Regular Meeting of the

Santa Clara County Health Authority
Utilization Management Committee (UMC)

Wednesday, October 19, 2022, 6:00-7:30 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave., San Jose, CA 95119

Via Teleconference Only
(669) 444-9171
Meeting ID: 821 5225 5318
Passcode: **october22**
https://us06web.zoom.us/j/82152255318

AGENDA

1. Introduction	Dr. Lin	6:00	5 min
2. Public Comment 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 to 30 minutes.	Dr. Lin	6:05	5 min
3. Meeting Minutes Review minutes of the Q3 July 20, 2022 Utilization Management Committee (UMC) meeting. **Possible Action:** Approve Q3 2022 UMC Meeting Minutes	Dr. Lin	6:10	5 min
4. Chief Executive Officer Update Discuss status of current topics and initiatives.	Ms. Tomcala	6:15	5 min
5. Chief Medical Officer Update	Dr. Nakahira	6:20	5 min
6. Old Business/Follow-Up Items **a.** Anti-Psychotics Use in Children Utilization Data **b.** Suboxone Utilization Data	Ms. Chen	6:25	5 min
c. Grievances and Appeals (G&A) Discussion – Quarterly Appeals vs. Annual Appeals	Dr. Boris	6:30	5 min
7. Review of Reappointments for UMC Members Review term reappointments for UMC members.	Dr. Boris	6:35	5 min
8. UM Review of Delegation Results and Process Overview of UM Delegation Quarterly Updates.	Ms. Funches	6:40	5 min

9. Inter-Rater Reliability (IRR) Report - 2022 Annual review of IRR Report for 2022.	Ms. Funches	6:45	5 min
10. Update on Medical Covered Services Prior Authorization (PA) Grid **Possible Action:** Approve updated PA Grid.	Ms. Funches	6:50	5 min
11. Review Updated Care Coordinator Guidelines for Behavioral Health (BH) Review of the Care Coordinator for BH. **Possible Acton:** Approve Updated Care Coordinator Guidelines for BH.	Dr. Boris	6:55	5 min
12. Reports			
a. Membership Report	Dr. Boris	7:00	5 min
b. Over/Under Utilization by Procedure Type/Standard UM Metrics			
c. Dashboard Metrics • Turn-Around Time – Q3 2022	Mr. Perez	7:05	5 min
d. Quarterly Referral Tracking – Q3 2022	Dr. Boris	7:10	5 min
e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q3 2022	Ms. Funches	7:15	5 min
f. BH UM	Ms. Chen	7:20	10 min
13. Adjournment Next meeting: January 18, 2023 at 6:00 p.m.	Dr. Lin	7:30	

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 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 Amy O'Brien 48 hours prior to the meeting at (408) 874-1997.

- To obtain a copy of any supporting document that is available, contact Amy O'Brien at (408) 874-1997. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.

- This agenda and meeting documents are available at www.scfhp.com.

Santa Clara Family Health Plan™

Public Comment

Meeting Minutes

July 20, 2022

Regular Meeting of the

Santa Clara County Health Authority
Utilization Management Committee

Wednesday, July 20, 2022, 6:00 – 7:30 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave, San Jose, CA 95119

Minutes - Draft

Members Present
Jimmy Lin, M.D., Internal Medicine, Chair
Ali Alkoraishi, M.D., Psychiatry
Laurie Nakahira, D.O., Chief Medical Officer
Habib Tobbagi, MD, PCP, Nephrology
Indira Vemuri, MD, Pediatric Specialist

Members Absent
Ngon Hoang Dinh, D.O., Head and Neck Surgeon

Staff Present
Dang Huynh, PharmD, Director, Pharmacy
  and Utilization Management
Lily Boris, MD, Medical Director
Angela Chen, Manager, Utilization
  Management
Desiree Funches, Manager, Utilization
  Management
Luis Perez, Supervisor, Utilization
  Management
Nancy Aguirre, Administrative Assistant
Amy O'Brien, Administrative Assistant

1. **Roll Call**

   Jimmy Lin, MD, Chair, called the meeting to order at 6:04 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 20, 2022 Utilization Management Committee (UMC) meeting were reviewed.

   It was moved, seconded, and the minutes of the April 20, 2022 UMC meeting were **unanimously approved**.

Motion:	Dr. Lin
Second:	Dr. Nakahira
Ayes:	Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Vemuri
Absent:	Dr. Dinh, Dr. Tobbagi

4. **Chief Executive Officer Update**

   This item was combined with the Chief Medical Officer update. Please see item 5.

5. **Chief Medical Officer Update**

   Dr. Laurie Nakahira, Chief Medical Officer, gave the Chief Executive Officer and Chief Medical Officer updates. The Plan has begun to prepare for the Department of Managed Care (DMHC) audit that will occur in October 2022. Preparations have also begun for the 2024 Medi-Cal (MC) contract, including the readiness

assessment. The Plan awaits the results of the recent Department of Health Care Services (DHCS) audit that occurred in March 2022.

Dr. Alkoraishi asked if the new COVID vaccine was approved and will be available. Dr. Dang Huynh, PharmD and Director, Utilization Management and Pharmacy, confirmed the vaccine was approved. The Utilization Management (UM) department will disseminate any vaccine distribution information to our Provider networks as it becomes available.

6. **Old Business/Follow-Up Items**

   a. Member Letter Notification Issue

   Dr. Huynh noted that in March 2022, the UM department experienced an Information Technology (IT) issue and 829 letters were not mailed to members on a timely basis. The UM department identified the impacted members, reprinted the letters, and notified all members of the error. The Case Management team also reached out to members whose services were denied to see if they required further follow-up. IT continues to monitor the situation to ensure it does not happen again. Dr. Huynh confirmed that the system issue did not impact our Provider letters.

   b. Urgent Care Centers

   Dr. Boris presented an overview of the Plan's contracted Urgent Care Facilities. If a member visits a non-contracted Urgent Care Center, the service would be payable at the MC fee schedule. Contracted urgent care centers are listed in the Plan's member directory. Information is also provided through our Nurse Advice Line. The hours of operation for each center may vary. The UM department is also looking into additional options to reduce the number of Emergency Room visits.

   c. Community-Based Adult Services (CBAS) – Form and Emergency Response Services (ERS)

   Dr. Boris presented an overview of the CBAS program and the eligibility requirements. She also discussed the qualification process to receive CBAS services. She explained that the member must be at risk for multiple hospitalizations. CBAS is designed to decrease institutionalization and to prevent the movement of the patient from a safe home or community setting into a Skilled Nursing Facility (SNF) or any other facility. Members with developmental disabilities in Intermediate Care Facilities (ICF's) are not eligible for CBAS, as those facilities provide around-the-clock care. All of the Plan's prior authorization and eligibility requirements must be met.

