

Regular Meeting of the

## Santa Clara County Health Authority Utilization Management Committee

Wednesday, July 15, 2020, 6:00-7:30 PM

Santa Clara Family Health Plan – Teleconference

6201 San Ignacio Ave., San Jose, CA 95119

# MINUTES - Approved

### Members Present

Jimmy Lin, MD, Internal Medicine, Chair  
Ali Alkoraishi, MD, Psychiatry  
Dung Van Cai, DO, Head & Neck  
Dr. Ngon Hoang Dinh, DO  
Dr. Habib Tobbagi, PCP, Nephrology  
Indira Vemuri, Pediatric Specialist

### Staff Present

Christine Tomcala, Chief Executive Officer  
Lily Boris, MD, Medical Director  
Angela Chen, Manager, Utilization Management  
Natalie McKelvey, Manager Behavioral Health  
Luis Perez, Supervisor, Utilization Management  
Amy O'Brien, Administrative Assistant

### Members Absent

Laurie Nakahira, DO, Chief Medical Officer

#### 1. Introduction

Dr. Jimmy Lin, Chair, called the meeting to order at 6:05 p.m. Roll call was taken and a quorum was established.

#### 2. Public Comment

There were no public comments.

#### 3. Meeting Minutes

The minutes of the April 15, 2020 Utilization Management Committee (UMC) meeting were reviewed.

**It was moved, seconded, and the minutes of the April 15, 2020 Utilization Management Committee meeting were unanimously approved.**

**Motion:** Dr. Cai

**Seconded:** Dr. Tobbagi

**Ayes:** Dr. Alkoraishi, Dr. Cai, Dr. Dinh, Dr. Lin, Dr. Tobbagi, Dr. Vemuri

**Absent:** Dr. Nakahira

#### 4. Chief Executive Officer Update

Christine Tomcala, Chief Executive Officer, provided an update, as the majority of SCFHP staff continue to shelter in place and work remotely, with approximately 10 staff members who work in house. SCFHP continues to do its utmost to track the number of members and staff diagnosed with COVID. To date, approximately 247 members have been hospitalized for COVID, with 26 deceased, 17 of whom were Skilled Nursing Facility (SNF) residents, and 9 of whom were not residents of a SNF. SCFHP continues to focus on many of the activities that were priorities prior to COVID. As of April 10, 2020, a Telehealth option was added to the 24/7 nurse advice line. So far, 274 members have sought physician care

through the Telehealth option. SCFHP encourages members who use Telehealth to seek care through their own Providers, rather than going through the nurse advice line. Membership continues to increase, not necessarily due to new members, but as a result of the state's response to the COVID outbreak. At this time, the state has ceased member disenrollment when members fail to return qualifying paperwork. Normally, SCFHP sees a few thousand members fall off the membership rolls; however, membership has increased from 243K to 257K, with 248K Medi-Cal members and 9K Cal MediConnect members. Once the pandemic emergency is over, the state and the county will continue to process redeterminations and several of these memberships will fall off. Ms. Tomcala addressed the budget issues, with the state's and the county's decisions to decrease SCFHP's premium rates by 1.5%, retroactive to July 1, 2019. Going forward, SCFHP anticipates that these premium rates will continue to drop. Dr. Lin pointed out that even a 1.5% drop in premium rates amounts to several millions of dollars. Ms. Tomcala agreed, however, she also pointed out that the Medi-Cal rates have not changed and the individual physician rates have not gone down. This will impact the capitation that SCFHP receives and provides to their downstream Independent Physician Associations (IPA's). Dr. Alkoraishi asked Ms. Tomcala if the Plan anticipates any staff member furloughs, lay-offs, or salary decreases. Ms. Tomcala replied that, at this time, we do not anticipate any furloughs, lay-offs, or salary decreases. Many staff members are SEIU (Service Employees International Union) members and, prior to the outbreak, negotiations for increases were completed for the new year. Healthcare is a cyclical business, and the Plan can draw upon reserves. To that end, SCFHP has budgeted to lose money in the upcoming fiscal year, and the Plan may even lose money in the next couple of years. The Plan's main concern is to continue to provide uninterrupted, seamless service to our members. The Plan believes it has adequate reserves to withstand the effects of the outbreak, and it is also important to maintain a good workforce, so no drastic action will be taken at this time.

