


Santa Clara  
Family Health Plan

August 10, 2017

(ENDORSED)  
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Clerk of the Court  
Superior Court of CA County of Santa Clara  
BY  DEPUTY  
Janice Jones

The Honorable Patricia Lucas  
Presiding Judge  
Santa Clara County Superior Court  
191 North First Street  
San Jose, CA 95113

*Via Email and U.S. Mail*

Dear Presiding Judge Lucas:

Santa Clara Family Health Plan appreciates the opportunity to respond to the 2016-2017 Santa Clara County Civil Grand Jury's Final Report, *You've Got Medi-Cal, But Can You Get Medical Care?*

Attached please find our response. We hope the information will be helpful. If you have any questions or wish to discuss our responses further, please feel free to contact me at (408) 874-1701, or via email at [ctomcala@scfhp.com](mailto:ctomcala@scfhp.com).

Sincerely,



Christine M. Tomcala  
Chief Executive Officer



## Santa Clara Family Health Plan

### Response to 2016-2017 Santa Clara County Civil Grand Jury's Final Report *You've Got Medi-Cal, But Can You Get Medical Care?*

Santa Clara Family Health Plan (SCFHP) is Santa Clara County's local, public not-for-profit health plan providing Medi-Cal coverage for residents of Santa Clara County. Access to primary care is essential to the health of our members. SCFHP works diligently to strengthen and retain our network of dedicated providers, and to ensure that members are connected to a primary care physician (PCP) for their care. New members select a PCP or have one assigned immediately upon enrollment, and can change their PCP at any time.

SCFHP shares the 2016-2017 Santa Clara County Civil Grand Jury's (hereinafter, "Civil Grand Jury") concern about access to PCPs. Meaningful access to primary care is essential to the health of our members, and all Medi-Cal beneficiaries. We are pleased to have the opportunity to address the Civil Grand Jury's Final Report dated May 12, 2017, *You've Got Medi-Cal, But Can You Get Medical Care?*

#### ***Civil Grand Jury Finding 1***

*Finding a primary-care physician who will treat new Medi-Cal patients is a critical step in accessing care. There are problems with the accuracy and accessibility of provider directories.*

#### **SCFHP Response to Civil Grand Jury Finding 1:**

SCFHP agrees with the Civil Grand Jury that finding a primary-care physician is of critical importance in ensuring access to care. We also agree that, in general, there can be problems with the accuracy and accessibility of provider directories. Provider directories are dynamic, and it is challenging for any organization to ensure that relevant changes are immediately reflected in provider directories.

Acknowledging both the inherent challenges with maintaining accurate and accessible provider directories and their importance as critical tools for members, with broad support from consumer advocates, the California legislature adopted Senate Bill (SB) 137, establishing standards for provider directories for California health plans. SB 137 created a regulatory framework for improving directory accuracy and accessibility. SCFHP has worked diligently to ensure compliance with the letter and intent of SB 137, and we have taken a number of steps (addressed below) to ensure that our provider directory is accurate and accessible, and serves as a useful tool for our members.

Our provider directory is available in several formats. A PDF version of the directory is available on our website at [www.scfhp.com](http://www.scfhp.com). Upon request, we will mail a hard copy of the directory to a beneficiary. Our PDF and print directories are updated on a monthly basis to ensure that the information is current. Also on our website is a provider search tool, which is refreshed daily. Additionally, the Medi-Cal managed care choice packet sent by the state (Health Care Options) includes provider directories for plans available in the beneficiary's county of residence.

***Civil Grand Jury Recommendation 1a***

*The Santa Clara Family Health Plan should inform members that the printed directory should be used only with the assistance of a member services representative, who can verify the physician is accepting Medi-Cal patients.*

**SCFHP Response to Civil Grand Jury Recommendation 1a:**

SCFHP will not be implementing Recommendation 1a. We do not currently advise members that the print version of the provider directory should be used *only* with the assistance of a Customer Service representative, because we believe such a caution would greatly overstate the extent to which information in the print directory might be outdated and would discourage use of the print directory. However, we advise members that the information in the print directory is subject to change, and invite and encourage members to contact our Customer Service team for assistance with identifying a provider.

As noted above, SCFHP's provider directories are available in print, online PDF, and via provider search (find-a-doctor) on the SCFHP website. Each format includes an indicator to clearly show which PCPs are accepting new Medi-Cal patients. SCFHP's online provider search is refreshed daily (more frequently than required by SB 137) to reflect any relevant changes and ensure our members have access to the most up-to-date information. Printed and PDF provider directories are published monthly.

To further enhance data accuracy, SCFHP requires providers to attest quarterly to the information we have on record, and to provide updates to SCFHP as changes occur. SCFHP verifies all changes reported by providers or received from other sources.

Members are advised in the print version of the provider directory, under the heading "Provider Availability" that the listing of providers in the directory is subject to change without notice and that new providers that join SCFHP may not be listed. Members are invited to contact Customer Service at 1-800-260-2055 for more information. In addition, both the SCFHP website and the print version of the directory urge members to contact the plan if they find information in the directory to be inaccurate, incomplete or misleading, and provide a web form, phone number and email address for reporting any issues.