   Dr. Huynh advised the committee that ERS has been delayed until October 2022. Temporary remote services will extend until ERS is in place.

   d. Mild-to-Moderate Utilization and Network Comparison

   This item will be discussed in a future meeting once analysis is done and the data evaluated and prepared for presentation

7. **Medical Covered Services Prior Authorization Grid**

   Dr. Huynh presented an overview of the changes to the Medical Covered Services Prior Authorization Grid. As of January 1, 2023, ICF's will be carved into Managed Care Plans and the Plan added them to the Inpatient Admissions category. Dr. Huynh clarified that the Non-Contracted Providers category should state that all non-emergency services require prior authorization.

   It was moved, seconded, and the Medical Covered Services Prior Authorization Grid was **unanimously approved**.

Motion:	Dr. Lin
Second:	Dr. Alkoraishi
Ayes:	Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Tobbagi, Dr. Vemuri
Absent:	Dr. Dinh

8. **UM Review of Delegation Results and Process**

   Dr. Boris explained that this review results from the contract requirements and audits, and this topic will continue to be discussed in future UMC meetings. Dr. Huynh presented this overview to the committee. The Plan requests monthly prior authorization logs from each of their delegates. From each log, 10 prior authorizations from each delegate are selected and reviewed for proper regulatory requirements. Regulatory requirements include timeliness, overall quality, and whether or not the letter notifies the provider and the member in the correct threshold language.

   Dr. Huynh then discussed the findings for May and June 2022. Delegates who did not meet one or more of the regulatory requirements were notified of our findings and have submitted their responses. These responses are currently being reviewed by UM.

9. **Reports**

   a. Membership Report

   Dr. Boris gave a summary of the Membership Report from July 2021 through July 2022. The Plan's current Cal Medi Connect (CMC) membership includes 10,354 members. The Plan's total MC membership includes 303,375 members. As of July 2022, our total membership includes 313,729 members. This increase in MC membership continues to be largely attributable to the "pause" on MC redeterminations due to COVID. Once MC redeterminations begin again, the Plan projects a decrease in MC membership over the next year.

   Dr. Tobbagi requested a calendar year comparison of MC enrollment from 2018 to present. Dr. Huynh will confirm whether or not these numbers are also impacted by the expansion of MC eligibility to include undocumented residents over the age of 55. He obtained a calendar year comparison, and advised that, from July 2021 to July 2022, there was an increase of approximately 29,000 members. From July 2020 to July 2021, there was an increase of approximately 27,000 members. As a direct result of the "pause" on MC redeterminations, the Plan is still only adding, not removing, members, wherein normally there is a balance between the two. Dr. Huynh advised he will follow-up with our Eligibility Department for additional demographic data and bring the results to the October 2022 meeting.

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

   Dr. Boris began with a discussion of the purpose of the UM department's monthly 'Medical Deep Dive Meetings. During an audit, it was pointed out that there do not appear to be any direct connections with Over and Under-Utilization discussions within plan director and managers (via the Medical Deep Dive Meetings) and to the UM committee, Management, Finance, Quality, and Case Management. Dr. Huynh highlighted the key discussion points and FY22 Activities that resulted from the May 31, 2022 meeting.

   Dr. Alkoraishi asked how many additional Providers were added to our network as a result of the County's acquisition of O'Connor Hospital and Saint Louise Regional Hospital. Dr. Huynh responded that the Providers under contract with O'Connor Hospital and Saint Louise were already under contract with SCFHP prior to the acquisition. Dr. Alkoraishi replied that he would like to know how many Providers the County added to our network since the date of the purchase. Dr. Boris added that UM will need to follow-up with Valley Health Plan for these statistics, as the majority of Providers were added to Valley Health Plan and not necessarily to the direct contract. Dr. Huynh will compile this data and bring it to the October 2022 meeting.

   A discussion ensued in regards to long-term care patients in Skilled Nursing Facilities (SNF's) and the difficulty in transitioning these patients out of long-term care and back into safe communities. Dr. Boris advised the Plan currently has approximately 800 long-term care members. Angela Chen, Manager, Utilization Management, added that the Transitions of Care program is currently being expanded and given more resources. For the last fiscal year, approximately 45 members were transitioned back into the community.

   Dr. Boris then gave an overview of the UM goals and objectives. Dr. Boris advised that these metrics cover the period from July 1, 2021 through June 30, 2022. She advised that there were no significant changes

since the April 2022 meeting. She then gave a summary of the inpatient utilization rates for the Plan's MC SPD line of business, and .a summary of the inpatient utilization rates for the Plan's MC non-SPD line of business. She included a summary of the inpatient utilization rates for the Plan's CMC line of business. These members comprise the Plan's higher acuity patients. Dr. Boris continued with a summary of the outpatient utilization rates for the Plan's MC SPD and non-SPD populations. Her summary also included outpatient utilization rates for our CMC and MC populations.

Dr. Boris concluded this topic with a discussion of the inpatient readmissions rates for the Plan's MC and CMC lines of business. Inpatient readmissions are stable and relatively low since the April 2022 meeting.

c. Dashboard Metrics

- Turn-Around Time – Q2 2022

Luis Perez, Supervisor, Utilization Management, summarized the CMC and MC Turn-Around Time metrics for Q2 2022, with March 2022 data included to show the impact of the IT glitch. The CMC turn-around times in almost all categories are compliant at 98.7% or better, with many categories at 100%. Categories impacted by the IT glitch include pre-service Standard Part C Prior Authorizations and Expedited Part C Prior Authorizations, as well as post-service Part C Retrospective Requests and Part B Standard Prior Authorizations.

The MC turn-around times in almost all categories are compliant at 98% or better, with many categories at 99% or better. The UM department is working with IT to provide more accurate data in the categories of Member Notification of UM Decision and Provider Notification of UM Decision in time for the October 2022 meeting.

d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q2 2022

Dr. Boris explained the purpose of the quarterly referral tracking reports, and she summarized the data from the Q2 2022 CMC and MC quarterly reports. Inpatient hospital services typically have a higher number of services rendered and claims generated than other services, as hospitals generally have an efficient claims process.

