Santa Clara Family Health Plan
The Spirit of Care

www.scfhp.com

Regular Meeting of the

Santa Clara County Health Authority
Utilization Management Committee

Wednesday, October 18, 2017
6:00 PM - 7:30 PM
210 E. Hacienda Avenue
Campbell, CA 95008

AGENDA

1.	**Introduction**	Dr. Lin	6:00	5 min.
2.	**Meeting Minutes**	Dr. Lin	6:05	5 min.
	Review minutes of the July 19, 2017 Utilization Management Committee meeting.			
	Possible Action: Approve 07/19/2017 minutes			
3.	**Public Comment**	Dr. Lin	6:10	5 min.
	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.			
4.	**CEO Update**	Ms. Tomcala	6:15	10 min.
	Discuss status of current topics and initiatives.			
5.	**Discussion Items/Follow up Items**	Ms. Castillo	6:25	10 min.
	a. Question by Dr. Lin about what percentage is of those in SNF that become Long Term Care			
	b. Question posed: Can there be a member service representative script for members changing PCP's?			
6.	**Action Items**	Ms. Castillo	6:35	10 min.
	a. Prior Authorization Grid CY2018 approval (Cal MediConnect/Medi-Cal)			
	Possible Action: Approve Prior Authorization Grid			
	b. HS.01.08 Non-Emergency Medical Transportation Policy			
7.	**Reports (MediCal/SPD, Healthy Kids)**			
	a. Membership	Dr. Robertson	6:45	5 min.
	b. UM Reports 2017	Dr. Boris	6:50	10 min.
	i. Dashboard Metrics: Turn Around Time (Cal MediConnect/Medi-Cal)			
	ii. Standard Utilization: Metrics PowerPoint			
	Follow up items:			
	a. Primary diagnosis for readmits by Line of Business			
	b. CPT codes for all members with bariatric surgery (what was most frequent procedure requested?)			

c. CMC readmit rates Q12017 was 9%; (review change)
d. Data on OB inpatient admissions by hospital

c.	Interrater Reliability (IRR; Q3)	Dr. Boris	7:00	5 min.
d.	Annual Specialty Referral Tracking of Procedures HS.01.02 –delayed to Q12018 as QNXT migration prevented data	Dr. Boris	7:05	5 min.
e.	Annual out of Network report YTD 2017	Dr. Boris	7:10	5 min.
f.	HS 04.01 Reporting Quality Monitoring of Plan Auths, Denials, etc. (Q2 & Q3)	Dr. Boris	7:15	5 min.
g.	Quarterly RN advise line Statistics (CMC and Medi-Cal)	Ms. Carlson	7:20	5 min.
h.	Notice to MD offices about RN Advice Line	Ms. Carlson	7:25	5 min.

8. Adjournment Dr. Lin 7:30

Next meeting: Wednesday, January 17, 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.

Santa Clara Family Health Plan

The Spirit of Care

MINUTES
UTILIZATION MANAGEMENT COMMITTEE
July 19, 2017

Voting Committee Members	Specialty	Present Y or N
Jimmy Lin, MD, Chairperson	Internal Medicine	Y
Ngon Hoang Dinh, DO	Head and Neck Surgery	N
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	Y

Non-Voting Staff Members	Title	Present Y or N
Christine Tomcala	CEO	Y
Lily Boris, MD	Medical Director	Y
Jana Castillo	Utilization Management Manager	N
Sandra Carlson	Health Services Director	N
Sherry Holm	Behavioral Health Manager	N
Lori Andersen	MLTSS Director	N
Caroline Alexander	Administrative Assistant	Y

ITEM	DISCUSSION	ACTION REQUIRED
I. Introductions Review/Revision/Approval of Minutes	Meeting was started with a Quorum at 6:10 PM. There was a motion to approve the April 19, 2017 minutes.	Minutes approved as presented.
II. CEO Update	Christine Tomcala , CEO discussed the following items: 1. Whole Person Care: Application was approved and will be moving forward. 2. QNXT: Implemented new system to pay Medi-Cal claims. QNXT go live was beginning of July. 3. New Building: Santa Clara Family Health Plan purchased a new building. Lease expires in 2018 at current location. Located in South San Jose. Move anticipated in March 2018 at the earliest.	None.

