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
6201 San Ignacio Ave, San Jose, CA 95119

Via Teleconference
(669) 900-6833
Meeting ID: 868 3386 6338
https://zoom.us/j/86833866338
Passcode: SCFHP123

AGENDA

1.	**Roll Call**	Dr. Paul	6:00	3 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	6:03	2 min
3.	**Meeting Minutes** Review draft minutes of the 06/14/2022 QIC meeting. **Possible Action:** Approve draft minutes of the 06/14/2022 QIC meeting	Dr. Paul	6:05	5 min
4.	**Chief Executive Officer (CEO) Update** Discuss status of current topics and initiatives.	Ms. Tomcala	6:10	10 min
5.	**Compliance Report** Review the Compliance Report.	Mr. Haskell	6:20	10 min
6.	**Cal MediConnect (CMC) Availability of Practitioners Evaluation** Review the CMC Availability of Practitioners Evaluation. **Possible Action:** Approve the CMC Availability of Practitioners Evaluation	Ms. Graciano	6:30	20 min
7.	**Annual E-Mail Quality and Analysis Report** Review the Annual E-Mail Quality and Analysis Report. **Possible Action:** Approve the E-Mail Quality and Analysis Report	Ms. Nguyen	6:50	15 min
8.	**Santa Clara Family Health Plan (SCFHP) Member Experience, including Behavioral Health (BH): 2021 Analysis** Review the SCFHP Member Experience, including BH: 2021 Analysis. **Possible Action:** Approve the SCFHP Member Experience, including BH 2021 Analysis	Mr. Hernandez & Ms. Enke	7:05	15 min

9. HEDIS Reporting Review of the HEDIS Reporting 2021.	Ms. Le	7:20	10 min
10. Annual Review of QI Policies **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 **e.** QI.34 Housing and Homelessness Incentive Program **Possible Action:** Approve the QI policies as presented	Ms. Chen & Ms. Andersen	7:30	5 min
11. Quality Dashboard Review the Quality Dashboard.	Ms. Bryant	7:35	10 min
12. Pharmacy & Therapeutics Committee (P&T) Review draft minutes of the 06/16/2022 P&T Committee meeting. **Possible Action:** Accept the 06/16/2022 P&T draft meeting minutes	Dr. Lin	7:45	5 min
13. Utilization Management Committee (UMC) Review draft minutes of the 07/20/2022 UMC meeting. **Possible Action:** Accept the 07/20/2022 UMC draft meeting minutes	Dr. Lin	7:50	5 min
14. Credentialing Committee Report Review the 06/01/2022 Credentialing Committee Report. **Possible Action:** Approve the 06/01/2022 Credentialing Committee Report	Dr. Nakahira	7:55	5 min
15. Adjournment The next QIC meeting will be held on October 11, 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

June 14, 2022

Regular Meeting of the

Santa Clara County Health Authority
Quality Improvement Committee

Tuesday, June 14, 2022, 6:00 PM – 8:00 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - DRAFT

Members Present

Ria Paul, MD, Chair	Geriatrics
Ali Alkoraishi MD	Adult & Child Psychiatry
Jennifer Foreman, MD	Pediatrics
Jimmy Lin, MD	Pediatrics
Laurie Nakahira, D.O., Chief Medical Officer	Internist
Christine Tomcala, Chief Executive Officer	

Members Absent
Nayyara Dawood, MD

Staff Present
Chris Turner, Chief Operations Officer
Tyler Haskell, Interim Compliance Officer
Jessica Bautista, Manager, Community Base Case Management
Lucille Baxter, Manager, Quality & Health Education
Charla Bryant, Manager, Clinical Quality & Safety
Shawna Cagle, Manager, Case Management
Janet Gambatese, Director, Provider Network Operations
Karen Fadley, Manager, Provider Data, Credentialing and Reporting
Mauro Oliveira, Manager, Grievance and Appeals
Robert Scrase, Manager, Process Improvement
Claudia Graciano, Manager, Provider Access Program Manager
Amber Tran, Project Manager, Process Improvement
Robyn Esparza, Administrative Assistant

1. **Roll Call – Dr. Paul**

   Ria Paul, MD, Chair, called the meeting to order at 6:04 pm. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments

3. **Meeting Minutes**

   Meeting minutes of the 04/12/2022 Quality Improvement Committee (QIC) meeting were reviewed.

   It was moved, seconded, and the minutes of the 04/12/2022 QIC meeting were **unanimously approved.**
   Motion: Dr. Lin
   Second: Dr. Alkoraishi
   Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
   Absent: Dr. Dawood

4. **Chief Executive Officer (CEO) Update**

Christine Tomcala, Chief Executive Officer, acknowledged Ms. Lucille Baxter, Manager, Quality & Health Education, and all the cross-functional teams working on HEDIS. The Plan's Medi-Cal (MC) HEDIS goal was exceeded through the diligent efforts of all.

5. **Cal MediConnect (CMC) Cultural & Linguistics (C&L) Provider Assessment**

Claudia Graciano, Manager, Provider Access Program Manager, provided a review of the Assessment of Member Cultural and Linguistic Needs and Preferences.

It was moved, seconded, and the CMC C&L Provider Assessment was **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

6. **CMC Population Health Assessment (PHA) 2022**

Lucille Baxter, Manager, Quality & Health Education, provided a review of CMC PHA 2022.

It was moved, seconded, and the CMC PHA 2022 was **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Foreman
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

7. **CMC Population Health Management (PHM) Impact Analysis Report 2021**

Shawna Cagle, Manager, Case Management, provided a review of CMC PHM Impact Analysis Report 2021. The Case Management (CM) team conducts a comprehensive annual analysis of the impact of its PHM program strategy and the focus area goals, including: Keeping members healthy, managing members with emerging risk, managing multiple chronic illnesses, Patient Safety or outcomes across setting, and Member experience with PHM program.

It was moved, seconded, and the CMC PHM Impact Analysis Report 2021 was **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Foreman
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

8. **CMC and Medi-Cal (MC) PHM Strategy 2022**

Ms. Cagle provided a review of CMC and MC PHM Strategy 2022. The PHM Strategy is a document that is reviewed every year and updated, as necessary. The PHM Strategy is based on the PHM Impact Analysis Report, as well as the PHA and serves as a guide to the CM program.

It was moved, seconded, and the CMC and MC PHM Strategy 2022 was **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

9. **Compliance Report**

Tyler Haskell, Director, Government Relations, presented the Compliance Report. He noted the following:
With regard to the Medicare Data Validation Audit, Mr. Haskell noted, The Plan is currently undergoing the annual Medicare data validation audit. 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 is currently reviewing our source documentation. Advent will be submitting final results to CMS by the end of July.

With regard to the Department of Managed Health Care (DMHC) Routine Audit, Mr. Haskell noted The Plan recently received notice of a routine DMHC survey to be held in October, covering the overall performance of the Plan. DMHC has requested certain documents be submitted in June. Compliance is leading the preparation and document response in advance of the audit.

With regard to the Department of Managed Health Care (DMHC) Triennial Financial Audit, Mr. Haskell noted the Plan will begin a financial audit conducted by DMHC on June 13. This audit occurs every three years and examines the financial health and sustainability of the health plan, including cash, investments, liabilities, billing processes, claims data, and provider disputes. Finance has taken the lead in responding to document requests from DMHC.

10. Activities and Resources Grid

Ms. Cagle provided a review of the Activities and Resources Grid. Ms. Cagle highlighted some of the populations and needs identified in the Population Health Assessment and how SCFHP is addressing those populations and their needs. Needs and/or populations identified included financial insecurity, languages barriers, admission for sepsis, members with multiple uncontrolled chronic conditions, and comprehensive diabetes care.

It was moved, seconded, and the Activities and Resources Grid was **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

11. Annual Review of QI Policies

Ms. Baxter reviewed policy QI.08. Dr. Nakahira reviewed policy QI.20 and QI.22. Ms. Bautista reviewed policy QI.33.

a. QI.08 Cultural and Linguistically Competent Services
b. QI.20 Information Sharing with San Andreas Regional Center (SARC)
c. QI.22 Early Start Program (Early Intervention Services)
d. QI.33 Enhanced Care Management (ECM) Denial and Disenrollment Policy

It was moved, seconded, and the QI policies QI.08, QI.20, QI.22, and QI.33 were **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Foreman
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

12. Grievance & Appeals (G&A) Report Q1 2022

Mauro Oliveira, Manager, Grievance and Appeals, reviewed the G&A Report Q1 2022.

It was moved, seconded, and the G&A Report Q1 2022 was **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Foreman
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

13. Quality Dashboard

Ms. Baxter provided a review of the Quality Dashboard for April & May 2022, including outcomes of Outreach Call Campaign, Initial Health Assessment (IHA), Facility Site Review (FSR), Potential Quality of Care Issues (PQI) and QNXT Gaps in Care Alerts.

14. Utilization Management Committee (UMC)

Dr. Jimmy Lin reviewed the 04/20/2022 UMC draft meeting minutes.

It was moved, seconded, and the 04/20/2022 UMC draft meeting minutes were **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

15. Consumer Advisory Board (CAB)

Dr. Laurie Nakahira, D.O., Chief Medical Officer (CMO), reviewed the 06/02/2022 CAB Committee draft meeting minutes.

It was moved, seconded, and the 06/02/2022 CAB draft meeting minutes were **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Paul
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

16. Credentialing Committee Report

Dr. Nakahira reviewed the 04/06/2022 Credentialing Committee Report.

It was moved, seconded, and the 04/06/2022 Credentialing Committee Report was **unanimously approved.**
Motion: Dr. Lin
Second: Dr. Paul
Ayes: Dr. Alkoraishi, Dr. Foreman, Dr. Lin, Dr. Nakahira, Dr. Paul, Ms. Tomcala
Absent: Dr. Dawood

17. Adjournment

The meeting adjourned at 7:30 p.m. The next QIC meeting will be held on August 9, 2022.

_____ _____

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

August 9, 2022

- **DMHC Routine Audit**
  In May the Plan recently received notice of a routine DMHC survey to be held onsite in October, 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.

- **DHCS Audit Update**
  The Plan underwent its annual DHCS audit in March, and has not yet received a written preliminary report.

- **2024 Department of Health Care Services (DHCS) Contract Operational Readiness**
  DHCS has recently initiated a process to ensure Medi-Cal managed care plans' operational readiness for the requirements of the new 2024 contract. This is a comprehensive contract revision that will coincide with the implementation of the Medi-Cal managed care reprocurement. Between August 2022 and July 2023, plans will be required to submit documents demonstrating our readiness to implement the revised contract. Compliance is working with internal business units to prepare our submissions for the first wave of deadlines over the coming months.

Santa Clara Family Health Plan™

CMC Availability of Practitioners Evaluation

Claudia Graciano, Provider Network Associate Lead

Santa Clara Family Health Plan
Availability of Provider Network

Cal-MediConnect - 2022

Prepared by:

Claudia Graciano, Provider Network Access Program Manager

For review and approval by the Quality Improvement Committee

July 2022

INTRODUCTION

Santa Clara Family Health Plan (SCFHP) covers residents of Santa Clara County, officially the County of Santa Clara, which is California's 6th most populous county, with a population of 1,914,400 , per worldpopulationreview.com (2022). The county seat and largest city is San Jose, the 10th most populous city in the United States, California's 3rd most populous city and the most populous city in the San Francisco Bay Area.

Santa Clara County is part of the San Jose-Sunnyvale-Santa Clara, CA Metropolitan Statistical Area as well as the San Jose-San Francisco-Oakland, CA Combined Statistical Area. Located on the southern coast of San Francisco Bay, the urbanized Santa Clara Valley within Santa Clara County is also known as Silicon Valley. Santa Clara is the most populous county in the San Francisco Bay Area and in Northern California.

Counties which border with Santa Clara County are, clockwise, Alameda County, San Joaquin (within a few hundred feet at Mount Boardman), Stanislaus, Merced, San Benito, Santa Cruz, and San Mateo County.

Santa Clara Family Health Plan (SCFHP) administers Cal MediConnect (CMC); a dual eligible plan for members who qualify for both Medicare and Medi-Cal. CMC enrollees receives Medicare and Medi-Cal benefits from one plan, such as, medical care, prescription medications, mental/behavioral health care, long-term services and supports (LTSS), and connection to social services. Other important benefits include vision care, transportation and hearing tests and aids.

At least annually, SCFHP conducts a quantitative analysis against availability standards and a qualitative analysis on performance. SCFHP's performance measures are used to assess provider availability for primary care, high volume specialist(s), high impact specialist(s), and high volume behavioral health providers. SCFHP's goal is to maintain an adequate network and to monitor how effectively the network meets the needs and preferences of its members.

SCFHP identifies at least three (3) high-volume specialists (at minimum to include gynecology), two (2) high-volume behavioral health providers and one (1) high impact provider (oncology), all of which are included in this assessment. Encounter data collection to identify high volume/impact providers is through QNXT; a claims management system. SCFHP's Internal Systems & Technology (IS&T) department extracts encounter data for a twelve (12) month period. The reports are used to identify high volume/impact specialists and behavioral health providers by highest total of unique members seen. Network Access (Geo Access) reports are generated through the Quest Analytics system and are used to assess if provider availability meets SCFHP standards.

DEFINITIONS

Primary Care Providers (PCP) are defined as Family/General Practice, Internal Medicine and Pediatrics.

***Pediatrics is not applicable for the population represented in this report.

High **Volume** Specialists (HVS) - encounter data is used to identify providers that provide services to the largest segment of members. HVS providers may be located in high-volume geographic areas and/or practice in a high-volume specialty. HVS assessments at minimum includes gynecology.

High **Impact** Specialists (HIS) are specialists who treat conditions that have high mortality and morbidity rates and where treatment requires significant resources**.** HIS assessments at minimum includes hematology/oncology.

High **Volume** Behavioral Health (HVBH) - encounter data is used to identify behavioral health providers that provide services to the largest segment of members. HVBH providers may be located in high-volume geographic areas and/or practice in a high-volume behavioral health specialty.

Provider to Member Ratios: Number of network providers to meet minimum number required to allow adequate healthcare access for beneficiaries.

A. SCFHP— Member Enrollment Count

Data Source: ICAT

LINE OF BUSINESS	Enrollment Count
Cal MediConnect (CMC)	10,354

B. Provider to Member Ratios

Methodology:

SCFHP follows Centers for Medicare & Medicaid Services (CMS) guidelines where the Provider and Facility Health Service Delivery (HSD) process is used to demonstrate network adequacy. Access to each specialty type is assessed using quantitative standards based on the availability of providers to ensure there are a sufficient number of providers to meet the health care needs of SCFHP Cal-MediConnect (CMC) members.

SCFHP uses CMS's established ratios of providers that reflect the utilization patterns based on the Medicare population. Specifically, the network adequacy criteria includes a ratio of providers required per 1,000 beneficiaries for the provider specialty types identified as required to meet network adequacy criteria. These ratios vary by county type and are published for the applicable specialty types in the HSD Reference File, as reflected in SCFHP's metrics in Tables I-III below.

The automated HPMS process, conducts an assessment on SCFHP's ability to meet the minimum provider numbers based on the providers listed on the HSD tables submitted to CMS by the Plan. Network providers must be within the maximum travel time and distance of at least one beneficiary residing in the county being assessed in order for the provider to count towards the minimum number requirements.

Through the HSD process, a final determination is made on whether the Plan is operating in compliance with current CMS network adequacy criteria. CMS submits an ACC report to the Plan which reports if the Plan is operating in compliance with CMS's network adequacy criteria. If the Plan passes its network review, then CMS and SCFHP will take no further action. If the Plan fails its network review, CMS and SCFHP will take appropriate compliance actions.

As shown in the metrics Tables I-III below, SCFHP's performance goal is to ensure that at least 90% of beneficiaries residing in its service area have access to the minimum number for each provider type as required by CMS.

Metrics (Tables I – III)**:**

Table I: Primary Care Provider

Provider Type (PCP)	Measure	Standard	Performance Goal
Family/General Practice 238 Internal Medicine (IM) 258	Family/General Provider to Member IM Provider to Member	1:87 1:87	90% 90%

Table II. High Volume / High Impact Specialists

Provider Type	Measure:	Standard	Performance Goal
Cardiology (HVS) Gynecology (HVS)	Cardiology Provider to Member Gynecology Provider to Member	1:300 1:1200	90% 90%
Ophthalmology (HVS)	Ophthalmology Provider to Member	1:300	90%
Hematology/Oncology (HIS)	Oncology Provider to Member	1:400	90%

Table III: Behavioral Health Provider

Provider Type	Measure:	Standard	Performance Goal
Psychiatry (HVBH)	Psychiatry Provider to Member	1:600	90%
Licensed Clinical Social Worker (LCSW) (HVBH)	LCSW Provider to Member	1:600	90%
Marriage/Family Therapy (LCMFT) (HVBH)	LCMFT to Member	1:600	90%

C. Maximum Time and Distance

Methodology:
SCFHP follows CMS guidelines where the Provider and Facility Health Service Delivery (HSD) process is used to demonstrate network adequacy. Access to each specialty type is assessed using quantitative standards based on the availability of providers to ensure there are a sufficient number of providers to meet the health care needs of SCFHP CMC members.

The maximum time and distance criteria were developed using a process of mapping beneficiary locations with provider practice locations. The time and distance metrics speak to the access requirements pertinent to the approximate locations of SCFHP members, relative to the locations of network providers. Through an automated HPMS process that is driven by time and distance criteria, CMS uses the provider information submitted by SCFHP through HSD tables to assess SCFHP's ability to meet maximum travel time and distance standards.

Through the HSD process, a final determination is made on whether the Plan is operating in compliance with current CMS network adequacy criteria. CMS submits an ACC report to the Plan which reports if the Plan is operating in compliance with CMS's network adequacy criteria. If the Plan passes its network review, then CMS and SCFHP will take no further action. If the Plan fails its network review, CMS and SCFHP will take appropriate compliance actions.

As shown in the metrics Tables I-III below, SCFHP requires that at least 90% of CMC members can access care within specific travel time and distance maximums where at least one in-network provider should be located within driving time and distance standards. Network adequacy is assessed at the county level and Santa Clara County's designation type is "Large Metro".

Metrics (Tables I-III)**:**

Table I: Primary Care Provider

Provider Type	Measure: Driving Time and Distance	Performance Goal
Family/General Practice Internal Medicine	10 minutes and 5 miles 10 minutes and 5 miles	90% 90%

Table II: High Volume / High Impact Specialists

Provider Type	Measure: Driving Time and Distance	Performance Goal
Cardiology Gynecology	20 minutes and 10 miles 30 minutes and 15 miles	90% 90%
Ophthalmology	20 minutes and 10 miles	90%
Hematology/Oncology	20 minutes and 10 miles	90%

Table III: Behavioral Health Provider

Provider Type	Measure: Driving Time and Distance	Performance Goal
Psychiatry Licensed Clinical Social Worker (LCSW)	20 minutes and 10 miles 20 minutes and 10 miles	90% 90%
Marriage/Family Therapy (LCMFT)	20 minutes and 10 miles	90%

*SCFHP follows HSD maximum driving time/distance standards published via the MMPHSD Criteria Reference Table and LCSW's and LCMFT's are not included, thus the Plan uses Medicaid standards for these provider types.

