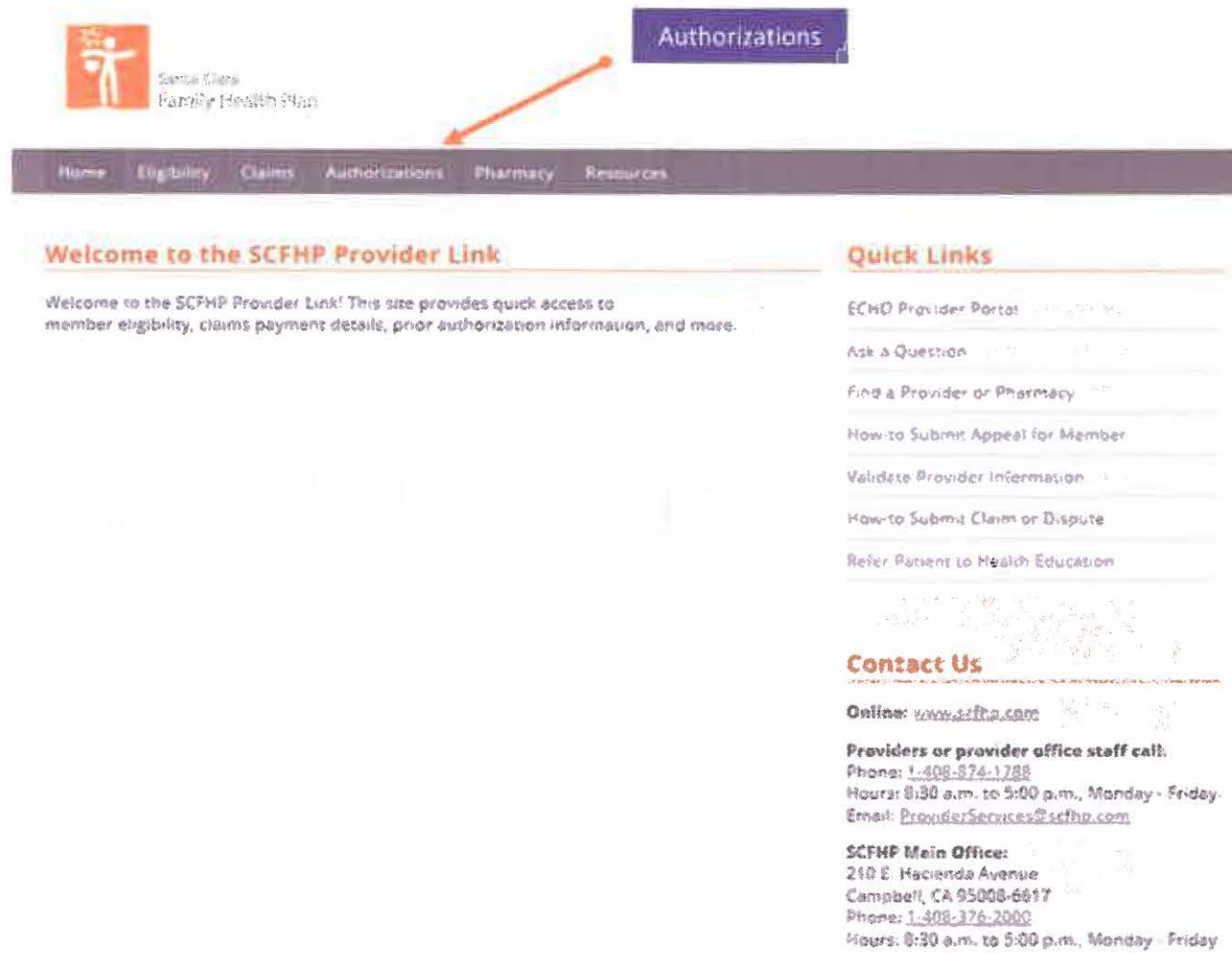
# Authorizations Tab





# Home

From the Home screen, click on the Authorizations  tab to access the search screen



The screenshot shows the Santa Clara Family Health Plan website. At the top left is the logo with the text "Santa Clara Family Health Plan". A navigation bar contains links for Home, Eligibility, Claims, Authorizations, Pharmacy, and Resources. The "Authorizations" link is highlighted with a purple box and an orange arrow points to it from the text above. Below the navigation bar, the page is divided into two columns. The left column has a heading "Welcome to the SCFHP Provider Link" followed by a paragraph: "Welcome to the SCFHP Provider Link! This site provides quick access to member eligibility, claims payment details, prior authorization information, and more." The right column has a heading "Quick Links" followed by a list of links: "ECHO Provider Portal", "Ask a Question", "Find a Provider or Pharmacy", "How to Submit Appeal for Member", "Validate Provider Information", "How to Submit Claim or Dispute", and "Refer Patient to Health Education". Below the Quick Links is a "Contact Us" section with the following information: "Online: www.scfhp.com", "Providers or provider office staff call: Phone: 1-808-874-1288, Hours: 8:30 a.m. to 5:00 p.m., Monday - Friday, Email: ProviderServices@scfhp.com", and "SCFHP Main Office: 210 E. Hacienda Avenue, Campbell, CA 95008-6617, Phone: 1-808-376-2000, Hours: 8:30 a.m. to 5:00 p.m., Monday - Friday".