ITEM	DISCUSSION	ACTION REQUIRED
	Kaiser currently occupies part of the building and will rent space from Santa Clara Family Health Plan.	
III. Action Items	a. Dr. Boris presented the UM Charter: No changes made to the charter. Presented to committee as a review of UM Committee structure and responsibilities. Motion to approve the UM Charter.	UM Charter approved as written.
	b. Dr. Boris presented the Care Coordinator Guidelines: She highlighted the changes: For unlicensed staff like coordinators to approve authorizations, have to follow guidelines. When we get a Skilled Nursing Facility request, it used to be approved for 7 days then sent to nurse for review. Changed to 3 day approval and then sent to nurse for review. No authorization required for dialysis. Updated transportation guidelines. Included new All Plan Letter. Removed Colonoscopy and Anesthesia from care coordinator guidelines. For inpatient admission, Care Coordinator approves first day. Question by Dr. Lin about what the percentage is of those in SNF that become Long Term Care. Santa Clara Family Health Plan waives 3 day admission requirement before transitioning to SNF. Motion made to approve Care Coordinator Guidelines.	Bring data to next meeting on percentage of those members in SNF that transition to LTC. Care Coordinator Guidelines approved as written.
IV. Standing Reports	a. Membership report updated: At 271,000 lives. About 5 thousand lives less than June. Majority of loss is in Medi-Cal line of business. Trying to research what factors caused the large change in membership from June to July.	None.
	b. UM Reports 2017 i. Turn Around Time (Cal MediConnect/Medi-Cal) a. Follow up item: Dashboard report not available currently. Follow up from last UMC regarding Medi-Cal authorizations that were non-compliant in turnaround time. 18 authorizations were found to be non-compliant with regulatory turnaround time (17 Urgent, 1 Routine). Factors found to contribute to this: 4 were entered late by coordinator, 1 request sent via connect and was addressed late, and 11 auths were within compliance but IT report captured as non-compliant. Connect was deactivated.	Follow up on next report regarding IT sync issue.
	ii. Standard Utilization Metrics a. Dr. Boris reviewed the comprehensive UM metrics: inpatient, discharges, length of stay, frequency of procedures etc. for Medi-Cal and Cal MediConnect lines of business. Rolling twelve months of data from April 1, 2016 to March 31, 2017. MediCal inpatient utilization: Average length of stay decreased from 4th Quarter 2016 to 1st Quarter 2017. Medi-Cal SPD numbers are smaller. Discharge numbers per 1,000 members are higher. CMC inpatient utilization: Average length of stay increased from 4th Quarter 2016 to 1st Quarter 2017. Discharge numbers per 1,000 members increased. Only 7,500 members in CMC. Other major difference in CMC data: responsible for mental health stays. Benchmarks are from	Bring data on OB inpatient admissions Pull CPT codes for all members with bariatric surgery (what was the most frequent procedure requested) Get primary diagnosis for readmits by Line of Business

ITEM	DISCUSSION	ACTION REQUIRED
	NCQA.	Bring data back on readmits for CMC. 9% readmit looks out of line. See if changes. Follow up on if Yoga can be offered as a Health Education activity to members

ITEM	DISCUSSION	ACTION REQUIRED
	c. Interrater Reliability (IRR) a. Dr. Boris presented the Interrater Reliability Report. In calendar year 2017, SCFHP updated the policy from individual testing to group testing to provide support to our staff. The Plan classifies reviews into one of two performance categories: Proficient (80%-100% of the records are in compliance with the review 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. Fifteen staff were tested in the UM department. Findings indicate that all staff performed as Proficient. There were no CAP's. The next testing cycle is scheduled for Fall 2017.	Information only
	d. RN Advice Line Policy a. Dr. Boris presented the RN Advice Line Policy. Previously in Quality, moved to Utilization Management. Applies to Medi-Cal, Healthy Kids and Cal MediConnect. States that plan offers RN Advice Line 24 hours a day. Motion made to accept policy as written	RN Advice Line approved as written.
V. Discussion Items	a. Advice Line Metrics Optum provides 24/7/365 centralized toll-free Nurse Advice Line number to all Cal MediConnect members. Call types vary in nature as well as disposition types. The volume of calls was as follows: • November 2016: 8 calls • December 2016: 7 calls • January 2017: 14 calls • February 2017: 4 calls • March 2017: 9 calls • April 2017: 24 calls • May 2017: 12 calls • June 2017: 17 calls	Informational only.
	b. Notice to MD offices about RN Advice Line Sample of Cal MediConnect and MediCal member cards were presented. RN Advice Line number is on the member card. Question posed: Can there be a member service representative script for members changing PCP's?	Informational only. Dr. Boris to follow up with Chris Turner.

ITEM	DISCUSSION	ACTION REQUIRED
VI. Adjournment	Meeting adjourned at ____7:05 PM__	
NEXT MEETING	The next meeting is scheduled for Wednesday, October 18, 2017, 6:00 PM	

Prepared by:

_____ Date _____

Caroline Alexander
Administrative Assistant

Reviewed and approved by:

_____ Date _____

Jimmy Lin, M.D.
Committee Chairperson

Santa Clara Family Health Plan

Organizational Determination Requirements (Prior Authorization Grid) for Cal MediConnect 2018

Organizational Determination Telephone Line: 1-408-874-1821
Organizational Determination Fax Line: 1-408-874-1957 or 1-408-376-3548
Other Contact Information:
- Eligibility: 1-800-720-3455
- Customer Service: 1-877-723-4795
- Provider Services: 1-408-874-1788

Note: *The following services are subject to Organizational Determination requirements. When faxing a request, please attach pertinent medical records, treatment plans, test results, and evidence of conservative treatment to support the medical appropriateness of the request. This Organizational Determination list contains services that require Organizational Determination only and is not intended to be a list of covered services. Providers should refer to an enrollee's Member Handbook (Evidence of Coverage (EOC)) for a complete list of covered services.*

For dental care please contact Denti-Cal at 1-800-322-6384

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

Non-participating provider	• All services
Inpatient Admissions, Services and Therapy	• Acute Hospital (including Psychiatric) Acute Rehabilitation Facilities • All elective medical and surgical inpatient hospitalizations • Long Term Acute Care (LTAC) • Partial hospital/Residential Treatment for Mental health, Substance Use disorder • Skilled Nursing Facilities (SNF) • Physical/Occupational/Speech Therapy (PT/OT/ST)
Outpatient Procedures/Surgery	• Abdominoplasty • Bariatric procedure • Blepharoplasty • Breast reductions and augmentation • Cataract surgery • Cochlear auditory implant • Dental surgery, jaw surgery and orthognathic procedures including TMJ treatment) • Dermatology procedure: Laser treatment, Skin injections and implants • Experimental/investigational procedures/services and new technologies • Neuro and spinal cord stimulator • Orthognathic procedures including TMJ treatment) • Panniculectomy • Plastic surgery reconstructive procedures • Spinal surgery • Surgery for obstructive sleep apnea • Varicose vein treatment