D. Results – (Tables I-III):

Table I: Provider to Member Ratios – Providers (All)

Provider Type	Provider #	Member #	Standard	Result	Goal	Met/Not Met
Primary Care Provider						
Family/General Practice	238	10,354	1:87	1:43	90%	Met
Internal Medicine	258	10,354	1:87	1:40	90%	Met
Total (PCP's combined)	496	10,354	1:87	1:21	90%	Met
High Volume Specialists						
Cardiology	133	10,354	1:300	1:78	90%	Met
Gynecology	266	10,354	1:1200	1:39	90%	Met
Ophthalmology	199	10,354	1:300	1:52	90%	Met
High Impact Specialist						
Hematology - Oncology	118	10,354	1:400	1:88	90%	Met
High Volume Behavioral Health Providers						
Psychiatry	174	10,354	1:600	1:59	90%	Met
Marriage/Family Therapy	17	10,354	1:600	1:609	90%	NA*
Clinical Social Worker	50	10,354	1:600	1:207	90%	Met

Table II: Provider to Member Ratios -- Providers Accepting New Patients

Provider Type	# of Providers	Total Open	% Open	Goal	Provider to Member Ratio	Met/Not Met
Primary Care	517	187	36%	1:87	1:55	Met
Cardiology	139	135	97%	1:300	1:76	Met
Gynecology	266	215	80%	1:1200	1:48	Met
Ophthalmology	199	190	95%	1:300	1:54	Met
Hematology/Oncology	118	98	83%	1:400	1:105	Met
Psychiatry	174	172	99%	1:600	1:60	Met
Marriage/Family Therapy	17	17	100%	1:600	1:609	Not Met*
Clinical Social Worker	54	53	99%	1:600	1:195	Met

*Marriage/Family Therapy is not a Medicare covered benefit

Table III: Maximum Driving Time & Distance (MTD)

Provider Type	Members with Access	Members without Access	Standard (Time and Distance)	& of Members with Access	*Goal	Met/Not Met
Primary Care (PCP)	10,099	26	5 miles and 10 mins	99.70%	90%	Met
Cardiology	10,054	71	10 miles and 20 mins	99.30%	90%	Met
Gynecology	10,125	0	15 miles and 30 mins	100%	90%	Met
Ophthalmology	10,120	5	10 miles and 20 mins	99.90%	90%	Met
Hematology - Oncology	10,029	96	10 miles and 20 mins	99.10%	90%	Met
Psychiatry	10,125	0	10 miles and 20 mins	100%	90%	Met
Marriage / Family Therapy	9,455	670	10 miles and 20 mins	93.40%	90%	Met
Clinical Social Worker	10,120	5	10 miles and 20 mins	99.90%	90%	Met

***Goal:** 90% of members will have access

Quantitative Analysis: As shown in **Tables I & II**, SCFHP is able to demonstrate that provider to member ratios are met against its performance goals on all providers (Table I) and providers who are accepting new patients (Table II). SCFHP achieved the same results in PY2021 where provider to member ratios met the Plan's performance goals across all provider types included in the assessment. *Please note that Marriage/Family Therapy (MFT)was not met, this provider type is not a Medicare covered benefit. SCFHP monitors this provider type for CMC members as it remains a Medi-Cal benefit, this allows the Plan to monitor all specialty types under the coordination of benefits.

Further review showed that PCP providers accepting new patients in 2022 decreased by 12 from 2021, cardiology increased by 12, oncology/hematology, Marriage/Family Therapy, Clinic Social Worker showed no change and gynecology increased by 8, ophthalmology decreased by 2, while Psychiatry increased by 32. Other than a notable increase in open Psychiatrist, overall results indicate that provider to member ratios across all provider types remain steady.

As shown in **Table III** maximum time and distance standards are being met across all provider types. Performance goals were exceeded in all provider types at 93.4% (lowest) and 100% (highest). Members shown without access represents the number of members that do not have access within maximum time and distance (MTD) standards. As shown in the table, the total number of members without access is 873

at 8.6%.

*Marriage/Family Therapy is not a Medicare covered benefit, the reporting was included to reflect a Medi-Cal covered benefit.

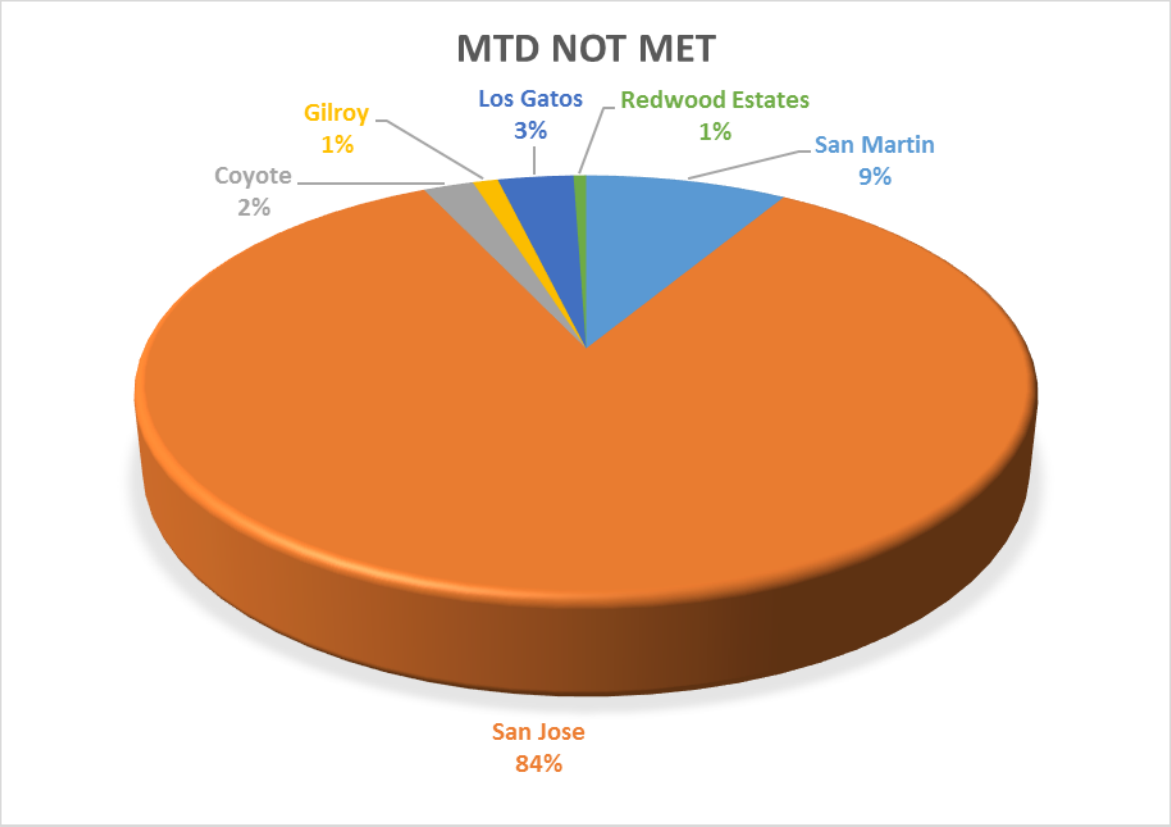
SCFHP further examined access detail reports and maps to identify the top 3 cities/zips where MTD standards were not met. The sample review included the provider types from each category (PCP, HVS, HIS and HVBH) with the highest number of members without access within MTD standards. Note that the sample review covered all PCP types (FP and IM). The assessment revealed the following –

Table A: Top 3 Cities/Zips MTD Not Met

Provider Type	Total # without	City (1)	Zip	# without	City (2)	Zip	# without access	City (3)	Zip	# without access
Primary Care (PCP)	26	San Martin	95046	16	Los Gatos	95033	3	Coyote	95013	2
Cardiology	74	San Jose	95139	30	San Jose	95138	23	San Jose	95119	16
Ophthalmology (HVS)	5	Coyote	95013	2	Gilroy	95020	1	San Jose	95138	1
Hematology - Oncology (HIS)	96	San Jose Hill	95138	35	San Jose	95139	30	San Jose	95119	21
Clinical Social Worker (HVBH)	5	Los Gatos	95033	3	Gilroy	95020	1	Redwood	95044	1

Table A shows that the top 3 cities/zips where maximum time and distance standards were not met for Family/General Practice/Internal Medicine (PCP), Ophthalmology (HVS), Hematology/Oncology (HIS), Cardiology and Clinical Social Worker (HVBH). The sample pulled were from primary care and the highest number of members without access under each provider category (HVS, HIS and HVBH). The table also includes the total number of members without access under each city/zip. As shown above in section D. Results, Table III, the total number of members without access is 2022 and the total in the cities/zips is 185 (shown in Table A above), which accounts for 8.6% of members without access within MTD standards.

Table B: Cities & Percentages – MTD Not Met



As shown in Table B, the sample assessment identified 5 cities where MTD is not met on the provider types with the highest number of members without access within MTD standards. The assessment indicated that San Jose had the most members without access at 84%, followed by San Martin at 9%, Los Gatos at 3%, Coyote at 1% and Gilroy at 2%, all of which are situated in rural communities in the southeast area of Santa Clara County.

Following are the assessments conducted on each zip code within those five (5) cities where MTD standards were not met; all of which are within rural areas –

Coyote – Zip Code 95013

Zip code 95013 in the city of Coyote has a population of 34 (2020 US Census) and is situated on the southeast tip of Silicon Valley in a rural area. SCFHP has a total of 2 members that reside in Coyote Valley (Zip 95013). The assessment showed that MTD standards were not met for Family/General Practice, and Ophthalmology.

Gilroy – Zip Code 95020

Zip code 95020 in the city of Gilroy has a population of 57,549 (2020 US Census) and is situated south of Morgan Hill on the southeast tip of Silicon Valley in a rural area. SCFHP has a total of 461 members that reside in Gilroy (Zip 95020). The assessment showed that MTD standards were not met for Ophthalmology, and Clinical Social Worker.

San Jose – Zip Codes 95119, 95138 and 95139

According to the 2020 US Census, the population totals in the city of San Jose (SJ) within the zip codes with the highest number of members without access are 95119 =45, 95138 = 81 and 95139 = 28. The assessment showed that MTD standards were not met for Cardiology, Ophthalmology, and Hematology/Oncology. The SJ area for zip code 95139 is situated in the southeast area of SJ in a rural area. These areas of SJ are described as having a less than average population density compared to other parts of SJ.

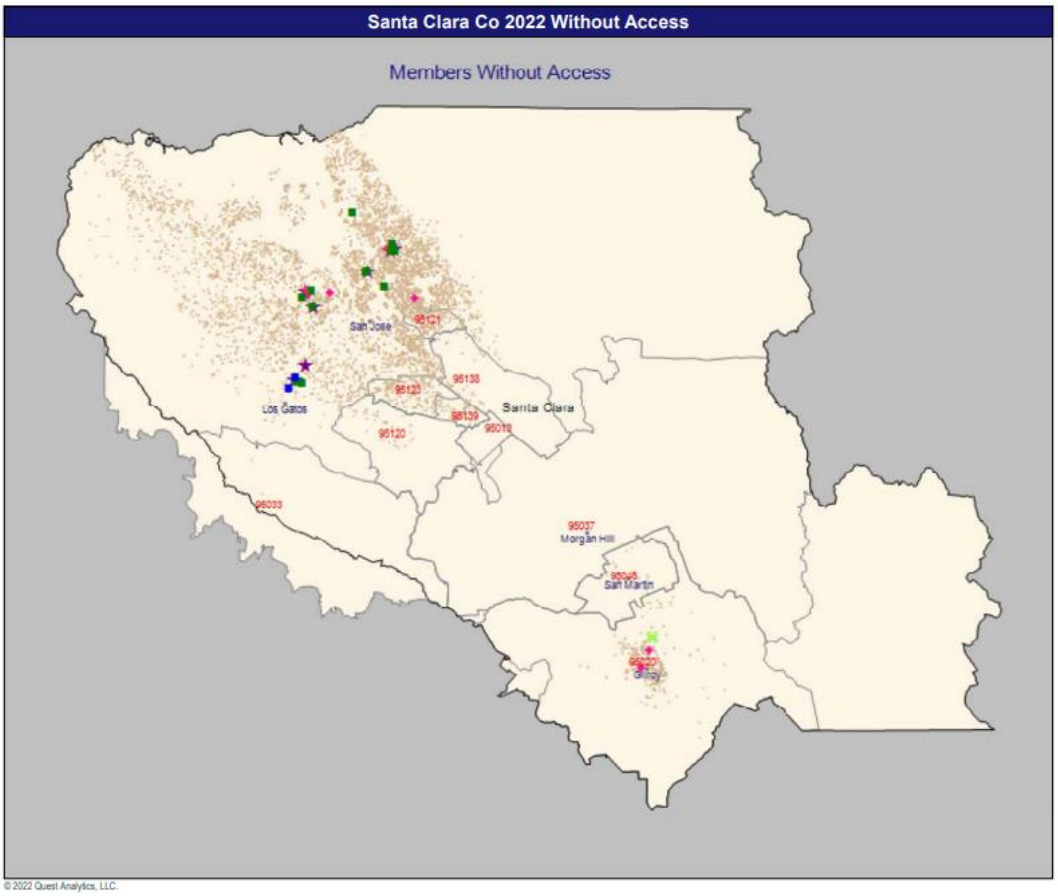
San Martin – Zip Code 95046

Zip code 95046 in the city of San Martin has a population of 6,417 (2020 US Census) and is situated to the south of Morgan Hill and north of Gilroy in a rural area. SCFHP has a total of 37 members that reside in San Martin. The assessment showed that MTD standards were not met for Family/General Practice.

Redwood Estates – Zip Code 95044

The city of Redwood Estates has an approximate population of 1,233 (2020 US Census) and is situated to the south of rural unincorporated community along State Route 17 in the coastal Santa Cruz Mountains in Los Gatos. SCFHP has a total of 1 member that resides in Redwood Estates. The assessment showed that MTD standards were not met for Certified Social Worker.

MAP – Members of Gilroy, Los Gatos, Coyote, San Jose, and Redwood Estates to Table A providers (members without access)



Qualitative Analysis:

Overall the analysis revealed that SCFHP standards for provider availability are realistic for the communities and delivery system within Santa Clara County, and also supports a clinically safe environment.

The majority of SCFHP members dwell in an urban environment and a small fraction of members reside in rural communities. SCFHP recognizes that rural communities often face challenges maintaining an adequate provider network, making it difficult for Plans to meet maximum time and distance standards and/or provider to member ratios. SCFHP will continue to assess and monitor recruitment activities and contractual opportunities in the southeast area of Santa Clara County and other areas of the county as necessary to ensure CMC members have adequate access to health care providers.

When necessary, SCFHP will continue to re-direct members to out-of-network specialists and behavioral health providers to ensure timely access standards of care are met. SCFHP will also continue to provide transportation free of cost to its members.

SCFHP ensures access and availability to services in accordance with its availability policies & procedures, as well as maintaining and monitoring appropriate availability and access to network providers. Following the procedure to submit network tables through the HDS process, SCFHP received an ACC report, which identifies the providers that passed or failed to meet Medicare network standards. The ACC report for this reporting period showed that SCFHP providers passed Medicare network standards and that no deficiencies were identified.

The analysis showed that the percentage of SCFHP providers accepting new patients is more than sufficient to provide additional capacity for both new members and members who would like to change their primary care provider. Additionally, member requests for a PCP not accepting new patients are accommodated readily by SCFHP. The Plan also recognizes that the provider data reflects a snapshot in time and provider panels could change day by day. As a course of continued network adequacy oversight, the Plan will continue to adjust the network to meet the demands of the Plan's enrollment in real time.

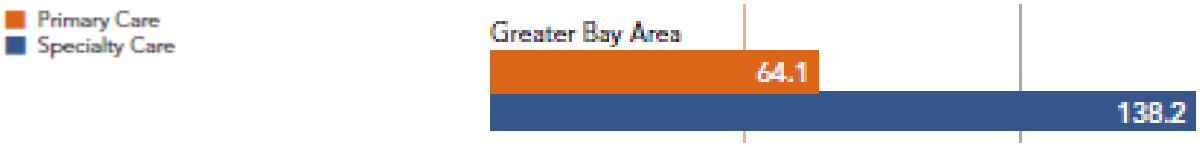
The analysis also demonstrates that members are not unduly burdened with travel time and distance to network providers. SCFHP time and distance metrics speak to the access requirements pertinent to the approximate locations of members, relative to the locations of network providers, and the assessment showed that more than 90% of members have access within time and distance standards across all provider types included in this report.

Where applicable, SCFHP implements interventions to address opportunities for improvement and measures the effectiveness of those interventions. Analysis results and related interventions are reviewed/approved by SCFHP's Quality Improvement Committee.