Dr. Huynh then provided a comparison of the total percentage of authorizations with no services rendered for Q2 2022 versus Q1 2022. There is improvement in Q2 2022 as, not only was there an increase in the volume of prior authorizations, but also an increase in timely post-authorization rendering of, and billing for, services. Dr. Huynh reminded the committee that these numbers are affected by claims lag times.

e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q2 2022

Dr. Huynh summarized the results of the Quality Monitoring of Plan Authorizations and Denial Letters for Q2 2022. Each quarter, thirty authorizations are chosen at random and denial letters are assessed for proper use of grammar, spelling, clear and concise verbiage, and to ensure letters are written in members' threshold languages. Authorizations and denial letters continue to be subject to regular oversight by the Plan's medical directors.

f. Behavioral Health (BH) UM

Angela Chen, Manager, Utilization Management, discussed the ADHD MC BH Metrics, which were initially compiled in response to requests from prior years to share Healthcare Effectiveness Data and Information Set (HEDIS) measures. Ms. Chen explained that HEDIS data is shared on a more in-depth basis in the Quality Improvement Committee (QIC) meetings. As a result, Ms. Chen asked the committee if discussion of this item may be moved to the QIC meetings which provide more details and better context. Dr. Boris added that these measures are out of scope and not under the purview of the UM department, as none of these services require prior authorization.

Dr. Alkoraishi remarked that the measures are outdated, as they do not track the effects of the use of anti-psychotics on members who are under 18 years of age. Dr. Huynh confirmed that tracking of anti-psychotic

effects is discussed in the Pharmacy and Therapeutics (P&T) committee. The committee agreed to remove discussion of this item from future UMC meetings and move it to the QIC meetings.

Ms. Chen continued with her overview of the BHT (Behavioral Health Treatment) program. She highlighted the developmental and trauma screenings that were completed from Q3 2021 through Q2 2022. There was a significant increase in completion of developmental screenings, with an approximately 30% increase in completed screenings by VMC. There has also been a large increase in completion of trauma screenings, which aligns with the Plan's goal to collaborate with Providers and increase developmental and trauma screenings, and screenings for lead exposure. Ms. Chen discussed BH for our CMC line of business, and she highlighted the number of visits per thousand in the mild-to-moderate category for 2020, 2021, and currently for 2022. This includes our CMC Unique members. She also presented the MC utilization rates per thousand within our delegated Provider networks. She discussed BH utilization rates for our mild-to-moderate MC Unique Members population. Ms. Chen also summarized the data for MC BHT within the Plan's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit for children under 21 years of age. Ms. Chen concluded with a summary of the number of BHT utilization hours within our delegated networks. It is expected that utilization rates and hours will continue to increase throughout 2022.

Dr. Alkoraishi requested utilization data on substance use treatment and the use of different drug classes, specifically Suboxone. Dr. Huynh explained that Suboxone has historically been carved out and continues to be carved out. Dr. Huynh will work with our analytics team to bring this data to our October 2022 meeting.

10. Adjournment

The meeting adjourned at 7:24 p.m. The next meeting of the Utilization Management Commitment is on October 19, 2022 at 6:00 p.m.

_____
Jimmy Lin, M.D, Chair
Utilization Management Committee

Old Business/Follow-Up Items

a.   Anti-Psychotics Use in Children Utilization Data

b.   Suboxone Utilization Data

c.   Grievances and Appeals (G&A) Discussion – Quarterly Appeals vs. Annual Appeals

2022-01 to 2022-08 Antipsychotic Usage

Source: DHCS carve-out data and Magellan Rx (9/9/2022)

Overall Average Utilization Per Month

Time Frame	Average Utilization
2022-01 to 2022-08	3154

Age

Age	Age Distribution
25-34	24.0%
35-44	19.6%
45-54	18.0%
55-64	20.7%

Network Distribution

Network	% of Dist
VHP NETWORK	**56.1%**
KAISER PERMANENTE	11.0%
PHYSICIANS MEDICAL GROUP	10.0%
PREMIER CARE	5.3%
SCFHP DIRECT	13.9%
PALO ALTO MEDICAL FOUNDATION	2.9%
NEMS	0.7%

Notes: No findings when distributed by Race and Ethnicity

2022-01 to 2022-08 Suboxone Usage

Source: DHCS carve-out data and Magellan Rx (9/9/2022)

Overall Average Utilization Per Month

Time Frame	Average Utilization
2022-01 to 2022-08	375

Age

Age	Age Distribution
25-34	26.20%
35-44	27.30%
45-54	18.05%
55-64	21.23%

92.77% of total within the age range above.

Network Distribution

Network	% of Dist
VHP NETWORK	**72.6%**
KAISER PERMANENTE	5.6%
PHYSICIANS MEDICAL GROUP	5.1%
PREMIER CARE	1.2%
SCFHP DIRECT	17.6%
PALO ALTO MEDICAL FOUNDATION	<1%
NEMS	<1%

Notes: No findings when distributed by Race and Ethnicity

Santa Clara Family Health Plan™

Review of Reappointments for UMC Members

UM Review of Delegation Results and Process

UM Monthly Delegation Oversight

	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
VHP	90%	90%	100%	100%	100%	100%	90%	Files Requested from Delegate	Files Requested from Delegate
PMG	100%	100%	70%	70%	80%	100%	90%	Files Requested from Delegate	Files Requested from Delegate
PCNC	50%	100%	70%	TBD	80%	70%	70%	Files Requested from Delegate	Files Requested from Delegate
NEMS	90%	50%	70%	100%	100%	90%	100%	Files Requested from Delegate	Files Requested from Delegate

2022	
Delegation Oversight - Summary/Updates	
VHP	Delegate has 1 outstanding issue for UM Monitoring regarding missing/incorrect Clinical Criteria or Guideline. Samples documentation for August and September are due 10/20/2022.
PMG	Delegate has 1 outstanding issues for UM Monitoring regarding notification date on NOA did not match system screen-print provided. Samples documentation for August and September are due 10/20/2022.
PCNC	Delegate currently has 4 outstanding issue for UM Monitoring: • Outdated NDN is being utilized for approved cases - **Updated NDN provided to PCNC on 8/30/2022** • Member notice was not translated for one approved sample in July. All July denied samples reflected full translation of NOA • April report contained errors where the authorization number did not match up to the correct member - **Pending Response from Delegate** • One July Case sample was untimely Samples documentation for August and September are due 10/20/2022.
NEMS	Delegate currently has no outstanding issues for UM Monitoring. Samples documentation for August and September are due 10/20/2022.

Inter-Rater Reliability (IRR) Report - 2022

Inter-Rater Reliability Summary
2022

1. In accordance with Policy HS.09, Santa Clara Family Health Plan (SCFHP) UM Staff scheduled and completed the required Annual IRR testing session on September 29, 2022. In accordance with NCQA/DHCS, DMHC, and SCFHP policy, a total of 10 hypothetical UM authorizations were created for testing purposes for Utilization Management (UM) staff, including non-licensed Care Coordinators (CC), licensed professional staff, and Medical Directors (MD) that participate in the UM decision process. Behavioral Health (BH) staff conduct a BH-specific IRR and results are included.