Outpatient Services	• Cardiac and Pulmonary Rehabilitation • Collection of autologous blood • Genetic testing and counseling • Hyperbaric oxygen therapy • Outpatient diagnostic procedures: Magnetic resonance imaging (MRI), Magnetic resonance angiography (MRA), Magnetic resonance Spectroscopy, Nuclear cardiology procedures (including SPECT), Positron-emission tomography (PET), Sleep studies. • Outpatient Physical/Occupational/Speech therapy (PT/OT/ST • Radiation therapy: Intensity modulated radiation therapy (IMRT), Proton beam therapy, Stereotactic radiation treatment (SBRT), Neutron beam therapy • Sleep studies • Transplant-related services (EXCEPT Cornea transplant): prior to evaluation.
Durable Medical Equipment (DME)	• Custom made items • Any other DME or medical supply item exceeding $1000 allowable • Prosthetics & customized Orthotics exceeding $1000 allowable
Home Health	• Home Health service • Home IV Infusion service
Part B drugs administered in a Physician's office or Outpatient setting	• Part B drugs - See 2016 Medicare Part B Specialty Drug Organizational Determination List (attached)
Medi-Cal only benefit	• Hearing aids • Incontinence supplies exceeding $165 per month or non-formulary • Community Based Adult Services (CBAS) • Long Term Care • Multipurpose Senior Services Program (MSSP): No PAR, authorized by Sourcewise Fax Referrals to: 1-408-289-1880 • Referral to SCFHP MLTSS Team for timely LTSS access 1-408-874-1808
Transportation	• Non-emergency Medical Transportation for ground and air. Schedule routine non-emergency medical transportation in area through SCFHP Customer Service at 1-877-723-4795.

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

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	α-1 proteinase inhibitor
Cinqair	Reslizumab
Nucala	Mepolizumab
Xolair	Omalizumab
Synagis	Palivizumab

MISCELLANEOUS	
Brand	**Generic**
Nplate	Romiplostim
Spinraza	Nusinersen

Santa Clara Family Health Plan

Prior Authorization Grid
for Medi-Cal and Healthy Kids
2018

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, 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	• ALL SERVICES
Inpatient Admissions, Services and Therapy	• All elective medical and surgical inpatient admissions • Acute hospital (including psychiatric) • Acute rehabilitation facilities • Long Term Acute Care (LTAC) • Partial hospital psychiatric treatment, substance use disorder including detoxification • Skilled Nursing Facilities (SNF) - Skilled, custodial and long-term care
Outpatient Procedures/Surgery	• Abdominoplasty/Panniculectomy • Bariatric procedure • Breast reconstructive surgery • Cataract surgery • Cochlear auditory implant • Dental surgery, jaw surgery and orthognathic procedures including TMJ treatment) • Dermatology procedures: Laser treatment, skin injections and implants • Endoscopy, colonoscopy, esophagogastroduodenoscopy (EGD) • Experimental/investigational procedures/services and new technologies • Gender reassignment surgery • Neuro and spinal cord stimulator • Plastic surgery reconstructive procedures, including Blepharoplasty, Rhinoplasty, Tracheoplasty • Podiatric procedures and surgery • Spinal procedures, excepting epidural injections • Surgery for obstructive sleep apnea • Varicose vein treatment

Durable Medical Equipment (DME)	**Most DME is capitated to CHME, FAX to 650-931-8928** • Enteral nutrition • Incontinence supplies • Home medical equipment: walkers, wheelchairs, commodes • Mobility devices including motorized wheelchairs and scooters • Respiratory: Oxygen, BIPAP, CPAP, ventilators
Durable Medical Equipment (DME) *Continued*	**Specialty DME**: PAR should be submitted to SCFHP, including: • Prosthetics and orthotics • Hearing aids • Other specialty devices
Outpatient Services	• Cardiac and pulmonary rehabilitation • Collection of autologous blood • EEG, EMG, NCV • Genetic testing and counseling • Hyperbaric oxygen therapy • Radiation therapy: Intensity modulated radiation therapy (IMRT), proton beam therapy, stereotactic radiation treatment (SBRT), neutron beam therapy • Outpatient diagnostic imaging: Magnetic resonance imaging (MRI), magnetic resonance angiography (MRA), nuclear cardiology procedures (including SPECT), positron-emission tomography (PET), • Outpatient physical/occupational/speech therapy (PT/OT/ST) • Sleep studies • Transplant-related services (EXCEPT Cornea transplant): prior to surgery
Home Health	• All home health services • Home IV infusion services
Drugs Administered in Office or Outpatient setting	• See attached Medi-Cal drug PA list
Transportation	• Non-Emergency Medical Transportation for ground and air • Schedule routine non-emergency medical transportation in area through SCFHP Customer Service at 1-800-260-2055 •
Organ Transplant	• Kidney and corneal transplants • Other organs transplant: Contact SCFHP for enrollment in FFS Medi-Cal
Behavioral Health Treatment (Autism) Mental Health Services Substance Abuse Treatment	• Behavioral Health Treatment (Autism): Requires PAR. Includes ST, PT, and OT with Autism dx • Mental Health Services: No PAR. Specialty MH services authorized by County Behavioral Services Department 1-800-704-0900 • Substance Abuse Treatment: No PAR for SBIRT, all other are provided through the County Gateway access 1-800-488-9419
Long-Term Services and Supports (LTSS)	• Community-Based Adult Services (CBAS) • Long Term Care • Multipurpose Senior Services Program (MSSP): No PAR, authorized by Sourcewise Fax Referrals to: 1-408-289-1880 • Referral to SCFHP MLTSS Team for timely LTSS access 1-408-874-1808