To ensure awareness of any major demographic trends that may drive an increase in demand for health care in California (specifically in Santa Clara County), SCFHP reviewed the CA Physician Supply (2018) study that was conducted by the Medical Board of California. The study showed that the state's total population is projected to increase by 6.4 million people between 2015 and 2035, and the population age 65 or older is projected to increase by 4.9 million. With an aging population, patient health needs will likely increase in complexity and severity. The authors of the study believe that to anticipate the state's ability to respond to these demographic trends, California policymakers need to understand the current supply of active physicians, the number providing patient care, and how they are distributed across the state.The study also showed that the distribution of physicians varied by county. The supply of primary care physicians per 100,000 people ranged from a low of zero (0) in Alpine County to a high of 113 in Napa

County. Similarly, the supply of specialty physicians per 100,000 people ranged from a low of 0 in Alpine County and Sierra County to a high of 234 in Napa County. Several counties had no or few physicians in specific specialties, including geriatric medicine, endocrinology, psychiatry, pulmonary care, and rheumatology. Not having any physicians in a specialty in a county poses a barrier to access, especially in California, where many counties cover large geographic areas. **Figure 5** below represents the Greater Bay Area region, which is within SCFHP's service area in Santa Clara County which shows the number of Physicians between 100,000 residents PC vs SPC

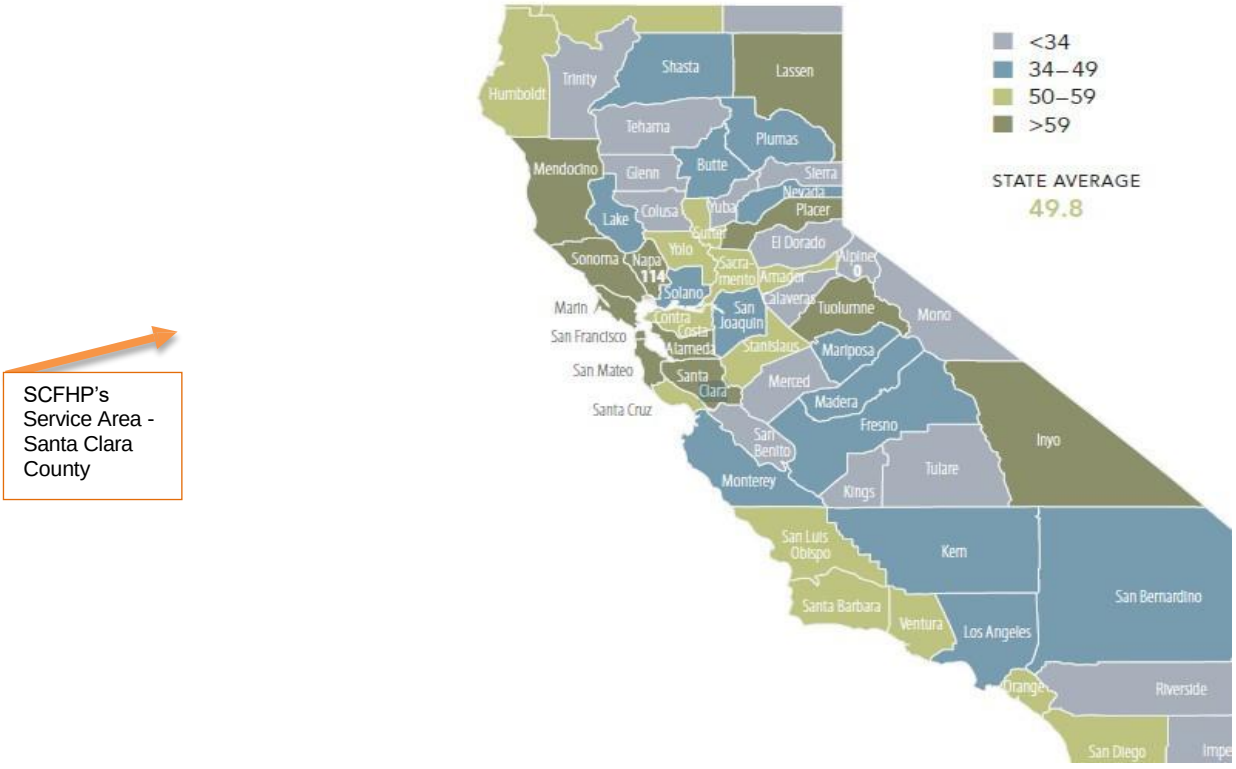
Figure 5. Physicians per 100,000 Residents by Region PCP vs SPC



The Greater Bay Area ranked the highest in number of Primary Care Providers and Specialty Care. For example, the lowest number for PCP was 34.5 and SPC was 64.3

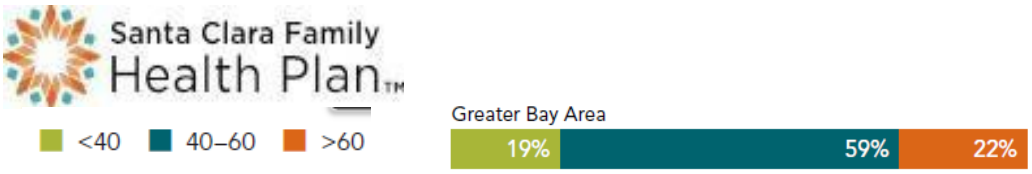
Figure 6 below represents CA counties PCP count per 100,000 residents and it appears that SCFHP's service area in Santa Clara County is among the counties with a higher PCP count per 100,000 residents.

Figure 6: PCP per 100,000 Residents by County



Another area of concern expressed in the study were findings on the number of active Physicians that are

over the age of 60. There was a figure that showed the age of active physicians by region and following is a breakdown from the study on physician ages in the Greater Bay Area which is within SCFHP's service area in Santa Clara County:



As noted in the study, with the general population, the population of physicians is aging, and older physicians will likely continue to scale back on patient care activities, and although the future of health insurance coverage remains unclear, coverage does not confer access without a health care workforce to provide care.

While SCFHP found that Santa Clara County is one of the least compromised compared to other counties within CA, the Plan will continue to assess the supply of physicians in California, specifically in its service area to ensure awareness of growth in the Santa Clara County area and the demands for medical care due to population growth and aging.

Conclusion:
Santa Clara Family Health Plan is able to demonstrate its ability to meet performance goals relevant to provider to member ratios and maximum time and distance across all in network primary care providers, high volume/impact specialists, and behavioral health providers.

The Cal Medi-Connect program will sunset effective December 31, 2022. Effective January 01, 2023, SCFHP will participate in a Dual Eligible Special Needs Plans (D-SNPs). This program will go by "Dual Connect".

SCFHP is committed to ensure its members have access to timely, efficient and patient-centered quality health care. SCFHP efforts to contract with available providers within Santa Clara County, especially in the southeast area of rural communities is an on-going effort across all provider types.

Santa Clara Family Health Plan™

Annual E-Mail Quality and Analysis Report

Tanya Nguyen, Director, Customer Service

SCFHP Personalized Information on Health Plan Services:

2022 E-mail Response Evaluation

Prepared by: Tanya Nguyen, Director of Customer Service
For review and approval by the Quality Improvement Committee (QIC) on
August 09,2022

I. Overview

Providing accurate and timely personalized information of member health plan services is central to the promotion of member engagement and self-management. SCFHP has a responsibility to provide accurate, quality information on health plan services to members through the website, over the telephone, and through e-mail.

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

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

II. Methodology: E-mail

Member and member's authorized representative may submit e-mail inquiries by sending them to CallCenterManagement@scfhp.com. This is the only method in which members can communicate to the plan via e-mails. E-mail inquiries come directly to Customer Services email (Outlook) inbox. A dedicated staff member in Customer Service checks the e-mail inbox intermittently throughout each business day. The staff member will respond to the sender's inquiry with a thorough response within one business day via Outlook. The Call Center collects and documents the contact in the QNXT Call Tracking System using the appropriate contact code. The documentations will include the content of the e-mail inquiry and the response provided to the sender.

SCFHP audits the turnaround time and quality of the email response on a quarterly basis to be able to identify opportunities to improve based on data collected and analyzed. Data included in this analysis was captured from July 1, 2021 through June 30, 2022. Both the Training & Quality Manager and Training & Quality Associate generate the data collection on all of the e-mails directed to the health plan from members and member's authorized representatives. Since the volume of e-mails received was low, all of the emails received were selected for review. The auditor reviewed each e-mail samples carefully and entered the results on a scorecard. The result of these data are being submitted to the Customer Service Manager and Director at the end of the review period to conduct the annual analysis.

Factor 1: Email Turnaround-Time

- Numerator: Number of emails with goals met from July2021 through June2022
- Denominator: Total number of emails received from July2021 through June2022
- Goal: 100% of emails are collected and responded to within one business day

Factor 2: Response's Quality and Comprehensiveness

- Numerator: Number of emails with goals met from July2021 through June2022
- Denominator: Total number of emails received from July2021 through June2022
- Goal: 100% of emails comprehensively address the member's request

III. Analysis

A. Results

Table 1: Scorecard on Timeliness and Quality of E-mail Responses from July 2021 (Q3-2021) through June 2022 (Q2-2022):

Element D: Email Response Evaluation					
QUARTERS	Q3 -2021	Q4 -2021	Q1 -2022	Q2 -2022	Total
TOTAL E-MAILS RECEIVED PER QUARTER	16	12	11	24	63
GOAL	100%	100%	100%	100%	100%
	TOTAL E-MAILS THAT MET GOALS FOR EACH FACTOR				
Factor 1: Timeliness in responding to member email inquiries					
1. The response was sent to member within one-business day	16	11	8	23	58
	100%	92%	73%	96%	90%
Factor 2: Quality of email responses					
1. The action taken & response provided comprehensively addresses the member request	16	12	10	23	61
	100%	100%	91%	96%	97%
2. If the e-mail inquiry requires additional time for research, an acknowledgment sent to the member indicating further investigation is required and a follow-up was provided to the member	NA	NA	NA	NA	N/A

Table 2: Annual Results on Timeliness and Quality of E-mail Responses from July 2021 (Q3-2021) through June 2022 (Q2-2022):

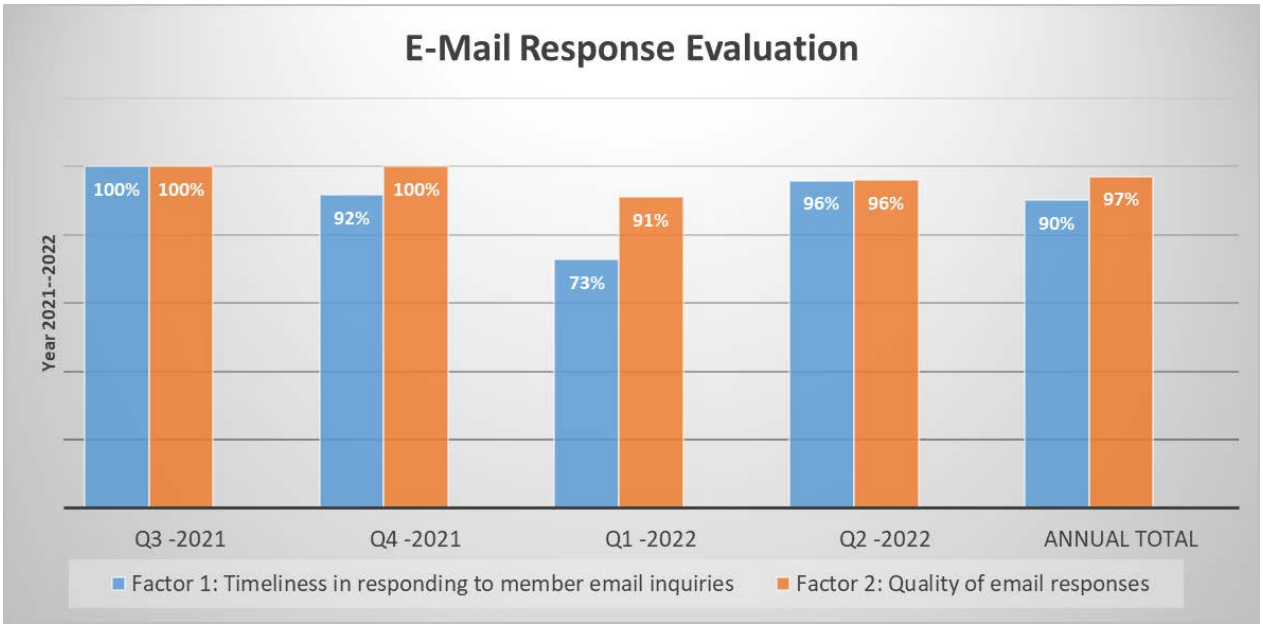


Table 3: Timeliness of E-mail Response Result compared to previous year (July 2020-June 2021 vs July 2021- June 2022):

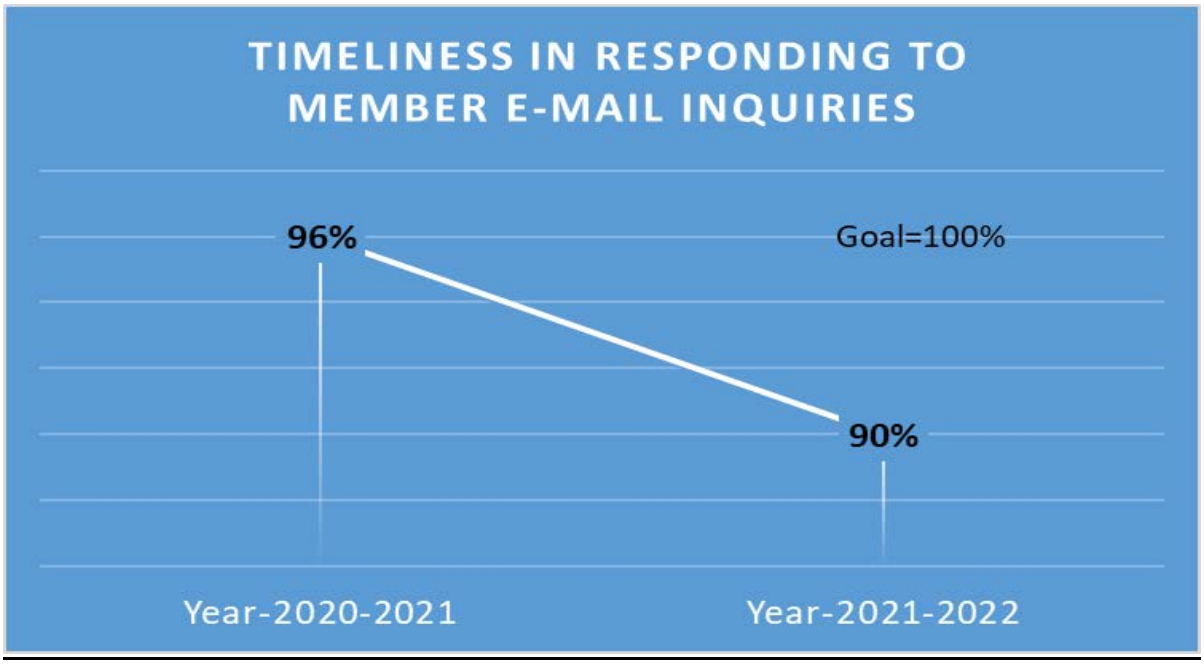
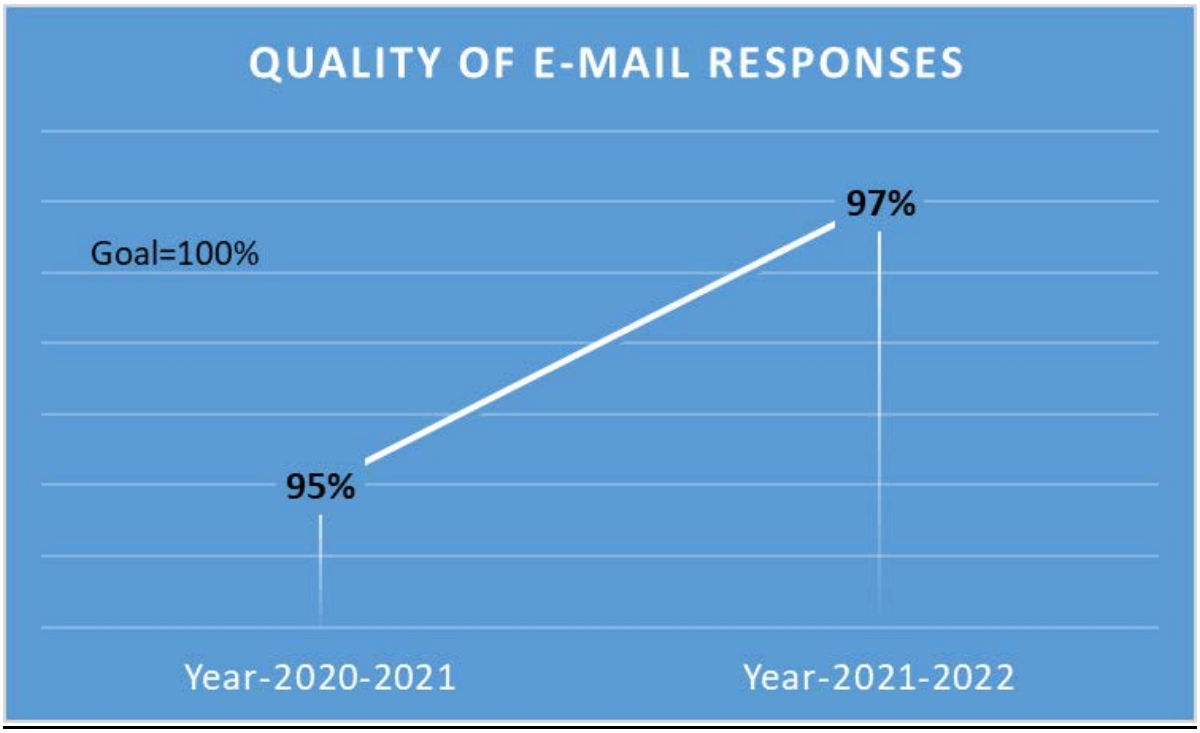


Table 4: Quality of E-mail Response Result compared to previous year (July 2020-June 2021 vs July 2021- June 2022):



B. Quantitative Analysis

A total of sixty-three (63) e-mails were received from members and member's authorized representatives during this audit period (July 2021-June 2022), compared to ninety-five (95) e-mails from the previous audit period (July 2020- June 2021). The volume had decreased by 33% compared to the prior year. The decrease in volume may most likely due to several factors such as language barriers, medical conditions, technological barriers, and economic background. We concluded that our elder population prefers to speak via the telephone with our live representatives.

For this measurement period, the Plan was at 90% for timeliness in responding to member e-mails in compared to 96% from the previous year. This was a 6% decrease percentage point and those deficiencies occurred between Q4-2021 and Q2-2022. For quality of email responses, the department reported 97%, compared to 95% for the prior review period, which result of 2% percentage point improvement in the area of quality. During the review period, there were no e-mail requests that require additional time for research; therefore, item two under factor 2 were non-applicable.

C. Qualitative Analysis

The preliminary audit results were reviewed and analyzed by the Customer Service Manager and were presented to the Customer Service Director. 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 shared with Customer Service staff and also reported to the cross-functional Quality Improvement Committee (QIC), which includes representatives from Customer Service, Quality Improvement, Provider Network, Regulatory Compliance, and Behavioral Health.

As shown in Table 3, we received 90% in factor 1, timeliness in email response, compared to 96% for the previous year. We missed the targeted goal (100%) by 10 percentage points compared to 4 percentage points from the previous year. The Plan noted on multiple occurrences where the members were provided a thorough response to their e-mail request via the telephone but not via e-mail communication. We also identified one case that had a missed timeframe due to an oversight from the designated staff.

As displayed in table 4, we received 97% on factor 2, quality of email response, compared to 95% for the previous year. This improvement caused a rise by 2 percentage points from the

previous year. Although this year's result is 3 percentage points away from the target goal (100%), there is evidence of improvement in this area.

The Customer Service Manager and Director reviewed the cases that did not meet the timeliness and/or quality requirements, and discovered the following during this audit period:

- Desktop resources missing an element as outlined in the NCQA standards: The oversight of responding to member's e-mails timely was led by our new supervisor and team lead who were still in their learning curve. Instead of sending a written response via e-mail they proactively reached out to the members and provided assistance via the telephone. Therefore, we missed the timeliness since the responses were not sent to the member in writing.

- Prioritization: The oversight of responding to member's e-mails timely was led by the newly hired staff during Q4-2021 who was in the process of getting adjusted to the responsibilities and new role. Although the e-mails received were provided a complete and thorough response, they were not sent in the required timeframe.

- Lack of knowledge: The newly hired staff provided an incomplete response to a member on the agency contacts when needing to update member demographic information. In addition, another newly hired staff provided an inaccurate response to a member on the next steps as established by our inter-department when the appointment of representative form is submitted.

Based on the review, it was concluded that our desktop resources regarding e-mail response need to include the elements outlined in the NCQA standards so that new staff who are still learning their roles could refer to them as needed. Our designated staff also need to be mindful of the turn-around time and set priority to process all incoming requests in a timely manner. SCFHP recognizes the importance of providing high quality and timely responses to members via emails. Based on the annual analysis and the barriers identified, the Customer Service

Department has proposed the following interventions to ensure timely, adequate, and quality responses to all inquiries.