# Search Authorizations

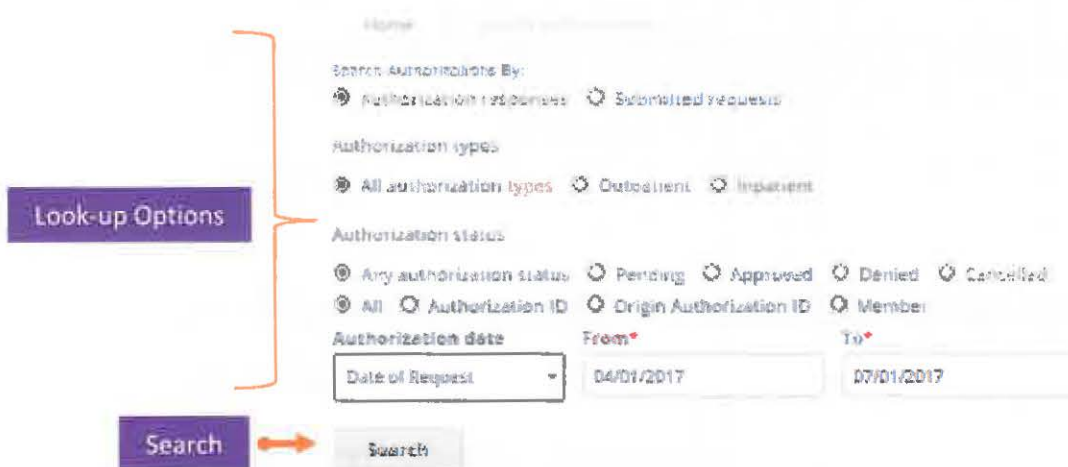
Provider Link has several options for searching authorizations:

Search by:

- Authorization responses or Submitted requests
- Authorization types
- Authorization status
- Authorization dates; To and From
- Click Search to display member(s) meeting your search criteria

The screenshot shows the 'Search Authorizations' page. At the top right, it says 'Search Authorizations By' with radio buttons for 'Authorization responses' (selected) and 'Submitted requests'. Below this are sections for 'Authorization types' (radio buttons for 'All authorization types', 'Outpatient', 'Inpatient'), 'Authorization status' (radio buttons for 'Any authorization status', 'Pending', 'Approved', 'Denied', 'Cancelled'), and search criteria for 'Authorization date' (a dropdown menu set to 'Date of Request') and 'From'/'To' dates (04/01/2017 and 07/01/2017). A 'Search' button is located below the date fields. In the top right corner, it indicates the user is logged in as 'Rander' with links for 'Messages (0)', 'Profile', and 'Log Out'. The Santa Clara Family Health Plan logo is in the top left, and a navigation bar at the bottom contains links for 'Home', 'Enrollment', 'Claims', 'Authorizations', and 'Provider Services User Manager'.

## Search Authorizations



# Authorization Search Results

- Search results will be displayed under the Search button
- To view the authorization, click on the underlined Auth Number A000000

Home

Search authorizations by:

Authorization responses  Submitted requests

Authorization types

All authorization types  Outpatient  Inpatient

Authorization status

Any authorization status  Pending  Approved  Denied  Cancelled

All  Authorization ID  Origin Authorization ID  Member

Authorization date

From:  To:

Date of Service

Search



Search

Search Results



Auth Number	Patient	Provider	Start Date	End Date
<u>A000000</u>		ABC HEALTHCARE	7/20/2017	7/26/2017
<u>A000008</u>		CA CLINIC	7/19/2017	7/26/2017
<u>A000006</u>		PROVIDER NAME	7/19/2017	7/26/2017
<u>A000002</u>		XYZ MEDICAL EQUIPMENT	7/18/2017	10/31/2017
<u>A000007</u>		HEARING CLINIC	7/18/2017	10/16/2017
<u>A000001</u>		HOSPITAL	7/18/2017	10/16/2017
<u>A000009</u>		123 HOME CARE	7/16/2017	9/15/2017
<u>A000004</u>		DOCTOR CLINIC	7/15/2017	7/25/2017

Auth Number



1 2 3 4 10 20 30 272 "



# View Authorization

Click the print button to print or save an authorization



Print

## View Authorization

Home | Search Authorizations



### Authorization # A0000009

Authorization #	Status	Effective Date	Type	Member	Requested Dates of Service	Requester
A0000009	Approved	02/28/2016	Health	000000000	02/28/2016 - 03/07/2016	000000000

### Service Details

Service Code	Description	Units	Days
900000000	Psychiatry	1	1

### Service Details

Provider	Specialty
000000000	Psychiatry
000000000	Psychiatry
000000000	Psychiatry
000000000	Psychiatry
000000000	Psychiatry
000000000	Psychiatry

Provider	Specialty
000000000	Psychiatry
000000000	Psychiatry
000000000	Psychiatry
000000000	Psychiatry
000000000	Psychiatry
000000000	Psychiatry

Provider	Specialty
000000000	Psychiatry
000000000	Psychiatry
000000000	Psychiatry
000000000	Psychiatry
000000000	Psychiatry
000000000	Psychiatry






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# Pharmacy Tab



# Home

From the home screen, click on the Pharmacy tab to access the search screen.

