



**Regular Meeting of the  
Santa Clara County Health Authority  
Utilization Management Committee**

**Wednesday, April 18, 2018**

**6:00 PM - 7:30 PM**

**210 E. Hacienda Avenue  
Campbell, CA 95008**

**AGENDA**

1.	<b>Introduction</b>	Dr. Lin	6:00	5 min.
2.	<b>Meeting Minutes</b> Review minutes of the October 26, 2017 and January 17, 2018 Utilization Management Committee meeting. <b>Possible Action:</b> Approve 10/26/17 and 01/17/2018 minutes	Dr. Lin	6:05	5 min.
3.	<b>Public Comment</b> Members of the public may speak to any item not on the agenda; two minutes per speaker. The Committee reserves the right to limit the duration of public comment period to 30 minutes.	Dr. Lin	6:10	5 min.
4.	<b>CEO Update</b> Discuss status of current topics and initiatives.	Ms. Tomcala	6:15	10 min.
5.	<b>Discussion Items/Follow up Items</b>			
	a. CCS Summary	Ms. McKay	6:25	10 min.
	b. UM Program Description Update-Assessment of New Technology	Ms. Castillo	6:35	5 min.
6.	<b>Action Items</b>	Ms. Castillo	6:40	15 min.
	a. UM Program Evaluation CY 2017 <b>Possible Action:</b> Approve UM Program Evaluation CY 2017			
	b. UM Work plan CY 2018 <b>Possible Action:</b> Approve UM Work plan CY 2018			
	c. HS.14 LTC Authorization Review Policy <b>Possible Action:</b> Approve HS. 14 LTC Authorization Review Policy			
	d. Medi-Cal Prior Authorization Grid 2018 (Palliative Care Added) <b>Possible Action:</b> Approve addition of Palliative Care to Medi-Cal Prior Authorization Grid 2018			
7.	<b>Reports (MediCal/SPD, Healthy Kids)</b>			
	a. Membership	Dr. Robertson	6:55	5 min.
	b. UM Reports 2018	Dr. Boris	7:00	10 min.

- i. Dashboard Metrics: Turn Around Time (Cal MediConnect/Medi-Cal)
- ii. Standard Utilization: Metrics PowerPoint

c. IRR Q2 18	Dr. Boris	7:10	5 min.
d. HS 04.01 Reporting Quality Monitoring of Plan Auths, Denials, etc. (Q1 18)	Ms. Castillo	7:15	5 min.
e. Referral Tracking	Ms. Castillo	7:20	5 min.
f. Nurse Advice Line Stats	Ms. Carlson	7:25	5 min.

- 8. Adjournment Dr. Lin 7:30  
 Next meeting: Wednesday, April 18, 2018 6 p.m.

**Notice to the Public—Meeting Procedures**

Persons wishing to address the Utilization Management 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 Utilization Management 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 Caroline Alexander 48 hours prior to the meeting at 408-874-1835.

To obtain a copy of any supporting document that is available, contact Caroline Alexander at 408-874-1835. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 210 E. Hacienda Avenue, Campbell.

This agenda and meeting documents are available at [www.scfhp.com](http://www.scfhp.com).

**MINUTES**  
**UTILIZATION MANAGEMENT COMMITTEE**  
**October 26, 2017**

<b>Voting Committee Members</b>	<b>Specialty</b>	<b>Present Y or N</b>
Jimmy Lin, MD, Chairperson	Internal Medicine	Y
Ngon Hoang Dinh, DO	Head and Neck Surgery	Y
Indira Vemuri, MD	Pediatrics	Y
Dung Van Cai, MD	OB/GYN	Y
Habib Tobaggi, MD	Nephrology	N
Jeff Robertson, MD, CMO	Managed Care	Y
Ali Alkoraishi, MD	Adult and Child Psychiatry	Y

<b>Non-Voting Staff Members</b>	<b>Title</b>	<b>Present Y or N</b>
Lily Boris, MD	Medical Director	Y
Caroline Alexander	Administrative Assistant	Y

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION REQUIRED</b>
<b>I. Roll Call</b>	Meeting was called to order by Dr. Boris with a Quorum at 12:15 PM. All telephonic attendees were confirmed via roll call.	
<b>II. Public Comment</b>	No public comment.	
<b>III. Review Prior Authorization Grids for Cal MediConnect and Medi-Cal</b>	Reviewed Medi-Cal, Healthy Kids prior authorization grid. Cochlear implant will remain in both the outpatient and inpatient categories. There is removal of any preventative services from PA grid. Of note: colonoscopy is also removed from Medi-Cal PA grid. (This was already true on CMC side). Motion made to approve Medi-Cal, Healthy Kids authorization grid. Motion approved, seconded, and carried.	SCFHP staff will now forward these grids for publication to the website, submission to CMS, provider notification via website, and for creation of claims payment rules / or removal of claims payment edits (whichever applies) in QNXT. For a 1/1/2018 go live.

ITEM	DISCUSSION	ACTION REQUIRED
	Reviewed Cal MediConnect prior authorization grid. The plan added cataract surgery, TMJ surgery to outpatient in order to mirror Medi-Cal authorization grid. Also added sleep studies to the PA grid, and collection of autologous blood to Outpatient Services. Deleted are penile implant, as well as stereotactic radiosurgery and radiotherapy from prior authorization grid. Motion made to approve Cal MediConnect authorization grid. Motion approved, seconded and carried.	
<b>VIII. Adjournment</b>	Meeting adjourned at ____12:26 PM__	
<b>NEXT MEETING</b>	The next meeting is scheduled for Wednesday, January 17, 2018, 6:00 PM	

**Prepared by:**

\_\_\_\_\_ Date \_\_\_\_\_  
 Caroline Alexander  
 Administrative Assistant

**Reviewed and approved by:**

\_\_\_\_\_ Date \_\_\_\_\_  
 Jimmy Lin, M.D.  
 Committee Chairperson

**MINUTES**  
**UTILIZATION MANAGEMENT COMMITTEE**  
**January 17, 2018**

<b>Voting Committee Members</b>	<b>Specialty</b>	<b>Present Y or N</b>
Jimmy Lin, MD, Chairperson	Internal Medicine	Y
Ngon Hoang Dinh, DO	Head and Neck Surgery	Y
Indira Vemuri, MD	Pediatrics	Y
Dung Van Cai, MD	OB/GYN	Y
Habib Tobaggi, MD	Nephrology	Y
Jeff Robertson, MD, CMO	Managed Care	N
Ali Alkoraishi, MD	Adult and Child Psychiatry	N

<b>Non-Voting Staff Members</b>	<b>Title</b>	<b>Present Y or N</b>
Christine Tomcala	CEO	Y
Lily Boris, MD	Medical Director	Y
Jana Castillo	Utilization Management Manager	Y
Sandra Carlson	Health Services Director	Y
Caroline Alexander	Administrative Assistant	N

<b>ITEM</b>	<b>DISCUSSION</b>	<b>ACTION REQUIRED</b>
<b>I. /II. Introductions Review/Revision/Approval of Minutes</b>	Meeting was started with a Quorum at 6:07 PM. There was a motion to approve the October 18, 2017 minutes.	Minutes approved as presented.
<b>III. Public Comment</b>	No public comment.	
<b>IV. CEO Update</b>	Christine Tomcala , CEO discussed the following items: Membership as of January, down about 6,300 members, at 263,855 total. Largest portion of that loss was in this month. Medicaid dropped by 5,000 members. Possibly attributed to holidays and processing of paperwork. Healthy Kids increased by 1,000. Parents may be eligible for Covered California and some children are defaulted to Healthy Kids. Cal MediConnect remaining stable at 7,389. State will default enrollment to one of the health plans when Medi-	None.

ITEM	DISCUSSION	ACTION REQUIRED
	Cal beneficiaries do not select a health plan. HEDIS measures determine how many will be auto-assigned to health plan. Auto-assignment percentage is up to 66% this year versus 49% last year. CHIP funding: State saying there are 32,000 children and pregnant moms affected. 100 members at risk. Community will look for way to close the gap if funding is not continued.	
<p><b>V. Discussion Items/Follow Up Items</b></p> <p><b>VI. Action Items</b></p>	<p>None.</p> <p>a. Hierarchy of UM Criteria: Ms. Castillo presented the Hierarchy of UM Criteria. Part of the UM Program Description. Item does not require approval.</p> <p>b. Review of Policies: Ms. Alegre presented a summary of changes to the UM policies. Thirteen policies were presented for review and approval.</p> <ul style="list-style-type: none"> <li>• HS.01 Prior Authorization: No prior authorization required for urgent care.</li> <li>• HS.02 Medical Necessity Criteria: No changes</li> <li>• HS.03 Appropriate Use of Professionals: No changes</li> <li>• HS.04 Denial of Services Notification: Added verbiage regarding letter issued in member specific language</li> <li>• HS.05 Evaluation of New Technology: Removed Section F which tells next steps when review takes place, verified no subcommittees of Medical Advisory Council so removed from policy. Verbiage placed or removed is tied to NCQA standards.</li> <li>• HS.06 Emergency Services: Plan does not require prior authorization for Urgent services for contracted and non contracted providers</li> <li>• HS.07 Clinical Practice Guidelines: No changes</li> <li>• HS.08 Second Opinion: No changes</li> <li>• HS.09 InterRater Reliability: Updated section on Corrective Action Plan.</li> <li>• HS.10 UM Financial Incentives: No changes</li> <li>• HS.11 Informed Consent: No changes</li> <li>• HS.12 Preventive Health Guidelines: No changes</li> <li>• HS.13 Nurse Advice Line: No changes</li> </ul> <p>After motion duly made, seconded, all policies were approved as presented.</p>	None.