D. 2022 Barrier and Opportunity Analysis Table

Barriers	Opportunities	Intervention	Selected for 2022	Date Initiated
1. Desktop resources missing an element as outlined in the NCQA standards: The oversight of responding to member's e-mails timely was led by our new supervisor and team lead who were still in their learning curve. Instead of sending a written response via e-mail they proactively reached out to the members and provided assistance via the telephone. Therefore, we missed the timeliness since the responses were not sent to the member in writing.	Re-educate staff on the timeliness of responding to e-mails in writing vs verbally via the telephone	• Update the existing desktop procedures to include NCQA elements • Re-educate staff that a written e-mail response is required per NCQA standards • A refresher training on the E-mail Communication Policies & Procedures was provided to the designated staff members	x	9/2022
2. Prioritization: The oversight of responding to member's e-mails timely was led by the newly hired staff during Q4-2021 who was in the process of getting adjusted to the responsibilities and new role. Although the e-mails received were provided a complete and thorough response, they	Re-educate staff on meeting timeliness requirement	• A refresher training on the E-mail Communication Policies & Procedures was provided to the designated staff members	x	7/14/22

Barriers	Opportunities	Intervention	Selected for 2022	Date Initiated
were not sent in the required timeframe.				
3.Lack of knowledge: The newly hired staff provided an incomplete response to a member on the agency contacts when needing to update member demographic information. In addition, another newly hired staff provided an inaccurate response to a member on the next steps as established by our inter-department when the appointment of representative form is submitted.	Share desktop resources with staff	• Individual coaching was provided to the staff person via in email	X	06/7/22 7/19/22

E. Reporting

Approving Committee	Date of Approval	Recommendations
Quality Improvement Committee	8/09/22	

Santa Clara Family Health Plan™

SCFHP Member Experience, including BH

2021 Analysis

Santa Clara Family Health Plan™

NCQA ME7 Member Experience Report

Grievance & Appeals, Santa Clara Family Health Plan

August 2022

Non-BH Grievances CY2020

Complaint / Grievance Category	1Q-2020	2Q-2020	3Q-2020	4Q-2020	(Jan. 1-Dec. 31, 2020)	Grievances / per 1,000 members 9,069 = 2020 average membership
Quality of Care	35 3.86	27 2.98	35 3.86	39 4.30	136	14.996
Access	37 4.07	37 4.07	37 4.07	44 4.85	155	17.091
Attitude/Service	118 13.0	78 8.60	104 11.5	91 10.0	391	43.114
Billing/Financial	139 15.3	128 14.1	132 14.6	146 16.1	545	60.095
Quality of Practitioner Office Site	4 0.44	0	0	0	4	0.441
Total	333	270	308	320	1231	135.737

Non-BH Grievances CY2021

Complaint / Grievance Category	1Q-2021	2Q-2021	3Q-2021	4Q-2021	(Jan. 1-Dec. 31, 2021)	Grievances / per 1,000 members 10,125 = 2021 average membership
Quality of Care	49 4.84	49 4.84	39 3.85	47 4.64	184	18.173
Access	57 5.63	59 5.83	59 5.83	54 5.33	229	22.617
Attitude/Service	118 11.7	110 10.9	170 16.8	168 16.6	566	55.901
Billing/Financial	148 14.6	96 9.48	118 11.7	103 10.2	465	45.926
Quality of Practitioner Office Site	2 0.20	0	0	0	2	0.198
Total	374	314	386	372	1446	142.815

Access to Care – Timely Access to PCP

- PQI: 7 cases
- % Increase from CY2020: +114% (28 → 60)
- Providers with multiple grievances:
  - 1 provider with 4 grievances
  - 1 provider with 3 grievances
  - 3 providers with 2 grievances each

Access to Care – Provider Telephone Access

- PQI: 2 cases
- % Increase from CY2020: +61% (36 → 58)
- Providers with multiple grievances:
  - 3 providers with 2 grievances each

Quality of Care – Inappropriate Provider Care

- PQI: 39 cases
- % Increase from CY2020: +51% (80 → 121)
- Providers with multiple grievances:
  - 1 provider with 7 grievances
  - 2 providers with 3 grievances each
  - 11 providers with 2 grievances each

Quality of Care – Inappropriate Provider Care

Description of grievance	Definition	Number of cases
Treatment issues	Member has complaints about the treatment given or not given to them	37
Not submitting requests	Member has complaints about a delay or a refusal to submit a prescription or request	35
Not answering questions	Member has complaints about the provider not answering questions or not listening to them	31
Did not see member	Member has complaints about not being seen by the provider	18

Attitude/Service - Transportation Services

- PQI cases: 0 cases
- Increase since CY2020: +86% (105 → 195)
- Providers with multiple grievances:
  - 1 provider with 141 grievances
  - 1 provider with 28 grievances

Attitude/Service - Transportation Services

Description of grievance	Definition	Number of cases
Late Pick-up	Member's taxi cab arrived late.	59
No Show	Member's taxi cab did not arrive at all.	26
Driver Attitude	Member had an issue with the taxi cab's driver.	20
Safety Concern	Member was concerned about their safety in some way.	18
Driver Availability	Member's taxi cab did not arrive or arrived late because of a lack of drivers available at that time.	17

Billing/Financial – Balance Billing

- PQI cases: 0 cases
- Decrease since CY2020: -16% (454 → 381)
- Providers with multiple grievances:
  - 1 provider with 47 grievances
  - 2 providers with 31 grievances each
  - 1 provider with 26 grievances
  - 1 provider with 23 grievances
  - 1 provider with 17 grievances
  - 1 provider with 11 grievances
  - 1 provider with 10 grievances

Non-BH Appeals CY2020

Appeals Category	1Q-2020	2Q-2020	3Q-2020	4Q-2020	(Jan. 1-Dec. 31, 2020) Total Appeals	Appeals / per 1,000 members 9,069 = 2020 average membership
Quality of Care	0	0	0	0	0	0.000
Access	76 8.38	73 8.05	91 10.0	94 10.4	334	36.829
Attitude/Service	0	0	0	0	0	0.000
Billing/Financial	27 2.98	21 2.32	20 2.21	24 2.65	92	10.144
Quality of Practitioner Office Site	0	0	0	0	0	0.000
Total	103	94	111	118	426	46.973

Non-BH Appeals CY2021

Appeals Category	1Q-2021	2Q-2021	3Q-2021	4Q-2021	(Jan. 1-Dec. 31, 2021) Total Appeals	Appeals / per 1,000 members 10,125 = 2021 average membership
Quality of Care	0	0	0	0	0	0.000
Access	91 8.99	113 11.2	94 9.28	75 7.41	373	36.840
Attitude/Service	0	0	0	0	0	0.000
Billing/Financial	79 7.80	37 3.65	28 2.77	45 4.44	189	18.667
Quality of Practitioner Office Site	0	0	0	0	0	0.000
Total	170	150	122	120	562	55.506

Access to Care – Pre-Service Appeals

- Overall Overturn Ratio: 40.7%
  - CY2020 Overall Overturn Ratio: 60.7%

- Pre-Service Part C:
  - Overturn Ratio: 43.1%

  - Services under Overturn Ratio:
    - Outpatient: 27
      - 14 of these 27 cases are related a test or scan.
    - DME: 12
    - Transportation: 6
    - Home Health: 5
    - Continuity of Care: 3
    - Inpatient: 1

Access to Care – Pre-Service Appeals

- Pre-Service Part D
  - Overturn Ratio: 37.8%

  - Services under Overturn Ratio:
    - Opioids: 5
      - Oxycodone 5mg: 1
      - Oxycodone HCL 10mg: 1
      - Oxycodone HCL 20mg: 1
      - Methadone HCL 5mg: 1
      - Hydrocodone-Acetaminophen 7.5-325mg: 1

Access to Care – Post-Service Appeals

- Overall Overturn Ratio: 79.9%
  - Overall Overturn Ratio in CY2020: 76.6%
- Reasons for Overturn:
  - Medical Necessity Met: 79
  - Plan Directed Care: 59
  - Courtesy/One-Time Exception: 42
  - Medical Necessity Met w/ Additional Information: 11

BH Grievances CY2020

Behavioral Health Complaint / Grievance Category	1Q-2020	2Q-2020	3Q-2020	4Q-2020	Total Grievances	BH Grievances/per 1,000 members 9,069 = 2020 average membership
Quality of Care	0	0	0	0	0	0
Access	2	0	0	0	2	0.221
Attitude/Service	0	0	1	0	1	0.110
Billing/Financial	1	0	0	0	1	0.110
Quality of Practitioner Office Site	0	0	0	0	0	0
Total	3	0	1	0	4	0.441

BH Grievances CY2021

Behavioral Health Complaint / Grievance Category	1Q-2021	2Q-2021	3Q-2021	4Q-2021	Total Grievances	BH Grievances/per 1,000 members 10,125 = 2021 average
Quality of Care	0	1	0	0	1	0.099
Access	0	1	0	1	2	0.198
Attitude/Service	0	3	6	2	11	1.086
Billing/Financial	0	0	0	0	0	0
Quality of Practitioner Office Site	0	0	0	0	0	0
Total	0	5	6	3	14	1.383

BH Appeals CY2020

Behavioral Health Appeal Category	1Q-2020	2Q-2020	3Q-2020	4Q-2020	Total Appeals	BH Appeals/per 1,000 members 9,069 = 2020 average membership
Quality of Care	0	0	0	0	0	0
Access	1	0	0	0	1	0.110
Attitude/Service	0	0	0	0	0	0
Billing/Financial	0	0	3	2	5	0.551
Quality of Practitioner Office Site	0	0	0	0	0	0
Total	1	0	3	2	6	0.662

BH Appeals CY2021

Behavioral Health Appeal Category	1Q-2021	2Q-2021	3Q-2021	4Q-2021	Total Grievances	BH Grievances/per 1,000 members 10,125 = 2021 average
Quality of Care	0	0	0	0	0	0
Access	0	0	0	1	1	0.099
Attitude/Service	0	0	0	0	0	0
Billing/Financial	1	3	2	2	8	0.790
Quality of Practitioner Office Site	0	0	0	0	0	0
Total	1	3	2	3	9	0.889

Santa Clara Family Health Plan™

Victor Hernandez, QA Program Manager
Grievance & Appeals Department

Santa Clara Family Health Plan™

2022 Member Behavioral Health Experience Survey Results

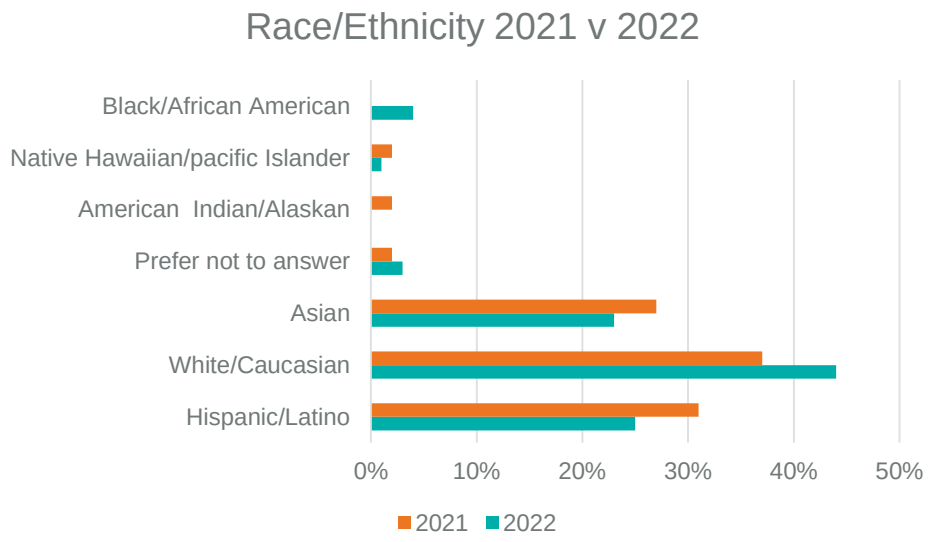
July 2022

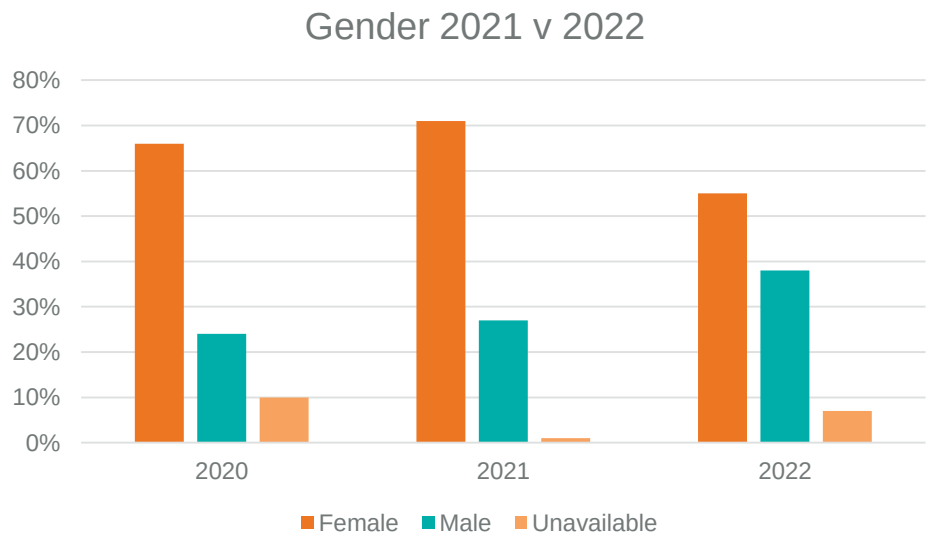
2022 Member Behavioral Health (BH) Experience Survey

- Annual telephonic survey conducted by the BH case management team
- **Survey purpose:** assess the members' perception of their access to care and quality of care
  - Survey language adapted from CAHPS supplemental questions, as suggested by NCQA
- **Methodology**:
  - 583 members received BH services in 2021
  - Random sample of 232 members (95% confidence interval and margin of error of 5)
  - BH Team conducted up to 2 calls per member between July 12, 2022 - July 22, 2022
  - Assessment responses logged in essette and provided to BH via Tableau report
- **Outcome**: 32% completion rate (compared to 23% in 2021)
  - # of Unable to Reach: increased from 46% to 78% of incompletions
  - # of Declined: decreased from 23% to 8% of incompletions

Demographics

- Age of members who completed surveys stayed the same from 2021 – 2022, with ages 55+ making up 80% of completed surveys



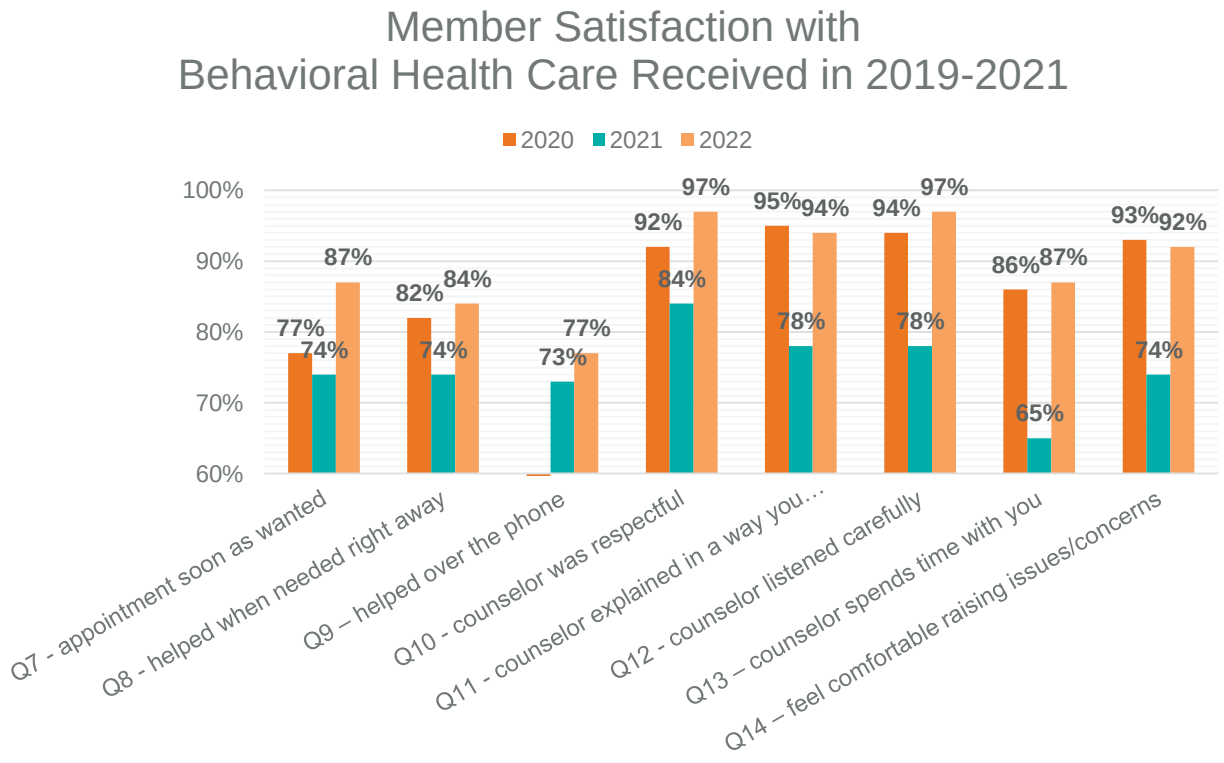


Survey Results

Survey Question	2020	2021	2022	Percentage Pt. Increase Yr/Yr	Goal = 85%
Q7 - appointment soon as wanted	0.77	0.74	0.87	13	Met
Q8 - helped when needed right away	**0.82**	**0.74**	**0.84**	**10**	**Not Met**
Q9 – helped over the phone	**NA**	**0.73**	**0.77**	**4**	**Not Met**
Q10 - counselor was respectful	0.92	0.84	0.97	13	Met
Q11 - counselor explained in a way you understood	0.95	0.78	0.94	16	Met
Q12 - counselor listened carefully	0.94	0.78	0.97	19	Met
Q13 – counselor spends time with you	0.86	0.65	0.87	22	Met
Q14 – feel comfortable raising issues/concerns	0.93	0.74	0.92	18	Met

Survey Results Observations

- 2022 survey responses suggest member satisfaction levels with their behavioral healthcare in 2021 are around the same level they were at in 2019.