 Santa Clara Family Health Plan

**Pharmacy**

Home Eligibility Claims Authorizations **Pharmacy** Resources

### Welcome to the SCFHP Provider Link

Welcome to the SCFHP Provider Link! This site provides quick access to member eligibility, claims payment details, prior authorization information, and more.

### Quick Links

- [ECHO Provider Portal](#)
- [Ask a Question](#)
- [Find a Provider or Pharmacy](#)
- [How-to Submit Appeal for Member](#)
- [Validate Provider Information](#)
- [How-to Submit Claim or Dispute](#)
- [Refer Patient to Health Education](#)

### Contact Us

Online: [www.scfhp.com](http://www.scfhp.com)

Providers or provider office staff call:  
Phone: 1-408-824-1788  
Hours: 8:30 a.m. to 5:00 p.m., Monday - Friday.  
Email: [ProviderServices@scfhp.com](mailto:ProviderServices@scfhp.com)

SCFHP Main Office:  
210 E. Hacienda Avenue  
Campbell, CA 95008-6617  
Phone: 1-408-376-2000  
Hours: 8:30 a.m. to 5:00 p.m., Monday - Friday

# Pharmacy Tools

The Pharmacy screen provides access to the following tools for Medi-Cal, Healthy Kids, and Cal-MediConnect.

- **Formulary** – View covered medications in SCFHP’s drug formulary list
- **Form 61-211** – Complete Drug Prior Authorization form or step therapy exception request
- **Directory** – Find in-network pharmacy locations



Medi-Cal & Healthy Kids



## Medi-Cal/Healthy Kids Pharmacy Tools:

[Drug Formulary](#) -- View covered medications on our drug formulary list

[Prior Authorization Form](#) -- Form 61-211 for drug prior authorization or step therapy exception request

[Pharmacy Directory](#) -- Find in-network pharmacy locations

Cal MediConnect



## Cal MediConnect Pharmacy Tools:

[Drug Formulary](#) -- View covered medications on our drug formulary list

[Part D Coverage Determination Form](#) -- Submit a coverage determination request online

[TransactRx](#) -- Submit in-office administered Part D vaccination claims

[Pharmacy Directory](#) -- Find in-network pharmacy locations

[Home](#)






Santa Clara  
Family Health Plan

# Resources Tab



# Home

From the Home screen, click on the Resources tab to access the search screen.

 Santa Clara Family Health Plan

[Home](#) [Eligibility](#) [Claims](#) [Authorizations](#) [Pharmacy](#) [Resources](#)

### Welcome to the SCFHP Provider Link

Welcome to the SCFHP Provider Link! This site provides quick access to member eligibility, claims payment details, prior authorization information, and more.

### Quick Links

- [ECHO Provider Portal](#)
- [Ask a Question](#)
- [Find a Provider or Pharmacy](#)
- [How to Submit Appeal for Member](#)
- [Validate Provider Information](#)
- [How to Submit Claim or Dispute](#)
- [Refer Patient to Health Education](#)

### Contact Us

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# Documents & Resources

The Resources Home screen provides access to the following SCFHP Documents and Resources:

- Provider Manuals, Memos, Quick Reference Guides, Provider Training , Clinical Guidelines, P&Ps, Advanced Health Care Directive, Fraud-Waste & Abuse Resources, HIPAA, Submitting a Claim or Dispute, Medicare Part D Coverage forms, and Frequently Used Links & Downloads



Santa Clara  
Family Health Plan

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[Resources](#)

## Documents & Resources

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[Provider Resources](#)

[Forms & Documents](#)

[Provider Manual \(Medi-Cal & Healthy Kids\)](#)

[Provider Manual \(Cal MediConnect\)](#)

[Policies and Procedures](#)

[Prescription Drug Prior Authorization Request Form](#)

[Medicare Part D Coverage Determination Online Submission Form](#)

[Medicare Part D Coverage Determination Request Form \(PDF\)](#)

[Quick Reference \(Medi-Cal & Healthy Kids\)](#)

[Quick Reference \(Cal MediConnect\)](#)



Santa Clara  
Family Health Plan

[Home](#)

7/28/2017 v2

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Are you able to navigate through Provider Link?



Do you understand the features available under each area of the Provider Link?

## QUESTIONS?



If you have questions about any other feature **Provider Link features**, or information found on **Provider Link**, please call SCFHP's Customer Service Department at 408-874-1788 or email [providerservices@scfhp.com](mailto:providerservices@scfhp.com).



