Santa Clara Family Health Plan

The Spirit of Care

MINUTES
UTILIZATION MANAGEMENT COMMITTEE
October 18, 2017

Voting Committee Members	Specialty	Present Y or N
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	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	Y
Caroline Alexander	Administrative Assistant	Y

ITEM	DISCUSSION	ACTION REQUIRED
I. /II. Introductions Review/Revision/Approval of Minutes	Meeting was started with a Quorum at 6:10 PM. There was a motion to approve the July 19, 2017 minutes.	Minutes approved as presented.
III. Public Comment	No public comment.	
IV. CEO Update	Christine Tomcala , CEO discussed the following items: The Santa Clara Family Health Plan received interim NCQA accreditation this year. We are now in the process of obtaining full NCQA accreditation within the next 18 months. The health plan received a Quality award from the state for most improved on DHCS results. SCFHP has purchased a building and will move after build out completed.	None.

ITEM	DISCUSSION	ACTION REQUIRED
V. Discussion Items/Follow Up Items	a. What percentage of those in SNF become Long Term Care As a follow up item from our last meeting, we calculated the LTC conversion from SNF for the time period January 1st 2017 to September 30th 2017. We looked at skilled admissions authorizations requiring Long Term Care authorization for custodial purposes. Of the 773 admitted to Skilled Nursing Facilities, 400 converted to Long Term Care. The UM committee members discussed how high these numbers are. b. Can there be a member service representative script for members changing PCP's (item for follow up from last meeting)? A script currently exists with member services. Detailed workflow that corresponds with the script. Involves notification of eligibility department, changing information in database.	None.
VI. Action Items	a. Prior Authorization Grid CY2018: Ms. Carlson presented the updated Cal MediConnect and Medi-Cal prior authorization grids for 2018. Staff in UM streamlined Medi-Cal and Cal MediConnect items needing prior authorization so it is standardized. Removed neuropsych testing from requiring prior authorization. As per our DHCS CAP finding, we changed PA requirements and removed colonoscopy-removed from Medi-Cal prior authorization grid. Penile implants removed from Medi-Cal authorization grid. SCFHP is no longer requiring preventive procedures have a prior authorization. After further review, initially the motion passed. However Dr. Tobaggi wanted a redline copy of the changes and moved to undo and NOT approve the PA grid changes. SCFHP staff will bring the redline copies to a next meeting for final review and approval. .	Bring redline version of grids to Q12018 UM Committee meeting.
	b. HS.01.08 Non-Emergency Medical Transportation Policy There is a noted error on the agenda. The NEMT is not a Policy but a procedure. Ms. Carlson presented the Non-Emergency Medical Transportation Procedure. Note: Not an action item. Procedure, not policy, presented. DHCS mandated that all health plans had to have transportation services policy in place following a new APL that had been released. Authorization expands Non-Emergency Medical Transportation for public services. Largest change from Utilization Management standpoint is that non-emergency medical transportation ordered by MD requires written attestation for medical necessity by ordering physician.	No action required. Informational only.

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VII. Reports	a. Membership Ms. Tomcala presented an update on membership. Membership has remained stable since last report. Lost about 1200 members. Healthy Kids membership is 2288, Medi-Cal 260,518, CMC is 7,326. Compared membership with other health plans across the state. Only county that lost a large amount of membership. May be due to the high cost of living in this county. b. UM Reports 2017 i. Dashboard Metrics Dr. Boris presented the Dashboard Metrics report. For Cal MediConnect, 14 calendar day turnaround time for routine, for urgent 72 hours. Percent of timely decisions made within 14 days is 100% for September. Percent of timely decisions made within 72 hours is 99%. For Medi-Cal, 5 business day turnaround time for routine, for urgent 72 hours. Percent of timely decisions made within 5 business days of request is 100% for September. Percent of timely decisions made within 72 hours of request is 98.6% for September. ii. Standard Utilization Deferred to 1st Quarter 2018. c. Interrater Reliability (IRR, Q3) Dr. Boris presented the Interrater Reliability report for 3rd Quarter 2017. In accordance with Policy HS.09, the 2nd 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 1st and 2nd half of the calendar year. In accordance with NCQA/DHCS, DMHC guidelines, and SCFHP policy, 10 random UM authorizations are selected to test all of our Utilization Management (UM) staff. Our UM staff consist of non-licensed Care Coordinators (CC), RN/LVN, and Medical Directors (MD). LTSS staff included. Test all functions. In the 2nd testing, 63% or 10/16 of staff are proficient while the remaining 37% or 6/16 are not proficient and will require remediation. Inability to identify line of business was most common deficiency. The corrective action plan after identifying the common findings are mandatory remedial training scheduled for October 25th as well as mandatory bi-annual review of guidelines and criteria. d. Annual Specialty Referral Tracking of Procedures HS.01.02 Deferred to 1st Quarter 2018.	SCFHP is working to add timeliness of letter notification to report.