Q15-Q20 Survey Results

- Other questions in the survey were meant to assess member progress and the impact of the behavioral health care on their lives:

- *Q15 – "Compared to 12 months ago, how would you rate your ability to deal with daily problems?"*
- *Q16 – "Compared to 12 months ago, how would you rate your ability to deal with crisis situations?"*
- *Q17 – "Compared to 12 months ago, how would you rate your ability to accomplish the things you wanted to do?"*
- *Q18 – "Compared to 12 months ago, how would you rate your ability to deal with social situations?"*
- *Q19 – "What effect has your counseling had on your symptoms and problems?"*
- *Q20 – "What effect has your counseling had on the quality of your life?"*

Q15-Q20 Survey Results

- 8-Percentage point decrease in members who felt that they were much or a little better at dealing with daily problems (**39%)** and, 5-percentage point decrease in members who reported that they were better at dealing with crisis situations (**43%)**
- 10-percentage point increase in respondents who believed they were more or a little better able to deal with social situations compared to 12 months ago **(40%)**
- 25 and 22-percentage point increase, respectively, in the number of members who responded that counseling has had a helpful impact on their quality of life **(65%)** as well as their symptoms/problems **(58%).**

Qualitative Analysis

- A cross-functional workgroup with representatives from QI, G&A, Health Services and Behavioral Health
- Workgroup noted the general increase in positive responses regarding behavioral healthcare experiences in 2021 and made the following observations:
  - Lightened COVID-19 restrictions in 2021 leading members to resume care
  - New contract with Array to provide mild-to-moderate BH telehealth services, increasing access to care
  - Behavioral Health Integration Incentive Program (BHIIP) kicked off in 2021, providing more behavioral health services for members at certain clinics as part of their primary care experience

Unmet Goals

- **Q8** – *"How often did you see someone as soon as you wanted when you needed help right away?"*
  - Responses improved by 10-percentage points but still did not meet 85% goal
  - Despite improvements, there are still limited available providers and long appointment wait times that may impact members' ability to access immediate care
  - Increase in behavioral health crisis and urgent need for care in 2021

- **Q9** – *"How often did you get the help or advice you needed over the phone?"*
  - Workgroup noticed ambiguity in this question and discussed the need to identify ***who*** the members are calling ***why***
  - Workgroup also noted the need for SCFHP and Santa Clara County Behavioral Health Services Department (SCCBHSD) to improve coordination to ensure a more seamless entry into the BH delivery system

Opportunities for Improvement

1. Improve coordination between SCCBHSD and SCFHP when members are calling in for BH referrals and/or screening
   - **Intervention(s)**:
     - SCFHP and SCCBHSD forming workgroup in 2022 to implement closed loop referrals of BH services and improved coordination between BH delivery systems

2. Educate members and providers on ways to access BH care when needed immediately due to crisis
   - **Intervention(s)**:
     - Promote new SCCBHSD 9-8-8 Crisis & Suicide Prevention 24-hr Lifeline among members & providers

3. Clarify survey language and process to allow for specific identification of opportunities for improvement
   - **Intervention(s):**
     - Improve information gathering of 2023 survey by providing BH team callers with information regarding the members' services received, and by clarifying the question verbiage to allow for more accurate root cause analyses

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Questions?

Contact Jamie Enke, BH Program Manager, jenke@scfhp.com

Santa Clara Family Health Plan™

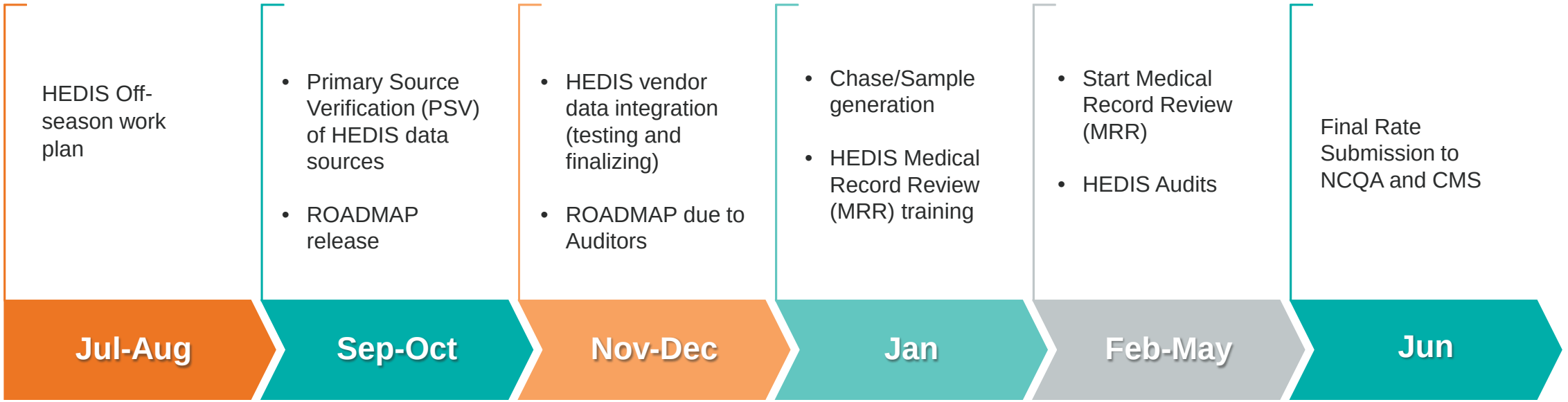
HEDIS MY 2021 Performance

Quality Improvement

Agenda

- HEDIS Reporting (Timeline, Achievements, Challenges)
- MC: Medi-Cal Managed Care Accountability Set (MCAS) Measures
- CMC: STARS/NCQA Accreditation Measures
- What’s next?

HEDIS Timeline



HEDIS Reporting

Achievements

- Started Medical Record Review (MRR) earlier compared to previous years
- Achieved retrieval rate of 97%
- Reviewed and overread over 6k charts (98.9% IRR Rate)
- Utilized all in house medical records (i.e. QNXT, Risk-Adjustment, MedImpact)
- Reported full set of Medicaid measures
- MC – Met the Minimum Performance Level (MPL) for 13 of 15 MCAS measures
- CMC – Increased rates for majority of hybrid measures from previous year

HEDIS Reporting

Challenges

- Provider offices/sites slow to respond to medical record requests – escalation to Executive team needed (same as previous year)
- Lack of medical record documentation per measure specification
- No order of missing service(s)
- Unidentified chases due to source not from claims/encounters

Medi-Cal MCAS Measures CY 2021

Santa Clara Family Health Plan

Measure Code	Measure Description	HEDIS CY 2019 Final Rate	HEDIS CY 2020 Final Rate	HEDIS CY 2021 Final Rate	% Difference from MY 2020 to MY 2021	Current Percentile	CY 2021 MPL
BCS[2]	Breast Cancer Screening	66.72%	59.78% ↓	56.61% ↓	-3.12%	50th	53.93%
CBP*	Controlling High Blood Pressure	62.04%	57.42% ↓	57.18% ↓	-0.24%	50th	55.35%
CCS*[2]	Cervical Cancer Screening	52.07%	59.85% ↑	60.10% ↑	0.25%	50th	59.12%
CDC-H9*[1]	Comprehensive Diabetes Care HbA1c Poor Control (>9.0%)	31.14%	34.31% ↓	26.52% ↑	-7.79%	95th	43.19%
CHL	Chlamydia Screening in Women	59.19%	57.43% ↓	61.91% ↑	4.48%	75th	54.91%
CIS10*[2]	Childhood Immunization Status – Combo 10	66.91%	57.91% ↓	49.88% ↓	-8.03%	75th	38.20%
IMA-2*[2]	Immunizations for Adolescents - Combo 2	46.72%	43.31% ↓	41.36% ↓	-1.95%	50th	36.74%
PPC-Post*	Prenatal & Postpartum Care - Postpartum Care	85.16%	84.67% ↓	79.81% ↓	-4.86%	75th	76.40%
PPC-Pre*	Prenatal & Postpartum Care - Timeliness of Prenatal Care	93.19%	92.70% ↓	90.75% ↓	-1.95%	75th	85.89%
W30A-6[2]	Well-Child Visits in the First 15 Months of Life - 6 or More Visits	Did not report	33.89%	51.61% ↑	17.72%	25th	54.92%
W30B-2[2]	Well-Child Visits for Age 15 Months - 30 Months - 2 or More Visits	Did not report	76.73%	64.94% ↓	-11.79%	10th	70.67%
WCC-BMI*	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents – BMI Assessment Total	89.29%	80.54% ↓	84.91% ↑	4.37%	75th	76.64%
WCC-N*	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents – Counseling for Nutrition Total	Did not report	74.21%	81.51% ↑	7.30%	75th	70.11%
WCC-PA*	Weight Assessment & Counseling for Nutrition & Physical Activity for Children & Adolescents – Counseling for Physical Activity Total	Did not report	72.26%	79.32% ↑	7.06%	90th	66.18%
WCV	Child and Adolescent Well-Care Visits	Did not report	43.92%	51.11% ↑	7.19%	50th	45.31%

* Hybrid measure
[1] Reverse measure, lower is better
[2] Measure has a lookback period that spans multiple calendar years
Measure met MPL / Measure did not meet MPL

↑: Rate improved compared to prior year
↓: Rate declined compared to prior year
Note: MPL is determined based on the performance from the previous year (i.e. CY20 benchmarks based on CY19 performance)

What's Next? - Medicaid

- Member outreach using bilingual staff
- Member incentive programs (Disparity and network focused for well-women measures)
- Diabetes clinical program/support group (Collab with Rx, CM, QI)
- Clinic Days
- PIPs for measures below MPL
- Deep dive on identified data gaps
- Provider Performance Program (PPP)
- Bring focus to new MCAS measures:

    1) Follow-Up After Emergency Department Visit for Substance Use – 30 days (FUA-30)

    2) Follow-Up After Emergency Department Visit for Mental Illness – 30 days (FUM-30)

Medicare NCQA Health Plan Rating (Accreditation) Measures – 1/2

Santa Clara Family Health Plan

Measure Code	Measure Description	NCQA Accreditation Weight	CY 2020 Rate	CY 2021 Rate	CY 2021 Percentile (Regional)
AMM3	AMM3: Continuation Phase	1	61.57%	66.20% ↑	75th
BCS	Breast Cancer Screening	1	65.01%	64.91% ↓	25th
CBP	Controlling High BP	3	59.85%	59.85%	25th
CDC10	CDC: HbA1c <8	3	62.53%	69.34% ↑	50th
CDC4	CDC: Eye Exam	1	77.13%	73.72% ↓	50th
CDC9	CDC: BP Control	3	55.96%	57.91% ↑	10th
COL	Colorectal Cancer Screening	1	60.34%	63.99% ↑	25th
COUB	COU: Risk of Continued Use 31 aged 18 years and older	1	10.29%	6.85% ↑	75th
DAE	DAE: Use of High Risk Medications in Older Adults	1	-	10.17%	50th
DDE4	DDE: Potential Harmful Drug-Disease Interactions in Older Adults - Total rate	1	30.68%	30.94% ↓	25th
FMC	FMC: 7 days Post ED Multiple High Risk Chronic Conditions aged 18 years and older	1	58.49%	54.09% ↓	33.33th
FUA7	FUA: 7 day FUP post SU ED visit aged 13 years and older	1	8.33%	9.52% ↑	33.33th
FUH7	FUH: 7 Day FUP post discharge	1	21.43%	28.57% ↑	50th
FUI7	FUI: 7 Day FUP Post SU Event	1	15.38%	35.00% ↑	95th
FUM7	FUM: 7 day FUP post MI ED visit	1	92.31%	87.50% ↓	95th

Medicare NCQA Health Plan Rating (Accreditation) Measures – 2/2

Measure Code	Measure Description	NCQA Accreditation Weight	CY 2020 Rate	CY 2021 Rate	CY 2021 Percentile (Regional)
HDO	Use of High Opioids at High Dosage	1	6.18%	5.03% ↑	50th
IETBT	IET: Engagement: Total	1	7.33%	4.69% ↓	50th
OMW	OMW: Osteoporosis Management in Women w/ Fracture	1	42.86%	20.45% ↓	5th
PCE1	PCE: COPD Corticosteroids	1	75.00%	70.45% ↓	33.33th
PCE2	PCE: COPD Bronchodilator	1	88.46%	93.18% ↑	90th
POD	Pharmacotherapy for Opioid Use Disorder	1	-	37.50%	66.67th
PSA	Non-Recommended PSA	1	13.46%	19.01% ↓	75th
SAA	Antipsychotic Med Adherence for those w/ Schizophrenia	1	88.24%	90.03% ↑	95th
SPCA	SPC: Statin Therapy for CAD	1	83.19%	89.35% ↑	95th
SPCB	SPC: Statin Adherence for CAD	1	88.83%	87.05% ↓	66.67th
SPDA	SPD: Statin Therapy	1	81.83%	82.72% ↑	75th
SPDB	SPD: Statin Adherence	1	87.42%	85.39% ↓	50th
TRCD	TRC: Receipt of Discharge Information	1	45.26%	53.04% ↑	90th
TRCE	TRC: Patient Engagement	1	83.94%	86.62% ↑	75th
TRCI	TRC: Notification of Inpatient Admission	1	54.26%	57.18% ↑	90th
TRCM	TRC: Medication Reconciliation	1	54.99%	68.86% ↑	50th
UOPC	Use of Opioids From Multiple Providers	1	2.43%	3.34% ↓	Below 5th

Medicare Star Rating Measures

Santa Clara Family Health Plan

Measure Code	Measure Description	CY 2020 Rate	CY 2021 Rate	CY 2021 Star Rating
BCS	Breast Cancer Screening	65.01%	64.91% ↓	3
CBP	Controlling High Blood Pressure	59.85%	59.85%	No benchmarks
CDC2	Comprehensive Diabetes Care - HbA1c Poor Control	28.71%	20.19% ↑	4
CDC4	Comprehensive Diabetes Care - Retinal Eye Exam	77.13%	73.32% ↓	4
COA2	Care of Older Adults - Medication Review	84.67%	86.62% ↑	4
COA3	Care of Older Adults - Functional Status Assessment	43.07%	47.45% ↑	No benchmarks
COA4	Care of Older Adults - Pain Assessment	82.97%	84.91% ↑	3
COL	Colorectal Cancer Screening	60.34%	63.99% ↑	3
FMC	Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions 7-day Total	58.49%	54.09% ↓	No benchmarks
OMW	Osteoporosis Management in Women Who Had a Fracture	42.86%	20.45% ↓	1
SPCA	Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy Total	83.19%	89.35% ↑	5
TRCD	Transition of Care - Reciept of Discharge Information	45.26%	53.04% ↑	No benchmarks
TRCE	Transition of Care - Patient Engagement	83.94%	86.62% ↑	No benchmarks
TRCI	Transition of Care - Notification of Inpatient Admission	54.26%	57.18% ↑	No benchmarks
TRCM	Transition of Care - Medication Reconciliation Post-Discharge	54.99%	68.86% ↑	3

What's Next? - Medicare

- Increase in home assessments
- Supplemental data feeds
- Member outreach using bilingual staff
- Member incentive pilot
- Interdepartmental collaboration on focused measures:
  - Osteoporosis Management in Women Who Had a Fracture (OMW)
  - Transition of Care (TRC)
  - Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Santa Clara Family Health Plan™

Q&A

Santa Clara Family Health Plan™

Annual Review of Quality Improvement Policies

Angela Chen, Director, Case Management & Behavioral Health

Lori Andersen, Director, Long Term Services and Supports

Annual Review of Quality Improvement Policies

August 9, 2022

Policy No.	Policy Title	Changes
QI.17 v3	Behavioral Health Care Coodination	Revised name; included information from QI.24 to address parity; included information from APL 22-005 and 22-006; No Wrong Door for Mental Health Services policy and Non Specialty Mental Health Services Coverage
QI.18 v2	Sensitive Services, Confidentiality, Rights of Adults and Minors	Removed reference to procedure that no longer exists; corrected departmental names in the Responsibilities section
QI.21 v2	Information Exchange Between SCFHP & Santa Clara County Behavioral Health Services Department (SCCBHSD)	Revised to be consistent with MOU; grammatical updates, spelling error updates; removed inappropriate language that was too specific and procedural for a policy
QI.25 v3	Palliative Care	Title change to Palliative Care; updated APL 18-020 which replaced APL 17-015; no major content change
QI.34 v1	Housing and Homelessness Incentive Program	N/A

POLICY

Policy Title:	Behavioral Health Care Coordination and Coverage	Policy No.:	QI.17
Replaces Policy Title (if applicable):	• Behavioral Health Care Coordination • Mental Health Parity	Replaces Policy No. (if applicable):	• QI.17 • QI.24
Issuing Department:	Health Services – Behavioral Health	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 responsibilities of Santa Clara Family Health Plan (SCFHP) in ensuring members receive timely and consistent mental health services regardless of the initial delivery system from which they were referred. This policy also outlines SCFHP's responsibilities for the provision and/or arrangement of clinically appropriate and timely covered non-specialty mental health services (NSMHS) as well as the delineation of responsibilities for referring to and coordinating with Santa Clara County Behavioral Health Services Department (SCCBHSD) for the delivery of specialty mental health services (SMHS).

II. Policy

A. Medical Necessity

i. SCFHP is required to furnish all appropriate and medically necessary services that could be covered under California's Medicaid State Plan, as described in 42 USC Section 1396d(a).

ii. SCFHP defines medical necessity for NSMHS in accordance with California's Welfare and Institutions (W&I) Code sections 14059.5 and 14184.402. For individuals under 21 years of age, a service is "medically necessary" or a "medical necessity" if the service meets the standards set forth in Section 1396d(r)(5) of Title 42 of the United States Code (U.S.C.)

1. **Individuals under 21:** Medical necessity for individuals under 21 is established if the service is needed to correct or ameliorate health conditions, including behavioral health conditions, discovered by a screening service, regardless of whether those services are covered in the California Medi-Cal state plan
    a. Services that sustain, support, improve, or make more tolerable a behavioral health condition are considered to ameliorate the condition and thus are medically necessary and covered as Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services.
    b. In accordance with CMS federal guidelines, behavioral health services need not be curative or completely restorative to ameliorate a behavioral health condition.
2. **Individuals 21 and over**: A service is medically necessary when it is reasonable to protect life, to prevent significant illness or significant disability, or to alleviate severe pain.

POLICY

B. Eligible Populations

i. SCFHP provides and/or arranges the provision of NSMHS for the following populations:
   1. Members 21 and over with mild-to-moderate distress or impairment of mental, emotional, or behavioral functioning resulting from mental health disorders, as defined by the current Diagnostic and Statistical Manual of Mental Disorders
   2. Members under 21 years of age, to the extent they are eligible for services under EPSDT, regardless of the level of distress or impairment, or the presence of a
   3. diagnosis; Members of any age with a potential undiagnosed mental health condition

C. Non-Specialty Mental Health Services (NSMHS)

i. SCFHP provides and/or arranges the provision of the following NSMHS:
   1. Mental health evaluation and treatment, including individual, group and family psychotherapy.
      a. SCFHP provides psychotherapy to members under 21 years of age with certain risk factors or mental health symptoms, in absence of a mental health disorder
      b. SCFHP covers up to 20 individual and/or group counseling sessions for pregnant and postpartum individuals with specified risk factors for perinatal depression when the therapy is delivered during the prenatal period, and/or delivered during the 12 months after childbirth.
   2. Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.
   3. Outpatient services for purposes of monitoring drug therapy.
   4. Psychiatric consultation.
   5. Outpatient laboratory, drugs, supplies and supplement prescribed by SCFHP in-network providers.
      a. The above includes drugs administered by a health care professional in a clinic, physician's office, or outpatient setting through the medical benefit, to assess and treat mental health conditions.

D. Mental Health Parity and Mental Health Assessments

i. SCFHP provides access to outpatient mental health services for beneficiaries who do not meet the criteria for SMHS
ii. To ensure mental health parity with medical or surgical benefits, SCFHP members can request a mental health assessment from an in-network licensed mental health provider without a prior authorization. (Subpart K of Part 438 of Title 42 of the Code of Federal Regulations (CFR)).
iii. The treatment limitations will not be more restrictive than the treatment limitations applied to medical or surgical benefits to ensure parity in access to mental health services.
iv. SCFHP does not require a prior authorization for an initial mental health assessment.
v. SCFHP also works with in-network PCPs to ensure mental health screenings are conducted as appropriate.
vi. If a member screens positive for a mental health condition, the PCP can treat the member within the scope of their practice or refer to an in-network mental health provider.