ITEM	DISCUSSION	ACTION REQUIRED
	<p>c. <b>UM Program Description 2018</b>  Dr. Boris presented a summary of the changes to the UM Program Description. Added additional documentation and description of mental health parity that came along with current requirements. NCQA requirements on UM staffing. Added additional NCQA language for UM program evaluation to be presented next quarter. Removed appeals language. Added adoption of criteria for behavioral health, LTSS and medical. Included Hierarchy of Criteria reference to policy and procedure. Added Behavioral Health, MLTSS, Pharmacy staff to IRR. UM decision making based on appropriateness of care and service and existence of coverage. Financial incentives for UM decision makers do not encourage decisions that result in underutilization. Added long term services requirements to discharge planning. Corrected some manager and director titles. Added information on Cal MediConnect and Behavioral Health.</p> <p>After motion duly made, seconded, UM Program Description changes were approved as presented.</p> <p>d. <b>Care Coordinator Guidelines 2018</b>  Ms. Castillo presented the proposed change to Long Term Care authorization. Were approving one year authorization for long term care. Discussed the request to change the Long Term Care authorizations to 6 months versus one year. Approve initially for 6 months, do face to face and extend authorization to one year.</p> <p>After motion duly made, seconded, proposed change to Care Coordinator Guidelines was approved as presented.</p>	<p>Bring data on Long Term Care authorizations to next UM Committee meeting</p>



ITEM	DISCUSSION	ACTION REQUIRED
<p><b>VII. Reports</b></p>	<ul style="list-style-type: none"> <li>a. Membership Presented during CEO Update.</li> <li>b. UM Reports 2018 <ul style="list-style-type: none"> <li>i. Dashboard Metrics Dr. Boris presented the Dashboard Metrics report. For Cal MediConnect, 14 calendar day turnaround time for routine, for urgent 72 hours. Numbers dropped below 100% during October, November, and December due to staffing changes. For Medi-Cal, 5 business day turnaround time for routine, for urgent 72 hours. Reached goal for October, November, and December.</li> <li>ii. Standard Utilization Metrics Data is for fiscal year 2017. For MediCal/Non SPD, average length of stay over the four quarters had not significantly changed. SPD/Cal MediConnect, average length of stay is 5 days, discharge per 1,000 member months is climbing. Cal MediConnect, discharges per 1,000 is at 256. Average length of stay remains the same. MediCal inpatient utilization average length of stay is at 50%, SPD average length of stay is higher. At category of loosely managed, NCQA. Medicare Median, plan is at the mean. Non SPD: significant readmission rate. SPD: 25% readmission rate. Medicare readmissions: goal is 11%, slightly above that in every quarter. Looked at 18-64 group: at 10.9% Readmission strategy should focus on age 65 and above. For behavioral health, measures include follow up care for children prescribed ADHD medication. Less than 25% on initiation phase and less than 10% on continuation and maintenance phase. For Antidepressant Medication Management, acute phase treatment is at greater than 75% and continuation phase treatment is at greater than 50%. Cardiovascular monitoring for people with cardiovascular disease and schizophrenia is at greater than 90%.</li> </ul> </li> </ul> <p>Follow up items:</p> <ul style="list-style-type: none"> <li>a. Primary diagnosis for readmits by Line of Business Received data from analytics group. CMC admissions by primary diagnosis were sepsis, heart disease, and heart failure, kidney disease/kidney failure, and serious mental illness. For MediCal diagnosis were other, heart disease, COPD, kidney failure. Will be focus area for case management.</li> </ul>	

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	<p>b. CPT codes for all members with bariatric surgery (what was most frequent procedure requested?): Dr. Boris presented the update on CPT codes for all members with bariatric surgery. 43644 is the most common followed by 43645.</p> <p style="text-align: center;"><u>Bariatric Surgeries by Procedure Code</u> 7/1/2016 to 6/30/2017, LOB Medi-Cal</p> <table border="1" data-bbox="674 496 1501 693"> <thead> <tr> <th>Code</th> <th>Description</th> <th># of Procedures</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>43644</td> <td>LAP GASTRIC BYPASS/ROUX-EN-Y</td> <td>44</td> <td>69.8%</td> </tr> <tr> <td>43645</td> <td>LAP GASTRIC BYPASS INC SMLL I</td> <td>16</td> <td>25.4%</td> </tr> <tr> <td>43772</td> <td>LAP REMOVE GASTRIC ADJ DEVICE</td> <td>2</td> <td>3.2%</td> </tr> <tr> <td>43774</td> <td>LAP REMOVE GASTRIC ADJ ALL PARTS</td> <td>1</td> <td>1.6%</td> </tr> <tr> <td>Grand Total</td> <td></td> <td>63</td> <td>100.0%</td> </tr> </tbody> </table> <p>c. CMC readmit rates Q12017 was 9% (review change) Corrected to 13% from last report.</p> <p>d. Data on OB inpatient admissions by hospital: Dr. Boris presented the update on OB inpatient admissions by hospital. Data is for Medi-Cal line of business only and does not include Kaiser and Valley Health Plan. Also does not include QNXT Medi-Cal claims.</p> <table border="1" data-bbox="655 956 1428 1450"> <thead> <tr> <th colspan="2"><u>Inpatient OB Stays 7/1/16 - 6/30/17 by Hospital</u></th> </tr> <tr> <th colspan="2">LOB Medi-Cal: Not including Kaiser or VHP</th> </tr> <tr> <th>Location Of Care</th> <th># of OB Inpatient Stays</th> </tr> </thead> <tbody> <tr> <td>O'Connor Hospital</td> <td>216</td> </tr> <tr> <td>El Camino Hospital</td> <td>100</td> </tr> <tr> <td>Good Samaritan Hospital</td> <td>70</td> </tr> <tr> <td>Regional Medical Center of SJ</td> <td>61</td> </tr> <tr> <td>Santa Clara Valley Medical Ctr.</td> <td>41</td> </tr> <tr> <td>St Louise Regional Med Ctr.</td> <td>41</td> </tr> <tr> <td>El Camino Los Gatos Hospital</td> <td>22</td> </tr> <tr> <td>Kaiser Hospital San Jose</td> <td>4</td> </tr> <tr> <td>Lucile Packard Children's Hospital</td> <td>3</td> </tr> </tbody> </table>	Code	Description	# of Procedures	Percentage	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	44	69.8%	43645	LAP GASTRIC BYPASS INC SMLL I	16	25.4%	43772	LAP REMOVE GASTRIC ADJ DEVICE	2	3.2%	43774	LAP REMOVE GASTRIC ADJ ALL PARTS	1	1.6%	Grand Total		63	100.0%	<u>Inpatient OB Stays 7/1/16 - 6/30/17 by Hospital</u>		LOB Medi-Cal: Not including Kaiser or VHP		Location Of Care	# of OB Inpatient Stays	O'Connor Hospital	216	El Camino Hospital	100	Good Samaritan Hospital	70	Regional Medical Center of SJ	61	Santa Clara Valley Medical Ctr.	41	St Louise Regional Med Ctr.	41	El Camino Los Gatos Hospital	22	Kaiser Hospital San Jose	4	Lucile Packard Children's Hospital	3	
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	<p>c. Interrater Reliability Behavioral Health  Dr. Boris presented the Interrater Reliability report for Behavioral Health. In accordance with Policy HS.09, the 2<sup>nd</sup> bi-annual Calendar Year 2017, Santa Clara Family Health Plan (SCFHP) scheduled IRR testing is complete. This is required twice a year. IRR testing is scheduled for SCFHP 1<sup>st</sup> and 2<sup>nd</sup> half of the calendar year. In accordance with NCQA/DHCS, DMHC guidelines, and SCFHP policy, 10 random BH authorizations are selected to test all of our Behavioral Health (BH) staff with the authority to Authorize services. Our BH staff consist of non-licensed Personal Care Coordinators (PCC) and our Director of Behavioral Health (LCSW). In the 1st testing, 100% or 3/3 of our staff are proficient during this review. 100 percent of BH staff who complete authorizations completed IRR testing. Staff who are authorized to review/approve BH services through SCFHP express comfort in knowing the process/where to go for clarification. The corrective action plan after identifying the common findings are mandatory remedial training with post testing for all non-proficient staff (should this be required-not needed at this time). Mandatory bi-annual review of guidelines and criteria, as well as biannual testing, will continue to be scheduled.</p> <p>d. Annual Specialty Referral Tracking of Procedures HS.01.02  Dr. Boris presented the Annual Specialty Referral Tracking report. In accordance with the SCFHP Referral Tracking Procedure HS. 01.02, SCFHP tracks all authorizations, for completion of the “authorization to claims paid” cycle, to identify opportunities for improvement. By definition all authorizations are defined as: 1. both contracted and non-contracted prior authorizations and 2. behavioral health and non-behavioral health authorizations are tracked to completion. SCFHP (The Plan) has a referral tracking system which tracks approved, modified, deferred medical and behavioral health prior authorizations to completion on an ongoing basis. The first report was completed for the rolling month look back of December 2016 to November 2017. There were 14,447 unique authorizations for all lines of business (roughly 1200 authorizations per month). 9, 197 authorizations had no claims match. Attribute to administrative barriers, claim lag time. Looked at Behavioral Health claim to authorization mismatch and found the total numbers were very small. 152 total authorizations without claims. The October and November higher numbers are likely related to billing not</p>														

ITEM	DISCUSSION	ACTION REQUIRED
	<p>yet submitted. UM management team did a strategic focused calling campaign. Based on the outbound call campaign, the major reasons for authorizations not completed were:</p> <ul style="list-style-type: none"> <li>• Authorization denied: 22</li> <li>• Closed: 2</li> <li>• Done per patient: 15</li> <li>• Per patient missed appointment: 1</li> <li>• Per patient not done: 3</li> <li>• Member term: 52</li> <li>• Unable to reach member by phone: 80</li> </ul> <p>The report has areas which are needed to improve and there is an IT/ UM meeting next week to discuss the needed changes with the report. The IT team must remove the patient's which are not eligible and the auths that were denied from the report. The reporting also needs to include turnaround time for the procedure. These are under development.</p> <p>e. HS 04.01 Reporting Quality Monitoring of Plan Auths, Denials etc. (Q4 17)  Ms. Castillo presented the Q4 2017 Q Report. Santa Clara Family Health Plan (SCFHP) completed the 4<sup>th</sup> quarter review for timely, consistent, accurate and understandable notification to members and providers regarding adverse determinations. For the 4<sup>th</sup> Quarter review of 2017, the findings are as follows:</p> <p>A. For the dates of services and denials for October, November and December of CY 2017 were pulled in the 4th quarter sampling year.</p> <p>a. 30 unique authorizations were pulled with a random sampling.</p> <ol style="list-style-type: none"> <li>i. 93% or 28/30 Medi-Cal LOB and 7% or 2/30 CMC LOB</li> <li>ii. Of the sample 100% or 30/30 were denials</li> <li>iii. Of the sample 37% or 11/30 were expedited request; 63% or 19/30 were standard request <ol style="list-style-type: none"> <li>1. 100% or 11/11 of the expedited authorizations were processed within 72 calendar hours</li> <li>2. 100% or 19/19 of the standard authorizations met regulatory turnaround time</li> </ol> </li> <li>iv. 20% or 6/30 are medical denials, 80% or 24/30 are administrative denials</li> <li>v. 100% or 30/30 of cases were denied by MD or pharmacist.</li> <li>vi. 100% were provided member and provider notification.</li> <li>vii. 6% or 2/30 have poor letter quality, 94% or 28/30 have good letter quality.</li> <li>viii. 53% or 16/30 included criteria or EOB in the letter, 47% or 14/30 did not include criteria or EOB language for administrative denials.</li> </ol>	

