



Santa Clara
Family Health Plan

The Spirit of Care

Consumer Affairs Committee Minutes – September, 2014

In Attendance:

Committee Members: Blanca Esquerro, Danette Zuniga, Hung Vinh, Larry Olmstead, Rachel Hart, Tran Vu, Vu Nguyen

SCFHP Staff: Diane Brown, Pat McClelland, and Tanya Nguyen

Item	Discussion	Action	Assigned to:	Due Date
Call to Order and Roll Call	Roll call was taken. A quorum was present at 6:09 pm and the meeting was called to order.			
Review of Minutes	The minutes from the June 10, 2014 meeting were reviewed and approved	None		
Public Comment	No public comment			
Health Plan Updates	<p>Membership updates: Ms. McClelland provided updates on the Health Plan (HP) membership. As of September 1, 2014, the HP membership is 207,203 members. It has increased about 70% from September 1, 2013. The increase is significant and a mainly from the Medi-Cal population through the Health Care Reform Initiative. Committee members asked if the call volume has increased and the types of contact inquiries that the Call Center received from the HP's members. Ms. Nguyen shared that the call volume has significantly increased to 30% since January 1, 2014. The top inquiries were related to primary</p>			



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	<p>care physician changes; identification card requests; primary care and specialist network explanation, and how to access to see specialist.</p> <p>Committee members asked if the HP's website has any Social Media sites such as: Facebook, twitters, on-line chat, etc. Ms. McClelland shared the members can contact the HP either by phone, e-mail or fax but those Social Media sites are not available at this time.</p> <p>Customer Services Certification: Ms. McClelland shared that the HP Customer Service Team received a significant Certified Center of Excellence award by the Benchmark Portal in July 2014.</p> <p>The certification process started in April 2013 by the Benchmark Portal, which is the organization that provides industry leading services to measure contact center best practices.</p> <p>The HP went through rigorous review process from April 1, 2013 through March 31, 2014. The review process included the (1) current Health Plan's telephone data, (2) Member Satisfaction Survey Result, (3) Agent Satisfaction Survey Results, (4) Questionnaires on all aspects of the business operations, (5) Policies and Procedures, and (6) Worksheets and Resource tools. HP's metrics were mainly compared with a Health Insurance Group.</p>			



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	<p>Ms. McClelland shared that the high level of findings for the Call Center around its effectiveness and efficiency.</p> <p>Effectiveness measures included the (1) caller satisfaction, (2) agent satisfaction; (3) calls closed on first call and (4) reduce hold time which impact on caller satisfaction.</p> <p>Efficiency measures included the (1) gain understanding of current telephone system to measure and implement agent's Key Performance Indicators that related to talk time, (2) hold time, (3) adherence to schedule, and (4) auxiliary time.</p>			
<p>Member Grievance and Appeals updates</p>	<p>Ms. Diane provided an update on the Health Plan's Member Grievances and Appeals (G&A) for the second quarter of 2014. Ms. Diane shared the member's rights and process to file G&A.</p> <p>The members can call Member Services Department, come or write to HP office, use SCFHP's website, fax to the Grievance fax or write to SCFHP.</p> <p>Highlights of Grievance and Appeal definition:</p> <ul style="list-style-type: none"> • A Grievance when a member is has a complaint over something believed to be wrong or unfair. 			



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	<ul style="list-style-type: none"> • An Appeal is when a member has been denied a service by the health plan that is believed to be wrong or unfair. Appeals are categorized by Medical Services and Pharmacy Services. • State Fair Hearings requests are a form of an Appeal. Members can file directly with the State. <p>Ms. Diane shared there were total 303 G&A cases for Q2 2014. The number of cases divided as the following:</p> <p>Medical Appeals: Received total of 87 cases: 68 Denial decisions upheld and 19 Denial decisions overturned. Average days to case closure: 20.72 days</p> <p>Pharmacy Appeals: Received total of 42 cases: 40 Denial Decisions upheld and 2 Denial decisions overturned. Average days to case closure: 22.2 days</p> <p>Grievance cases: 174 cases</p>			
Future Agenda Items	The Committee would like to receive additional information on optional benefit under Cal MediConnect.		All	
Adjournment	The meeting adjourned at 7:07pm.			



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Item	Discussion	Action	Assigned to:	Due Date
Next Meeting Date	The next meeting is scheduled for December 9, 2014 from 6:00- 7:00p.m			

Waldemar H. Wanner

Consumer Affairs Committee Chairperson

12/9/14
Date