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	α-1 proteinase inhibitor
Cinqair	Reslizumab
Nucala	Mepolizumab
Xolair	Omalizumab
Synagis	Palivizumab

MISCELLANEOUS	
Brand	**Generic**
Nplate	Romiplostim
Spinraza	Nusinersen

PROCEDURE

Santa Clara
Family Health Plan

Procedure Title:	**Transportation Services**	**Procedure No.:**	HS.01.08
Replaces Procedure Title (if applicable):	Access to Non-emergency Medical Ground Transportation Access to Emergency Medical Ground Transportation	**Replaces Procedure No. (if applicable):**	UM012_01 UM013_03
Issuing Department:	Health Services	**Procedure Review Frequency:**	Annually
Lines of Business (check all that apply):	☒ Medi-Cal	☐ Healthy Kids	☒ CMC

I. Purpose

To maintain a consistent process for Utilization Management (UM) of transportation services.

II. Procedure

A. Emergency Medical Transportation
   1. Emergency medical transportation does not require prior authorization. Detailed information regarding emergency services is available in Policy and Procedures HS.06 Emergency Services - Medical and HS.06.01 Emergency and Post-Stabilization Services

B. Non-emergent medical transportation
   1. Prior authorization is required for out of area non-emergency air or ground transportation.

   2. Non-emergency medical transportation is covered when the member's medical condition does not allow the patient to travel by bus, car, taxi or another form of public or private transportation and the service the member is going to obtain is a covered benefit and is within Santa Clara County. This includes transportation services to covered mental health treatment (MHT)
      a. Members are required to contact Santa Clara Family Health Plan (SCFHP) Customer Service to arrange non-emergency transportation services. Members are asked to contact Customer Service at least 5 business days* in advance to request transportation. The Plan cannot guarantee transportation services for routine appointment if the member notifies the Plan less than 5 business days before the scheduled appointment.

C. Santa Clara Family Health Plan (SCFHP) contracts with Community Based Adult Services (CBAS), which provide transportation services to their facilities.

D. SCFHP discloses information about available transportation benefits and how to obtain benefits in the Member Handbook and on the SCFHP web site. Members may also call Customer Service for information or to request transportation services.

E. The member calls SCFHP Customer Service to arrange transportation

F. SCFHP Customer Service calls to schedule the transportation

G. The member will be provided a 60 minute window for pick up from original site and a 60 minute window for a pick up from a drop-off site"

H. SCFHP monitors compliance such as driver attitude, timeliness, riding experience through grievance tracking and the Member Satisfaction process detailed in QI.06.02 Member Satisfaction.

III. Approval/Revision History

First Level Approval	Second Level Approval
Sandra Carlson, RN	
Signature Sandra Carlson	Signature Jeff Robertson, MD
Name Health Services Director	Name Chief Medical Officer
Title February 1, 2017	Title February 1, 2017
Date	Date

Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	**Original**			

Santa Clara Family Health Plan

Utilization Management
Care Coordinator Guidelines

TABLE OF CONTENTS

Santa Clara
Family Health Plan

Utilization Management
Care Coordinator Guidelines

In meeting the requirements of the SCFHP Utilization Management Program, a Care Coordinator may review a select number of prior authorization requests based upon clinical review criteria set forth in these guidelines and applicable to only these type of services.

Care Coordinators may "approve" covered medical service when criteria are met. The Care Coordinator is responsible to document all pertinent information within the approved authorization. Which includes but is not limited to: Accurately and fully completing authorization entry in QNXT and the Care Coordinator Guideline section and page used to base the approval. All reviews must be completed within the regulatory timeframes for making the determination.

The Care Coordinator **must** refer requests for medical service requiring authorization that do not meet the criteria within these guidelines to a licensed nurse, licensed Behavioral Health clinician or Medical Director within the regulatory timeframes for making the determination.

All Care Coordinator guidelines are reviewed and approved by the SCFHP Utilization Management Committee at least annually.

Santa Clara Family Health Plan

Utilization Management
Care Coordinator Guidelines

Inpatient Acute Hospitalization

Healthy Kids	Medi-Cal	CalMediconnect
• Check CCS status • Make CCS referral if applicable • Authorize 1 day pending nurse	• Check CCS status (if under 21) • Make CCS referral if applicable	• Authorize 1 day pending nurse review

1. Emergency and observation stay (no inpatient admission)-Does not require Prior Authorization.

2. Inpatient Admission via Emergency room:
    a. Medi-Cal
        - Independent Physician's-Approve 1 day
        - Palo Alto Medical Foundation- MC only (PAMF authorizes for HK)
        - **Out of area emergency admission**-All Networks

          In area emergency admission- VHP, Kaiser, PMG, Premier Care-Redirect to Delegated Group
    b. CMC-All emergency admissions, In area and Out of area approve 1 day
    c. Medi-Cal with Medicare A primary-create authorization and forward to MD for denial for other health provider primary.