POLICY

E. Alcohol and Substance Use Disorder Screening, Referral, and Services

i. SCFHP provides for covered SUD services, including alcohol and drug use screening, assessment, brief interventions, and referral to treatment (SABIRT) for members ages 11 and older, including pregnant members, in primary care settings and tobacco, alcohol, and illicit drug screening in accordance with American Academy of Pediatrics Bright Futures for Children recommendations and United States Preventive Services Taskforce grade A and B recommendations for adults as outlined in APL 21-014, Alcohol and Drug Screening, Assessment, Brief Interventions and Referral to Treatment.

ii. Covered services include the provision of Medications for Addiction Treatment (MAT) provided in primary care, inpatient hospital, emergency departments and other contracted medical settings, as well as emergency services needed to stabilize the member.

iii. Clinically appropriate and covered Drug Medi-Cal (DMC) services delivered by DMC providers and Drug MediCal Organized Delivery System (DMC-ODS) services delivered by DMC-ODS providers are covered by Santa Clara County, whether or not the member has a co-occurring mental health condition

F. Emergency Room Professional Services

i. As described in Section 53855 of Title 22 of the California Code of Regulations, SCFHP coverage includes:

1. facility and professional services and facility charges claimed by emergency departments,

2. all professional physical, mental, and substance use treatment services, screening examinations necessary to determine the presence or absence of an emergency medical condition and,

3. if an emergency medical condition exists, for all services medically necessary to stabilize the member

G. Coordination between Mental Health Delivery Systems

i. Clinically appropriate NSMHS are covered by SCFHP even when;

1. Services are provided prior to determination of a diagnosis, during the assessment period, or prior to a determination of whether NSMHS or SMHS access criteria are met;
    a. SCFHP will not deny reimbursement for NSMHS during the assessment period if the assessment determines that the member does not meet the criteria for NSMHS or SMHS.
2. Services are not included in an individual treatment plan, as long as services are clinically appropriate and covered;
3. The member has a co-occurring mental health condition and SUD; or,
4. NSMHS and SMHS services are provided concurrently, if those services are coordinated and not duplicative.
    a. For members receiving NSMHS and SMHS, SCFHP will coordinate with SCCBHSD to ensure member choice, facilitate care transitions, and to guide closed loop referrals between MSMHS and SMHS providers.

b. Members that have an established relationship with a provider for either NSMHS or SMHS will be able to continue to see this provider despite whether or not they are receiving simultaneous NSMHS and SMHS, provided the care is unduplicated and coordinated.

ii. SCFHP provides coverage and payment for medically necessary physical health care services rendered for a member receiving SMHS.

H. Care Coordination

i. SCFHP optimizes access to services for members by coordinating care and facilitating referrals to Behavioral Health (Mental Health and Substance Use Disorders) services for Medi-Cal and Cal MediConnect (CMC) members. This includes emergent, non-emergent, in-patient or outpatient referrals. Referrals may encompass community services, a community triage service, a community crisis line, and contracted plan providers.

ii. SCFHP promotes continuity and coordination of care between behavioral healthcare providers and medical providers. Information is gathered regarding exchange of information, appropriate diagnoses, treatment, referrals, medications and follow-up. Successful collaboration is monitored and improvement plans implemented as appropriate.

III. Responsibilities

A. SCFHP Behavioral Health Department and SCCBHSD are responsible for coordinating to ensure timely, consistent, clinically appropriate and comprehensive NSMHS and SMHS are delivered to SCFHP members. Both parties are responsible for ensuring the loop is closed on any referrals made to another behavioral health delivery system.

B. SCFHP works with SCCBHSD to ensure the shared Memorandum of Understanding (MOU) memorializes relevant requirements set forth in this policy.

C. SCFHP Behavioral Health department partners with the Medical Management and Provider Contracting departments to ensure an adequate network of behavioral health providers necessary to provide NSMHS to its members.

D. Behavioral Health Services collaborates with other Health Services areas to coordinate care, and with QI to monitor coordination of care, for under/over utilization.

E. For eligible members, SCFHP's Case Management department provides physical and mental health case management and care coordination for members receiving NSMHS or SMHS. This includes, but is not limited to, medication reconciliation and coordination of All medically necessary, contractually required Medi-CaL covered services, including mental health services, both within and outside of SCFHP's contracted provider network.

F. SCFHP is responsible for working with SCCBHSD to coordinate care for mutual members.

G. SCFHP informs members of coverage benefits set forth in this policy through member-facing communications, such as the Explanation of Coverage (EOC) handbook.

IV. References

A. California's Welfare and Institutions (W&I) Code sections 14059.5 and 14184.402

B. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-006

C. CA Health and Safety Code 1367.01
D. DHCS APL 22-005
E. Mental Health Parity (Subpart K of Part 438 of Title 42 of the Code of Federal Regulations (CFR))
F. Medicaid Mental Health Parity Final Rule (CMS-2333-F)
G. Memorandum of Understanding (MOU) between Santa Clara Family Health Plan and Santa Clara County Behavioral Health Services Department
H. 3 Way Contract. (2014). Contract between United States Department of Health and Human Services; Centers for Medicare and Medicaid Services and California Department of Health Care Services.

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
[Manager/Director Name] [Title] Date	[Compliance Name] [Title] Date	[Executive Name] [Title] Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)

POLICY

Policy Title:	**Sensitive Services, Confidentiality, Rights of Adults and Minors**	**Policy No.:**	QI.18
Replaces Policy Title (if applicable):	Sensitive Services, Confidentiality, Rights of Adults and Minors	**Replaces Policy No. (if applicable):**	C036_04
Issuing Department:	Health Services	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

To promote timely access to sensitive, confidential medical services for adult and minor children when needed and/or requested.

II. Policy

A. Santa Clara Family Health Plan (SCFHP) allows minor children and adult members to have access to sensitive, confidential medical services without the need for prior authorization.

1. The following services are considered confidential and sensitive services for adult and minor children aged 12 and older without parental consent:
   a. Sexually transmitted diseases
   b. Family planning
   c. Sexual assault
   d. Pregnancy testing
   e. HIV testing and counseling
   f. Abortion
   g. Drug and alcohol abuse
   h. Outpatient mental health care

III. Responsibilities

Health Services works with IT, Provider Network Operations, Customer Service, Providers and Community-Based Organizations to provide sensitive and confidential services to members without requiring prior authorization.

IV. References

Fed. Law 1987 OBRA, Sec. 4113 (c)(1)(B), 1905 (a)(4)(c); BBA

POLICY

DHS Contract A-12, Exhibit A, Attachments 5, et. seq, 9, Items 1, 3, 8, 2. C
MMCD Pol. Letter #s: 94-13, 96-09, 97-08, 98-11
T22, CCR, 50063.5, 51009, 50063.5; Family Code §6925 et. seq., W & I Code §14132. et seq., 14451 et. seq. ; T28, CCR
Knox-Keene Act; H & S Code §1340. et. seq., 120980, 120990, 121010, 121015
Civ. Code §56. et. Seq
Insurance Code §791, et. seq.

V. Approval/Revision History

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

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Quality Improvement	Approve; 8/9/2017	
v1	Reviewed	Quality Improvement	Approve; 6/6/2018	
v2				

POLICY

Policy Title:	Information Exchange Between Santa Clara Family Health Plan & Santa Clara County Behavioral Health Services Department	**Policy No.:**	QI.21
Replaces Policy Title (if applicable):	Information Exchange Between Santa Clara Family Health Plan & County of Santa Clara County	**Replaces Policy No. (if applicable):**	HS.409
Issuing Department:	Health Services	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☒ CMC	

I. Purpose

Santa Clara Family Health Plan (SCFHP) and Santa Clara County Behavioral Health Services Department (SCCBHSD) entered into a Memorandum of Understanding (MOU) effective January 1, 2014 to establish the responsibilities between the two entities regarding the provision of Medi-Cal Specialty Mental Health and/or drug Medi-Cal services as a managed care benefit under the Cal Medi-Connect (CMC) program. The purpose of this policy is to outline and expand upon the main roles, responsibilities, and requirements of SCCBHSD and SCFHP as stated in the MOU.

II. Policy

A. It is the policy of SCFHP to provide coordination of care for CMC members who are connected with SCCBHSD, their mental health clinics, and contractors. The SCFHP and the SCCBHSD will follow the medical necessity criteria for Medi-Cal specialty mental health 1915 (b) waiver services described in Title 9, California Code of Regulations. DHCS has developed a matrix of roles and responsibilities, "Behavioral Health Benefits in the Duals Demonstration", which is an attachment to the MOU. Medical necessity for Drug Medi-Cal Substance Abuse Services is as defined in Title 22, California Code of Regulations (CCR).

III. Responsibilities

A. Assessment Process

i. SCFHP and SCCBHSD maintain mutually agreed upon policies and procedures regarding screening and assessment processes that comply with all federal and state requirements, including the Care Coordination Standards and Behavioral Health Coordination Standards.

ii. SCFHP completes a Health Risk Assessment (HRA) pursuant to the CMC three way contract guidelines. SCFHP Behavioral Health Department reviews and/or completes the HRA with special attention to behavioral health and serious mental illness (SMI) indicators. The HRA, in conjunction with claims, pharmacy, and utilization data, may be used to develop an initial Individualized Care Plan (ICP). The ICP is reviewed with the member and sent to the member's primary care physician and the member's Specialty Mental Health provider for their review and changes.

B. Referrals

SCFHP and SCCBHSD maintain mutually agreed upon policies and procedures regarding referral processes including:

i. SCCBHSD accepts referrals from SCFHP staff, providers, and members' self-referral for determination of medical necessity.

ii. SCFHP accepts referrals from SCCBHSD for services needed when the specific service is provided by SCFHP and not SCCBHSD, and the beneficiary does not meet Medi-Cal specialty mental health and/or Drug Medi-Cal medical necessity criteria.

C. Information Exchange

i. SCCBHSD and SCFHP will develop, agree on, and maintain information sharing policies and procedures that specify roles and responsibilities for sharing personal health information.

ii. Information sharing policies and procedures regarding the exchange of personal health information (PHI) for the purposes of medical and behavioral health care coordination are in alignment with Title 9, CCR, Section 1810.370(a)(3) and the Health Insurance Portability and Accountability Act, California Welfare and Institutions Code section 5328 (as applicable) and 42 CFR part 2.

iii. SCFHP will maintain a list of members who are receiving Medi-Cal specialty mental health services, and/or Drug Medi-Cal services for the purposes of tracking their care coordination and service delivery to the extent possible under state and federal privacy laws.

D. Care Coordination

i. The SCFHP and CBHSD will develop and agree to policies and procedures for coordinating medical and behavioral health care for members enrolled in SCFHP and receiving Medi-Cal specialty mental health or Drug Medi-Cal services.

ii. The policies and procedures include:

1. An identified point of contact from both SCCBHSD and SCFHP who will initiate and maintain ongoing care coordination.
2. SCCBHSD and their contractors will participate in ICT's for members receiving County services and identified as needing an ICT.
3. At the County's request, the SCFHP will assist SCCBHSD in developing behavioral health care plans.
4. SCFHP will have a process for reviewing and updating the care plans as clinically indicated and following a hospitalization or significant change such as level of care.
5. SCFHP will have regular, quarterly meetings to review the care coordination process and effectiveness of the exchange of patient health information.
6. SCFHP will coordinate with the SCCBHSD to perform an annual review, analysis and evaluation of the effectiveness of the care management program to identify actions to implement and improve the quality of care and delivery of services.

IV. References

A. Memorandum of Understanding (MOU) between Santa Clara Family Health Plan and Santa Clara County Behavioral Health Services Department, including Amendments 1-6

B. Title 9, CCR, Section 1810.370(a)(3)

C. The Health Insurance Portability and Accountability Act
D. CFR part 2
E. California Code, Welfare and Institutions Code - WIC § 5328.1

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
[Manager/Director Name] [Title] Date	[Compliance Name] [Title] Date	[Executive Name] [Title] Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)

POLICY

Policy Title:	**Palliative Care**	**Policy No.:**	QI.25
Replaces Policy Title (if applicable):		**Replaces Policy No. (if applicable):**	
Issuing Department:		**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC	

I. Purpose

To promote access to appropriate and effective symptom management and palliative care in accordance with Final Draft All Plan Letter Palliative Care (APL) 18-020 and Senate Bill (SB) 1004, with the intent that members facing serious illness may achieve optimal quality of life.

II. Policy

A. The Palliative Care program is established to provide processes and procedures that enable SCFHP to improve the health and health care of its members with palliative care needs.
B. To define the fundamental components of SCFHP palliative care services, which include: Advance Care Planning; Palliative Care Assessment and Consultation; Plan of Care; Palliative Care Team; Care Coordination; Pain and Symptom Management; and Mental Health and Medical Social Services. The structure of the Palliative Care program is organized to promote quality palliative care, client satisfaction and cost efficiency through the use of collaborative patient-centered palliative care services, evidence-based guidelines and protocols, and targeted goals and outcomes.
C. SCFHP defines the process of how the plan coordinates palliative care services for members with serious illness and helps them access needed resources and care.

III. Responsibilities

Health Services collaborates with other SCFHP departments (IT, Claims, Benefits, Provider Services, and Member Services) as well as contracted IOPC providers and member providers and delegates to identify, coordinate services, coordinate benefits, and provide eligible members with IOPC palliative care services.

IV. References

California Welfare and Institutions Code (WIC) Section 14132.75
APL 18-020 Palliative Care, December 2018

POLICY

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Angela Chen RN Director, Case Management & Behavioral Health Date	[Compliance Name] [Title] Date	Laurie Nakahira D.O. Chief Medical Officer Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V2	8/2022	Quality Improvement Committee	08/09/2022	

POLICY

Policy Title:	**Housing and Homelessness Incentive Program**	**Policy No.:**	QI.34
Replaces Policy Title (if applicable):	N/A	**Replaces Policy No. (if applicable):**	N/A
Issuing Department:	Long Term Services & Supports (LTSS)	**Policy Review Frequency:**	Annual
Lines of Business (check all that apply):	☒ Medi-Cal	☐ CMC	

I. Purpose

To outline Santa Clara Family Health Plan's (SCFHP) process to follow All Plan Letter (APL) 22-007: California Housing and Homelessness Inventive Program (HHIP) in order to earn incentive payments linked to the HHIP implemented by the California Department of Health Care Services (DHCS) in accordance with the Medi-Cal (MC) Home and Community-Based Services (HCBS) Spending Plan.

II. Policy

A. SCFHP acknowledges the incentive program intends to support delivery and coordination of health and housing services for MC members. DHCS:
   1. Rewards SCFHP for developing the necessary capacity and partnerships to connect their members to needed housing services; and
   2. Incentivizes SCFHP to take an active role in reducing and preventing homelessness

B. SCFHP acknowledges that by way of voluntary participation in this incentive program, the HHIP includes all MC members who are at risk of, have recently been, or are currently experiencing homelessness.

C. SCFHP expects the incentive program period to be effective from January 1, 2022 to December 31, 2023. The program period is split between two distinct Program Years (PY) with three distinct measurement periods:

MCP Submission	Measurement Period	MCP Submission Date	Program Year
MCP Local Homelessness Plan (LHP) Submission	January 1, 2022 to April 30, 2022	June 30, 2022	1
MCP Submission 1	May 1, 2022 to December 31, 2022	February 2023[2]	1
MCP Submission 2	January 1, 2023 to October 31, 2023	December 2023[3]	2

SCFHP complies with the following requirements to earn incentive payments for respective program years:

1. For Payment 1, DHCS evaluates SCFHP based on the quality of the LHP components submitted, including the Landscape Analysis, Funding Availability Assessment, and Managed Care Plan (MCP) Strategies, as well as on the program measures. Each program measure will either be earned in full or not earned.

a. SCFHP collaborates with other participating MCPs operating in Santa Clara County to submit a single Local Homelessness Plan (LHP);
b. SCFHP along with other participating MCPs completes the LHP Template in full, as outlines in the LHP;
c. SCFHP electronically submits to DHCSHHIP@dhcs.ca.gov by June 30, 2022

2. For Payment 2, SCFHP reports a set of quantitative and narrative measures, as outlines in the MCP Submission 1 Template, describing SCFHP's performance in Program Year 1 in February 2023.
3. For Payment 3, SCFHP reports a set of quantitative and narrative measures, as outlined in the MCP Submission 2 Template, describing SCFHP's performance in Program Year 2 in December 2023.

D. SCFHP defines individuals experiencing homelessness and/or are at risk of homelessness, as provided in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR), include;
1. An individual or family who lacks adequate nighttime residence;
2. An individual or family with a primary residence that is a public or private place not designed or ordinarily used for habitation;
3. An individual or family living in a shelter;
4. An individual exiting an institution into homelessness;
5. An individual or family who will imminently lose housing in the next 30 days;
6. Unaccompanied youth and homeless families and children and defines as homeless under other federal statutes;
7. Individuals fleeing domestic violence.

E. SCFHP's efforts to meeting the program's goals and report measures include working closely with all applicable local partners, including but not limited to: local Continuums of Care (CoCs), counties, public health agencies, organizations that deliver housing services (i.e., interim housing, rental assistance, supportive housing, outreach, prevention/diversion) including Enhanced Care Management (EMC) and Community Supports, county mental health plans (MHPs), and Drug MC Organized Delivery System (DMC-ODS). SCFHP will maximize HHIP investment with these local partners leading housing and homelessness-related efforts and directly supporting and assisting this vulnerable population.

III. Responsibilities

A. Long Term Services and Supports (LTSS)
1. Manager, Social Determinants of Health, leads the HHIP and is responsible for ensuring collaboration with other participating MCPs in the county, the tracking and monitoring of DHCS metrics, stakeholder facilitation and communication, and DHCS submissions for the HHIP.
2. Community Supports and ECM program staff coordinates efforts to achieve related DHCS metrics.
3. LTSS provides recommendations for investment funding opportunities and monitors metrics related to investment.

B. Finance
1. Finance tracks and ensures payment for implementation of the HHIP for the health plan.

2. Finance provides payments to recipient during agreed upon timeframes.

C. Provider Network Operations (PNO)
   1. Contracting coordinates contractual agreements relation to achieving metrics and payment for community investments from the HHIP.
   2. PNO ensures subcontractors and network providers comply with all applicable state and federal laws.
   3. PNO facilitates communication with subcontractors and network providers on screening members for homelessness and referrals to ECM Homelessness Population of Focus and Community Supports programs related to housing.