ITEM	DISCUSSION	ACTION REQUIRED
	<p>ix. 100% of the letters included IMR information, interpreter rights and instructions on how to contact CMO or Medical Director.</p> <p>x. 100% of the member letters are of member's preferred language.</p> <p>Manager of Utilization Management and Director of Health Services reviewed the findings of this audit and recommendations from that finding presented to UMC are as follows:</p> <ul style="list-style-type: none"> <li>• Include EOB language for admin denials</li> <li>• Provide staff education to re-read denial letters for letter quality</li> <li>• Continue QA report monitoring process</li> </ul> <p>f. Review of the Physician Peer to Peer process</p> <p>Dr. Boris presented the Review of the Physician Peer to Peer process year to date for 2017. In accordance with Procedure HS.02.02, the provider dispute process also includes a Peer to Peer (P2P) review with the SCFHP physician who makes the determination (in cases of denials of service). It is the goal of SCFHP medical director team to ensure quality of service and return of calls when there is a requested P2P. The telephone number to schedule those calls is sent out with each of the denied cases. For YTD 2017, there were 22 total requests for Peer to Peer reviews. SCFHP selected 10 random samples. This was to ensure that the Peer to Peer process is working and that community physician requests for call back are completed and do in fact occur. The selection included sampling for each of the two physicians at SCFHP. 90% of calls were completed with the SCFHP physician and the requesting physician. 90% had documentation of the call, however, not in our claims payment system. Most documentation was via an email to the team and the admin assistant. 40% of decisions had documentation in the QNXT or Xpress systems. 33% of decisions were upheld and the rest were overturned. Corrective action: since 6/2017, QNXT is the one system that now holds authorizations for all lines of business. As such both physician know the system and have agreed to enter their call documentation into QNXT. The Procedure HS 02.02 was also updated to include the annual review of the P2P process and presented to the Chief Medical Officer for approval. The Annual Review of the Peer to Peer Process was added to the Yearly UM Committee review items and will be conducted yearly.</p>	
<b>VIII. Adjournment</b>	Meeting adjourned at <u>7:30 PM</u>	
<b>NEXT MEETING</b>	The next meeting is scheduled for Wednesday, April 18, 2018, 6:00 PM	

**Prepared by:**

\_\_\_\_\_  
Caroline Alexander  
Administrative Assistant

Date \_\_\_\_\_

**Reviewed and approved by:**

\_\_\_\_\_  
Jimmy Lin, M.D.  
Committee Chairperson

Date \_\_\_\_\_

CCS Summary for SCFHP UM Committee:

## Services for Crippled Children: The Program's Thirteenth Year\*

"One of the best tests of a civilization," the Federal Security Administrator said recently, "is its concern for its handicapped members, and particularly for its handicapped children." In the United States, public concern for handicapped children has created the State-Federal programs for crippled children. Each year more children who need these services are being helped by the programs. The extent of the services provided in 1948-the first year of a new reporting system.... " Social Security Bulletin, May 1952

- California Crippled Children's Society
  - Launched in Ca 1927
  - Governing Statue under Title V of SS Act
  - Ca Code of Regulations – Title 22
  - Program services Funded by Federal, State and County subsidy
- Evolved into California Children's Services (CCS) 1930's
  - State wide service
  - Reside in Public Health Departments
- Program provides
  - Services to children under 21 years of age Including
    - Diagnostic and treatment services
    - Case management
    - Physical and Occupational therapies
- DHCS governs implementation of the CCS services
  - Mandates Ca Counties to seek out eligible children to be recipients of expert sources for diagnosis and treatment.
  - Services are not limited to Medi-Cal beneficiaries.
- Value of SCFHP(HP)/CCS relationship
  - CCS determines program eligibility.
  - Authorizes care with any provider or facility that participates in the Medi-Cal Program. (facilitates billing process)
  - CCS is payment source for all care authorized by the CCS Program.

**SCFHP UTILIZATION MANAGEMENT WORK PLAN AND PROGRAM EVALUATION 2017**

SCFHP UTILIZATION MANAGEMENT WORK PLAN AND PROGRAM EVALUATION 2017										
Scope	Objective	Type	WORK PLAN					EVALUATION		
			Activity/Tasks	Goal/Baseline	Responsible Position	Frequency	Target Completion	Completion	Assessments, Findings, Monitoring of Previous Issues	
1	Quality of Clinical Care	Expand on Current reporting and present findings to UMC	Report UM Statistics/ Trends	Review Medical Inpatient Admissions/1000	MCG and CA benchmarks	Med. Dir.	Annually	4 <sup>th</sup> Qtr.	UM reports presented to UMC Quarterly	No Findings
2	Quality of Clinical Care	Monitor appropriate inpatient admissions	Report UM Statistics/Trends	Review Medical Inpatient Admissions/1000	MCG and CA benchmarks	Med. Dir.	Annually	4 <sup>th</sup> Qtr.	UM reports presented to UMC Quarterly	No Findings
3	Quality of Clinical Care	Monitor appropriateness of inpatient stays to assess proper level of care	Report UM Statistics/Trends	Review Medical Inpatient ALOS	MCG and CA benchmarks	Med. Dir.	Annually	4 <sup>th</sup> Qtr.	UM reports presented to UMC Quarterly	No Findings
4	Quality of Clinical Care	Monitor appropriateness of inpatient stays to assess proper level of care	Report UM Statistics/Trends	Review CMC Inpatient ALOS	MCG and CA benchmarks	Med. Dir.	Annually	4 <sup>th</sup> Qtr.	UM reports presented to UMC Quarterly	No Findings
5	Quality of Clinical Care	Monitor Readmissions, all cause to minimize unnecessary premature discharge and applicable post discharge follow up and care.	Report UM Statistics/Trends	Medical Inpatient Readmissions	HEDIS goal	Med. Dir.	Annually	4 <sup>th</sup> Qtr.	UM reports presented to UMC Quarterly	No Findings
6	Quality of Clinical Care	Monitor Readmissions, all cause to minimize unnecessary premature discharge and applicable post discharge follow up and care.	Report UM Statistics/Trends	CMC Inpatient Readmissions	HEDIS goal	Med. Dir.	Annually	4 <sup>th</sup> Qtr.	UM reports presented to UMC Quarterly	No Findings
7	Quality of Service	Assess denial rates on PARS; provide benchmarks and compare to CA specific plans	Report UM Statistics/Trends	Measure and act on denial rates on Outpatient PARS	MCG and CA benchmarks	Med. Dir.	Annually	4 <sup>th</sup> Qtr.	UM reports presented to UMC Quarterly	No Findings
8	Quality of Service	Assess denial rates on PARS; provide benchmarks and compare to CA specific plans	Report UM Statistics/Trends	Measure and act on denial rates on inpatient PARS	MCG and CA benchmarks	Med. Dir.	Annually	4 <sup>th</sup> Qtr.	UM reports presented to UMC Quarterly	No Findings
9	Quality of Service	Track and monitor denial rates on PARS; provide benchmarks and compare to CA specific plans	Report UM Statistics/Trends	Track and monitor BH IP Stays for CMC	MCG and CA benchmarks	BH Dir.	Annually	4 <sup>th</sup> Qtr.	UM reports presented to UMC Quarterly	No Findings
10	Quality of Clinical Care	Review with the QIC and UMC reports of over/under utilization against National and State benchmarks	Report UM Statistics/Trends	Medical ADD Follow-up Care for Children with ADD	HEDIS Benchmarks	BH Dir.	Annually	4 <sup>th</sup> Qtr.	UM reports presented to UMC Quarterly	No Findings
11	Quality of Clinical Care	Review with the QIC and UMC reports of over/under utilization against National and State benchmarks	Report UM Statistics/Trends	Medical AMM Antidepressant Medication Management	HEDIS Benchmarks	BH Dir.	Annually		UM reports presented to UMC Quarterly	No Findings
12	Quality of Clinical Care	Review with the QIC and UMC reports of over/under utilization against National and State benchmarks	Report UM Statistics/Trends	CMC SMC Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	HEDIS Benchmarks	BH Dir.	Annually	4 <sup>th</sup> Qtr.	UM reports presented to UMC Quarterly	No Findings
13	Quality of Service	Internal audit process and corrective action as necessary	Report UM Activities	Report Turn Around Times(TAT) for Prior Auth.	Routine Medi-Cal 5 calendar day	Med. Dir.	Bi-annually	1st Qtr.	UM reports presented to UMC Quarterly	Dashboard reporting on a monthly basis. 96% compliant for routine Medi-Cal PA request 2017 YTD.
14	Quality of Service	Internal audit process and corrective action as necessary	Report UM Activities	Report TAT based on Priority	Plan P&P requirements	Med. Dir.	Bi-annually	1st Qtr.	UM reports presented to UMC Quarterly	Dashboard reporting on a monthly basis. UM is within regulatory threshold (95%) of meeting TAT based on disposition.
15	Quality of Service	Annual IRR will be presented to the UMC	Report UM Activities	Assess and measure consistency of applying medical necessity criteria	85% Pass rate	UM manager	Annually	3 <sup>rd</sup> Qtr.	Reported Biannually to UMC	UM and BH IRR are completed separately. UM's IRR result on 1st testing was: 100% proficiency. UM's IRR result findings on 2nd testing was: 63% proficiency. Re-training was completed. BH's IRR result finding on 1st testing: was 100% proficiency.
20	Quality of Clinical Care	UM Program Description	Report UM Activities	UM Program Description will be adopted on an annual basis	Adoption	CMO	Annually	2nd Qtr.	Presented to UMC 1/18/2017	No Findings
21	Quality of Clinical Care	Annual Evaluation of Utilization Management Program will be reviewed and updated	Report UM Activities	UM Program and UM Work Plan will be evaluated for effectiveness on an annual basis	Revisions/Adoption	CMO	Annually	2 <sup>nd</sup> Qtr.	Presented to UMC 4/19/2017	No Findings
22	Medical Necessity Criteria to be adopted	Implement a UM program which utilizes medical necessity decisions consistently, are objective and based upon evidence based criteria	Report UM Activities	Annually approve Medical Necessity Criteria	Review and Adoption	CMO	Annually	1 <sup>st</sup> Qtr.	Policy Reported to UMC 1/18/2017	No Findings
23	Quality of Clinical Care	Annual Adoption of Clinical Practice Guidelines and Preventive Guidelines (Medical and Behavioral)	Report UM Activities	Annually review, revise as needed as developed by the UMC	Review and Adoption	CMO	Annually	4 <sup>th</sup> Qtr.	Policy Reported to UMC 1/18/2017	No Findings
24	Safety of Clinical Care, Quality of Service and Quality of Clinical Care - Review of notification to members	Continuity and Coordination of Care reviewed and assessed		Assessment of communication to members when a primary care provider is terminated from the network. Standard is 30 days' notice. Exception: Plan is notified in less than 30 days of termination, then notification would be within three business days	85%	Director of Member Services	Annually		Policy Reported to UMC 1/18/2017	No Findings