3. Inpatient Admission Elective/Scheduled admission: (in area and out of area)
    a. Medi-Cal-Send to Nurse for review if no PA in system
        - Independent Physician's

Utilization Management
Care Coordinator Guidelines

- Palo Alto Medical Foundation- MC only (PAMF authorizes for HK)

***Kaiser-Redirect to group

***VHP–Send to nurse for review for possible redirection back to network

***PMG and Premier care-Send to nurse for review. Possible LOA.

b. Medi-Cal with Medicare A primary-create authorization and forward to MD for denial for other health provider primary.

4. Acute Rehab-send to nurse for review

5. LTAC-Long Term Acute Care-Send to nurse for review

6. Maternity – Approve 2 days for Vaginal delivery, 4 days for C-Section delivery
   a. Approval date starts from the date of baby's birth/date of delivery.
   b. Exceeding days must be send to Nurse for review.
   c. Admission date different from Baby's date of birth must be forwarded to Nurse for review.
   d. Maternity Kick-follow maternity kick entry process for QNXT for Medicare primary without part A, Independent network and for PAMF.

Santa Clara Family Health Plan

Utilization Management
Care Coordinator Guidelines

Skilled Level of Care (SNF)

1. Member must be CMC or Medi-Cal assigned to network:
    a. Independent Physician's
    b. Palo Alto Medical Foundation
    c. VHP, Kaiser, PMG, Premier Care – redirect to Network if within month of admission and month after admission.
    d. SCFHP will be financially responsible beginning 3rd month of admission
    e. Medicare primary
        - Without Medicare A-Apply CCG pre approval of 7 days and forward to nurse review for additional days
        - With Medicare A &B-forward to MD for denial. Medicare is financially responsible for skilled services with exemptions:
            - Skilled days exhausted (100 days per benefit period)

              *SNF must provide NOMNC or proof of exhausted Medicare Skilled Days
2. SNF sends Skilled level of care request to SCFHP UM.
3. Coordinator will approve initial 7 days.
4. Coordinator will forward this request to UM nurse for additional days and concurrent review.

Santa Clara Family Health Plan

Utilization Management
Care Coordinator Guidelines

Long Term Care

1. Member must be CMC or Medi-Cal assigned to network
    a. Independent Physician's
    b. Palo Alto Medical Foundation- MC only
    c. VHP, Kaiser, PMG, Premier Care-redirect to Network if within month of admission and month after admission.

    *** If member is LTC during the time of eligibility, network must be changed to Independent Provider (except for PAMF and Kaiser).

2. SNF sends LTC request to SCFHP UM
3. Coordinator will approve 1 year with complete LTC requirement.
4. Authorization will remain "in process" status and will be assigned to LTC nurse for further review. Send Authorization letter.
5. Nurse may recommend Last Covered Day to MD if LTC criteria is not met.
6. All LTC Re Authorization will be forwarded to nurse for review.
7. All LTC out of area request will be forwarded to nurse for review for denial as non-covered benefit.

Santa Clara Family Health Plan

Utilization Management
Care Coordinator Guidelines

Bed Hold

LTC and Skilled level of care in SNF:

1. Member must be CMC or Medi-Cal assigned to network
    a. Independent Physician's
    b. Palo Alto Medical Foundation- MC only
    c. VHP, Kaiser, PMG, Premier Care redirect to Network if within month of admission and month after admission.
2. Bed Hold Notification Form is received from Facility
3. Coordinator will enter and approve up to 7 days max per Medi-Cal benefit.
    - Separate authorization will be created for Bed Hold.
4. If bed hold request if over 7 days, or if member is out of SNF bed over 7 days, existing LTC or skilled auth will be updated with correct DC date and a new skilled or LTC auth will be created for the days following the bed hold to continue auth for the level of care.

Santa Clara Family Health Plan

Utilization Management
Care Coordinator Guidelines

Home Health

1. Member must be CMC or Medi-Cal/HK assigned to:
    a. Independent Physician's
    b. Palo Alto Medical Foundation- Medi-Cal only
    c. All networks Out of Area and Non Contracted Provider - must be reviewed by nurse to determine emergent/ urgent necessity
    d. Any other network (VHP, Kaiser, PMG, Premier Care) redirect to delegated network for authorization.

2. Covered benefit for all LOB's when medically indicated. Must include:
    a. Plan of care
    b. MD order
    c. Documentation must include that "plan of care and MD order received"

3. Approve initial request ordered by contracted hospital or physician up to total of 11 visits (Combination of services: PT, OT, ST, Nurse, SW, HHA)

4. Initial request exceeding 11 visits must be forwarded to nurse for review.

5. All continued ongoing Home Health Services must be sent to nurse for review.
    a. Treatment plan and most recent progress notes required

Santa Clara Family Health Plan

Utilization Management
Care Coordinator Guidelines

Hospice Room and Board for Non-Contracted Providers

1. Member must be Medi-Cal with Medicare primary (Medicare does not cover room and board) assigned to:
    a. Independent Physician's
    b. Palo Alto Medical Foundation
    c. Any other network (VHP, Kaiser, PMG, Premier Care) redirect to delegated network for authorization if within the month of and the month after admission date.