## Santa Clara Family Health Plan

### Top 10 Drugs by Total Cost

Fill date: 10/1/2017 – 12/31/2017

#### SAC01 – Medi-Cal

	Label Name	Total Cost	Patient Paid	Plan Paid	% of Total Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claims	Generic % of Total Claims	Plan Paid / Day	Plan Paid / Claim
1	<a href="#">HUMIRA 40 MG/0.8 ML PEN</a>	\$1,282,573	\$0.00	\$1,282,573	4.3%	0.0%	278	0.1%	0.0%	\$164.66	\$4,613.37
2	<a href="#">FREESTYLE LITE TEST STRIP</a>	\$1,008,348	\$0.00	\$1,008,348	3.4%	0.0%	9,239	1.7%	0.0%	\$3.52	\$109.14
3	<a href="#">ZEPATIER 50-100 MG TABLET</a>	\$814,456	\$0.00	\$814,456	2.7%	0.0%	93	0.0%	0.0%	\$623.54	\$8,757.59
4	<a href="#">MAVYRET 100-40 MG TABLET</a>	\$749,553	\$0.00	\$749,553	2.5%	0.0%	118	0.0%	0.0%	\$453.74	\$6,352.40
5	<a href="#">HUMALOG 100 UNITS/ML VIAL</a>	\$620,968	\$0.00	\$620,977	2.1%	0.0%	1,385	0.3%	0.0%	\$16.62	\$448.36
6	<a href="#">JANUVIA 100 MG TABLET</a>	\$603,510	\$0.00	\$603,510	2.0%	0.0%	1,328	0.2%	0.0%	\$13.57	\$454.45
7	<a href="#">EPCLUSA 400 MG-100 MG TABLET</a>	\$599,658	\$0.00	\$599,658	2.0%	0.0%	50	0.0%	0.0%	\$286.65	\$11,993.15
8	<a href="#">VENTOLIN HFA 90 MCG INHALER</a>	\$540,401	\$0.00	\$540,402	1.8%	0.0%	9,523	1.8%	0.0%	\$2.59	\$56.75
9	<a href="#">BASAGLAR 100 UNIT/ML KWIKPEN</a>	\$519,837	\$0.00	\$519,837	1.7%	0.0%	1,918	0.4%	0.0%	\$8.31	\$271.03
10	<a href="#">RENAGEL 800 MG TABLET</a>	\$432,250	\$0.00	\$432,250	1.4%	0.0%	242	0.0%	0.0%	\$61.95	\$1,786.16
<b>Totals for Top 10</b>		<b>\$7,171,583</b>	<b>\$0.00</b>	<b>\$7,171,594</b>	<b>23.8%</b>	<b>0.0%</b>	<b>24,174</b>	<b>4.3%</b>	<b>0.0%</b>	<b>\$10.90</b>	<b>\$296.67</b>
<b>Totals for SAC</b>		<b>\$30,070,029</b>	<b>\$0.00</b>	<b>\$30,070,064</b>	<b>100.0%</b>	<b>28.1%</b>	<b>532,304</b>	<b>100.0%</b>	<b>28.7%</b>	<b>\$1.81</b>	<b>\$56.49</b>

#### SAC02 – Healthy Kids

	Label Name	Total Cost	Patient Paid	Plan Paid	% of Total Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claims	Generic % of Total Claims	Plan Paid / Day	Plan Paid / Claim
1	<a href="#">VALGANCICLOVIR HCL 50 MG/ML</a>	\$10,386	\$0.00	\$10,386	10.3%	100.0%	2	0.2%	100.0%	\$199.73	\$5,192.86
2	<a href="#">HUMIRA 40 MG/0.8 ML PEN</a>	\$8,637	\$0.00	\$8,637	8.6%	0.0%	1	0.1%	0.0%	\$508.45	\$8,636.51
3	<a href="#">PROMACTA 50 MG TABLET</a>	\$7,121	\$0.00	\$7,121	7.1%	0.0%	1	0.1%	0.0%	\$237.36	\$7,120.73
4	<a href="#">HUMALOG 100 UNITS/ML VIAL</a>	\$3,663	\$10	\$3,653	5.5%	0.0%	6	0.3%	0.0%	\$38.20	\$942.17
5	<a href="#">CREON DR 24,000 UNITS CAPSULE</a>	\$4,445	\$10	\$4,435	4.4%	0.0%	3	0.3%	0.0%	\$49.28	\$1,475.31
6	<a href="#">QVAR 40 MCG ORAL INHALER</a>	\$4,059	\$20	\$4,039	4.0%	0.0%	25	2.3%	0.0%	\$4.64	\$161.55
7	<a href="#">VENTOLIN HFA 90 MCG INHALER</a>	\$3,952	\$30	\$3,902	3.9%	0.0%	59	6.3%	0.0%	\$2.85	\$56.55
8	<a href="#">EPINEPHRINE 0.3 MG AUTO-INJECT</a>	\$2,952	\$20	\$2,962	2.9%	100.0%	9	0.5%	100.0%	\$63.52	\$329.08
9	<a href="#">AMICAR 0.25 GRAM/ML ORAL SOLN</a>	\$2,433	\$0.00	\$2,433	2.4%	0.0%	1	0.1%	0.0%	\$486.62	\$2,433.05
10	<a href="#">NITROFURANTOIN 25 MG/5 ML SUSP</a>	\$2,234	\$0.00	\$2,234	2.2%	100.0%	3	0.3%	100.0%	\$32.56	\$744.74
<b>Totals for Top 10</b>		<b>\$51,910</b>	<b>\$110</b>	<b>\$51,800</b>	<b>51.5%</b>	<b>30.1%</b>	<b>120</b>	<b>10.9%</b>	<b>11.7%</b>	<b>\$19.16</b>	<b>\$431.67</b>
<b>Totals for SAC</b>		<b>\$101,194</b>	<b>\$675</b>	<b>\$100,519</b>	<b>100.0%</b>	<b>49.1%</b>	<b>1,102</b>	<b>100.0%</b>	<b>79.5%</b>	<b>\$4.38</b>	<b>\$91.22</b>