2. The intent of the IRR testing process is to evaluate the consistency and accuracy of reviewing 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 Utilization Management Leadership team 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 a corrective action plan.

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

Name	Position	Pass / Fail	%
1	BH	Pass	100%
2	BH	Pass	100%
3	BH	Pass	100%
4	CC	Fail	70%
5	CC	Pass	90%
6	CC	Pass	90%
7	CC	Pass	100%
8	CC	Pass	90%
9	CC	Pass	80%
10	CC	Fail	70%
11	CC	Pass	90%
12	CC	Pass	90%
13	CC	Pass	80%
14	MD	Pass	100%

15	MD	Pass	80%
16	MD	Pass	90%
17	Nurse	Pass	90%
18	Nurse	Fail	70%
19	Nurse	Fail	40%
20	Nurse	Fail	30%
21	Nurse	Fail	30%
22	Nurse	Fail	40%
23	Nurse	Pass	100%
24	Nurse	Pass	80%

In our 2022 testing, 100% of our staff that participated in the IRR testing.

All 10 cases and all elements were reviewed for staff. All Care Coordinators and all nursing staff questions were answered. There was meaningful discussion on the consensus in conducting and processing prior authorization requests and reviewing cases against appropriate criteria.

This is the first time we evaluated our inpatient concurrent nurses' ability to review outpatient authorizations yielding lower scores. In addition with many new team members that are still in process of learning reviews.

The main area of opportunities was identifying the correct turnaround time. While our prior authorization system automatically calculates turnaround times for different lines of businesses and types of services, it is our hopes that our team members know turn around times in their review to ensure timely determinations and notification.

Remediation will be conducted. All care coordinator and nursing staff participated.

Update on Medical Covered Services Prior Authorization (PA) Grid

Santa Clara Family Health Plan™

Medical Covered Services
Prior Authorization Grid

This Prior Authorization Grid contains services that require prior authorization only and is not intended to be a comprehensive list of covered services. Providers should refer to the appropriate Evidence of Coverage (EOC) for a complete list of covered services.

Santa Clara Family Health Plan (SCFHP) Utilization Management Department:

Telephone: 1-408-874-1821
Prior Authorization Request Submission Fax Lines: 1-408-874-1957

When faxing a request to SCFHP, <u>please</u>:

1. Use the SCFHP Prior Authorization Request – Medical Services Form found at
   www.scfhp.com
2. Attach pertinent medical records, treatment plans, test results and evidence of conservative treatment to support medical necessity.

Other Contact Information:

SCFHP Automated Eligibility:	1-800-720-3455
SCFHP Customer Service:	
Medi-Cal:	1-800-260-2055
~~<Cal MediConnect /~~	1-877-723-4795
DualConnect~~>~~:	

For Non-Emergency Medical Transportation (NEMT) & Non-Medical Transportation (NMT) contact SCFHP Customer Service

Benefits Authorized by Vendors:

Dental Services	
Denti-Cal:	1-800-322-6384
Vision Services	
Vision Service Plan (VSP):	1-844-613-4779

Medical Covered Services
Prior Authorization Grid

Category of Service	Services Requiring Prior Authorization		
Behavioral Health Treatment	All Behavioral Health Treatment Services for members age <u>< 21 years</u> ~~and under with behavioral conditions that may or may not include~~		
Durable Medical Equipment (DME) *Benefit and frequency limits apply. Refer to CMS, Noridian, and/or Medi-Cal Provider Manual*	**Medi-Cal**	**~~Cal MediConnect~~<u>DualConnect</u>**	
	• CPAP and BIPAP • Enteral formula and supplies • Hospital bed and mattress • Power wheelchairs, scooters, manual wheelchairs **except standard adult and pediatric**, and motorized wheelchairs and accessories • Respiratory: Oxygen, BIPAP, CPAP, ventilators • Prosthetics & customized orthotics **except off-the-shelf covered items** • Hearing aids and repairs • Other specialty devices • Requests over the benefit <u>Medi-Cal</u> limit	• <u>All items listed in the Medi-Cal column</u> ~~requiring prior authorization~~ • Custom made items • ~~Any other~~ DME or medical supply exceeding $1<u>,</u>000 • ~~Prosthetics & customized orthotics exceeding $1000~~ • ~~Hearing aids and repairs~~ • ~~Other specialty devices~~ • Requests over the <u>Medicare</u> benefit limit	
Experimental Procedure	• Experimental or Investigational procedures • New technologies		
Home Health	• All home health services • Home IV infusion services		

Inpatient Admissions	• All elective medical and surgical inpatient admissions to:
	   • Acute hospital
	   • Long Term Acute Care (LTAC)
	 • All admissions for:
	   • Acute inpatient psychiatric
	   • Partial hospital psychiatric treatment
	   • Substance use disorder including detoxification
	 • Rehabilitation and therapy services:
	   • Acute rehabilitation facilities
	   • Intermediate Care Facilities
	   • Skilled Nursing Facilities (SNF)		

Long-Term Services and Supports (LTSS)	• Community-Based Adult Services (CBAS) • Long-Term Care (LTC) • Community Supports		

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Santa Clara Family Health Plan™

Medical Covered Services
Prior Authorization Grid

Category of Service	Services Requiring Prior Authorization
Medications	• Refer to the Medical Benefit Drug Prior Authorization Grid
Non-Contracted Providers	All non-emergency services provided by non-contracted providers
Organ Transplant	All organ transplants

Outpatient Services and Procedures	• Abdominoplasty/Panniculectomy
	• Bariatric surgery
	• Breast reduction and augmentation surgery
	• Cataract surgery
	• Cochlear auditory implant
	• Dental surgery, jaw surgery and orthognathic procedures
	• Dermatology:
	  • Laser treatment
	  • Skin injections
	  • Implants
	• All types of endoscopy **except colonoscopy**
	• Gender reassignment surgery
	• Genetic testing and counseling
	  • **except biomarker testing that is associated with a federal Food and Drug Administration (FDA)-approved therapy cancer**
	  • **and except prenatal diagnostic genetic testing**
	• Hyperbaric oxygen therapy
	• Intensive Outpatient Palliative Care (IOPC)
	• Neuro and spinal cord stimulators
	• Outpatient diagnostic imaging:
	  • Magnetic Resonance Imaging (MRI)
	  • Magnetic Resonance Angiography (MRA)
	  • Nuclear cardiology procedures
	  • Single-Photon Emission Computerized Tomography (SPECT)
	  • Positron-Emission Tomography (PET/PET-CT)
	• Outpatient therapies
	  • Occupational Therapy (OT)
	  • Physical Therapy (PT)
	  • Speech Therapy (ST)
	• All plastic surgery and reconstructive procedures
	• Podiatric surgeries
	• Radiation therapy:
	  • Proton beam therapy
	  • Stereotactic Radiation Treatment (SBRT)
	• Sleep studies
	• Spinal procedures **except epidural injections**
	• Surgery for Obstructive Sleep Apnea (OSA)