2. Covered benefit for all LOB's when medically indicated. Must include:
    a. Hospice admission notification

3. This applies to non-contracted Hospice Providers. (Contracted hospice providers does not require authorization and can bill directly through claims)

4. Room and board authorization must be requested by Hospice agency and not by SNF.

5. Care coordinator may approve up to 90 days.

6. Additional days beyond 90 days must come with new hospice certification order, then can be approved by care coordinator.

7. Authorizations are reimbursed with Medi-Cal rates. No Letter of agreement (LOA) will be processed.

Utilization Management
Care Coordinator Guidelines

Hearing Aid

1. Member must be **CMC** or Medi-Cal/HK assigned to:
    a. Medicare Primary
    b. Independent Physician's
    c. Palo Alto Medical Foundation- MC only
    d. Any other network redirect to group

2. Covered benefit for all LOB's when medically indicated

3. Current Audiology exam done by an Audiologist

Santa Clara Family Health Plan

Utilization Management
Care Coordinator Guidelines

Hearing Aid – Repair

1. Member must be **CMC** or Medi-Cal/HK assigned to:
    a. Medicare Primary
    b. Independent Physician's
    c. Palo Alto Medical Foundation- MC only
    d. Any other network redirect to group

2. Covered benefit for all LOB's when medically indicated

3. Need information of current hearing aids and reason for repair
    a. Purchase date
    b. Serial number

Santa Clara
Family Health Plan

Utilization Management
Care Coordinator Guidelines

Non-Emergency Transportation

1. Member can be assigned to any/all networks all Lines of Business except Medi-Cal dual with Medicare part B primary
   *Medicare part B covers ambulance transportation for Facility to Facility.

2. Provider must sent authorization request for and PCS form including start and end date of NEMT/gurney ambulance services.

3. Non emergency ground transportation-Approve x 1.

4. Non emergency ground transportation for Dialysis-Approve up to 1 year for initial and reauthorization.

5. Non emergency Air transportation-Forward to nurse for review.

6. Non Medical Transportation (wheelchair van, litter van, cab, etc.) are processed within Customer Service.

Santa Clara Family Health Plan

Utilization Management
Care Coordinator Guidelines

Behavioral Health Treatment (BHT) Guidelines

1. Member must be Medi-Cal or Healthy Kids and assigned to:
    a. Independent Providers
    b. Palo Alto Medical Foundation (PAMF)
    c. Physician's Medical Group (PMG)
    d. Premier Care (Conifer)
    e. Valley Health Plan (VHP) and Kaiser are delegated for BHT
2. A Prior Authorization Request (PAR) must be received by SCFHP from either a licensed physician or licensed psychologist. The appropriate ICD 10 code, typically, (F 84.0) must be identified on the PAR
3. Comprehensive Diagnostic Evaluations (CDEs) which are authorized by a licensed physician or psychologist are also accepted with a diagnosis of Autism or any other approved diagnosis per APL 15-025.
4. The Coordinator will enter an authorization approving up to 10 hours for up to two months for a BHT assessment.
5. If there is not a specified provider identified initially, the authorization will be approved to an unspecified provider and then changed when a provider is identified.
6. Authorizations will be initiated according to UM guidelines:
    a. 72 hours for Urgent Requests
    b. 5 Business Days for Routine
    c. 30 Days for Retroactive
7. The Health Plan has 15 business days to identify a provider to complete the initial assessment.
8. Following the initial assessment where goals and treatment plans are identified, the plan will be approved for 180 days per APL 15-025.
9. Any request which is greater than 25 hours per week for Direct Services will be reviewed by the Behavioral Health Director and may require a case conference with the provider.

Santa Clara Family Health Plan Membership Report

	2017-04	2017-05	2017-06	2017-07	2017-08	2017-09	2017-10
AM	**105**	**105**	**104**	**104**	**N/A**	**N/A**	**N/A**
Santa Clara Family Health Plan	105	105	104	104	N/A	N/A	N/A
HK	**2,794**	**2,757**	**2,732**	**2,633**	**2,618**	**2,243**	**2,288**
Palo Alto Medical Foundation	81	82	82	78	75	70	74
Physicians Medical Group	728	717	737	719	738	710	758
Premier Care	163	161	164	172	180	171	175
Santa Clara Family Health Plan	349	335	339	330	385	280	247
Valley Health Plan	1,473	1,462	1,410	1,334	1,240	1,012	1,034
MC	**267,199**	**265,711**	**265,649**	**261,287**	**262,871**	**261,702**	**260,518**
Kaiser	27,280	26,993	27,177	26,732	26,925	26,829	26,730
Network 00	10,893	10,892	10,984	10,951	13,166	13,132	13,480
Palo Alto Medical Foundation	7,566	7,528	7,553	7,411	7,514	7,443	7,414
Physicians Medical Group	48,329	48,123	48,116	47,542	48,085	47,958	47,740
Premier Care	16,573	16,476	16,492	16,293	16,343	16,322	16,240
Santa Clara Family Health Plan	16,523	16,613	16,702	16,771	15,300	15,488	15,130
Valley Health Plan	140,035	139,086	138,625	135,587	135,538	134,530	133,784
CMC	**7,567**	**7,545**	**7,543**	**7,525**	**7,405**	**7,383**	**7,326**
Santa Clara Family Health Plan	7,567	7,545	7,543	7,525	7,405	7,383	7,326
Grand Total	**277,665**	**276,118**	**276,028**	**271,549**	**272,894**	**271,328**	**270,132**

Annual Out-of-Network (OON) Report 2016/2017

Presented to UMC: October 18, 2017

The SCFHP UM committee will review the out of network utilization report on an annual basis.