**SCFHP UTILIZATION MANAGEMENT WORK PLAN AND PROGRAM EVALUATION 2018**

SCFHP UTILIZATION MANAGEMENT WORK PLAN AND PROGRAM EVALUATION 2018								
SCOPE	OBJECTIVE	WORK PLAN					EVALUATION	
		ACTION STEPS	GOAL	RESPONSIBLE PARTY	REPORT FREQUENCY	TARGET DATE OF COMPLETION	DATE OF COMPLETION	FINDINGS/COMMENTS
1	Quality of Clinical Care	Expand on Current reporting and present findings to UMC	Review MediCal Inpatient Admissions/1000	MCG and CA benchmarks	Medical Director	Quarterly	1st, 2nd, 3rd, 4th Qtr	
2	Quality of Clinical Care	Monitor appropriate inpatient admissions	Review MediCal Inpatient Admissions/1000	MCG and CA benchmarks	Medical Director	Quarterly	1st, 2nd, 3rd, 4th Qtr	
3	Quality of Clinical Care	Monitor appropriateness of inpatient stays to assess proper level of care	Review MediCal Inpatient ALOS	MCG and CA benchmarks	Medical Director	Quarterly	1st, 2nd, 3rd, 4th Qtr	
4	Quality of Clinical Care	Monitor appropriateness of inpatient stays to assess proper level of care	Review CMC Inpatient ALOS	MCG and CA benchmarks	Medical Director	Quarterly	1st, 2nd, 3rd, 4th Qtr	
5	Quality of Clinical Care	Monitor Readmissions, all cause to minimize unnecessary premature discharge and applicable post discharge follow up and care.	MediCal Inpatient Readmissions	HEDIS goal	Medical Director	Quarterly	1st, 2nd, 3rd, 4th Qtr	
6	Quality of Clinical Care	Monitor Readmissions, all cause to minimize unnecessary premature discharge and applicable post discharge follow up and care.	CMC Inpatient Readmissions	HEDIS goal	Medical Director	Quarterly	1st, 2nd, 3rd, 4th Qtr	
7	Quality of Service	Assess denial rates on PARs; provide benchmarks and compare to CA specific plans	Measure and act on denial rates on Outpatient PARs	MCG and CA benchmarks	Medical Director	Quarterly	1st, 2nd, 3rd, 4th Qtr	
8	Quality of Service	Assess denial rates on PARs; provide benchmarks and compare to CA specific plans	Measure and act on denial rates on Inpatient PARs	MCG and CA benchmarks	Medical Director	Quarterly	1st, 2nd, 3rd, 4th Qtr	
9	Quality of Service	Track and monitor denial rates on PARs; provide benchmarks and compare to CA specific plans	Track and monitor BH IP Stays for CMC	MCG and CA benchmarks	Medical Director	Quarterly	1st, 2nd, 3rd, 4th Qtr	
10	Quality of Clinical Care	Review with the QIC and UMC reports of over/under utilization against National and State benchmarks	MediCal ADD Follow-up Care for Children with ADD	HEDIS Benchmarks	Behavioral health Director	Quarterly	1st, 2nd, 3rd, 4th Qtr	
11	Quality of Clinical Care	Review with the QIC and UMC reports of over/under utilization against National and State benchmarks	MediCal AMM Antidepressant Medication Management	HEDIS Benchmarks	Behavioral Health Director	Quarterly	1st, 2nd, 3rd, 4th Qtr	
12	Quality of Clinical Care	Review with the QIC and UMC reports of over/under utilization against National and State benchmarks	CMC SMC Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia	HEDIS Benchmarks	Behavioral Health Director	Quarterly	1st, 2nd, 3rd, 4th Qtr	
13	Quality of Service	Internal audit process and corrective action as necessary	Report Turn Around Times(TAT) for Prior Auth for Medi-Cal and CMC	DHCS and CMS regulatory TAT	Manager of Utilization Management	Quarterly	1st, 2nd, 3rd, 4th Qtr	
14	Quality of Service	Internal audit process and corrective action as necessary	Report TAT based on Priority for Medi-Cal and CMC	DHCS and CMS regulatory TAT	Manager of Utilization Management	Quarterly	1st, 2nd, 3rd, 4th Qtr	
15	Quality of Service	Annual IRR will be presented to the UMC	Assess and measure consistency of applying medical necessity criteria	80% passing rate	Manager of Utilization Management	Bi-Annually	2nd and 4th Qtr	
20	Quality of Clinical Care	UM Program Description	UM Program Description will be adopted on an annual basis	Adoption	Health Services Director	Annually	1st Qtr.	
21	Quality of Clinical Care	Annual Evaluation of Utilization Management Program will be reviewed and updated	UM Program and UM Work Plan will be evaluated for effectiveness on an annual basis	Revisions/Adoption	Manager of Utilization Management	Annually	2 <sup>nd</sup> Qtr.	
22	Quality of Clinical Care	Implement a UM program which utilizes medical necessity decisions consistently, are objective and based upon evidence based criteria	Annually approve Medical Necessity Criteria Policy	Review and Adoption	Manager of Utilization Management	Annually	1 <sup>st</sup> Qtr.	
23	Quality of Service	Implement a UM program which provides access to staff for members and practitioners seeking information about the UM process and authorization of care	Annually review and approve Communication with Health Services Procedure	Review and Adoption	Manager of Utilization Management	Annually	1 <sup>st</sup> Qtr.	
24	Quality of Clinical Care	Implement a UM program which utilizes qualified health professionals to assess clinical information to support UM decisions	Annually review and approve Appropriate professionals policy	Review and Adoption	Manager of Utilization Management	Annually	1 <sup>st</sup> Qtr.	
25	Quality of Clinical Care	Implement a UM program which determines coverage based on medical necessity.	Annually review and approve Prior Authorization Procedure for clinical information	Review and Adoption	Manager of Utilization Management	Annually	1 <sup>st</sup> Qtr.	
26	Quality of Service	Implement a UM program which documents and communicates reason for a denial with information on appeal process.	Annually review and approve Denial notification policy.	Review and Adoption	Manager of Utilization Management	Annually	1 <sup>st</sup> Qtr.	
27	Quality of Clinical Care	Implement a UM program which evaluates inclusion of new technology and new application of existing technology to ensure that members have equitable access to safe and effective care	Annually review and approve New Technology Policy	Review and Adoption	Manager of Utilization Management	Annually	1 <sup>st</sup> Qtr.	
	Quality of Clinical Care	Annual Adoption of Clinical Practice Guidelines and Preventive Guidelines (Medical and Behavioral)	Annually review and approve Clinical practice guidelines policy	Review and Adoption	Manager of Utilization Management	Annually	1st Qtr.	



**POLICY**

<b>Policy Title:</b>	<b>Authorization and Review Process – Long Term Care (LTC)</b>	<b>Policy No.:</b>	HS.14
<b>Replaces Policy Title (if applicable):</b>	Not applicable	<b>Replaces Policy No. (if applicable):</b>	No applicable
<b>Issuing Department:</b>	Health Services	<b>Policy Review Frequency:</b>	Annual
<b>Lines of Business (check all that apply):</b>	<input checked="" type="checkbox"/> Medi-Cal	<input type="checkbox"/> Healthy Kids	<input checked="" type="checkbox"/> CMC

**I. Purpose**

To define and outline the requirements for reviewing and processing Long Term Care (LTC) authorizations and reauthorizations for a member’s admission to, continued stay in, or discharge from a Skilled Nursing Facility (SNF)

**II. Policy**

- A. SCFHP Health Services (HS) shall authorize utilization of Medi-Cal LTC services for its members when medically necessary and determine level of care and length of stay based on the member’s current assessment and consistent with Medi-Cal criteria.
- B. Requests for admission to, continued stay in, or discharge from any LTC facility shall be processed in accordance with the California Department of Health Services (DHCS) standard clinical criteria for LTC level of service. LTC level of care Prior Authorization Request (PAR) processing procedure will be in compliance with applicable regulatory requirements.
- C. Decisions to deny or to authorize an duration, or scope that is less than requested shall be made by a qualified health care professional with appropriate clinical expertise in treating the medical or behavioral health condition and disease or Managed Long Term Services and Supports (MLTSS) needs.
- D. For a non-contracted facility requesting authorization for services, SCFHP Health Services Department initiates the SCFHP Letter of Agreement (LOA) contracting process to negotiate case rates with non-contracting providers who render services to SCFHP members.
- E. Documentation supporting a completed LTC PAR form shall include: Care plan, face-sheet and physician orders, Medicare or other insurance denial as appropriate, and Preadmission Screening and Resident Review (PASRR) Screening Level 1 Document forms. When PAR submissions do not include required documentation, SCFHP will follow up with the nursing facility with 3 outreach attempts to request the documents and if they are not received, the PAR will be denied.
- F. On-site level of care review by an RN for an LTC PAR may be performed at the discretion of SCFHP. This review shall include an assessment of the Member and review of the medical orders, care plan, therapist treatment plan, the facility’s multidisciplinary team notes, or other clinical data to assist SCFHP staff in making an appropriate determination on the authorization request. On-site review may be done when

indicated for patterns of high service utilization, frequent acute hospitalization, and/or large number of member complaints or concerns.