IV. References

All Plan Letter (APL) 22-007: California Housing and Homelessness Incentive Program

V. Approval/Revision History

First Level Approval	Second Level Approval	Third Level Approval
Lori Andersen, Director, LTSS [Manager/Director Name] [Title] **07/26/2022** Date	[Compliance Name] [Title] Date	[Executive Name] [Title] Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
V1	Original	Quality Improvement Committee	08/09/2022	

Santa Clara Family Health Plan™

Quality Improvement Dashboard

June & July 2022

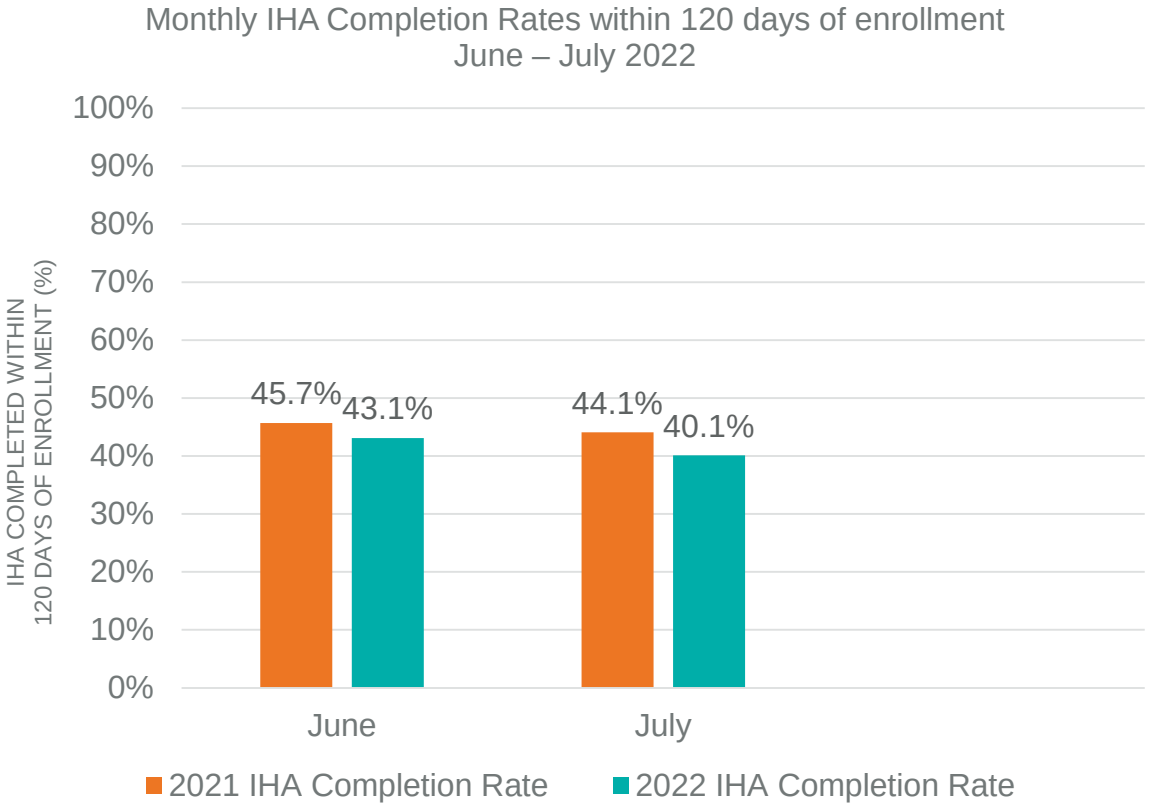
Initial Health Assessment (IHA)

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

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



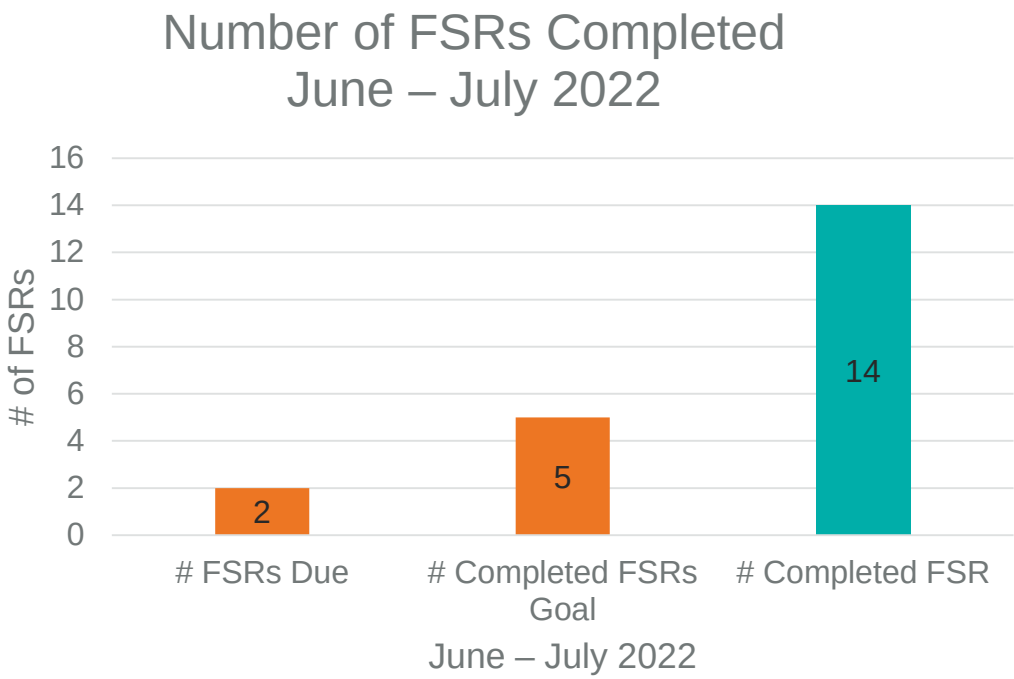
*DHCS had temporarily suspended the requirement to complete IHAs for members within 120 days of enrollment until the COVID-19 emergency declaration is rescinded. Starting October 1, 2021, DHCS required all primary care providers to resume IHA activities.

*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	14
# Initial FSRs Completed	1

Potential Quality of Care Issues

Santa Clara Family Health Plan

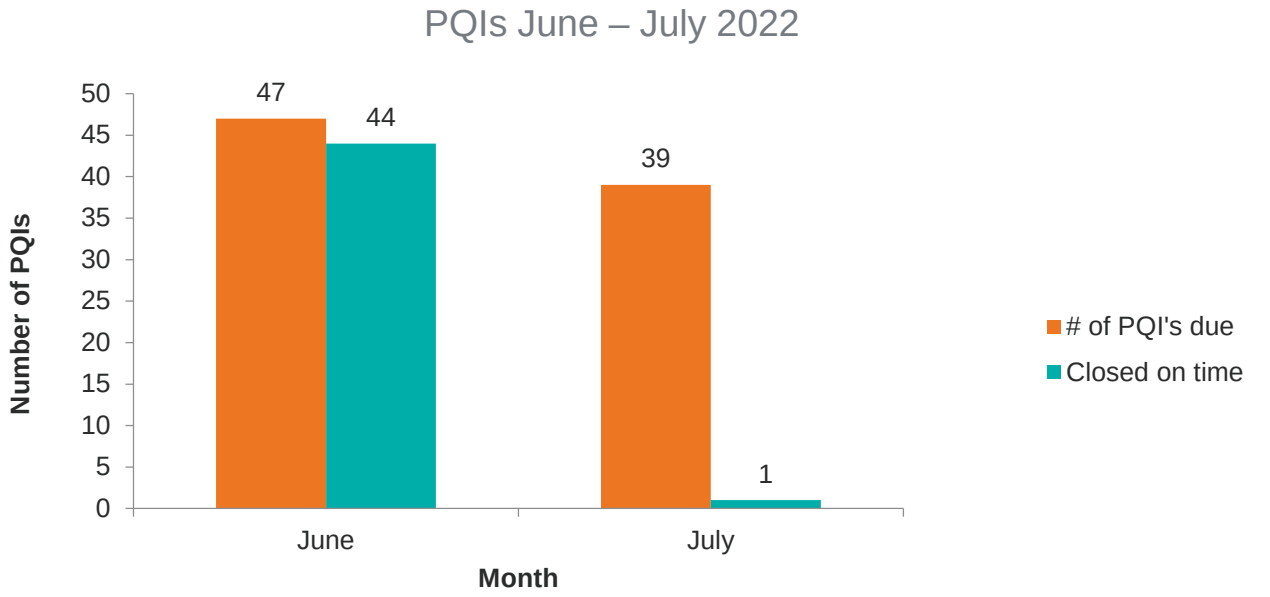
Quality helps ensure member safety by investigating all potential quality of care (PQI) issues

52.3%

Percentage of PQIs due from June – July 2022 closed on time within 90* days

PQI Levels: June – July 2022

- **Level 0: 2 Cases**
- **Level 1: 46 Cases**
- **Level 1A: 0 Case**
- **Level 2: 3 Cases**
- **Level 3: 0 Case**
- **Level 4: 0 Case**

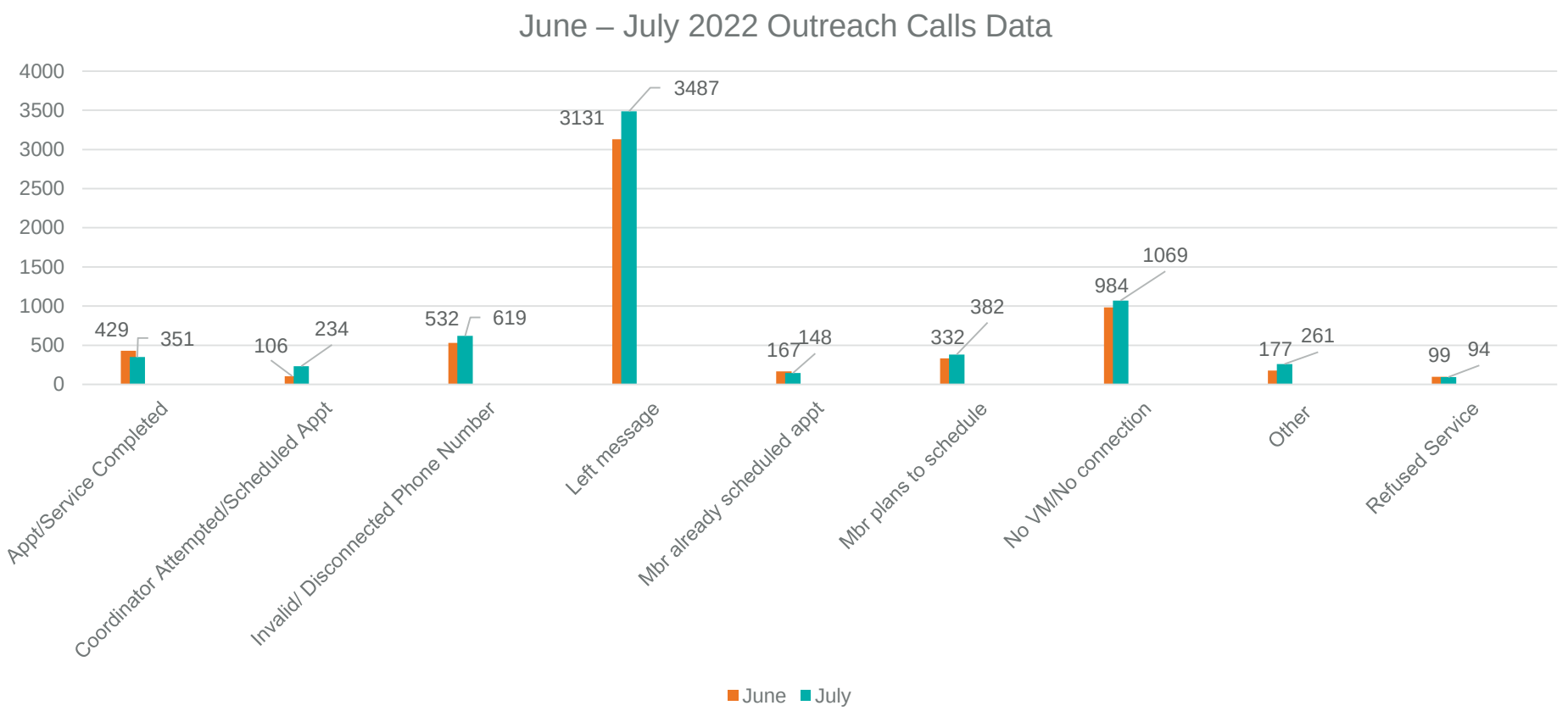


Network	Case Identified Level 0	Case Identified Level 1	Case Identified Level 1A	Case Identified Level 2	Case Identified Level 3	Case Identified Level 4
Admin – Medicare Primary	0	8	0	0	0	0
Direct SCFHP (Net 10)	2	11	0	0	0	0
North East Medical Services/NEMS (Net 15)	0	0	0	0	0	0
VHP Network	0	20	0	3	0	0
PAMF (Net 40)	0	2	0	0	0	0
Physicians Medical Group (Net 50)	0	3	0	0	0	0
Premier Care (Net 60)	0	2	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 (June – July 2022)	
CMC: Ambulatory Visit (AAP)	MC: Ambulatory Visit (AAP)
CMC: Breast Cancer Screening (BCS)	MC: Breast Cancer Screening (BCS)
CMC: Controlling High Blood Pressure (CBP)	CMC: Controlling High Blood Pressure (CBP)
CMC: Comprehensive Diabetes Care (CDC)	MC: Comprehensive Diabetes Care (CDC)
CMC: Colorectal Cancer Screening (COL)	MC: Chlamydia Screening (CHL)
	MC: Prenatal Visit (PPC)
	MC: Well-Visit – Adolescent (WCV)
	MC: Initial Health Assessment (IHA)



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

Total number of attempted outreach in June – July 2022

12,602

QNXT Gaps In Care (GIC) Alerts

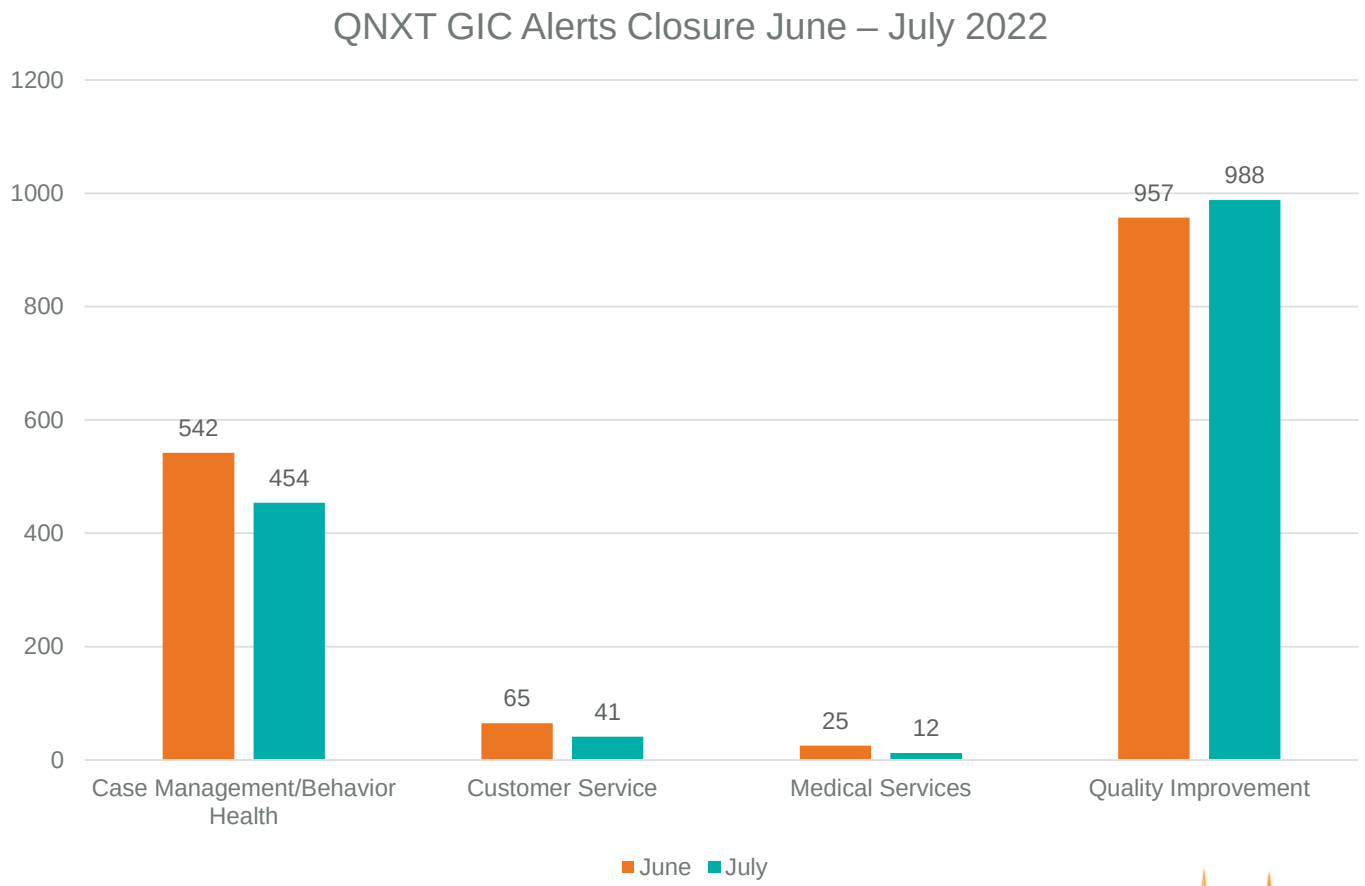
Santa Clara Family Health Plan

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.

3,084

Total number of QXNT GIC alerts terminated in June – July 2022



Health Education Mailings

Santa Clara Family Health Plan

Health Education mailings occur July to November to remind members to complete missing services by the end of the year

Line of Business	Measure	Month of Mailing	Letters Mailed
Cal Medi-Connect	Colorectal Cancer Screening (COL)	July	629
Medi-Cal	Breast Cancer Screening (BCS) *Disparity: Asian Indian & Caucasian only*	July	1,817
Medi-Cal	Cervical Cancer Screening (CCS) *Disparity: Asian Indian & Caucasian*	June	3,977
Medi-Cal	Chlamydia Screening (CHL) *Disparity: Independent Network*	July	273
Medi-Cal	Well Child 0-15 months (W30A)	July	1,453
Medi-Cal	Well Child 16-30 months (W30B)	July	1,146
Medi-Cal	Adolescent Well-Care Visit (WCV)	July	18,907
Total			***28,202***

Santa Clara Family Health Plan™

Pharmacy & Therapeutics Committee
Draft Meeting Minutes

June 16, 2022

Regular Meeting of the

Santa Clara County Health Authority

Pharmacy & Therapeutics Committee

Thursday, June 16, 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
Dang Huynh, PharmD, Director of Pharmacy and UM
Laurie Nakahira, DO, Chief Medical Officer
Jesse Parashar-Rokicki, MD
Judy Ngo, PharmD

Staff Present
Duyen Nguyen, PharmD, Clinical Pharmacist
Caroline Tambe, PharmD, Clinical Pharmacist
Jennifer Koh, Pharmacy Resident
Amy O'Brien, Administrative Assistant
Robyn Esparza, Administrative Assistant

Members Absent
Dolly Goel, MD
Peter Nguyen, DO
Xuan Cung, PharmD

1. **Roll Call**
   Jimmy Lin, MD, Chair, called the meeting to order at 6:05 pm. Roll call was taken and a quorum was established.
2. **Public Comment**
   There were no public comments.
3. **Open Meeting Minutes**
   The 1Q 2022 P&T Committee open meeting minutes were reviewed.
   It was moved, seconded and the open minutes of the 1Q 2022 P&T meeting minutes were **unanimously approved.**

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

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.