Going beyond provider information, SCFHP has a standing internal workgroup that monitors member access and availability to necessary care, in order to promptly identify and address any problems members face in gaining access to care in a timely manner. We work with our regulators, our peer health plans, and with industry associations to establish best practices for provider directories to ensure Medi-Cal beneficiaries receive timely access to care.

***Civil Grand Jury Recommendation 1b***

*The Santa Clara Family Health Plan should redesign its online provider directory to highlight which doctors are taking new Medi-Cal patients.*

**SCFHP Response to Civil Grand Jury Recommendation 1b**

The current SCFHP online provider directory identifies which doctors are taking new Medi-Cal patients, therefore SCFHP has already implemented Recommendation 1b. SCFHP's online provider directories, in both PDF format and in the online search format, includes information for each primary care provider indicating whether that provider is accepting new patients.

More specifically, SCFHP's current online PDF provider directory includes icons indicating which PCPs are accepting new patients and which PCPs can be selected only if a member is already a patient of that PCP. As noted above, this directory is updated monthly to ensure the data reflected therein is current.

In addition, the online provider search tool allows members to filter their search for providers based on whether a provider is "accepting new patients." The information for each provider similarly indicates whether that provider is accepting new patients. This information is updated on a daily basis.

SCFHP agrees that the design of the provider directory should be evaluated on a periodic basis to ensure that it remains a useful member tool. We have implemented a process for such periodic evaluation, and we are committed to implementing any design changes determined to be warranted as quickly as practicable.

***Civil Grand Jury Recommendation 1c***

*The Santa Clara Family Health Plan should provide members with an English-only, Spanish-only, Vietnamese-only, Chinese-only or Tagalog-only online directory rather than combining all the languages into one document.*

**SCFHP Response to Civil Grand Jury Recommendation 1c**

SCFHP has not implemented Recommendation 1c because (1) the majority of the pages in the online provider directory - approximately 846 of the 904 pages - consist of the actual provider listings (e.g., provider names and addresses) and require no translation; and (2) the 7-10 pages of information at the beginning of the provider directory that require translation are translated into each of the 5 threshold languages (English, Spanish, Vietnamese, Chinese and Tagalog). Accordingly, we do not believe that creation of separate directories will provide a meaningful benefit to our members.

We appreciate and share the Civil Grand Jury's concern for ensuring that our online directory is accessible to all members. To that end, we have implemented other measures to facilitate member searches. For example, the table of contents, which is where members learn how to find a specific provider type, is divided into five sections, one for each of SCFHP's threshold languages. In addition, each page of provider listings has a header that is translated into each of the five threshold languages, identifying the provider-type listed on that page.

***Civil Grand Jury Recommendation 1d***

*The Santa Clara Family Health Plan should verify that the physician will treat new Medi-Cal patients before issuing a benefits card with that physician's name.*

**SCFHP Response to Civil Grand Jury Recommendation 1d**

SCFHP currently issues ID cards naming 1) a PCP who is on record with SCFHP as accepting new Medi-Cal patients (for members new to the plan); or 2) the PCP of record when the member was previously with the plan (for reinstated members). Therefore, SCFHP has already implemented Recommendation 1d.

We have measures in place to verify and constantly monitor the accuracy of provider information, including whether providers are accepting new Medi-Cal patients.

When a member requests a specific PCP, our Customer Service team verifies in our system that that PCP has an open panel and is accepting new patients before assigning the member to that PCP. When SCFHP assigns a member to a PCP (whether through auto-assignment by our IT team and system, or manual

assignment by our Enrollment team), members are assigned only to PCPs with open panels, who are accepting new members and who match any other relevant criteria (distance, age, etc.).

SCFHP also works with our PCPs to ensure that their listings in the provider directory accurately reflect their new member acceptance status. For example, we require providers to update their demographic and other information as soon as changes to that information occur. This includes a requirement that providers notify us if they are no longer able or willing to accept new Medi-Cal patients. We also require, in accordance with applicable regulations, providers to attest on a quarterly basis that the information we have on file is correct.

***Civil Grand Jury Recommendation 1e***

*The Santa Clara Family Health Plan should discuss the selection of a primary-care physician with the member who has not made his or her own choice before issuing a benefits card.*

**SCFHP Response to Civil Grand Jury Recommendation 1e**

SCFHP will not be implementing Recommendation 1e, because it is not feasible for our staff to speak directly with each of our over 4,000 new members each month who do not designate a PCP upon enrollment, and also comply with the 10-day time frame following enrollment within which we must issue an ID card. However, SCFHP has implemented other processes that address the Civil Grand Jury's concern.

If a member has not selected a PCP at the time of enrollment, SCFHP facilitates assignment to a PCP, then issues an ID card so that the member will not experience a delay in prescription coverage or medical care. For members who were previously enrolled with SCFHP, for continuity of care, we assign the member to the PCP to whom they were previously assigned, if that PCP is accepting existing patients. We monitor the number of members assigned to each PCP to ensure that members are assigned to PCPs who have the capacity to serve them.