- G. Reauthorization of an LTC PAR shall be submitted by the nursing facility to SCFHP prior to the expiration of the active LTC PAR. The requests shall include a completed LTC PAR signed by a physician, the most recent Quarterly Assessment MDS, and sufficient documentation to justify the level of care and continued stay. Reauthorizations for LTC may be approved for up to one year.
- H. SCFHP may arrange and coordinate with the nursing facility for modification of care or discharge of a member from a nursing facility if it determines that one or more of the following circumstances are present:
  - The SNF is no longer capable of meeting the member's health care needs;
  - The member's health has improved sufficiently so that he or she no longer needs SNF services; or
  - The member poses a risk to the health or safety of individuals in the nursing facility.
  - The SNF does not meet SCFHP network standards because of documented quality of care concerns.
- I. SCFHP shall include as a separate benefit any leave of absence or Bed Hold that a nursing facility provides in accordance with Medi-Cal requirements
- J. A separate authorization request is required for Bed Holds (BH) and should be submitted by the SNF at the time of transfer
  - The member's attending physician must write a physician order for a discharge or transfer at the time a member requires a discharge or transfer from an LTC facility to a General Acute Care Hospital and include an order for Bed Hold.
- K. A Bed Hold (BH) for a member transferred to a General Acute Care Hospital is limited to seven (7) calendar days per hospitalization.
  - An LTC facility shall hold a bed vacant when requested by a member or a member's authorized representative, unless notified in writing by the attending physician that the member requires more than seven (7) days of general acute care hospital care.
- L. SCFHP shall be responsible for the timely provision of a member's medical needs, supports and services through the LTC post-discharge and transition to community. The discharge planning may include but is not limited to:
  - Documentation of pre-admission, or baseline status including: living arrangements, functional status, durable medical equipment (DME) and other services received; understanding of medical condition or functional status by the member or representative, physical and mental health status, financial resources and social supports.
  - Initial set-up of services needed after discharge including medical care, medication, DME, identification and integration of long term services and supports, type of placement preferred and agreed to, hospital recommendations and pre-discharge counseling recommended.
  - Initial coordination of care, as appropriate with the member's caregiver, other agencies and knowledgeable personnel, as well as providing care coordination contact information for the facility.
  - Provision of information for making follow up appointments

## References

SCFHP Utilization Management Program Description

1. Duals Plan Letter (DPL) 14-002 Requirements for Nursing Facility Services

2. Duals Plan Letter (DPL) 14-004 Continuity of Care
3. Duals Plan (DPL) 16-003; Discharge Planning for Cal MediConnect
4. Manual of Criteria for Medi-Cal Authorization, Medi-Cal Policy Division
5. Title 22, California Code of Regulations (CCR) §§ 51120, 51121, 51124, 5125, 51118, and 51212
6. Welfare & Institutions Code §§ 14087.55, 14087.6, 14087.9 and 14103.06

**III. Approval/Revision History**

First Level Approval		Second Level Approval		
Signature		Signature		
Lori Andersen, Director, Managed Long Term Services and Supports Title		Jeff Robertson, MD, Chief Medical Officer		
Name/Title		Name/Title		
Date		Date		
Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v.1				



**Prior Authorization Request Telephone Line: 1-408-874-1821**

**Prior Authorization Request Fax Line: 1-408-874-1957 or 1-408-376-3548**

**Other Contact Information:**

- Eligibility: 1-800-720-3455
- Customer Service: 1-800-260-2055
- Provider Services: 1-408-874-1788

**Note:** *When faxing a request, please use SCFHP Prior Authorization Request – Medical Services form found at [www.scfhp.com](http://www.scfhp.com), attach pertinent medical records, treatment plans, test results, and evidence of conservative treatment to support medical necessity. This Prior Authorization Grid contains services that require prior authorization only and is not intended to be a list of covered services. Providers should refer to an enrollee’s Evidence of Coverage (EOC) for a complete list of covered services.*

**For dental care for Medi-Cal members, please contact Denti-Cal at 1-800-322-6384**

**For dental care for Healthy Kids members, please contact Liberty Dental at 1-888-902-0403**

**For vision care, please contact VSP at 1-844-613-4479**

Non-Contracted Provider	<ul style="list-style-type: none"> <li>• ALL SERVICES</li> </ul>
Inpatient Admissions, Services and Therapy	<ul style="list-style-type: none"> <li>• All elective medical and surgical inpatient admissions</li> <li>• Acute hospital (including psychiatric)</li> <li>• Acute rehabilitation facilities</li> <li>• Long Term Acute Care (LTAC)</li> <li>• Partial hospital psychiatric treatment, substance use disorder including detoxification</li> <li>• Skilled Nursing Facilities (SNF) - Skilled, custodial and long-term care</li> </ul>
Outpatient Procedures/Surgery	<ul style="list-style-type: none"> <li>• Abdominoplasty/Panniculectomy</li> <li>• Bariatric procedure</li> <li>• Breast reconstructive surgery</li> <li>• Cataract surgery</li> <li>• Cochlear auditory implant</li> <li>• Dental surgery, jaw surgery and orthognathic procedures including TMJ treatment)</li> <li>• Dermatology procedures: Laser treatment, skin injections and implants</li> <li>• Endoscopy, esophagogastroduodenoscopy (EGD)</li> <li>• Experimental/investigational procedures/services and new technologies</li> <li>• Gender reassignment surgery</li> <li>• Neuro and spinal cord stimulator</li> <li>• Plastic surgery reconstructive procedures, including Blepharoplasty, Rhinoplasty, Tracheoplasty</li> <li>• Podiatric procedures and surgery</li> <li>• Spinal procedures, excepting epidural injections</li> <li>• Surgery for obstructive sleep apnea</li> <li>• Varicose vein treatment</li> </ul>

Durable Medical Equipment (DME)	<p><b>Most DME is capitated to CHME, FAX to 650-931-8928</b></p> <ul style="list-style-type: none"> <li>• Enteral nutrition</li> <li>• Incontinence supplies</li> <li>• Home medical equipment: walkers, wheelchairs, commodes</li> <li>• Mobility devices including motorized wheelchairs and scooters</li> <li>• Respiratory: Oxygen, BIPAP, CPAP, ventilators</li> </ul> <p><b>Specialty DME:</b> PAR should be submitted to SCFHP, including:</p> <ul style="list-style-type: none"> <li>• Prosthetics and orthotics</li> <li>• Hearing aids</li> <li>• Other specialty devices</li> </ul>
Outpatient Services	<ul style="list-style-type: none"> <li>• Cardiac and pulmonary rehabilitation</li> <li>• Collection of autologous blood</li> <li>• EEG, EMG, NCV</li> <li>• Genetic testing and counseling</li> <li>• Hyperbaric oxygen therapy</li> <li>• Radiation therapy: Intensity modulated radiation therapy (IMRT), proton beam therapy, stereotactic radiation treatment (SBRT), neutron beam therapy</li> <li>• Outpatient diagnostic imaging: Magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), nuclear cardiology procedures (including SPECT), positron-emission tomography (PET),</li> <li>• <u>Outpatient physical/occupational/speech therapy (PT/OT/ST)</u></li> <li>• <u>Palliative Care Services</u></li> <li>• Sleep studies</li> <li>• Transplant-related services (EXCEPT Cornea transplant): prior to surgery</li> </ul>
Home Health	<ul style="list-style-type: none"> <li>• All home health services</li> <li>• Home IV infusion services</li> </ul>
Drugs Administered in Office or Outpatient setting	<ul style="list-style-type: none"> <li>• See attached Medi-Cal drug PA list</li> </ul>
Transportation	<ul style="list-style-type: none"> <li>• Non-Emergency Medical Transportation for ground and air</li> <li>• Schedule routine non-emergency medical transportation in area through SCFHP Customer Service at 1-800-260-2055</li> </ul>
Organ Transplant	<ul style="list-style-type: none"> <li>• Kidney and corneal transplants</li> <li>• Other organs transplant: Contact SCFHP for enrollment in FFS Medi-Cal</li> </ul>
Behavioral Health Treatment (Autism) Mental Health Services Substance Abuse Treatment	<ul style="list-style-type: none"> <li>• Behavioral Health Treatment (Autism): Requires PAR. Includes ST, PT, and OT with Autism dx</li> <li>• Mental Health Services: No PAR. Specialty MH services authorized by County Behavioral Services Department 1-800-704-0900</li> <li>• Substance Abuse Treatment: No PAR for SBIRT, all other are provided through the County Gateway access 1-800-488-9419</li> </ul>
Long-Term Services and Supports (LTSS)	<ul style="list-style-type: none"> <li>• Community-Based Adult Services (CBAS)</li> <li>• Long Term Care</li> <li>• Multipurpose Senior Services Program (MSSP): No PAR, authorized by Sourcewise Fax Referrals to: 1-408-289-1880</li> <li>• Referral to SCFHP MLTSS Team for timely LTSS access 1-408-874-1808</li> </ul>



**ANTIEMETICS (ASSOCIATED WITH CANCER CHEMOTHERAPY)**

Brand	Generic
Aloxi	Palonosetron
Emend	Aprepitant
Emend IV	Fosaprepitant

**NEUROMUSCULAR BLOCKING AGENTS**

Brand	Generic
Botox	OnabotulinumtoxinA
Dysport	AbobotulinumtoxinA
Myobloc	RimabotulinumtoxinB
Xeomin	IncobotulinumtoxinA

**ERYTHROPOIESIS STIMULATING AGENTS**

Brand	Generic
Aranesp	Darbepoetin alfa
Epogen, Procrit	Epoetin alfa

**GAUCHER'S DISEASE**

Brand	Generic
Cerezyme	Imiglucerase
Elelyso	Taliglucerase
Vpriv	Velaglucerase

**HEREDITARY ANGIOEDEMA**

Brand	Generic
Berinert, Cinryze	Compliment C1 esterase inhibitor
Kalbitor	Ecallantide