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Category of Service	Services Requiring Prior Authorization
	• Temporomandibular Disorder (TMJ) treatment • Transplant-related services prior to surgery **except cornea transplant** • Unclassified procedures • Varicose vein treatment
Transportation	Non-Emergency Medical Transportation (NEMT) **except ground transportation from facility to facility and hospital to home**.

Review Updated Care Coordinator Guidelines for Behavioral Health (BH)

BEHAVIORAL HEALTH TREATMENT (BHT)

Medi-Cal or Medicare FFS Primary:

In-area

- Independent Physicians: Approve as below
- VHP Network: Redirect to Valley Health Plan
- Kaiser: Redirect to Kaiser
- Palo Alto Medical Foundation: Approve as below
- Physician Medical Group: Approve as below
- Premier Care: Approve as below
- Northeast Medical Services: Approve as below

Out-of-area

- Independent Physicians: send to MD for review
- VHP Network: Redirect to Valley Health Plan
- Kaiser: Redirect to Kaiser
- Palo Alto Medical Foundation: send to MD for review
- Physician Medical Group: send to MD for review
- Premier Care: send to MD for review
- Northeast Medical Services: send to MD for review

Cal MediConnect:

In-area and Out-of Area: Not Covered

<u>Behavioral Health Treatment:</u>

- **BHT Initial Assessment**
  - Approve if meets the following:
    1. Current comprehensive diagnostic evaluation (CDE) completed by a licensed physician, surgeon or psychologist; <u>or</u>
    2. CDE is more than 1 year old authorization it includes current notes from a licensed physician, surgeon or psychologist.

    Approve up to 10 hours for initial assessment code H0031

- **BHT initial and ongoing treatment for ages ≤ 12 years old:**
    1. Meet APL 19-014 criteria; <u>and</u>
    2. 12 years and younger; <u>and</u>
    3. Request is less than or equal to 25 hours/week; <u>and</u>
    4. Not in a school setting

    Approve up to 25 hours per week for up to 6 months.

- **BHT initial and ongoing treatment for ages between the ages of 12 and 21 years old:**
    1. Meet APL 19-014 criteria; <u>and</u>
    2. Greater than 12 years of age; <u>and</u>
    3. Less than 21 years of age; <u>and</u>
    4. Request is less than or equal to 15 hours/week; <u>and</u>
    5. Not in a school setting

    Approve up to 15 hours per week for up to 6 months.

Membership Report

Membership Report
Source: SharePoint (10/01/2022)

Mbr Ct Sum		Cap Month												
LOB	Network Name	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22
CMC		10,368	10,415	10,431	10,219	10,251	10,299	10,333	10,334	10,332	10,354	10,414	10,480	10,469
	Santa Clara Family Health Plan	10,368	10,415	10,431	10,219	10,251	10,299	10,333	10,334	10,332	10,354	10,414	10,480	10,469
MC		277,198	278,873	280,666	284,439	285,171	286,873	288,485	290,928	296,050	303,375	304,867	306,215	307,490
	ADMIN-MEDI-CAL ONLY	1,992	2,464	2,185	3,833	1,933	2,273	2,830	2,857	3,438	5,734	2,344	2,327	2,345
	ADMIN-MEDICARE PRIMARY	16,240	16,363	16,455	16,502	16,492	16,565	16,542	16,679	16,766	16,856	16,938	17,006	17,041
	KAISER PERMANENTE	33,401	33,651	33,941	34,268	34,482	34,814	35,122	35,488	35,837	36,206	36,449	36,629	36,859
	NEMS	3,445	3,443	3,457	3,452	3,392	3,384	3,381	3,384	3,401	3,422	3,426	3,440	3,473
	PALO ALTO MEDICAL FOUNDATION	7,342	7,356	7,374	7,381	7,385	7,399	7,387	7,428	7,423	7,427	7,452	7,416	7,431
	PHYSICIANS MEDICAL GROUP	42,907	43,165	43,521	43,953	44,472	44,571	44,659	44,938	45,233	45,486	45,850	45,982	46,111
	PREMIER CARE	15,880	15,935	15,975	16,065	16,152	16,211	16,208	16,272	16,346	16,415	16,489	16,517	16,544
	SCFHP DIRECT	17,840	17,915	18,166	18,367	18,508	18,600	18,709	18,853	18,951	19,282	19,448	19,418	19,364
	VHP NETWORK	138,151	138,581	139,592	140,618	142,355	143,056	143,647	145,029	148,655	152,547	156,471	157,480	158,322
Grand Total		287,566	289,288	291,097	294,658	295,422	297,172	298,818	301,262	306,382	313,729	315,281	316,695	317,959

Over/Under Utilization by Procedure Type/Standard UM Metrics

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

Membership

Source: iCAT (10/4/2022)

Year-Month	2022-4	2022-5	2022-6	2022-7	2022-8	2022-9
Medi-Cal	288,485	290,928	296,050	303,375	304,867	306,215
Cal MediConnect	10,333	10,334	10,332	10,354	10,414	10,480
Total	**294,658**	**301,262**	**306,382**	**313,729**	**315,281**	**316,695**

Inpatient Utilization: Medi-Cal –SPD DOS 10/1/2021 –9/30/2022

Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2021-Q4	917	14.40	5,307	5.79
2022-Q1	879	13.66	5,444	6.19
2022-Q2	856	12.99	4,729	5.52
2022-Q3	57	1.19	287	5.04
Total	2,709	11.21	15,767	5.82

Note: Data are less complete for more recent quarters due submission lag.

Inpatient Utilization: Medi-Cal – Non-SPD DOS 10/1/2021 – 9/30/2022

Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2021-Q4	2,889	4.19	11,771	4.07
2022-Q1	2,688	3.80	13,317	4.95
2022-Q2	2,776	3.83	11,984	4.32
2022-Q3	207	0.41	733	3.54
Total	8,560	3.26	37,805	4.42

Note: Data are less complete for more recent quarters due submission lag.