This out of network utilization report is for all Medi-Cal membership based on SCFHP authorization for service. The authorization guidelines are reflected in the Division of Financial Responsibility for each network.

The goals of the review of the Out of Network report are to:

- Describe the process the plan uses to track and report OON referrals
- Determine if these OON referrals are due to lack of access within our network, emergency services, or Continuity of Care. (According to the instructions, OON are not those associated with continuity of care.)
- Determine what steps, if any, should the Plan UM committee take to address OON referrals

DATA SUMMARY:

This first OON report for the timeframe: April 2016 to September 2017.

SCFHP reports to DHCS the OON utilization on a quarterly basis.

Standings	Specialty Description	** Entire Universe	% of OON
1	Acute Hospital – Non-contracted	1,157	34%
2	Ambulatory Surgery Center	338	10%
3	Family Practice + Internal Medicine	288	9%
4	Skilled Nursing/Long Term Care Facility	265	8%
5	Ambulance – Ground	237	7%
6	Applied Behavioral Analyst	172	5%
7	Hospice	168	5%
8	Audiology & Hearing Aids	108	3%
9	DME/Orthotics/Prosthetics/Supplies	78	2%
	Total	**3,352**	

**Entire universe include – Approved, Pend, Denied, Closed, MED Review, Inprocess

On initial review Internal Med and Family Practice were below the 10% line. Once all quarters were combined, they reached #3 at 9%.

Annual Out-of-Network (OON) Report 2016/2017

A detailed analysis of the top three areas was conducted.

Standing	Non-County Hospital	Total	% By Categories
1	**Regional Medical Center	518	45%
2	**UCSF	130	11%
3	Kaiser – All	47	4%
4	Doctors Medical Center – All	44	4%
5	Sutter Health –All	25	2%
	Total ASC:	**764**	**66%**
Standing	**Advanced Surgery Center**	**Total**	
1	Bay Area Surgical Group Inc.	154	46%
2	CA Surgicenter Mountain View	80	26%
3	Surgecenter of Palo Alto	63	19%
4	Peninsula Eye Surgery Center LLA	25	7%
5	Fremont Ambulatory Surgery Center	9	3%
Standing	**Family Practice – Internal Medicine**	**Total**	
1	Norman, Robert	23	8%
2	Maxey, Michelle M	18	6%
3	Kent, George P	13	5%
4	Shah, Vidhi	10	3%
5	Podlone, Michael D	8	1%

**Further analyzed below.

Analyzing the data provided for RMCSJ and UCSF details:

RMCSJ		UCSF	
Approved	491	Approved	55
Pend	2	Pend	1
Inprocess	9	Closed	7
Closed	11	Denied	67
Denied	5		
Total	**518**	**Total**	**130**
Inpatient Approved	489	Inpatient Approved	32
Outpatient Approved	2	Outpatient Approved	23
Total	**491**	**Total**	**55**

Annual Out-of-Network (OON) Report 2016/2017

CONCLUSIONS:

A description of the OON report is as follows: for the 18 month time period studied, the OON report shows the following trends:

1. 34% of OON network utilization is for members using acute non contracted hospitals.
2. Two hospitals Regional Medical Center and UCSF account for 56% of the utilization
3. Inpatient approved authorizations are largely through the Emergency Room. This was 100% true for UCSF.
4. For UCSF: the 23 outpatient authorizations were for
    a. 11 authorizations were for 3 patients (well known to UM Medical Directors).
    b. 3 authorizations were requested by second opinion from Stanford.
    c. 2 authorizations were overturns after a Peer to Peer discussion occurred.
    d. This accounts for 70% of the UCSF elective outpatient authorizations.
5. For the second category of authorizations to freestanding ASC's. Bay Area Surgery Centers has been contracted.
6. For the Family Practice / Internal Medicine categories: it was discovered that when the migration of authorizations occurred from Xpress to QNXT in June 2016, these providers initially showed as non-contracted. This has since been corrected.

RECOMMENDATIONS:

By far the highest rate of OON utilization is at Regional Medical Center (RMC). RMC is a Level 3 trauma center located in the heart of San Jose, and by default receives a large number of emergency cases. These are admitted on an emergency basis and then transferred to In Network hospital s as appropriate. SCFHP has attempted on numerous occasions to contract with RMC to no avail. These are admissions through the ER seen under EMTALA and are appropriate admissions. Elective admissions and referrals are not approved through RMC since the expertise exists within network.

UCSF also sees emergency admissions on the same basis as RMC. Elective admissions are not approved as expertise exists in network. Selective ambulatory services are approved as UCSF has unique expertise in the treatment of HIV and certain neurosurgical conditions that is not available at Stanford. UCSF refuses to contract with Medi-Cal entities outside of their county.

Bay Area Surgical Group is now contracted with SCFHP. Some outpatient services are approved out of area at the provider's request for their convenience, especially when those centers lie just outside the county border.

Recommendations - The Plan continues its efforts to contract with RMC. The plan is pursuing standing Letters of Agreement with CA Surgicenter Mountain View, Surgicenter of Palo Alto, and Peninsula eye surgery center since these facilities are preferred by providers in Sutter's

Palo Alto Medical Foundation (PAMF). The plan has recently completed a standing LOA agreement with Fremont Ambulatory Surgery Center.