**IV IMMUNOGLOBULIN (IVIG)**

Brand	Generic
Baygam, Flebogamma, Gamastan, Gammagard, Gammaplex, Gamunex, Gamunex-C, Hizentra, Octagam, Privigen, Vivaglobin	Immune globulin
Prolia; Xgeva	Denosumab
Reclast, Zometa	Zoledronic acid

MULTIPLE SCLEROSIS	
Brand	Generic
Tysabri	Natalizumab
Ocrevus	Ocrelizumab

OPHTHALMIC AGENTS	
Brand	Generic
Eylea	Aflibercept
Lucentis	Ranibizumab

OSTEOPOROSIS OR BONE MODIFIERS	
Brand	Generic
Aredia	Pamidronate

PULMONARY HYPERTENSION	
Brand	Generic
Flolan Veletri	Epoprostenol
Remodulin	Treprostinil

RHEUMATOLOGY/IMMUNOSUPPRESSANTS	
Brand	Generic
Actemra	Tocilizumab
Orencia	Abatacept
Remicade	Infliximab
Inflectra	Infliximab-dyyb
Stelara	Ustekinumab

RESPIRATORY	
Brand	Generic
Aralast, Aralast NP, Glassia, Prolastin, Prolastin C, Zemaira	$\alpha$ -1 proteinase inhibitor
Cinqair	Reslizumab
Nucala	Mepolizumab
Xolair	Omalizumab
Synagis	Palivizumab

MISCELLANEOUS	
Brand	Generic
Nplate	Romiplostim
Spinraza	Nusinersen



## Santa Clara Family Health Plan Membership Report

	2017-10	2017-11	2017-12	2018-01	2018-02	2018-03	2018-04
<b>AM</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Santa Clara Family Health Plan	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>HK</b>	<b>2,288</b>	<b>2,321</b>	<b>2,447</b>	<b>3,209</b>	<b>3,250</b>	<b>3,415</b>	<b>3,454</b>
Palo Alto Medical Foundation	74	76	82	76	90	89	93
Physicians Medical Group	758	773	807	1,063	1,080	1,120	1,142
Premier Care	175	183	195	228	228	233	248
Santa Clara Family Health Plan	247	260	298	369	358	381	386
Valley Health Plan	1,034	1,029	1,065	1,473	1,494	1,592	1,585
<b>MC</b>	<b>260,518</b>	<b>258,633</b>	<b>258,106</b>	<b>253,257</b>	<b>254,141</b>	<b>253,025</b>	<b>251,680</b>
Kaiser	26,730	26,539	26,507	26,047	26,139	26,166	26,048
Network 00	13,480	13,530	13,588	13,584	13,620	13,673	13,582
Palo Alto Medical Foundation	7,414	7,399	7,374	7,292	7,334	7,290	7,310
Physicians Medical Group	47,740	47,619	47,472	46,721	47,003	46,748	46,377
Premier Care	16,240	16,115	16,053	15,893	15,906	15,762	15,687
Santa Clara Family Health Plan	15,130	15,110	15,223	14,844	15,168	15,208	15,394
Valley Health Plan	133,784	132,321	131,889	128,876	128,971	128,178	127,282
<b>CMC</b>	<b>7,326</b>	<b>7,349</b>	<b>7,389</b>	<b>7,389</b>	<b>7,417</b>	<b>7,409</b>	<b>7,435</b>
Santa Clara Family Health Plan	7,326	7,349	7,389	7,389	7,417	7,409	7,435
<b>Grand Total</b>	<b>270,132</b>	<b>268,303</b>	<b>267,942</b>	<b>263,855</b>	<b>264,808</b>	<b>263,849</b>	<b>262,569</b>



## InterRater Reliability Summary 2018 #1

1. In accordance with Policy HS.09, Santa Clara Family Health Plan (SCFHP) UM Staff scheduled and completed the first of two required Bi-Annual IRR testing sessions. The second IRR testing session is expected to be completed within the second half of calendar year 2018. In accordance with NCQA/DHCS, DMHC guidelines, and SCFHP policy, a total of 10 random UM authorizations are selected for testing purposes for all of our Utilization Management (UM) staff, including non-licensed Care Coordinators (CC), licensed professional staff, and Medical Directors (MD).
2. The intent of the IRR testing process is to evaluate the consistency and accuracy of review criteria applied by all reviewers - physicians and non-physicians - who are responsible for conducting Utilization Management reviews and to act on improvement opportunities identified through this monitoring.
3. The Chief Medical Officer or Medical Director will review and approve the evaluation summary report reflecting the decision making performance of the staff responsible for conducting Utilization Management reviews. The report results and recommendations for improvement will be presented to the Utilization Management Committee.
4. The Plan classifies reviews into one of two performance categories: Proficient (80% - 100% of the records are in compliance with the criteria); Not proficient (below 80% in compliance) Scores below 80% require increased focus by UM Management with actions described in Policy HS.09 or an individual corrective action plan.

The following are the findings for all UM staff tested on:

<b>UM Staff Position</b>	<b>Pass/Fail</b>	<b>Score</b>
Chief Medical Officer	Pass	
Medical Director	Pass	
Health Services Director	Pass	
UM Manager	Pass	100%
Lead Care Coordinator	Pass	90%
UM review and DC planning nurse-1	Pass	96%
UM review and DC planning nurse-2	Pass	81%
UM review and DC planning nurse-3	Pass	92%
UM review and DC planning nurse-4	Pass	96%
UM review and DC planning nurse-5	Pass	88%
Medical Management Care Coordinator-1	Pass	93%
Medical Management Care Coordinator-2	Pass	93%
Medical Management Care Coordinator-3	Fail	78%
Medical Management Care Coordinator-4	Pass	90%
Medical Management Care Coordinator-5	Pass	90%

Medical Management Care Coordinator-6	Pass	85%
Medical Management Care Coordinator-7	Pass	88%
MLTSS UM review and DC planning nurse	Pass	95%
MLTSS Case Manager-Nurse	Pass	83%
MLTSS Case Manager-SW	Pass	83%
MLTSS Medical Management Care Coordinator	Pass	83%

In the 1st testing in 2018, we found that 95% or 20/21 of our staff are proficient while, the remaining 5% or 1/21 is not proficient and will require remediation. 100 percent of UM staff completed the IRR testing including CMO, Medical Director, Licensed staff and Coordinators.

Identified common findings after this IRR testing process were as follows:

1. Improper identification of required turnaround time for inpatient concurrent review.
2. Lack of understanding for specific Care Coordinator Guidelines.

The corrective action's plan after identifying the common findings are:

1. Remedial training was planned for staff that failed IRR but was incomplete due to voluntary transfer to another department.
2. Continue regular staff training with emphasis on care coordinator guidelines and regulatory turnaround times.
3. Change of staff assignments for more experience with different lines of business and regulatory requirements.



### **InterRater Reliability Summary 2018**

1. In accordance with Policy HS.09, the 3<sup>rd</sup> bi-annual Calendar Year 2018, Santa Clara Family Health Plan (SCFHP) scheduled IRR testing is complete. This is required twice a year. IRR testing is scheduled for SCFHP 1<sup>st</sup> and 2<sup>nd</sup> half of the calendar year. In accordance with NCQA/DHCS, DMHC guidelines, and SCFHP policy, 10 random BH authorizations are selected to test BH staff with the authority to Authorize services. Our BH staff consists of non-licensed Personal Care Coordinators (PCC) & our Director of Behavioral Health (LCSW).
2. In the calendar year 2018, SCFHP updated the policy from individual testing to group testing to provide support to our staff.
3. It is the policy of SCFHP to monitor the consistency and accuracy of review criteria applied by all reviewers - physicians and non-physicians - who are responsible for conducting Behavioral Health service reviews and to act on improvement opportunities identified through this monitoring.
4. The Chief Medical Officer or Director of Behavioral Health will review and approve the assessment report of decision making performance of staff responsible for conducting Behavioral Health approval reviews for BH staff. The report results and recommendations for improvement will be presented annually to the Utilization Management Committee.
5. The Plan classifies reviews into one of two performance categories: Proficient (80% - 100% of the records are in compliance with the criteria); Not proficient (below 80% in compliance) Scores below 80% require increased focus by Supervisors/Managers with actions described in Policy/Procedure HS.09/HS.09.01 or an individual corrective action plan.

The following are the findings for all UM staff tested on March 9th, 2018:

<u>Reviewer</u>	<u>Percent Score</u>	<u>UM Staff Position</u>	<u>Pass/Failed</u>
1	100	Director of Behavioral Health	Pass
2	100	Behavioral Health PCC	Pass
3	95	Behavioral Health PCC	Pass

In the first testing, we found that 100% or 3/3 of our staff are proficient during this review. 100 percent of BH staff who complete authorizations completed the IRR testing.

Our common finding after the testing process was:

1. Staff who are authorized to review/approve BH services through SCFHP express comfort in knowing the process/where to go to for clarification.

The corrective action's plan after identifying the common findings would be:

1. Mandatory remedial training with post testing for all non-proficient staff (should this be required – not needed at this time).
2. Mandatory bi-annual review of guidelines and criteria, as well as biannual testing, will continue to be scheduled.



## **I. Purpose of the Quality Assurance (QA)**

In order to present the results to Utilization Management Committee (UMC), Santa Clara Family Health Plan (SCFHP) completed the 1st quarter review for timely, consistent, accurate and understandable notification to members and providers regarding adverse determinations.

## **II. Procedure**

Santa Clara Family Health Plan reviewed in accordance to this procedure, 30 authorizations for the 1st quarter of 2018 in order to assess for the following elements.

