



Scripps

Health Plan Services

Description of Organization

Scripps Health Plan Services, Inc.

Linda Pantovic, Director of Compliance

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Narrative of Organization

Organizational Plan Overview

Scripps Health Plan Services, Inc. (“SHPS” or “Plan”) is a California nonprofit public benefit corporation that is a wholly-owned subsidiary of Scripps Health (“Parent Company”) and has a limited Knox-Keene license.

The Management Advisory Committee

The Management Advisory Committee is responsible for adopting and implementing the policies governing the Plan, monitoring and evaluating the effectiveness of the management of the Plan’s business operations and maintaining its financial stability. The members are:

- Marc Reynolds – President
- Steve Bell – Treasurer
- Brad Ellis – Secretary
- Shiraz Fagan- Director
- Richard Rothberger – Director
- Dan Dworsky, M.D. – Director
- Anil Keswani, M.D.- Director
- Karri Rodger- Director

Executive

President – Marc Reynolds is responsible for the oversight and monitoring of the Plan. The President has the authority and responsibility for SHPS’ administrative, fiscal and managed care operations. Within these areas are financial analysis, contracting/provider relations, claims operations, regulatory compliance and other administrative functions. He is currently responsible for all health plan contracting, including Health Care Service Plans (HCSPs) that contract with SHPS under its Knox-Keene license. In absence of a Senior Director of Managed Care, the President will provide oversight to the managed care process.

Medical Director - Dan Dworsky, M.D. acts as the Chair of the Healthcare Operations Oversight Committee, Credentialing Committee and is the Senior Officer responsible for the direction and overall functioning of the QI Program and ensures allocation of adequate resources and staffing. Dr. Dworsky has a thorough understanding of managed care processes and medical management which assists SHPS in its Utilization Management, Performance Improvement, Quality Improvement, and other clinical matters.

Sr. Director of Finance (CFO) – Steve Bell is responsible for oversight of financial areas of Scripps Health Plan Services. He provides general strategic financial planning and leadership and ensures the plan complies with Knox-Keene, Health Care Service Plans (HCSPs), and State and Federal legislation. He is responsible for oversight of the financial analyst and claims auditing.

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Fiscal and Administrative Matters

Vice President of Managed Care Operations – Karri Rodger reports to the President on fiscal and administrative matters. Specifically, is responsible for oversight of operations of managed care, such as claims, credentialing, enrollment, utilization, clinical operations, performance improvement, provider relations and customer service.

Karri Rodger also reports to the Medical Director regarding medical management matters. In this way, the Vice President acts as liaison between managed care operations and clinical activities by reviewing all operational and clinical activities, and resolving issues or concerns that may arise in the SHPS health care delivery system. Moreover, she understands the capabilities of the Management Information System, and manages ongoing data analysis, physician trends, and other valuable information used in developing policies and improving programs.

- ***Claims Payment*** – The Manager of the Claims is Kristy Phippen. Kristy reports to the Director of EDI. This department is responsible for overseeing the claims adjudication, payments and recoveries for our managed care population. The types of claims being processed include but are not limited to professional and institutional services for both our contracted and non-contracted providers and facilities for our managed care membership.
- ***Contracting/Provider Relations*** – The Director of Provider Networking Management, Jane Flanagan Brown. This position reports to the Vice President of Managed Care Operations. This department is responsible for contracting with all affiliated physicians, hospitals and ancillary providers. This area oversees provider relations functions including training, problem solving and satisfaction for all medical groups, IPAs, institutional and ancillary providers. The provider relation team creates, maintains and distributes the provider directories for all contracted IPAs and medical groups.
- ***Compliance*** - The Director of Compliance & Performance Improvement, Linda Pantovic, reports to the President of the Plan. She is primarily responsible for the maintenance of the Knox-Keene license, oversight of regulatory communications and reporting, regulatory and compliance auditing, compliance management and administration. She provides the organizational focal point for regulatory issues generated from all Scripps Health Plan Services departments, the Management Advisory Committee, affiliated organizations and the Department of Managed Health Care.
- ***Credentialing***- The Director of Compliance & Performance Improvement, Linda Pantovic is responsible for the daily activities related to accurate and timely credentialing of practitioners and HDO facilities. She ensures patient safety by overseeing the credentialing process and ongoing monitoring which ensures that the practitioners and facilities are in good standings with regulations, NCQA, DMHC, CMS and all regulatory agencies as required by credentialing standards.