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	e. Annual Out of Network Report YTD 2017 Dr. Boris presented the Annual Out of Network Report for 2017. Based on authorizations. Review annually the utilization of out of network services. All networks from 4/2016 to 9/2017. The top three were Acute Hospital at 34%, Ambulatory Surgery Center at 10%, and Family Practice plus Internal Medicine at 9%. Recommend look at hospitalizations less than 2 days. 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 2012, these providers initially showed as non-contracted. This has since been corrected. 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. f. HS.04.01 Reporting Quality Monitoring of Plan Auths, Denials, etc. (Q2 & Q3) Dr. Boris presented the Quality Monitoring Report for 2nd and 3rd Quarter 2017. Quality Monitoring of Plan Authorizations, Denials, etc. For the 2nd quarter review of 2017, the findings are as follows: For the dates of services and denials for April, May and June of CY 2017 were pulled in the 2nd quarter sampling year. 30 unique authorizations were pulled with a random sampling. ▪ 50% or 15/30 Medi-Cal and 50% or 15/30 CMC ▪ Of the sample 100% or 30/30 were denials ▪ Of the sample 37% or 11/30 were expedited; 63% or 19/30 were standard	

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	• 100% or 11/11 of the expedited authorizations were processed within 72 calendar hours • 95% or 18/19 of the standard authorizations met timeliness factors o Case was Member Initiated Org Determination ▪ 53% or 16/30 of the denials were medical necessity denials ▪ 57% or 14/30 of the denials were Non-Contracted Providers redirect back into network ▪ 100% or 30/30 of cases received physician review, or pharmacist reviewer ▪ 100% or 30/30 of the files had the correct letter template ▪ 100% or 30/30 have evidence of clear denial language. For the 3rd quarter review of 2017, the findings are as follows: For the dates of services and denials for July, August, and September of CY 2017 were pulled in the 3rd quarter sampling year. 30 unique authorizations were pulled with a random sampling. ▪ 50% or 15/30 Medi-Cal LOB and 50% or 15/30 CMC LOB ▪ Of the sample 100% or 30/30 were denials ▪ Of the sample 37% or 11/30 were expedited request; 63% or 19/30 were standard request • 100% or 11/11 of the expedited authorizations were processed within 72 calendar hours • 100% or 19/19 of the standard authorizations met regulatory TAT ▪ 47% or 14/30 of the denied auth did not meet medical necessity ▪ 53% or 16/30 of the denials were Non-Contracted Providers with services available in network or non-covered benefit. ▪ 100% or 30/30 of cases were denied by MD or pharmacist. ▪ 100% or 30/30 of the files had the correct letter template ▪ 100% or 30/30 have evidence of clear denial language. g. Quarterly RN advice line statistics (CMC and Medi-Cal) Ms. Carlson presented the RN Advice line statistics report. Total calls to Nurse Advice Line for July 1, 2017 thru September 30, 2017 is 38. Total calls to Nurse Advice Line for September 1 to September 30th, 2017 is 664. Age range specific to calls: Age 0-17 years of age: 216 Age 18 to 75 years of age and above: 449 Many are just customer service calls such as requests for transportation.	

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	h. Notice to MD offices about RN Advice Line Care Net provides RN advice line to both lines of business. All dispositions will be communicated same day to case management team. Provide more education to primary care physicians and members on when to use Nurse Advice Line.	
VIII. Adjournment	Meeting adjourned at ____7:35 PM__	
NEXT MEETING	The next meeting is scheduled for Wednesday, January 17, 2018, 6:00 PM	

Prepared by: Caroline Alexander Date 2/14/18
Caroline Alexander
Administrative Assistant

Reviewed and approved by: Jimmy Lin, M.D. Date 2/14/2018
Committee Chairperson