### **A. Quality Monitoring**

1. The UM Manager is responsible for facilitating a random review of denial letters to assess the integrity of member and provider notification.
  - a. At least 30 denial letters per quarter
  - b. Is overseen by the Utilization Management Committee on a quarterly basis
  - c. Assessment of denial notices includes the following:
    1. Turn-around time for decision making
    2. Turn-around time for member notification
    3. Turn-around time for provider notification
    4. Assessment of the reason for the denial, in clear and concise language
    5. Includes criteria or Evidence of Benefit (EOB) applied to make the denial decision and instructions on how to request a copy of this from UM department.
    6. Type of denial: medical or administrative
    7. Addresses the clinical reasons for the denial
    8. Specific to the Cal Mediconnect membership, the denial notification includes what conditions would need to exist to have the request be approved.
    9. Appeal and Grievance rights
    10. Member's letter is written in member's preferred language within plan's language threshold.
    11. Member's letter includes Independent Medical Review (IMR) information or state fair hearing rights
    12. Member's letter includes interpretation services availability
    13. Member's letter includes nondiscriminatory notice.
    14. Provider notification includes the name and direct phone number of the appropriately licensed professional making the denial decision

## **Quarterly Quality Report in Accordance with Procedure HS.04.01 For 1<sup>st</sup> Quarter 2018**

### **III. Findings**

For the 1st quarter review of 2018, the findings are as follows:

- A. For the dates of services and denials for January, February, March of CY 2018 were pulled in the 1st quarter sampling year.
  - a. 30 unique authorizations were pulled with a random sampling.
    - i. 83% (25/30) Medi-Cal LOB and 17% or (5/30) CMC LOB
    - ii. Of the sample 100% or 30/30 were denials
    - iii. Of the sample 27% or 8/30 were expedited request; 67% or 20/30 were standard request, 6% or 2/30 were retroactive request.
      - 1. 100% or 8/8 of the expedited authorizations met regulatory turnaround time of 72 calendar hours
      - 2. 95% or 19/20 of the standard authorizations met regulatory turnaround time (5 business days for Medi-Cal LOB and 14 calendar days for CMC LOB)
      - 3. 100% or 2/2 retroactive request met regulatory turnaround time of 30 Calendar days.
    - iv. 67% or 20/30 are medical denials, 33% or 10/30 are administrative denials
    - v. 100% or 30/30 of cases were denied by MD or pharmacist.
    - vi. 100% were provided member and provider notification.
    - vii. 90% or 28/30 of the member letters are of member's preferred language. 2 letters that were not in member's language were outside of 5 regulatory language threshold and were written in English instead.
    - viii. 100% of the letters were readable and rationale for denial was provided, although 7% or 2/30 letters were found be too clinical and not written in a member specific language.
    - ix. 83% or 25/30 letters included criteria or EOB in the letter.
    - x. 100% of the letters included IMR information, interpreter rights and instructions on how to contact CMO or Medical Director.

### **IV. Follow-Up**

The Manager of Utilization Management and Director of Health Services reviewed the findings of this audit and recommendations from that finding presented to UMC are as follows:

- 1. Continue to improve on denial verbiage matrix including member specific language.
- 2. Provide staff education to re-read denial letters for letter quality.
- 3. Continue QA report monitoring process.



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# Utilization Management Committee (UMC)

April 2018





# UMC Goals and Objectives

- Compare SCFHP utilization levels against relevant industry benchmarks and monitor utilization trends among SCFHP membership over time
- Analyze key drivers and potential barriers, prioritize opportunities for improvement, and develop interventions that promote high-quality and cost-effective use of medical services

# Inpatient Utilization: Medi-Cal – Non-SPD

## 1/1/2017 – 12/31/2017

Source: HEDIS Inpatient Utilization (IPU) data for calendar year 2017 measurement period

Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2017 Q1	2,449	3.54	8,667	3.54
2017 Q2	2,535	3.88	9,013	3.56
2017 Q3	2,399	3.67	8,304	3.46
2017 Q4	2,192	3.35	7,982	3.64
Total	9,575	3.66	33,966	3.55



# Inpatient Utilization: Medi-Cal – SPD

## 1/1/2017 – 12/31/2017

Source: HEDIS Inpatient Utilization (IPU) data for calendar year 2017 measurement period

Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2017 Q1	763	14.37	3,800	4.98
2017 Q2	775	14.60	3,526	4.55
2017 Q3	743	14.00	3,665	4.93
2017 Q4	789	14.86	4,111	5.21
Total	3,070	14.46	15,102	4.92



# Inpatient Utilization: Cal MediConnect (CMC)

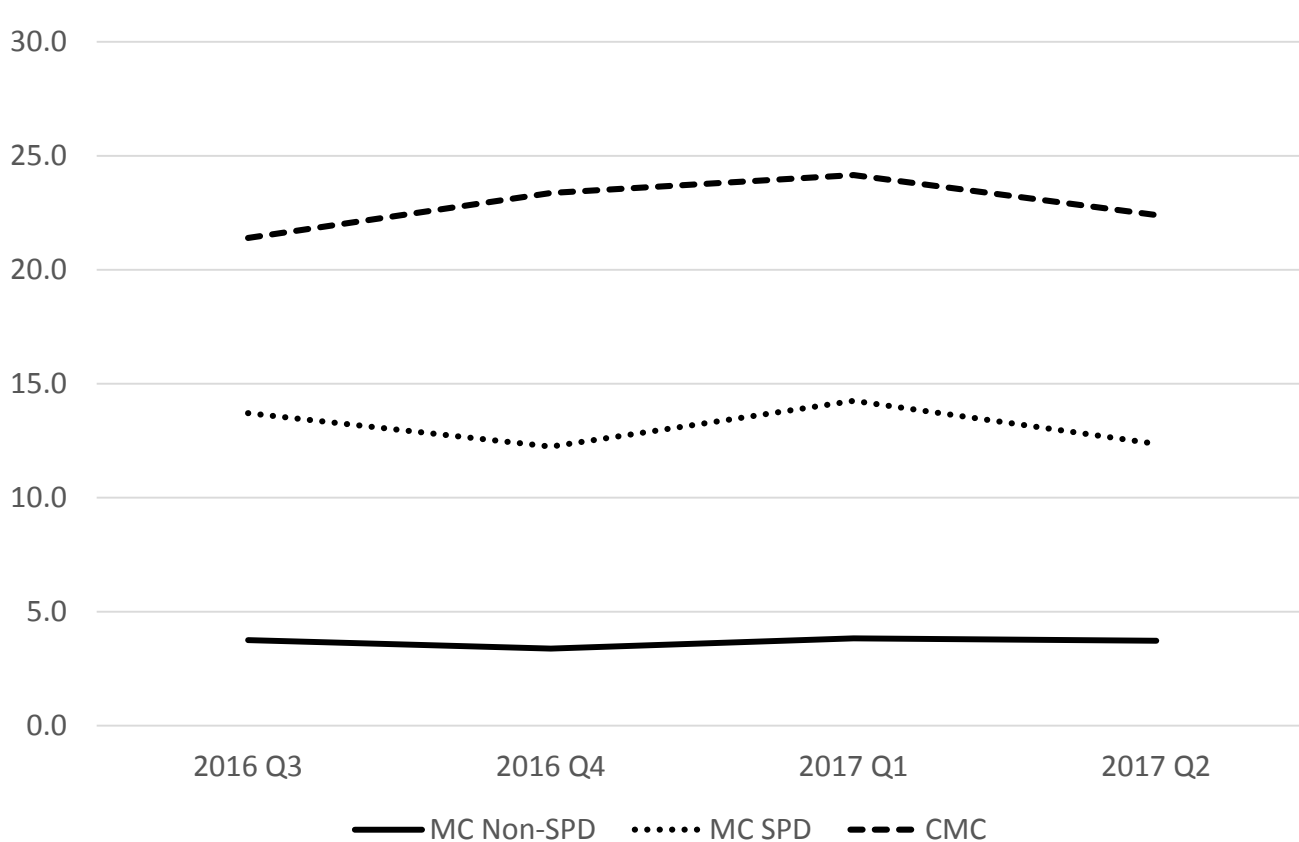
1/1/2017 – 12/31/2017

Source: CMC Enrollment & QNXT Claims Data

Quarter	Discharges	Discharges / 1,000 Members per Year	Days	Average Length of Stay
2017 Q1	535	291.5	2,724	7.07
2017 Q2	494	271.5	3,104	5.24
2017 Q3	413	233.1	3,571	5.53
2017 Q4	478	268.2	2,573	5.72
Total	1,920	266.4	11,972	5.93



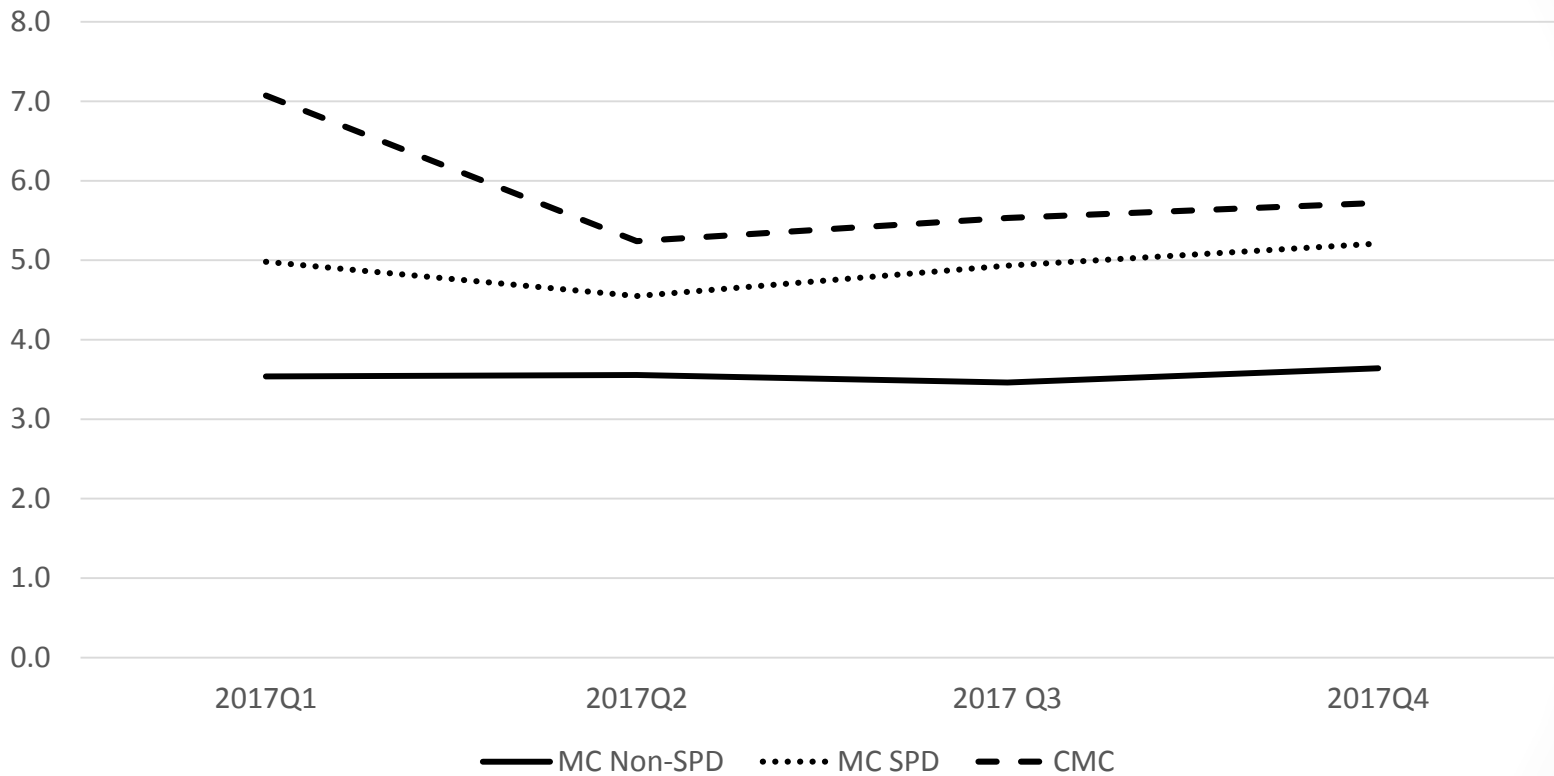
# SCFHP Medi-Cal & Cal MediConnect Acute Inpatient Discharges per 1,000 Member Months (MM) 1/1/2017 – 12/31/2017