## 5. Chief Medical Officer Update

Dr. Boris planned to give the Chief Medical Officer Update on behalf of Dr. Nakahira. It was determined, however, that all updates of note were covered by Ms. Tomcala in her Chief Executive Officer update.

## 6. Old Business/Follow-Up Items

### a. General Old Business

There is no old business to discuss this evening.

### b. LTC Statistics

Dr. Boris began with a follow-up item from the April 2020 meeting. Dr. Boris presented the LTC statistics for the calendar year 2019 to the Committee. Dr. Boris explained that these statistics pertain to members who are in long-term care, not skilled nursing care. The statistical breakdown includes members who were discharged; the total number of members per line of business; and how many members are homeless. At this time, the breakdown does not include the number of members who were homeless prior to, or are currently homeless and in, long-term care. A field to capture this data will be built in to include these members, as many of them have been in long-term care for several years. Dr. Boris explained that there are 2 teams responsible for the discharge of these members. Dr. Lin pointed out that there are still 2,100 members who reside in 5 of our long-term care facilities. Dr. Boris reminded Dr. Lin that long-term care was not a Medi-Cal benefit several years ago, and it was purposefully transitioned to a managed Medi-Cal plan due to cost. The Plan does take care of our members who are in long-term care, with a focus on transition into the community. Dr. Lin expressed concern about the cost to the Plan, and he would like to see the Plan track the additional data on the number of members who are homeless and in long-term care. Dr. Boris agreed. Dr. Alkoraishi discussed Santa Clara County's approach to housing the homeless. Dr. Boris pointed out that Medi-Cal has strict criteria in regards to the qualifications for long-term care. There was discussion amongst Dr. Boris, Dr. Lin, and Dr. Alkoraishi as to options for the homeless in Santa Clara County.

### c. Home Health Comparison for Care Coordinator Guidelines

Dr. Boris introduced Mr. Perez who presented the Home Health Comparison for Care Coordinator Guidelines to the Committee. Mr. Perez discussed the fact that the Plan contacted other health plans in the area to compare the number of initially allowable home health visits approved under their guidelines, as compared to what SCFHP approves. Of the health plans we contacted, some were hesitant to give us this information, as it is based on medical necessity. Health Plan A allows up to 20 initially allowable visits, and Health Plan B allows up to 12 initially allowable visits. Dr. Lin stated that he still feels SCFHP is generous, especially when compared to commercial health plans, which typically only allow up to 4 or 5 visits. Dr. Boris explained that, as a Committee, up to 18 home health visits were approved, and the Plan's research shows that 2 local health plans were similar to SCFHP. Dr. Lin requests that the Plan reevaluate their findings and bring the results to the October 2020 meeting. Dr. Boris concurred and advised we will also evaluate home health utilization.

## 7. UM Manager/Director “Second Review” of Denial Letters

Angela Chen, Manager, Utilization Management, presented the UM Manager/Director “Second Review of Denial Letters” to the Committee. Ms. Chen began with a brief overview of the purpose behind the Plan's mandatory process of second review of denial letters. Ms. Chen highlighted the fact that since the implementation of second review, SCFHP has successfully shown compliance in subsequent annual audits with CMS, DHCS, DMHC, and the NCQA. As a result, the UM department now requests to end the second review of every denial letter by a manager or a director. QA measures will continue and, should issues be found, the UM department will immediately re-implement the process of second review of daily denial letters and notify the Committee.