SAC06 – Cal MediConnect

	Label Name	Total Cost	Patient Paid	Plan Paid	% of Total Plan Paid	Generic % of Plan Paid	Total Claims	% of Total Claims	Generic % of Total Claims	Plan Paid / Day	Plan Paid / Claim
1	<a href="#">EPCLUSA 400 MG-100 MG TABLET</a>	\$195,339	\$0	\$195,339	2.5%	0.0%	8	0.0%	0.0%	\$872.03	\$24,416.95
2	<a href="#">FREESTYLE LITE TEST STRIP</a>	\$177,366	\$0.00	\$177,366	2.3%	0.0%	1,550	2.0%	0.0%	\$0.29	\$114.43
3	<a href="#">JANUVIA 100 MG TABLET</a>	\$155,445	\$616	\$154,829	2.0%	0.0%	243	0.3%	0.0%	\$12.46	\$624.31
4	<a href="#">LANTUS 100 UNIT/ML VIAL</a>	\$154,022	\$909	\$154,013	2.0%	0.0%	375	0.5%	0.0%	\$11.55	\$410.70
5	<a href="#">INVEGA SUSTENNA 234 MG/1.5 ML</a>	\$141,688	\$0.00	\$141,688	1.8%	0.0%	58	0.1%	0.0%	\$87.03	\$2,442.90
6	<a href="#">RESTASIS 0.05% EYE EMULSION</a>	\$124,370	\$475	\$123,694	1.6%	0.0%	243	0.3%	0.0%	\$14.44	\$509.03
7	<a href="#">LANTUS SOLOSTAR 100 UNIT/ML</a>	\$123,557	\$605	\$122,653	1.6%	0.0%	382	0.5%	0.0%	\$8.45	\$321.08
8	<a href="#">SPIRIVA 18 MCG CP- HANDHALER</a>	\$120,994	\$339	\$120,435	1.5%	0.0%	265	0.3%	0.0%	\$11.95	\$454.47
9	<a href="#">NOVOLOG 100 UNITS/ML FLEXPEN</a>	\$115,126	\$143	\$114,783	1.5%	0.0%	189	0.2%	0.0%	\$19.03	\$607.32
10	<a href="#">XTANDI 40 MG CAPSULE</a>	\$110,995	\$0.00	\$110,995	1.4%	0.0%	12	0.0%	0.0%	\$308.32	\$9,249.57
<b>Totals for Top 10</b>		<b>\$1,419,703</b>	<b>\$3,911</b>	<b>\$1,415,792</b>	<b>18.0%</b>	<b>0.0%</b>	<b>3,130</b>	<b>4.3%</b>	<b>0.0%</b>	<b>\$11.70</b>	<b>\$425.16</b>
<b>Totals for SAC</b>		<b>\$7,914,180</b>	<b>\$68,675</b>	<b>\$7,845,506</b>	<b>100.0%</b>	<b>18.5%</b>	<b>77,329</b>	<b>100.0%</b>	<b>82.4%</b>	<b>\$2.31</b>	<b>\$101.46</b>