Inpatient Utilization: Cal MediConnect (CMC) DOS 10/1/2021 – 9/30/2022

Source: CMC Enrollment & QNXT Claims Data (Run Date:10/4/2022)

Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2021-Q4	575	18.75	3,466	6.03
2022-Q1	676	22.17	4,541	6.72
2022-Q2	665	21.62	3,885	5.84
2022-Q3	446	14.32	2,535	5.68
Total	2,101	19.19	14,427	6.11

Note: Data are less complete for more recent quarters due submission lag.

Medi-Cal Inpatient Utilization DOS 10/1/2021 – 9/30/2022

Measure	Medi-Cal Population		
	Non-SPD	SPD	Total
Discharges / 1,000 Member Months	4.42	11.21	3.93
ALOS	4.42	5.82	4.75

Note: Data are less complete for more recent quarters due submission lag. Therefore comparison is limited.

Outpatient Utilization: Medi-Cal – SPD DOS 10/1/2021 – 9/30/2022

Source: MCL Enrollment & QNXT Claims and Encounter Data (Run Date:10/4/2022)

Quarter	Visits	Visits / 1,000 Member Months
2021-Q4	24,028	377.26
2022-Q1	23,805	370.04
2022-Q2	23,260	353.06
2022-Q3	2,042	42.71
Total	73,135	302.56

Note: Data are less complete for more recent quarters due submission lag.

Outpatient Utilization: Medi-Cal –Non-SPD DOS 10/1/2021 –9/30/2022

Source: MCL Enrollment & QNXT Claims and Encounter Data (Run Date:10/4/2022)(SPD, no Kaiser no SPD Full Dual

Quarter	Visits	Visits / 1,000 Member Months
2021-Q4	140,316	203.62
2022-Q1	146,059	206.41
2022-Q2	143,430	197.97
2022-Q3	15,312	30.41
Total	445,117	169.58

Note: Data are less complete for more recent quarters due submission lag.

Outpatient Utilization: Cal MediConnect (CMC) DOS 10/1/2021 – 9/30/2022

Source: CMC Enrollment & QNXT Claims Data (Run Date:10/4/2022)

Quarter	Visits	Visits / 1,000 Member Months
2021-Q4	19,416	633.04
2022-Q1	18,960	621.86
2022-Q2	19,298	627.39
2022-Q3	15,460	496.23
Total	73,134	594.23

Note: Data are less complete for more recent quarters due submission lag.

Medi-Cal Outpatient Utilization DOS 10/1/2021 – 9/30/2022

Measure	Medi-Cal Population		
	Non-SPD	SPD	Total
Visits / 1,000 Member Months	169.58	302.56	180.79

Note: Data are less complete for more recent quarters due submission lag. Therefore comparison is limited.

Inpatient Readmissions: Medi-Cal

Source: HEDIS Plan All-Cause Readmissions (PCR) data for 2021 and YTD 2022 measurement period (Run Date: 06/12/2022)

Year	LOB	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Actual Readmission Rate[1,2,3]
2021	MC - All	4,759	454	9.54%
2022	MC - All	2,083	220	10.56%

[1] A lower rate indicates better performance.
[2] Only for members aged 18-64 in Medi-Cal.
[3] Outliers are not included in the rates.

Note: Data are less complete for more recent quarters due submission lag. Therefore comparison is limited.

Cal MediConnect (CMC) Readmission Rates

Source: HEDIS Plan All-Cause Readmissions (PCR) data for 2021 and YTD 2022 measurement period (Run Date: 06/12/2022)

Rate Description	PCR 2021	PCR 2022
Count of Index Hospital Stays	1,057	585
Count of 30-Day Readmissions	128	69
Actual Readmission Rate	12.11%	11.79%

[1] A lower rate indicates better performance.
[2] The PCR rate applies only to SCFHP's CMC line of business and includes members 18 years of age and older.

Note: Data are less complete for more recent quarters due submission lag. Therefore comparison is limited.

Inpatient Readmissions: Medi-Cal

Year	LOB	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Actual Readmission Rate[1,2,3]	Goal
2021	MC - All	4,759	454	9.54%	10.00%
2022	MC - All	3,613	340	9.41%	10.00%

[1] A lower rate indicates better performance.
[2] Only for members aged 18-64 in Medi-Cal.
[3] Outliers are not included in the rates.

Note: Data are less complete for more recent quarters due submission lag. Therefore comparison is limited.

Inpatient Readmissions: Cal MediConnect

Source: HEDIS Plan All-Cause Readmissions (PCR) data for 2021 and YTD 2022 measurement period (Run Date: 09/25/2022)

Year	LOB	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Actual Readmission Rate[1,2,3]	Goal
2021	CMC - All	1,057	128	12.11%	11.60%
2022	CMC - All	993	103	10.37%	11.60%

[1] A lower rate indicates better performance.
[2] The PCR rate applies only to SCFHP's CMC line of business and includes members 18 years of age and older.
[3] Outliers are not included in the rates.

Note: Data are less complete for more recent quarters due submission lag. Therefore comparison is limited.

Dashboard Metrics

Turn-Around Time – Q3 2022

CONCURRENT ORGANIZATION DETERMINATIONS	Jul	Aug	Sept	Q3 2022
# of Concurrent Requests Received	**210**	**195**	**166**	**571**
# of Concurrent Review of Authorization Requests (part C) completed within five (5) working of request	**206**	**195**	**164**	**565**
% of Concurrent Review of Authorization Requests (part C) completed within five (5) working of request	**98.1%**	**100.0%**	**98.8%**	**98.9%**
PRE-SERVICE ORGANIZATION DETERMINATIONS				
Standard Part C				
# of Standard Pre-Service Prior Authorization Requests Received	695	763	737	**2,195**
# of Standard Pre-Service Prior Authorization Requests (part C) completed within fourteen (14) calendar days	693	758	723	**2,174**
% of Standard Pre-Service Prior Authorization Requests (part C) completed within fourteen (14) calendar days	**99.7%**	**99.3%**	**98.1%**	**99.0%**
Expedited Part C				
# of Expedited Pre-Service Prior Authorization Requests Received	299	361	304	**964**
# of Expedited Pre-Service Prior Authorization Requests (part C) completed within seventy-two (72) hours	296	358	300	**954**
% of Expedited Pre-Service Prior Authorization Requests (part C) completed within seventy-two (72) hours	**99.0%**	**99.2%**	**98.7%**	**99.0%**
POST SERVICE ORGANIZATION DETERMINATIONS				
# of Retrospective Requests Received	73	60	70	**203**
# of Retrospective Requests (part C) completed within thirty (30) calendar days	73	59	70	**202**
% of Retrospective Requests (part C) completed within thirty (30) calendar days	**100.0%**	**98.3%**	**100.0%**	**99.5%**
PART B DRUGS ORGANIZATION DETERMINATIONS				
# of Standard Prior Authorization Requests (part B drugs) Requests Received	22	17	24	**63**
# of Standard Prior Authorization Requests (part B drugs) completed within seventy-two (72) hours of request	22	17	23	**62**
% of Standard Prior Authorization Requests (part B drugs) completed within seventy-two (72) hours of request	**100.0%**	**100.0%**	**95.8%**	**98.4%**
# of Expedited Prior Authorization (part B drugs) Requests Received	11	15	14	**40**
# of Expedited Prior Authorization requests (part B drugs) completed within twenty-four (24) hours of request	11	15	14	**40**
% of Expedited Prior Authorization requests (part B drugs) completed within twenty-four (24) hours of request	**100.0%**	**100.0%**	**100.0%**	**100.0%**