Statewide inpatient admissions per 1,000 MM as of March 2017:  
 SPD – 44.4  
 Dual – 56.3  
 ACA – 9.9  
 OLTIC – 3.3  
 Other – 7.0



# SCFHP Medi-Cal & Cal MediConnect Acute Inpatient Average Length of Stay (ALOS) 1/1/2017 – 12/31/2017



# Medi-Cal Inpatient Utilization

## NCQA Medicaid Benchmark Comparisons

### 1/1/2017 – 12/31/2017

Measure	Medi-Cal Population		
	Non-SPD	SPD	Total
Discharges / 1,000 Member Months	3.66	14.46	4.47
NCQA Medicaid Percentile Rank <sup>1</sup>	<10 <sup>th</sup>	>90 <sup>th</sup>	<10 <sup>th</sup>
ALOS	3.55	4.92	3.88
NCQA Medicaid Percentile Rank <sup>2</sup>	<25 <sup>th</sup>	>75 <sup>th</sup>	<50 <sup>th</sup>

<sup>1</sup> NCQA Medicaid 50<sup>th</sup> percentile = 6.54

<sup>2</sup> NCQA Medicaid 50<sup>th</sup> percentile = 4.18



# Medi-Cal SPD & CMC Inpatient Utilization MCG & NCQA Medicare Benchmark Comparisons 1/1/2017 – 12/31/2017

	Discharges / 1,000 Members per Year	Days / 1,000 Members per Year	ALOS
<u>SCFHP Population</u>			
Medi-Cal SPD	173.5	853.5	4.92
CMC	266.3	1,580.5 <sup>1</sup>	5.93
<u>MCG Medicare Plans</u>			
Loosely Managed	258.7	1,406.9	5.44
Moderately Managed	214.8	1,078.7	5.02
Well Managed	171.0	750.6	4.39
NCQA Medicare Mean	214.6	1,208.9	5.41

<sup>1</sup> CMC inpatient days / 1,000 = 1,289.1 for 6 CCI counties through 9/30/16; in comparison, a 5% sample of 2015 Medicare FFS data for the same counties showed inpatient days / 1,000 = 2,502.6





# Inpatient Readmissions: Medi-Cal – Non-SPD

Source: All Cause Readmissions (ACR) data for 1/1/2017 – 12/31/2017 measurement period

Quarter	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Actual Readmission Rate <sup>1, 2</sup>
2017 Q1	1,251	172	13.75%
2017 Q2	1,322	195	14.75%
2017 Q3	1,240	172	13.87%
2017 Q4	859	118	13.74%
Total	4,672	657	14.06%

<sup>1</sup> A lower rate indicates better performance.

<sup>2</sup> The 30-day readmission rate for the ACR measure is Medi-Cal specific and only includes non-dual members ages 21 years and older.



# Inpatient Readmissions: Medi-Cal – SPD

Source: All Cause Readmissions (ACR) data for 1/1/2017 – 12/31/2017 measurement period

Quarter	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Actual Readmission Rate <sup>1</sup>
2017 Q1	625	152	24.32%
2017 Q2	639	161	25.20%
2017 Q3	613	115	18.76%
2017 Q4	451	102	22.62%
Total	2,328	530	22.77%

<sup>1</sup> A lower rate indicates better performance.

<sup>2</sup> The 30-day readmission rate for the ACR measure is Medi-Cal specific and only includes non-dual members ages 21 years and older.



# Inpatient Readmissions: Cal MediConnect (CMC)

Source: HEDIS Plan All-Cause Readmissions (PCR) data for 1/1/2017– 12/31/2017 measurement period

Quarter	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Actual Readmission Rate <sup>1, 2</sup>
2017 Q1	377	49	13.00%
2017 Q2	364	54	14.84%
2017 Q3	281	40	14.23%
2017 Q4	218	36	16.51%
Total	1,240	179	14.44%

<sup>1</sup> A lower rate indicates better performance.

<sup>2</sup> The PCR rate applies only to SCFHP's CMC line of business and includes members 18 years of age and older.



# Cal MediConnect (CMC) Readmission Rates Compared to NCQA Medicare Benchmarks

Source: HEDIS Plan All-Cause Readmissions (PCR) data for 1/1/2017 – 12/31/2017 measurement period

Rate Description	Ages 18 – 64 (PCR-A)	Ages 65+ (PCR-B)
Count of Index Hospital Stays	277	963
Count of 30-Day Readmissions	39	140
Actual Readmission Rate	14.08%	14.54%
NCQA Medicare 50 <sup>th</sup> Percentile	16.34%	12.68%
SCFHP Percentile Ranking	>50 <sup>th</sup>	<50 <sup>th</sup>

<sup>1</sup> A lower rate indicates better performance.

<sup>2</sup> The PCR rate applies only to SCFHP's CMC line of business and includes members 18 years of age and older.



# Frequency of Selected Procedures: Medi-Cal

Source: HEDIS data for 1/1/2017 – 12/31/2017 measurement period

Procedure	Number of Procedures	Procedures / 1,000 Member Months	NCQA Medicaid 50 <sup>th</sup> Percentile	SCFHP Comparison to Benchmark
<b>Tonsillectomy</b>				
Male & Female, Age 0-9	216	0.32	0.63	↓
Male & Female, Age 10-19	89	0.13	0.29	↓
<b>Hysterectomy, abdominal</b>				
Female, Age 15-44	24	0.04	0.10	↓
Female, Age 45-64	47	0.15	0.24	↓
<b>Hysterectomy, vaginal</b>				
Female, Age 15-44	19	0.03	0.10	↓
Female, Age 45-64	29	0.09	0.17	↓



# Frequency of Selected Procedures: Medi-Cal, Cont.

Source: HEDIS data for 1/1/2017 – 12/31/2017 measurement period

Procedure	Number of Procedures	Procedures / 1,000 Member Months	NCQA Medicaid 50 <sup>th</sup> Percentile	SCFHP Comparison to Benchmark
<b>Cholecystectomy, open</b>				
Male, Age 30-64	6	0.01	0.03	↓
Female, Age 15-44	4	0.01	0.01	↔
Female, Age 45-64	2	0.01	0.03	↓
<b>Cholecystectomy, closed (laparoscopic)</b>				
Male, Age 30-64	62	0.14	0.26	↓
Female, Age 15-44	195	0.32	0.61	↓
Female, Age 45-64	76	0.24	0.58	↓



# Frequency of Selected Procedures: Medi-Cal, Cont.

Source: HEDIS data for 1/1/2017 – 12/31/2017 measurement period

Procedure	Number of Procedures	Procedures / 1,000 Member Months	NCQA Medicaid 50 <sup>th</sup> Percentile	SCFHP Comparison to Benchmark
<b>Back Surgery</b>				
Male, Age 20-44	21	0.06	0.19	↓
Female, Age 20-44	18	0.04	0.14	↓
Male, Age 45-64	42	0.16	0.52	↓
Female, Age 45-64	45	0.14	0.51	↓
<b>Mastectomy</b>				
Female, Age 15-44	23	0.04	0.02	↑
Female, Age 45-64	34	0.11	0.12	↓
<b>Lumpectomy</b>				
Female, Age 15-44	49	0.08	0.11	↓
Female, Age 45-64	60	0.19	0.34	↓



# Frequency of Selected Procedures: Medi-Cal, Cont.

Source: HEDIS data for 1/1/2017 – 12/31/2017 measurement period

Procedure	Number of Procedures	Procedures / 1,000 Member Months	NCQA Medicaid 50 <sup>th</sup> Percentile	SCFHP Comparison to Benchmark
<b>Bariatric Weight Loss Surgery</b>				
Male, Age 0-19	0	0.00	0.00	↔
Female, Age 0-19	0	0.00	0.00	↔
Male, Age 20-44	1	0.00	0.01	↓
Female, Age 20-44	34	0.07	0.05	↑
Male, Age 45-64	0	0.00	0.01	↓
Female, Age 45-64	17	0.05	0.06	↓





# Medi-Cal Behavioral Health Metrics

Source: HEDIS data for 1/1/2017– 12/31/2017 measurement period

Measure	Rate	NCQA Medicaid 50 <sup>th</sup> Percentile	SCFHP Percentile Rank
Follow-Up Care for Children Prescribed ADHD Medication			
Initiation Phase	36.56%	44.80%	<25 <sup>th</sup>
Continuation & Maintenance Phase	40.19%	55.90%	<25 <sup>th</sup>
Antidepressant Medication Management			
Acute Phase Treatment	63.35%	51.90%	>75 <sup>th</sup>
Continuation Phase Treatment	44.79%	36.21%	>75 <sup>th</sup>
Cardiovascular Monitoring for People with Cardiovascular Disease & Schizophrenia	100.00%	77.94%	>90 <sup>th</sup>





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# Questions?