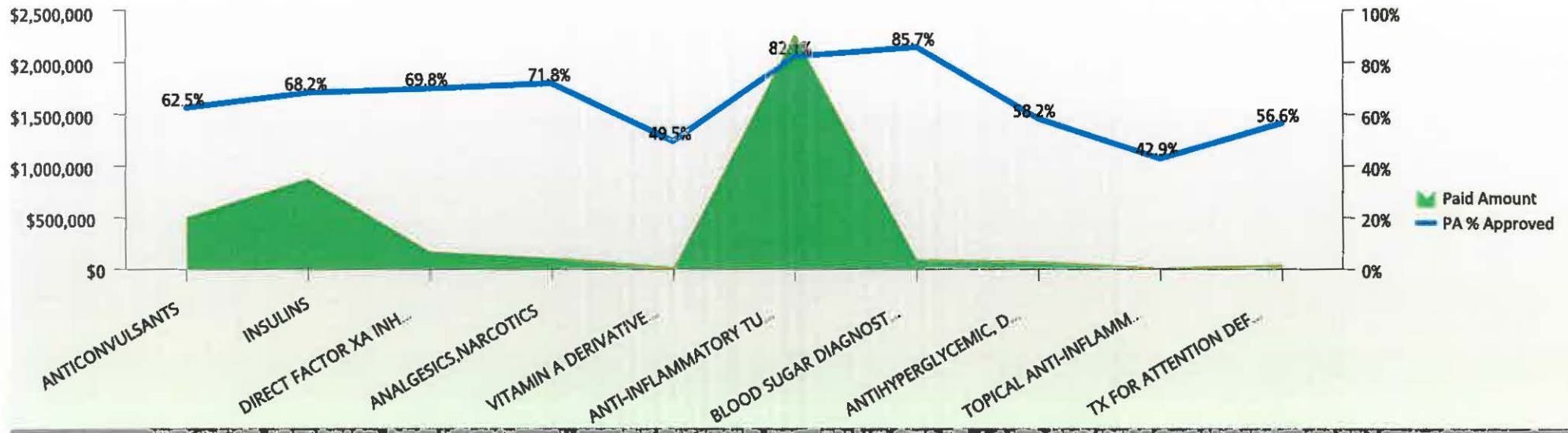


# Therapeutic PAs

SAC01 - Medi-Cal

Report Period: 10/01/2017 to 12/31/2017  
Comparison Period: 10/01/2016 to 12/31/2016

### Top Drug Classes by PA Volume



### Top Drugs by PA Volume

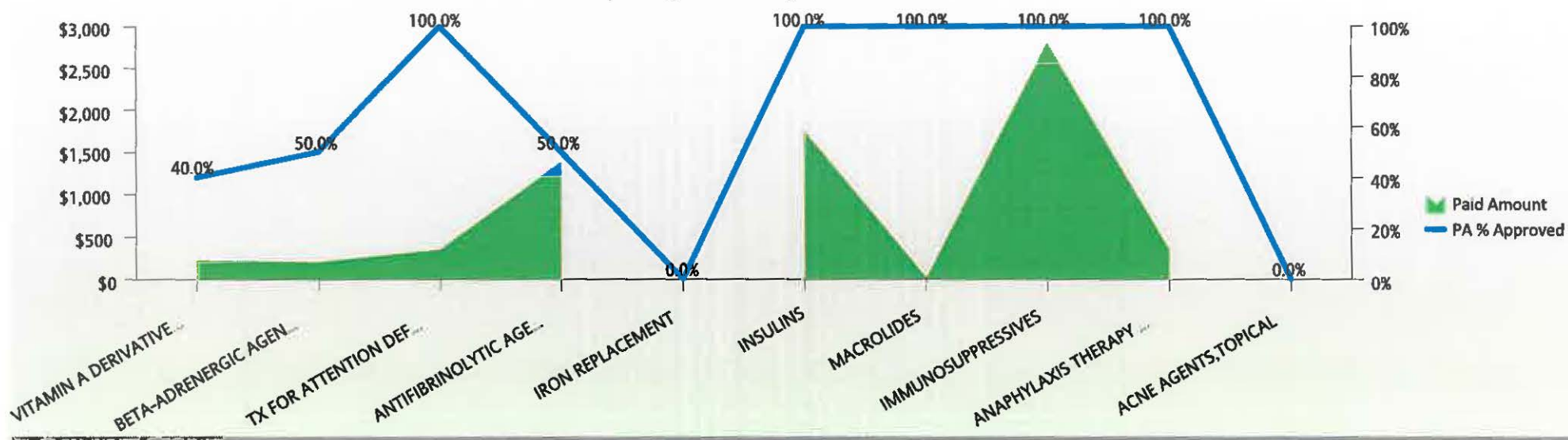
Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per RX
1	2	HUMALOG KWIKPEN U-100	145	75.2%	550	\$354,967.03	\$645.39
2	1	LYRICA	140	65.0%	329	\$171,659.55	\$521.76
3	4	XARELTO	136	70.6%	343	\$140,304.03	\$409.05
4	3	TRETINOIN	94	51.1%	75	\$12,197.07	\$162.63
5	5	DICLOFENAC SODIUM	85	43.5%	81	\$6,697.86	\$82.69
6	8	JANUVIA	75	57.3%	109	\$49,169.93	\$451.10
7	818	MAVYRET	63	61.9%	106	\$673,534.40	\$6,354.10
8	12	FREESTYLE LITE STRIPS	57	91.2%	263	\$66,688.94	\$253.57
9	7	HUMIRA PEN	56	85.7%	266	\$1,218,221.65	\$4,579.78
10	6	RESTASIS	55	50.9%	141	\$64,783.04	\$459.45
<b>Totals for Top 10</b>			<b>906</b>	<b>65.2%</b>	<b>2,263</b>	<b>\$2,758,223.50</b>	<b>\$1,218.83</b>
<b>Totals for All</b>			<b>4,398</b>	<b>56.6%</b>	<b>10,147</b>	<b>\$13,460,439.91</b>	<b>\$1,326.54</b>

# Therapeutic PAs

SAC02 - Healthy Kids

Report Period: 10/01/2017 to 12/31/2017  
Comparison Period: 10/01/2016 to 12/31/2016