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- ***Customer Service*** - The Director of Provider Networking Management, Jane Flanagan Brown is responsible for daily activities related to member and provider inquiries. She is responsible for ensuring all responses are timely and accurate. She ensures staffing levels support adequate telephone coverage and low call abandonment rates of < 5%. Any issues involving grievances and member issues are discussed with the Quality Improvement Department and/or our *Associate Medical Director, Quality Improvement*, Dr. Thomas Carter.

- ***Financial Reporting Analysis and Claims Auditing*** - Within managed care operations, the Sr. Director of Finance (CFO), Steve Bell performs reporting, budgeting, and accounting financial analysis to prepare utilization reports, perform profitability analyses, and maintain managed care modeling of the PMA system. These reports allow SHPS staff to assess utilization data on institutional inpatient and outpatient services, bed day usage, primary care visits, etc. Steve also reconciles utilization information generated by SHPS contracted facilities and SHPS utilization management staff and ensures compliance with DMHC financial regulations. The claims auditing component is responsible for ongoing auditing of the claims adjudication process, pre-check functions, and providing training opportunities from error analysis.

- ***Systems, Reporting & Enrollment***- The Director of EDI is currently an open position being actively covered by the Sr. Director of Finance (CFO), Steve Bell. This position once filled will report to the Vice President of Managed Care Operations. This department is responsible for the daily activities related to accurate benefit loading, maintaining provider and system dictionary updates and data flow. They will ensure timely and accurate enrollment of our management care membership. This department will be responsible for interfacing with IS staff and related departments including Business Services, registration and scheduling to ensure data governance and process integrity. They manage end to end processes and applications used to support Scripps Health Plan Services including encounter data transmission. This team is responsible for report library and all report and data processing functions working closely advance automation opportunities across the system.

Clinical Management

Medical Direction – Under the direction of the Medical Director, Dan Dworsky, M.D., are the areas of clinical care, such as Performance Improvement, Provider Education, Quality Improvement, as well as physician medical review within Utilization Management.

The following areas report to the Medical Director to ensure that all medical decisions are rendered by qualified medical personnel:

Associate Medical Director, Quality Improvement, - Thomas Carter reports to the Medical Director for Scripps Health Plan Services. The Associate Medical Director is responsible to implement and monitor the effectiveness of the QI Program under the direction of the Medical Director. He provides medical direction in the event of the Medical Director's absence. He is an

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active member of the Utilization Management/Quality Improvement and Credentialing Panel Review Committee. The Associate Medical Director coordinates and communicates peer review information and decisions to network physicians and performs individual clinical case review during the including grievances and appeals process.

Complex Care Management – led by Karri Rodger, and with Patricia Keith-Leach, MN, CCM, Manager, Complex Care Management, and this department focuses on:

- **Complex Care Management (CCM)** - Coordination of the complex care management program. Promoting, coordinating and communicating CCM activities throughout the health care delivery system. Monitor and analyze internal/external data trends and patterns that affect care management activities. Ensure compliance with state, federal, HCSP, and accrediting body requirements.

Performance Improvement Department – led by Linda Pantovic, and with JoAnn Hayden Manager, Managed Care Performance Improvement, and Jennifer Tuthill, LVN, Supervisor Quality Improvement, and this department focuses on the following:

- **Quality Improvement** - Ensuring that patients are provided the highest quality care possible working closely with the medical groups and full services health plans with process improvement with trends identified. SHPS has designated Appeals and Grievances Coordinator that work closely with our medical groups, customer service, patient advocate team and our QI Associate Medical Director to target patient care initiatives and potential patient concerns. This team is also responsible for auditing site visits (when thresholds are not met), utilization management file review and P4P to ensure accuracy, timely turnaround and provide education to the management team of identified trends. The Quality team has several quality metrics, programs such as P4P, 5 Star rating, and Hedis which providers monitoring, tracking and trending of areas which we can improve our Quality of patient care. These staff members enable SHPS to implement the programs and initiatives outlined by the Utilization Management/Quality Improvement Committee and the Quality Improvement Program.
- **HCC Program-** Certified Professional Medical Auditors conduct both concurrent and retroactive chart audits throughout the year. Concurrent audits are conducted on all HCC assessments and focused audits are done for selected diagnosis. Retroactive chart audits validate the diagnoses submitted, identifying new diagnoses or identifying more specific diagnose. Invoices are charge corrected to reflect any additions or deletions from audit findings. Scripps Clinic Medical Group and Scripps Coastal Medical Center Primary care physician's (PCPs) participate in the HCC Assessment Program. HCC program includes practitioner education via group presentations, new physician orientations, one to one meetings, weekly emails with HCC Coding Flashes and a monthly HCC newsletter.