The health plan membership for both Medi-Cal (MC) and CalMedi-Connect (CMC) line of businesses combined reached over 300,000. She noted that once the Public Health Extension (PHE) ends, the membership will dip because there will be members dis-enrolled because of the re-eligibility process.

The DMHC Financial Audit is taking place. The audit examines the financial health and sustainability of the health plan.

There is another DMHC audit will occur in October. The health plan is preparing for the NCQA interim audit for our MC line of business.

b. Medi-Cal (MC) Rx Update

Dang Huynh, PharmD, Director, Pharmacy and Utilization Management, provided an MC Rx Update.

Dr. Huynh noted that starting June 1, 2022, blood pressure monitors and cuffs are now a benefit for Medi-Cal Rx.

Dr. Huynh noted the DME Blood Pressure (BP) Monitoring Order Form to include what Medi-Cal Rx covers.

Dr. Huynh noted DHCS is going to delay the re-implementation of point-of-sale edits and prior authorization requirements. DHCS will be step-wise approach instead of turning everything back on at once.

c. Grievance & Appeal Reports – 4Q 2021 & 1Q 2022

Dang Huynh, PharmD, Director, Pharmacy and Utilization Management, reviewed the 4Q 2021 & 1Q 2022 Grievance & Appeal Reports. Dr. Huynh will follow-up with the G&A Department as to why Scopolamine was upheld and then follow-up with Dr. Lin directly.

d. Policy Review

i. PH.10 Medicare Part D Transition (D-SNP)
ii. PH.16 Medi-Cal Rx

Dr. Huynh reviewed the policies, PH.10 is due for annual review and PH.16 is new.

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

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

e. Plan/Global Medi-Cal Drug Use Review

i. **Annual DHCS Global DUR Submission**
Caroline Tambe, PharmD, Clinical Pharmacist, presented the annual DHCS Global DUR Submission.

ii. **Drug Utilization Evaluation Update**
Dr. Tambe reviewed the results from SCFHP's quarterly retrospective Drug Use Evaluation (DUE) program. For Q1 2022, the focus was on cardiovascular disease. For Q2 2022, the plan did a provider mailing for polypharmacy.

f. Emergency Supply Report – 2Q 2022

Duyen Nguyen, PharmD, Clinical Pharmacist, reviewed the Emergency Supply Report for Q2 2022. Dr. Nguyen reported in Q2 2022, SCFHP had a total of 20,413 ER visits, per claims and encounter data. Approved claims were appropriate, and there were no inappropriate denied claims. For no claims, there were no issues with the completed charts that were reviewed.

g. NCQA Member Portal Evaluation

Dr. Nguyen presented the NCQA Member Portal Evaluation and reviewed the results. Dr. Nguyen noted both accuracy and quality measures met goal at 100%. There were no deficiencies identified.

Dr. Nguyen noted that there was an update from the last quarter report. She noted that NCQA wanted us a comparison with the report. Compared with that report of August 2020, the accuracy continued to be 100%.

Adjourned to Closed Session at 6:31p.m.
Pursuant to Welfare and Institutions Code Section 14087.36 (w)

5. Closed Meeting Minutes

The 1Q 2022 P&T Committee closed meeting minutes were reviewed.

It was moved, seconded and the closed minutes of the 1Q 2022 P&T meeting minutes were **unanimously approved**.

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

6. Metrics and Financial Updates

a. Membership Report

Dr. Huynh presented the Membership Report.

b. Pharmacy Dashboard

Dr. Huynh reviewed the Pharmacy Dashboard.

c. Drug Utilization & Spend – 1Q 2022

Dr. Huynh presented the Drug Utilization & Spend for 1Q 2022.

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

a. Pharmacy Benefit Manager 1Q 2022 P&T Minutes

Dr. Huynh reviewed the Pharmacy Benefit Manager 1Q 2022 P&T Minutes.

b. Pharmacy Benefit Manager 1Q 2022 P&T Part D Actions

Dr. Huynh reviewed the Pharmacy Benefit Manager 1Q 2022 P&T Part D Actions.

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

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

c. 2022 Update & 2023 Medical Benefit Drug Prior Authorization Grid

Dr. Huynh reviewed the 2022 Update & 2023 Medical Benefit Drug Prior Authorization Grid.

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

Motion: Dr. Nakahira
Second: Dr. Huynh

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

d. Diabetic Supplies Criteria

Dr. Nguyen reviewed the Diabetic Supplies Criteria.

It was moved, seconded and the Diabetic Supplies Criteria was **unanimously approved**.

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

8. Discussion of SCFHP Pharmacy Clinical Programs

a. Diabetes Management Program - Updates

Dr. Tambe reviewed the Diabetes Management (DM) Program and provided updates.

b. Pharmacy Clinical Program FY2023 Planning

Dr. Tambe reviewed the Pharmacy Clinical Program FY2023 Planning.

9. New Drugs and Class Reviews

a. COVID-19 Updates

Dr. Tambe reviewed the COVID-19 updates.

b. Tirzepatide – Type 2 Diabetes

Dr. Tambe reviewed Tirzepatide, which is a first in its class for Type 2 diabetes.

c. Vonoprazan - H. Pylori

Dr. Jennifer Ko, Pharmacy Resident, reviewed the medication Vonoprazan.

d. Tapinarof – Plaque Psoriasis

Dr. Ko reviewed the medication Tapinarof.

e. Mavacamten – Obstructive Hypertrophic Cardiomyopathy

Dr. Ko reviewed the medication Mavacamten.

f. Informational Only:

i) Amyotrophic Lateral Sclerosis (ALS)
ii) Tebipenem – UTI and pyelonephritis
iii) Rinvoq and Skyrizi – Inflammatory Bowel Disease
iv) Myfembree – Endometriosis
v) Jardiance – Heart Failure with Preserved Ejection Fraction
vi) Fintepla – Lennox Gastaut Syndrome (LGS)

g. New and generic pipeline

Dr. Huynh reviewed a presentation on the new pipeline agents.

Reconvene in Open Session at 7:34 p.m.

10. Adjournment

The meeting adjourned at 7:35 p.m. The next P&T Committee meeting will be on Thursday, September 15, 2022.

Jimmy Lin, MD, Chair

Date

Santa Clara Family Health Plan™

Utilization Management Committee (UMC)
Draft Meeting Minutes

July 20, 2022

Regular Meeting of the

Santa Clara County Health Authority
Utilization Management Committee

Wednesday, July 20, 2022, 6:00 – 7:30 PM
Santa Clara Family Health Plan
6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present
Jimmy Lin, M.D., Internal Medicine, Chair
Ali Alkoraishi, M.D., Psychiatry
Laurie Nakahira, D.O., Chief Medical Officer
Habib Tobbagi, MD, PCP, Nephrology
Indira Vemuri, MD, Pediatric Specialist

Members Absent
Ngon Hoang Dinh, D.O., Head and Neck Surgeon

Staff Present
Dang Huynh, PharmD, Director, Pharmacy and Utilization Management
Lily Boris, MD, Medical Director
Angela Chen, Manager, Utilization Management
Desiree Funches, Manager, Utilization Management
Luis Perez, Supervisor, Utilization Management
Nancy Aguirre, Administrative Assistant
Amy O'Brien, Administrative Assistant

1. **Roll Call**

   Jimmy Lin, MD, Chair, called the meeting to order at 6:04 p.m. Roll call was taken and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Meeting Minutes**

   The minutes of the April 20, 2022 Utilization Management Committee (UMC) meeting were reviewed.

   It was moved, seconded, and the minutes of the April 20, 2022 UMC meeting were **unanimously approved**.

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

4. **Chief Executive Officer Update**

   This item was combined with the Chief Medical Officer update. Please see item 5.

5. **Chief Medical Officer Update**

   Dr. Laurie Nakahira, Chief Medical Officer, gave the Chief Executive Officer and Chief Medical Officer updates. The Plan has begun to prepare for the Department of Managed Care (DMHC) audit that will occur in October 2022. Preparations have also begun for the 2024 Medi-Cal (MC) contract, including the readiness

assessment. The Plan awaits the results of the recent Department of Health Care Services (DHCS) audit that occurred in March 2022.

Dr. Alkoraishi asked if the new COVID vaccine was approved and will be available. Dr. Dang Huynh, PharmD and Director, Utilization Management and Pharmacy, confirmed the vaccine was approved. The Utilization Management (UM) department will disseminate any vaccine distribution information to our Provider networks as it becomes available.

6. Old Business/Follow-Up Items

a. Member Letter Notification Issue

Dr. Huynh noted that in March 2022, the UM department experienced an Information Technology (IT) issue and 829 letters were not mailed to members on a timely basis. The UM department identified the impacted members, reprinted the letters, and notified all members of the error. The Case Management team also reached out to members whose services were denied to see if they required further follow-up. IT continues to monitor the situation to ensure it does not happen again. Dr. Huynh confirmed that the system issue did not impact our Provider networks.

b. Urgent Care Centers

Dr. Boris presented an overview of the Plan's contracted Urgent Care Facilities. If a member visits a non-contracted Urgent Care Center, the service would be payable at the MC fee schedule. Contracted urgent care centers are listed in the Plan's member directory. Information is also provided through our Nurse Advice Line. The hours of operation for each center may vary. The UM department is also looking into additional options to reduce the number of Emergency Room visits.

c. Community-Based Adult Services (CBAS) – Form and Emergency Response Services (ERS)

Dr. Boris presented an overview of the CBAS program and the eligibility requirements. She also discussed the qualification process to receive CBAS services. She explained that the member must be at risk for multiple hospitalizations. CBAS is designed to decrease institutionalization and to prevent the movement of the patient from a safe home or community setting into a Skilled Nursing Facility (SNF) or any other facility. Members with developmental disabilities in Intermediate Care Facilities (ICF's) are not eligible for CBAS, as those facilities provide around-the-clock care. All of the Plan's prior authorization and eligibility requirements must be met.

Dr. Huynh advised the committee that ERS has been delayed until October 2022. Temporary remote services will extend until ERS is in place.

d. Mild-to-Moderate Network Comparison

This item will be discussed in a future meeting once analysis is done and the data evaluated and prepared for presentation

7. Medical Covered Services Prior Authorization Grid

Dr. Huynh presented an overview of the changes to the Medical Covered Services Prior Authorization Grid. As of January 1, 2023, ICF's will be carved into Managed Care Plans and the Plan added them to the Inpatient Admissions category. Dr. Huynh clarified that the Non-Contracted Providers category should state that all non-emergency services require prior authorization.

It was moved, seconded, and the Medical Covered Services Prior Authorization Grid was **unanimously approved**.

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

8. UM Review of Delegation Results and Process

Dr. Boris explained that this review results from the March 2022 DHCS audit, and this topic will continue to be discussed in future UMC meetings. Dr. Huynh presented this overview to the committee. The Plan requests monthly prior authorization logs from each of their delegates. From each log, 10 prior authorizations are selected and reviewed for proper regulatory requirements. Regulatory requirements include timeliness, overall quality, and whether or not the letter notifies the provider and the member in the correct threshold language.

Dr. Huynh then discussed the findings for May and June 2022. Delegates who did not meet one or more of the regulatory requirements were notified of our findings and have submitted their responses. These responses are currently being reviewed by UM.

9. Reports

a. Membership Report

Dr. Boris gave a summary of the Membership Report from July 2021 through July 2022. The Plan's current Cal Medi Connect (CMC) membership includes 10,354 members. The Plan's total MC membership includes 303,375 members. As of July 2022, our total membership includes 313,729 members. This increase in MC membership continues to be largely attributable to the "pause" on MC redeterminations due to COVID. Once MC redeterminations begin again, the Plan projects a decrease in MC membership over the next year.

Dr. Tobbagi requested a calendar year comparison of MC enrollment from 2018 to present. Dr. Huynh will confirm whether or not these numbers are also impacted by the expansion of MC eligibility to include undocumented residents over the age of 55. He obtained a calendar year comparison, and advised that, from July 2021 to July 2022, there was an increase of approximately 29,000 members. From July 2020 to July 2021, there was an increase of approximately 27,000 members. As a direct result of the "pause" on MC redeterminations, the Plan is still only adding, not removing, members, wherein normally there is a balance between the two. Dr. Huynh advised he will follow-up with our Eligibility Department for additional demographic data and bring the results to the October 2022 meeting.

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

Dr. Boris began with a discussion of the purpose of the UM department's monthly 'Medical Deep Dive Meetings. During an audit, it was pointed out that there do not appear to be any direct connections with Over and Under-Utilization discussions amongst the UM department, Management, Finance, Quality, and Case Management. Dr. Huynh highlighted the key discussion points and FY22 Activities that resulted from the May 31, 2022 meeting.

Dr. Alkoraishi asked how many additional Providers were added to our network as a result of the County's acquisition of O'Connor Hospital and Saint Louise Regional Hospital. Dr. Huynh responded that the Providers under contract with O'Connor Hospital and Saint Louise were already under contract with SCFHP prior to the acquisition. Dr. Alkoraishi replied that he would like to know how many Providers the County added to our network since the date of the purchase. Dr. Boris added that UM will need to follow-up with Valley Health Plan for these statistics, as the majority of Providers were added to Valley Health Plan and not necessarily to the direct contract. Dr. Huynh will compile this data and bring it to the October 2022 meeting.

A discussion ensued in regards to long-term care patients in Skilled Nursing Facilities (SNF's) and the difficulty in transitioning these patients out of long-term care and back into safe communities. Dr. Boris advised the Plan currently has approximately 800 long-term care members. Angela Chen, Manager, Utilization Management, added that the Transitions of Care program is currently being expanded and given more resources. For the last fiscal year, approximately 45 members were transitioned back into the community.

Dr. Boris then gave an overview of the UM goals and objectives. Dr. Boris advised that these metrics cover the period from July 1, 2021 through June 30, 2022. She advised that there were no significant changes since the April 2022 meeting. She then gave a summary of the inpatient utilization rates for the Plan's MC

SPD line of business, and .a summary of the inpatient utilization rates for the Plan's MC non-SPD line of business. She included a summary of the inpatient utilization rates for the Plan's CMC line of business. These members comprise the Plan's higher acuity patients. Dr. Boris continued with a summary of the outpatient utilization rates for the Plan's MC SPD and non-SPD populations. Her summary also included outpatient utilization rates for our CMC and MC populations.

Dr. Boris concluded this topic with a discussion of the inpatient readmissions rates for the Plan's MC and CMC lines of business. Inpatient readmissions are stable and relatively low since the April 2022 meeting.

c. Dashboard Metrics

- Turn-Around Time – Q2 2022

  Luis Perez, Supervisor, Utilization Management, summarized the CMC and MC Turn-Around Time metrics for Q2 2022, with March 2022 data included to show the impact of the IT glitch. The CMC turn-around times in almost all categories are compliant at 98.7% or better, with many categories at 100%. Categories impacted by the IT glitch include pre-service Standard Part C Prior Authorizations and Expedited Part C Prior Authorizations, as well as post-service Part C Retrospective Requests and Part B Standard Prior Authorizations.

  The MC turn-around times in almost all categories are compliant at 98% or better, with many categories at 99% or better. The UM department is working with IT to provide more accurate data in the categories of Member Notification of UM Decision and Provider Notification of UM Decision in time for the October 2022 meeting.

d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q2 2022

Dr. Boris explained the purpose of the quarterly referral tracking reports, and she summarized the data from the Q2 2022 CMC and MC quarterly reports. Inpatient hospital services typically have a higher number of services rendered and claims generated than other services, as hospitals generally have an efficient claims process.

Dr. Huynh then provided a comparison of the total percentage of authorizations with no services rendered for Q2 2022 versus Q1 2022. There is improvement in Q2 2022 as, not only was there an increase in the volume of prior authorizations, but also an increase in timely post-authorization rendering of, and billing for, services. Dr. Huynh reminded the committee that these numbers are affected by claims lag times.

e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q2 2022

Dr. Huynh summarized the results of the Quality Monitoring of Plan Authorizations and Denial Letters for Q2 2022. Each quarter, thirty authorizations are chosen at random and denial letters are assessed for proper use of grammar, spelling, clear and concise verbiage, and to ensure letters are written in members' threshold languages. Authorizations and denial letters continue to be subject to regular oversight by the Plan's medical directors.

f. Behavioral Health (BH) UM

Angela Chen, Manager, Utilization Management, discussed the ADHD MC BH Metrics, which were initially compiled in response to requests from prior years to share Healthcare Effectiveness Data and Information Set (HEDIS) measures. Ms. Chen explained that HEDIS data is shared on a more in-depth basis in the Quality Improvement Committee (QIC) meetings. As a result, Ms. Chen asked the committee if discussion of this item may be moved to the QIC meetings which provide more details and better context. Dr. Boris added that these measures are out of scope and not under the purview of the UM department, as none of these services require prior authorization.

Dr. Alkoraishi remarked that the measures are outdated, as they do not track the effects of the use of anti-psychotics on members who are under 18 years of age. Dr. Huynh confirmed that tracking of anti-psychotic effects is discussed in the Pharmacy and Therapeutics (P&T) committee. The committee agreed to remove discussion of this item from future UMC meetings and move it to the QIC meetings.

Ms. Chen continued with her overview of the BHT (Behavioral Health Treatment) program. She highlighted the developmental and trauma screenings that were completed from Q3 2021 through Q2 2022. There was a significant increase in completion of developmental screenings, with an approximately 30% increase in completed screenings by VMC. There has also been a large increase in completion of trauma screenings, which aligns with the Plan's goal to collaborate with Providers and increase developmental and trauma screenings, and screenings for lead exposure. Ms. Chen discussed BH for our CMC line of business, and she highlighted the number of visits per thousand in the mild-to-moderate category for 2020, 2021, and currently for 2022. This includes our CMC Unique members. She also presented the MC utilization rates per thousand within our delegated Provider networks. She discussed BH utilization rates for our mild-to-moderate MC Unique Members population. Ms. Chen also summarized the data for MC BHT within the Plan's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit for children under 21 years of age. Ms. Chen concluded with a summary of the number of BHT utilization hours within our delegated networks. It is expected that utilization rates and hours will continue to increase throughout 2022.

Dr. Alkoraishi requested utilization data on substance use treatment and the use of different drug classes, specifically Suboxone. Dr. Huynh explained that Suboxone has historically been carved out and continues to be carved out. Dr. Huynh will work with our analytics team to bring this data to our October 2022 meeting.

10. Adjournment

The meeting adjourned at 7:24 p.m. The next meeting of the Utilization Management Commitment is on October 19, 2022 at 6:00 p.m.

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Jimmy Lin, M.D, Chair
Utilization Management Committee

Santa Clara Family Health Plan™

Credentialing Committee Report

June 1, 2022

QUALITY IMPROVEMENT
COMMITTEE or ACTIVITY REPORT

Name of Reporting Committee or Activity: Credentialing Committee

Monitoring or Meeting Period: 06/01/2022

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	3	
Initial practitioners credentialed within 180 days of attestation signature	100%	100%
Recredentialing		
Number practitioners due to be recredentialed	11	
Number practitioners recredentialed within 36-month timeline	11	
% 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 05/31/2022	688	

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	1368	904	889	803	1218	499	1035

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.

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Adjournment

The next QIC meeting will be held on October 11, 2022