### Top Drug Classes by PA Volume



### Top Drugs by PA Volume

Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per Rx
1	1	TRETINOIN	4	50.0%	1	\$220.99	\$220.99
2	10	LEVALBUTEROL HCL	2	50.0%	1	\$133.91	\$133.91
3	10	LEVALBUTEROL TARTRATE HFA	2	50.0%	1	\$71.29	\$71.29
4	4	METHYLPHENIDATE HCL	1	100.0%	1	\$168.22	\$168.22
5	10	ADAPALENE	1	0.0%	0	\$0.00	\$0.00
6	10	AMICAR	1	0.0%	0	\$0.00	\$0.00
7	10	AZITHROMYCIN	1	100.0%	1	\$23.34	\$23.34
8	10	CHILDREN'S FERROUS SULFATE	1	0.0%	0	\$0.00	\$0.00
9	10	CLINDAMYCIN PHOS-BENZOYL PEROX	1	0.0%	0	\$0.00	\$0.00
10	10	DEXMETHYLPHENIDATE HCL ER	1	100.0%	1	\$183.78	\$183.78
<b>Totals for Top 10</b>			<b>15</b>	<b>46.7%</b>	<b>6</b>	<b>\$801.53</b>	<b>\$133.59</b>
<b>Totals for All</b>			<b>22</b>	<b>63.6%</b>	<b>34</b>	<b>\$36,715.95</b>	<b>\$1,079.88</b>

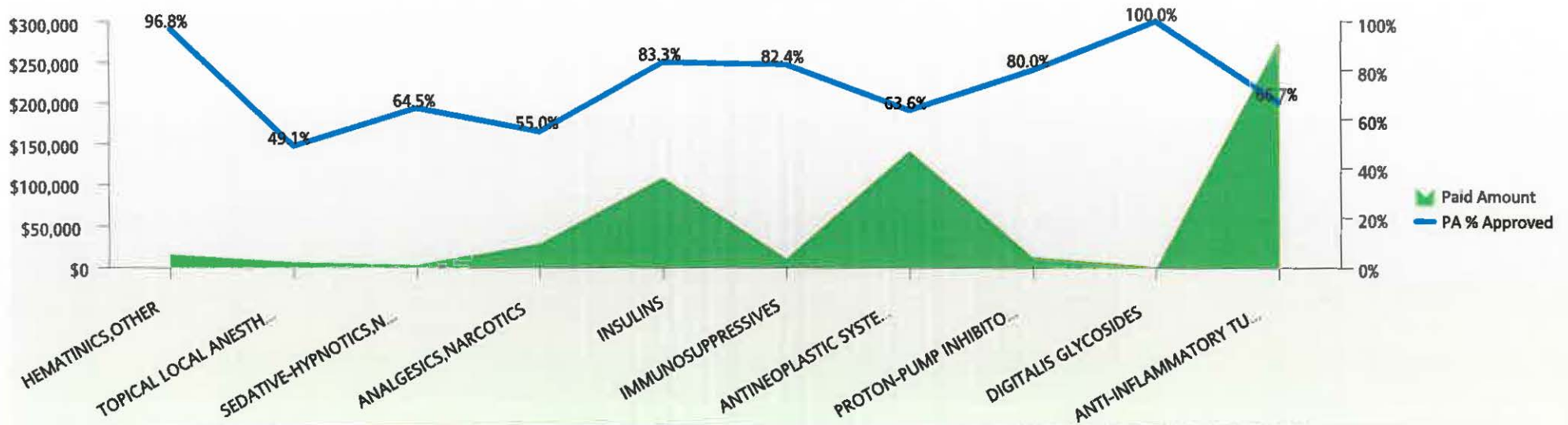


# Therapeutic PAs

SAC06 - Cal MediConnect

Report Period: 10/01/2017 to 12/31/2017  
Comparison Period: 10/01/2016 to 12/31/2016

### Top Drug Classes by PA Volume



### Top Drugs by PA Volume

Rank	Prior Rank	Drug Name	PA Count	% Approved	Rx Count	Plan Paid	Paid per Rx
1	4	PROCRIT	90	100.0%	11	\$14,715.82	\$1,337.80
2	1	LIDOCAINE	51	49.0%	42	\$5,734.94	\$136.55
3	2	ZOLPIDEM TARTRATE	26	61.5%	69	\$517.35	\$7.50
4	15	SILDENAFIL	7	42.9%	16	\$561.19	\$35.07
5	149	PROMETHAZINE HCL	7	100.0%	1	\$97.50	\$97.50
6	34	MYCOPHENOLATE MOFETIL	6	83.3%	34	\$2,023.59	\$59.52
7	149	INVOKANA	6	16.7%	0	\$0.00	\$0.00
8	20	HUMALOG	5	60.0%	4	\$377.06	\$94.26
9	34	XIFAXAN	5	100.0%	41	\$70,095.61	\$1,709.65
10	57	GLIPIZIDE	5	100.0%	28	\$209.69	\$7.49
<b>Totals for Top 10</b>			<b>208</b>	<b>76.9%</b>	<b>246</b>	<b>\$94,332.75</b>	<b>\$383.47</b>
<b>Totals for All</b>			<b>475</b>	<b>69.9%</b>	<b>1,466</b>	<b>\$2,143,583.14</b>	<b>\$1,462.20</b>



Santa Clara  
Family Health Plan

*The Spirit of Care*

**CONFIDENTIALITY,  
CONFLICT OF INTEREST  
&  
NON-DISCRIMINATION AGREEMENT  
2017**

**CONFIDENTIALITY STATEMENT**

I understand that Santa Clara Family Health Plan (SCFHP) has a legal and ethical responsibility to comply with all applicable federal and state laws established under the Health Insurance Portability and Accountability Act (HIPAA) and Privacy Rule adopted thereunder (45 CFR Parts 160 and 164) and all related SCFHP Policies and Procedures.