MEDICAL AUTHORIZATIONS - HS COMBINED	Jul	Aug	Sept	Q3 2022
Concurrent Review				
Total # of Concurrent Requests Resolved	251	256	239	746
# of Concurrent Review of Authorization Requests completed within five (5) working days of request	250	254	239	743
% of Concurrent Review of Authorization Requests completed within five (5) working days of request	99.6%	99.2%	100.0%	99.6%
Routine Authorizations				
Total # of Routine Prior Authorization Requests Resolved	1,067	1,217	1,161	3,445
# of Routine Prior Authorization Requests completed within five (5) working days of request	1,062	1,215	1,150	3,427
% of Routine Prior Authorization Requests completed within five (5) working days of request	99.5%	99.8%	99.1%	99.5%
Expedited Authorizations				
Total # of Expedited Prior Authorization Requests Resolved	219	201	186	606
# of Expedited Prior Authorization Requests completed within seventy-two (72) hours of request	219	199	186	604
% of Expedited Prior Authorization Requests completed within seventy-two (72) hours of request	100.0%	99.0%	100.0%	99.7%
Retrospective Review				
Total # of Retrospective Requests Resolved	305	242	285	832
# of Retrospective Requests completed within thirty (30) calendar days of request	305	242	285	832
% of Retrospective Requests completed within thirty (30) calendar days of request	100.0%	100.0%	100.0%	100.0%
Member Notification of UM Decision				
Total # of UM decisions	1,601	1,670	1,638	4,909
# Member Notification of UM decision in writing within two (2) working days of the decision.	1,590	1,660	1,631	4,881
% Member Notification of UM decision in writing within two (2) working days of the decision.	99.3%	99.4%	99.6%	99.4%
Provider Notification of UM Decision				
# Provider Notification of UM decision by telephone, facsimile or electronic mail and then in writing within twenty-four (24) hours of making the decision	1,578	1,649	1,611	4,838
% Provider Notification of UM decision by telephone, facsimile or electronic mail and then in writing within twenty-four (24) hours of making the decision	98.6%	98.7%	98.4%	98.6%

Quarterly Referral Tracking

Q3 2022

Referral Tracking Report

LOBRollupN..	Template	Disposition	Total # of Auths	# Auth Services Rendered within 90 days	# Auth Services Rendered After 90 days	# Auth Services Not Rendered	% Auths w/ No Services Rendered
Medi-Cal	CBAS	Retro Request	49	48	0	1	2.0%
		Routine - Initial Request	58	52	0	6	10.3%
	CONT OF CARE	Non Contracted Provider - Ro..	1	0	0	1	100.0%
		Routine - Initial Request	1	1	0	0	0.0%
		Urgent - Initial Request	1	1	0	0	0.0%
	CONT OF CARE GR	Non Contracted Provider - Ro..	1	0	0	1	100.0%
	CUSTODIAL	Retro Request	383	362	0	21	5.5%
		Routine - Initial Request	176	158	0	18	10.2%
	Dental	Routine - Initial Request	34	24	0	10	29.4%
		Urgent - Initial Request	3	2	0	1	33.3%
	DME	Non Contracted Provider - Ret..	3	2	0	1	33.3%
		Non Contracted Provider - Ro..	13	8	0	5	38.5%
		Non Contracted Provider - Urg..	3	1	0	2	66.7%
		Retro Request	9	7	0	2	22.2%
		Routine - Extended Service	1	1	0	0	0.0%
		Routine - Initial Request	142	44	0	98	69.0%
		Urgent - Initial Request	21	11	0	10	47.6%
	HomeHealth	Modified original request – Se..	1	1	0	0	0.0%
		Non Contracted Provider - Urg..	4	0	0	4	100.0%
		Retro Request	1	0	0	1	100.0%
		Routine - Extended Service	3	2	0	1	33.3%
		Routine - Initial Request	10	3	0	7	70.0%
		Urgent - Extended Service	8	3	0	5	62.5%
		Urgent - Initial Request	21	6	0	15	71.4%
	HOSPICE	Non Contracted Provider - Ret..	12	10	0	2	16.7%
		Non Contracted Provider - Ro..	4	3	0	1	25.0%
		Non Contracted Provider - Urg..	5	0	0	5	100.0%
		Non-contracted CMC Part B D..	1	0	0	1	100.0%
		Retro Request	1	1	0	0	0.0%
	Inpatient	Non Contracted Provider - Ro..	19	16	0	3	15.8%
		Retro Request	2	2	0	0	0.0%
		Routine - Initial Request	475	463	0	12	2.5%
		Urgent - Initial Request	2	2	0	0	0.0%
	InpatientAdmin	Retro Request	1	0	0	1	100.0%
	Inpt Elective	Routine - Initial Request	26	16	0	10	38.5%
		Urgent - Initial Request	15	8	0	7	46.7%
	OP-BehavioralGr	Non Contracted Provider - Ro..	7	6	0	1	14.3%
		Retro Request	14	12	0	2	14.3%
		Routine - Extended Service	52	40	0	12	23.1%
		Routine - Initial Request	34	15	0	19	55.9%
	OP-Behavorial	Non Contracted Provider - Ro..	2	0	0	2	100.0%
		Non Contracted Provider - Urg..	1	0	0	1	100.0%
		Overturned Denial	1	0	0	1	100.0%
		Routine - Initial Request	14	3	0	11	78.6%
		Urgent - Initial Request	1	0	0	1	100.0%
	OPHospital	Non Contracted Provider - Ret..	5	1	0	4	80.0%
		Non Contracted Provider - Ro..	36	3	0	33	91.7%
		Non Contracted Provider - Urg..	6	2	0	4	66.7%
		Overturned Denial	8	3	0	5	62.5%
		Retro Request	14	4	0	10	71.4%