**It was moved, seconded, and the suspension of the UM Manager/Director “Second Review” of Denial Letters was unanimously approved.**

**Motion:** Dr. Cai  
**Seconded:** Dr. Lin  
**Ayes:** Dr. Alkoraishi, Dr. Cai, Dr. Dinh, Dr. Lin, Dr. Tobbagi, Dr. Vemuri  
**Absent:** Dr. Nakahira

## 8. Reports

### a. Membership

Dr. Boris presented the Membership Reports to the Committee. The Plan's Medi-Cal line of business has increased, largely attributable to the fact that the number of redeterminations by DHCS has decreased due to the COVID outbreak. The Cal MediConnect is an active enrollment and has also grown. It is noteworthy that approximately 50% of our members are enrolled in the Valley Health Plan Network. Dr. Lin inquired as to how the Plan increased the Cal MediConnect enrollment? Ms. Tomcala gave a brief overview of the Cal MediConnect product line and the responsibilities of the Medicare Outreach Team. Dr. Tobbagi asked if Medi-Cal has any members who remain on the fee-for-service Medi-Cal product line outside the HMO plan. Ms. Tomcala responded that the majority are in managed care, with a few exceptions. Foster children, for example, are not required to be in a managed care plan. Dr. Cai inquired as to whether or not we have a number for the members on a PPO Medi-Cal plan? Ms. Tomcala responded that we do not have a handy source for this information. SCFHP enrollment constitutes approximately 79% of the market share, with Anthem serving the remainder of the market share, and a few under fee-for-service plans. A discussion ensued as to whether or not inmates also fall under the fee-for-service Medi-Cal plan. Ms. Tomcala advised that the County bears responsibility for inmates, and the Plan does not have sufficient data as to which Medi-Cal plans cover inmates.

**b. Over/Under Utilization by Procedure Type/Standard UM Metrics**

Dr. Boris presented the Utilization Metrics to the Committee. Dr. Boris explained that for the Medi-Cal line of business the UM department looks at quarterly metrics for SPD and non-SPD in-patient utilization from 7/1/2019- 6/30/2020, and the numbers are fairly stable. For the Cal MediConnect line of business, the slide may have inadvertently included SNF stays, and Dr. Boris will rerun this data to present in the October 2020 meeting. Dr. Boris presented the benchmarks comparisons for discharges per thousand members per month for our SPD and non-SPD populations. Dr. Boris presented the data for Medi-Cal and Cal MediConnect inpatient readmissions; reductions of inpatient readmissions is a strategic goal for the UM department in the upcoming year. The significant difference in the total number of denominators between Medi-Cal and Cal MediConnect is attributable to the population sizes between the 2 plans. Dr. Boris summarized the metrics for ADHD Medi-Cal BH. Dr. Boris concluded with the metrics for Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia, which has significantly dropped and will be monitored. Dr. Alkoraishi asked if the Plan differentiates between adult ADHD and child ADHD. Dr. Boris explained that the data presented pertains to HEDIS, which is specific to child ADHD. Dr. Boris will follow-up to confirm whether or not HEDIS includes adult ADHD, and will present her findings at the October 2020 meeting.

**c. Dashboard Metrics**

Mr. Perez presented the Call Center Dashboard Metrics to the Committee.

- Turn-Around Time Q2 2020

Mr. Perez summarized the turn-around times for Medi-Cal authorizations. Suspension of prior authorizations due to the COVID outbreak are reflected in the Dashboard metrics. Mr. Perez advised the Committee that the UM team's turn-around times for routine authorizations, expedited authorizations, and decisions are timely and fall within at least the 98.1 percentile or better. Mr. Perez pointed out that in the area of Urgent Concurrent Review, where decisions must be rendered within 72 hours (a new NCQA change), the UM team achieved a 100% timely decision rate. For the area of Retrospective Review, where a decision must be rendered within 30 calendar days, the UM team also achieved a 100% for retrospective review and with a 97.9% timely decision rate. This same trend continues with the Cal MediConnect line of business. For routine determinations, urgent concurrent determinations, and post-service determinations the team falls within at least the 99.4 percentile or better.

Call Center Q2 2020

Mr. Perez presented the UM Call Center metrics for Medi-Cal and Cal MediConnect to the Committee. For the Medi-Cal line of business, the Call Center volume increased from month to month, as a result of prior authorization suspension. Increasingly, more calls came in each month regarding extensions of authorizations and verification of which services require authorizations. For the Cal MediConnect line of business, call volume also increased each month. Dr. Cai was concerned with the abandonment rate. Dr. Boris clarified that it is typically the Provider office who drops the call. Dr. Lin inquired as to whether or not we have a recording that plays during Providers' hold time, and Mr. Perez confirmed this is the case. Dr. Boris reminded the committee that these metrics are a positive trend that reflect staff capabilities while working from home.