In addition, I understand that during the course of my affiliation with the Provider Advisory Council (PAC), I agree to respect and maintain the confidentiality of all confidential information, especially Protected Health Information (PHI). I also agree that my obligations under this agreement regarding PHI will continue after the termination of my affiliation with the PAC.

**CONFLICT OF INTEREST STATEMENT**

I understand and agree that I will report to the Committee Chairperson if I have a financial or non-financial conflict of interest which would impair my objectivity in performing my responsibilities as a member of the PAC. Furthermore, I will refrain from any proceeding or cast a vote on any issue related to conflict of interest.

**NON-DISCRIMINATION**

Santa Clara Family Health Plan (SCFHP) and all PAC Committee Members comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, religion, citizenship status, genetic information, marital status, sexual orientation and identity, medical condition, AIDS/HIV, military or veteran status, political affiliations or activities, or status as a victim of domestic violence, assault or stalking.

**AGREEMENT**

I, the undersigned, have read and understand the above Confidentiality and Conflict of Interest Statements and agree to abide by these standards and requirements in the conduct of my responsibilities related to matters of the PAC.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name



Santa Clara  
Family Health Plan

*The Spirit of Care*

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**AGREEMENT**

I, the undersigned, have read and understand the above Confidentiality and Conflict of Interest Statements and agree to abide by these standards and requirements in the conduct of my responsibilities related to matters of the PAC.

Signature

Date

2/1/18

Print Name

DOLLY C GOEL



Santa Clara  
Family Health Plan

*The Spirit of Care*

**CONFIDENTIALITY,  
CONFLICT OF INTEREST  
&  
NON-DISCRIMINATION AGREEMENT  
2017**

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**AGREEMENT**

I, the undersigned, have read and understand the above Confidentiality and Conflict of Interest Statements and agree to abide by these standards and requirements in the conduct of my responsibilities related to matters of the PAC.

Signature

Date

2/1/2018

Print Name

Jimmy J. Lin MD





Santa Clara  
Family Health Plan

*The Spirit of Care*

**CONFIDENTIALITY,  
CONFLICT OF INTEREST  
&  
NON-DISCRIMINATION AGREEMENT  
2017**

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Signature

2-1-18

Date

BORIS,

Print Name





Santa Clara  
Family Health Plan

*The Spirit of Care*

**CONFIDENTIALITY,  
CONFLICT OF INTEREST  
&  
NON-DISCRIMINATION AGREEMENT  
2017**

**CONFIDENTIALITY STATEMENT**

I understand that Santa Clara Family Health Plan (SCFHP) has a legal and ethical responsibility to comply with all applicable federal and state laws established under the Health Insurance Portability and Accountability Act (HIPAA) and Privacy Rule adopted thereunder (45 CFR Parts 160 and 164) and all related SCFHP Policies and Procedures.

In addition, I understand that during the course of my affiliation with the Provider Advisory Council (PAC), I agree to respect and maintain the confidentiality of all confidential information, especially Protected Health Information (PHI). I also agree that my obligations under this agreement regarding PHI will continue after the termination of my affiliation with the PAC.

**CONFLICT OF INTEREST STATEMENT**

I understand and agree that I will report to the Committee Chairperson if I have a financial or non-financial conflict of interest which would impair my objectivity in performing my responsibilities as a member of the PAC. Furthermore, I will refrain from any proceeding or cast a vote on any issue related to conflict of interest.

**NON-DISCRIMINATION**

Santa Clara Family Health Plan (SCFHP) and all PAC Committee Members comply with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, religion, citizenship status, genetic information, marital status, sexual orientation and identity, medical condition, AIDS/HIV, military or veteran status, political affiliations or activities, or status as a victim of domestic violence, assault or stalking.

**AGREEMENT**

I, the undersigned, have read and understand the above Confidentiality and Conflict of Interest Statements and agree to abide by these standards and requirements in the conduct of my responsibilities related to matters of the PAC.

\_\_\_\_\_  
Signature

*Chung*

\_\_\_\_\_  
Date

*2-1-17*

\_\_\_\_\_  
Print Name

*CHUNG VU, MD*



Santa Clara  
Family Health Plan

*The Spirit of Care*

**CONFIDENTIALITY,  
CONFLICT OF INTEREST  
&  
NON-DISCRIMINATION AGREEMENT  
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*Sherri R. Sager*  
Signature

*2/1/18*  
Date

*Sherri R. Sager*  
Print Name



Santa Clara  
Family Health Plan

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Signature

Date

2/1/18

Print Name

Peter Nguyen