Quarterly Quality Report in Accordance with Procedure HS.04.01
For 2nd Quarter 2017

Santa Clara
Family Health Plan

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 2nd 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 2nd quarter 2017 in order to assess for the following elements.

A. In accordance to this policy Quality Monitoring results are as follows:
    a. The UM Manager is responsible for facilitating a random review of denial letters to assess the integrity of member and provider notification.
        i. At least 30 medical necessity denial letters per quarter (see excel spreadsheet for 2nd quarter files).
        ii. Is overseen by the UMC on a quarterly basis
        iii. Assessment of denials 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 applied to make the denial decision
            6. Addresses the clinical reasons for the denial
            7. Specific to the CMC membership, the denial notification includes what conditions would need to exist to have the request be approved
            8. Appeal and Grievance rights
            9. IMR information or state fair hearing rights
            10. Interpretation services availability
            11. Provider notifications includes the name and direct phone number of the appropriately licensed professional making the denial decision

III. Findings

For the 2nd quarter review of 2017, the findings are as follows:

A. For the dates of services and denials for April, May and June of CY 2017 were pulled in the 2nd quarter sampling year.
    a. 30 unique authorizations were pulled with a random sampling.
        i. 50% or 15/30 Medi-Cal and 50% or 15/30 CMC
        ii. Of the sample 100% or 30/30 were denials
        iii. Of the sample 37% or 11/30 were expedited; 63% or 19/30 were standard

1. 100% or 11/11 of the expedited authorizations were processed within 72 calendar hours
2. 95% or 18/19 of the standard authorizations met timeliness factors
    a. Case was Member Initiated Org Determination

iv. 53% or 16/30 of the denials were medical necessity denials
v. 57% or 14/30 of the denials were Non-Contracted Providers redirect back into network
vi. 100% or 30/30 of cases received physician review, or pharmacist reviewer
vii. 100% or 30/30 of the files had the correct letter template
viii. 100% or 30/30 have evidence of clear denial language.

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. Staff education on focus Member Initiated Org Determination
2. System configuration for Member Initiated Org Determination

Quarterly Quality Report in Accordance with Procedure HS.04.01
For 3rd Quarter 2017

Santa Clara
Family Health Plan

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 3rd 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 3rd quarter 2017 in order to assess for the following elements.

A. In accordance to this policy Quality Monitoring results are as follows:
    a. The UM Manager is responsible for facilitating a random review of denial letters to assess the integrity of member and provider notification.
        i. At least 30 medical necessity denial letters per quarter (see excel spreadsheet for 3rd quarter files).
        ii. Is overseen by the UMC on a quarterly basis
        iii. Assessment of denials 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 applied to make the denial decision
            6. Addresses the clinical reasons for the denial
            7. Specific to the CMC membership, the denial notification includes what conditions would need to exist to have the request be approved
            8. Appeal and Grievance rights
            9. IMR information or state fair hearing rights
            10. Interpretation services availability
            11. Provider notifications includes the name and direct phone number of the appropriately licensed professional making the denial decision

III. Findings

For the 3rd quarter review of 2017, the findings are as follows:

A. For the dates of services and denials for July, August, and September of CY 2017 were pulled in the 3rd quarter sampling year.
    a. 30 unique authorizations were pulled with a random sampling.
        i. 50% or 15/30 Medi-Cal LOB and 50% or 15/30 CMC LOB
        ii. Of the sample 100% or 30/30 were denials
        iii. Of the sample 37% or 11/30 were expedited request; 63% or 19/30 were standard request

1. 100% or 11/11 of the expedited authorizations were processed within 72 calendar hours
2. 100% or 19/19 of the standard authorizations met regulatory TAT

iv. 47% or 14/30 of the denied auth did not meet medical necessity
v. 53% or 16/30 of the denials were Non-Contracted Providers with services available in network or non-covered benefit.
vi. 100% or 30/30 of cases were denied by MD or pharmacist.
vii. 100% or 30/30 of the files had the correct letter template
viii. 100% or 30/30 have evidence of clear denial language.

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. No corrective action plans needed.
2. Continue QA report monitoring process.

Nurse Advice Line Stats for Q3 2017

CalMediConnect (Optum):

I. Total Calls to Nurse Advice Line for July 1, 2017 thru September 30, 2017**:**
   - (38)

II. Calls by Disposition type**:**
   - Call 911: (2) *Chest pain/Neuro symptom related
   - Go to ER: (6) *Abdominal Pain, dizziness, Cough/Asthma
   - Go to Urgent Care: (5)
   - Contact PCP: (12)
   - Home Treatment: (13)

Medi-Cal (CareNet):

I. Total calls to Nurse Advice line for September 1-September 30th, 2017:
   - (664)

II. Calls by Disposition type:
   - Call 911/Activate EMS: (40)
   - Go to ER: (92)
   - Call Poison Control Center: (1)
   - Call Provider Immediately: (21)
   - Call Dentist Immediately: (1)
   - Contact PCP 4 hrs-2 weeks: (315)
   - Contact Dentist within 24 hours: (2)
   - Home Treatment: (84)
   - Information/General requests: (108)

III. Age range specific for calls to NAL:
   - Age 0-17 years of age: (216)
   - Age 18- 75 (and above): (449)