**d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q2 2020**

Dr. Boris next discussed the 'Q2 Referral Tracking Report'. The Plan does an annual rollup, with quarterly numbers. This report is specific to the number of authorizations, and factors such as whether or not services were rendered, and the Claim paid, within 90 days; if the Claim was paid after 90 days; and what percentage of the authorizations received had no Claim paid. Dr. Boris pointed out that, out of

2,011 authorizations received for the Cal MediConnect plan, the 47.4% of authorizations with no services rendered is likely attributable to the COVID outbreak. The same trend continues with the Medi-Cal line of business. Dr. Boris suspects many authorizations are in open approved status which explains why they now receive more requests for extensions. Dr. Lin concurred that the COVID outbreak is the likely cause, as many people are afraid to see their doctor.

**e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q2 2020**

Ms. Chen reviewed the results of the standard quarterly report on Quality Monitoring of Plan Authorizations and Denial Letters for the 2nd quarter of 2020. Ms. Chen advised the Committee that the Plan analyzes a random sample of 30 authorizations per quarter, which includes examination of all the pertinent audit elements. During this review process, 50% of the letters that were examined pertained to the Medi-Cal line of business, and the other 50% of the letters that were examined pertained to the Cal MediConnect line of business, with 100% of them being denials. Ms. Chen gave a breakdown of the Plan's results with an emphasis on both member and provider notification. Ms. Chen explained that the provider letters are in English, while members receive their denial letters in their threshold language. Dr. Cai inquired as to whether or not there was a second review, and Ms. Chen confirmed there is always a second review. Ms. Chen advised QA measures will continue on a weekly basis with all findings reported to the Medical Director along with a corrective action plan.

**f. Inter-Rater Reliability (IRR) Report – Q2 2020 Delayed**

Dr. Boris introduced the topic of the IRR report, which is a semi-annual report for both the UM team and the BH team.

- **IRR UM**

Ms. Chen presented the results of the IRR testing to the Committee. The testing is designed to evaluate the consistency and accuracy of review criteria applied by all physician and non-physician reviewers, as well as to identify opportunities for process improvement. The majority of staff members passed, with the exception of 1 Care Coordinator who is relatively new and 1 nurse who does not regularly review authorizations, as her focus is on members in long-term care facilities. The next IRR testing will occur in Q3 2020, and the findings will be presented at the October 2020 meeting.

- **IRR BH**

Ms. McKelvey presented the results of the IRR testing for BH to the Committee. Dr. Cai inquired as to why BH had a higher score than UM. Ms. McKelvey replied that the IRR testing for BH is based on medical necessity, and BH has a pattern of not issuing denials unless the medical necessity criteria has not been met. Ms. McKelvey advised that most of the questions were based on BH treatment, which are the ABA authorizations, and there was 1 psychiatry question and 1 mild-to-moderate talk therapy question. Those questions are fairly easy to answer.

**g. Behavioral Health UM**

Ms. McKelvey presented the Behavioral Health UM Reports to the Committee. Ms. McKelvey began with BH treatment, which usually includes the ABA. Ms. McKelvey outlined the BH providers with pending contracts, as well as new potential providers. Ms. McKelvey reviewed the BH utilization statistics. The Developmental Screening numbers for the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarters of 2019, and the 1<sup>st</sup> and 2<sup>nd</sup> quarters of 2020, were also presented to the Committee. The numbers have increased, though there is room for improvement. An internal work group was established to address the developmental screening rates. The internal work group is focused on provider, member, and parent education, and potential barriers to developmental screenings. The results of the work group, and a work plan, will be presented at the October 2020 meeting. Dr. Lin would like to see results from the people at the high end and low end of the screenings, as well as incentives for screening. Ms. McKelvey agreed, and she highlighted the fact that the Plan is collaborating with First Five to provide these incentives.

## 9. Adjournment

The meeting adjourned at 7:03 pm. The next meeting is scheduled for Wednesday, October 14, 2020 at 6:00 pm.

### Reviewed and approved by:

\_\_\_\_\_ Date \_\_\_\_\_

Jimmy Lin, M.D., UM Committee Chairperson