The notice that accompanies the ID card advises the member that a PCP was assigned to him or her. The notice also indicates that the member may contact Customer Service to change his or her PCP at any time, and that the change will be effective the first of the month following the selection (e.g., a PCP selection made on May 10 would be effective June 1).

Our Customer Service staff is available to assist members with selecting a PCP, or changing a PCP that was assigned to or previously selected by the member.

***Civil Grand Jury Recommendation 1f***

*The Santa Clara Family Health Plan should improve the find-a-doctor tool to allow members to search for multiple primary-care specialties at one time.*

**SCFHP Response to Civil Grand Jury Recommendation 1f**

The current SCFHP provider search tool (find-a-doctor) allows members to search for multiple primary care specialties at one time, so SCFHP has already implemented Recommendation 1f.

We agree with the Civil Grand Jury that we should, and we do, continually work to improve our tools and processes to ensure a positive member experience. SCFHP is in the process of implementing a new provider search tool that will offer several improvements and enhancements. We continue to work with

our regulators and with industry colleagues and associations to identify and implement best practices for provider directories to ensure Medi-Cal beneficiaries receive timely access to care

***Civil Grand Jury Finding 2***

*Santa Clara Family Health Plan contracted nurse advice nurses report members' access-to-care issues to the Health Plan's clinical services department, which is supposed to inform member services. The chain of communication causes access problems to be missed or misunderstood.*

**SCFHP Response to Civil Grand Jury Finding 2**

SCFHP agrees that process improvements to enhance our ability to identify access problems would be beneficial.

***Civil Grand Jury Recommendation 2***

*The Santa Clara Family Health Plan should direct advice nurses to inform member services directly about access-to-care complaints.*

**SCFHP Response to Civil Grand Jury Recommendation 2**

SCFHP has implemented Recommendation 2. We recognize the importance of promptly identifying and addressing any access-to-care issues, whether they come in via our nurse advice line or by other means. We agree that the process previously in place was not always an efficient or effective way to communicate access-related issues to the appropriate staff and that better oversight is indicated. Accordingly, we have updated our policies and implemented a new process that involves a daily review of nurse advice call logs by SCFHP management to ensure that any access-to-care issues are identified and addressed by our Customer Service team within one business day.

***Civil Grand Jury Finding 3***

*Mainly due to low reimbursement rates, complex paperwork, and payment delays only about half of primary-care physicians in the Bay Area are accepting new Medi-Cal patients.*

**SCFHP Response to Civil Grand Jury Finding 3**

SCFHP agrees that low reimbursement rates, complex paperwork and other factors limit primary-care providers' ability and/or willingness to accept new Medi-Cal patients. Of particular concern is California's ranking as the state with the 48<sup>th</sup> lowest state reimbursement rate for fee-for-service Medi-Cal.

***Civil Grand Jury Recommendation 3***

*The Santa Clara Family Health Plan should advocate to the governor and the Legislature to raise Medi-Cal reimbursement rates, simplify paperwork, and reduce payment delays.*

**SCFHP Response to Civil Grand Jury Recommendation 3**

Although SCFHP is not established as an advocacy organization, we actively participate in a variety of forums through which our and our peer plans' concerns about barriers to provider participation are addressed. Accordingly, we have substantially implemented Recommendation 3.

Staff members at all organizational levels, including the executive level, actively participate in policy discussion groups and work sessions sponsored by trade associations, including, at the state level, Local Health Plans of California and the California Association of Health Plans. In addition, our Chief Executive and Chief Financial Officers participate in quarterly forums convened by the Department of Health Care

Services to address issues of concern to public and commercial Medi-Cal plans. At the national level, our Chief Executive Officer is a Board member of the Association for Community Affiliated Plans. Our active participation with these and other organizations provides us with continuous opportunities to weigh in on policy matters impacting the Medi-Cal program and Medi-Cal members, including matters related to provider reimbursement.

As noted above, all of our Medi-Cal members have PCPs. If members do not select a PCP upon enrollment, we assign one to them. To ensure that our members have PCPs, we work in close partnership with our providers. We have established a provider network that currently includes hundreds of primary care providers who are currently accepting new patients. Our network includes providers from Valley Health Plan Network, Physicians Medical Group, Premier Care, Palo Alto Medical Foundation, Kaiser, and independent providers.

Notwithstanding our own success in connecting our members to PCPs, our relationships with our members, peer plans, and providers make us uniquely situated to observe the impact of California's relatively low reimbursement rates and other barriers to provider participation on access to care. We urge legislators and policy makers to continue their work to identify additional funding sources, and to seek other ways to ease the administrative and economic burdens of Medi-Cal participation for PCPs.

It is important that legislators and policy makers also hear from consumer advocates and members of the community that Medi-Cal provider reimbursement rates directly impact access to care.

SCFHP appreciates the opportunity to respond to the Findings and Recommendations of the Civil Grand Jury. We hope that our responses provide helpful insight into the issues examined and addressed by the Civil Grand Jury.