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Utilization Management Department – led by Karri Rodger, and with Nancy Maurer, R.N, Manager, Utilization Management, and this department focuses on the following:

- **Utilization Management** - Responsible for the coordination with SHPS management in overall implementation of the Utilization Management. Promote, coordinate and communicate Utilization Management activities throughout the health care delivery system, referral system, case management, patient transfers to alternative levels of care, and social work. Coordinate the consistency of criteria application process on at least a quarterly basis. This area is responsible for assuring implementation and monitoring the operational components of the Utilization Management Program, by providing oversight of the Utilization Management department management, referral utilization activities, injectable, infertility, hospice, home health, and OON referral and case management. Evaluate the effects of the Utilization Management Program by utilizing member and provider satisfaction data. Monitor and audit delegated Utilization Management functions to the sub-capitated entities. The team provides provider education and feedback to the medical groups and IPA's based on their analysis of utilization patterns and opportunities for improvement. This department hosts the full service health plans annually for direct audits of the Utilization Management of our managed care population.

Committees/Panels

Healthcare Operations Oversight Committee - Chaired by SHPS' Medical Director, Dan Dworsky, M.D. The Healthcare Operations Oversight Committee of SHPS is a multi-disciplinary group which reviews all health care delivery system issues that affect enrollees. In its role as key decision-making body, the Healthcare Operations Oversight Committee receives, at a minimum, a quarterly summary of all UM/QI activities, including findings and actions taken by the UMQIC. A summary of QI and UM activity will also be included in the quarterly QI and UM program reports submitted to the Management Advisory Committee. Annually, the QI and UM Programs are evaluated and approved by the UMQIC and Healthcare Operations Oversight Committee and revised as necessary. ***Refer to the UM and QI Program Descriptions for a more detailed description of the Healthcare Operations Oversight Committee.*

Utilization Management/Quality Improvement Committee (UMQIC) - Chaired by SHPS' Medical Director, Dan Dworsky, M.D., meetings are held at least quarterly and additional meetings may be scheduled as required.

The UMQIC provides a coordinated process for the on-going monitoring, evaluation and effectiveness in the utilization and cost of clinical services rendered to SHPS enrollees. This Committee is also responsible for monitoring clinical practices, evaluation of provider utilization and compliance issues, and reviewing and making recommendations on provider appeals and grievances. ***Refer to the UM and QI Program Descriptions for a more detailed description of the Utilization Management/Quality Improvement Committee.*

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The Pharmacy & Therapeutics Committee- Chaired by SHPS' Medical Director, Dan Dworsky, M.D. and the Medical Director of Clinical Pharmacy, meetings are held at least quarterly and additional meetings may be scheduled as required.

The P&T committee is organized to review and approve the drug formulary and new medical technologies based on clinical scientific evidence and standards of practice, considering drug therapeutic advantages in terms of safety and efficacy. The P&T Committee is a policy-recommending body on matters related to the safe and therapeutic use of medications. P&T Committee recommendations are subject to the administrative approval process and summaries are brought to the UMQIC.

The Public Policy Committee- Unless Chair is elected by the Management Advisory Committee; the members of the Committee may designate a Chair by majority vote of the full Committee membership. Meetings are held at least quarterly and additional meetings may be scheduled as required.

The Public Policy Committee oversee, in cooperation with management the identification, evaluation and monitoring of social, legislative, regulatory and policy issues, both domestic and international, that affect or could affect the SHPS' business reputation, business activities and performance and review the SHPS' public policy positions in relation thereto. Committee recommendations and summary reports outlining activities are submitted to the Management Advisory Committee.

Credentialing Review Panel – The Credentialing Review Panel, of which the members are physicians, reports to the UMQIC and is responsible for oversight of provider credentialing and re-credentialing activities, including the review and approval of credentialing policies and procedures and the peer review of provider credentials. The Panel has been delegated to make all final decisions and potential quality of care concerns are brought to the UMQIC. The Panel is chaired by the Medical Director, Quality Improvement.