Referral Tracking Report

LOBRollupN..	Template	Disposition	Total # of Auths	# Auth Services Rendered within 90 days	# Auth Services Rendered After 90 days	# Auth Services Not Rendered	% Auths w/ No Services Rendered
Medi-Cal	OPHospital	Routine - Extended Service	17	3	0	14	82.4%
		Routine - Initial Request	295	85	0	210	71.2%
		Urgent - Extended Service	2	0	0	2	100.0%
		Urgent - Initial Request	209	117	0	92	44.0%
	OPHospitalGr	Non Contracted Provider - Ret..	1	1	0	0	0.0%
		Non Contracted Provider - Ro..	10	4	0	6	60.0%
		Non Contracted Provider - Urg..	4	0	0	4	100.0%
		Overturned Denial	4	1	0	3	75.0%
		Retro Request	15	11	0	4	26.7%
		Routine - Extended Service	43	18	0	25	58.1%
		Routine - Initial Request	343	103	0	240	70.0%
		Urgent - Extended Service	1	1	0	0	0.0%
		Urgent - Initial Request	59	29	0	30	50.8%
	SkilledNursing	Retro Request	7	7	0	0	0.0%
		Routine - Initial Request	10	10	0	0	0.0%
		Urgent - Initial Request	21	19	0	2	9.5%
	Transportation	Non Contracted Provider - Ret..	1	0	0	1	100.0%
		Non Contracted Provider - Ro..	2	1	0	1	50.0%
		Retro Request	3	2	0	1	33.3%
		Routine - Initial Request	284	103	0	181	63.7%
		Urgent - Initial Request	2	0	0	2	100.0%
Grand Total			**3,038**	**1,862**	**0**	**1,176**	**38.7%**

Referral Tracking Report

LOBRollupN..	Template	Disposition	Total # of Auths	# Auth Services Rendered within 90 days	# Auth Services Rendered After 90 days	# Auth Services Not Rendered	% Auths w/ No Services Rendered
Cal MediConnect	CBAS	Retro Request	10	9	0	1	10.0%
		Routine - Initial Request	11	9	0	2	18.2%
	CONT OF CARE	Member Initiated Org Determi..	1	0	0	1	100.0%
		Non Contracted Provider - Urg..	1	1	0	0	0.0%
		Urgent - Initial Request	1	1	0	0	0.0%
	CONT OF CARE GR	CMC Part B Drugs – Routine	1	0	0	1	100.0%
	CUSTODIAL	Retro Request	79	76	0	3	3.8%
		Routine - Initial Request	35	32	0	3	8.6%
	DME	Member Initiated Org Determi..	1	0	0	1	100.0%
		Member Initiated Org Determi..	1	1	0	0	0.0%
		Member Rep Initiated Org Det..	1	1	0	0	0.0%
		Modified original request – Se..	4	1	0	3	75.0%
		Non Contracted Provider - Ro..	12	9	0	3	25.0%
		Overturned Denial	1	0	0	1	100.0%
		Retro Request	7	3	0	4	57.1%
		Routine - Extended Service	1	1	0	0	0.0%
		Routine - Initial Request	119	38	0	81	68.1%
		Urgent - Initial Request	9	5	0	4	44.4%
	HomeHealth	Member Initiated Org Determi..	2	1	0	1	50.0%
		Member Initiated Org Determi..	1	0	0	1	100.0%
		Member Rep Initiated Org Det..	1	1	0	0	0.0%
		Modified original request – Se..	4	1	0	3	75.0%
		Non Contracted Provider - Urg..	3	1	0	2	66.7%
		Overturned Denial	3	1	0	2	66.7%
		Retro Request	10	8	0	2	20.0%
		Routine - Extended Service	10	4	0	6	60.0%
		Routine - Initial Request	23	13	0	10	43.5%
		Urgent - Extended Service	97	39	0	58	59.8%
		Urgent - Initial Request	184	80	0	104	56.5%
	HOSPICE	Non Contracted Provider - Ret..	2	1	0	1	50.0%
		Urgent - Initial Request	1	1	0	0	0.0%
	Inpatient	Non Contracted Provider - Ro..	4	4	0	0	0.0%
		Retro Request	1	1	0	0	0.0%
		Routine - Extended Service	1	1	0	0	0.0%
		Routine - Initial Request	427	423	0	4	0.9%
		Urgent - Initial Request	1	1	0	0	0.0%
	InpatientAdmin	Routine - Initial Request	1	0	0	1	100.0%
	InpatientPsych	Retro Request	1	0	0	1	100.0%
		Routine - Initial Request	6	5	0	1	16.7%
	Inpt Elective	CMC Part B Drugs – Urgent	1	0	0	1	100.0%
		Routine - Initial Request	22	20	0	2	9.1%
		Urgent - Initial Request	20	10	0	10	50.0%
	OP-Behavorial	Member Initiated Org Determi..	1	0	0	1	100.0%
		Routine - Initial Request	1	0	0	1	100.0%
	OPHospital	CMC Part B Drugs – Routine	23	9	0	14	60.9%
		CMC Part B Drugs – Urgent	15	10	0	5	33.3%
		Member Initiated Org Determi..	11	2	0	9	81.8%
		Member Initiated Org Determi..	4	1	0	3	75.0%
		Modified original request – Se..	2	1	0	1	50.0%
		Non Contracted Provider - Ro..	22	3	0	19	86.4%

Referral Tracking Report

LOBRollupN..	Template	Disposition	Total # of Auths	# Auth Services Rendered within 90 days	# Auth Services Rendered After 90 days	# Auth Services Not Rendered	% Auths w/ No Services Rendered
Cal MediConnect	OPHospital	Non Contracted Provider - Urg..	12	6	0	6	50.0%
		Non-contracted CMC Part B D..	1	0	0	1	100.0%
		Overturned Denial	6	1	0	5	83.3%
		Retro Request	6	5	0	1	16.7%
		Routine - Extended Service	1	0	0	1	100.0%
		Routine - Initial Request	326	89	0	237	72.7%
		Urgent - Initial Request	203	111	0	92	45.3%
	OPHospitalGr	CMC Part B Drugs – Routine	15	7	0	8	53.3%
		CMC Part B Drugs – Urgent	7	5	0	2	28.6%
		Member Initiated Org Determi..	10	2	0	8	80.0%
		Member Initiated Org Determi..	2	1	0	1	50.0%
		Member Rep Initiated Org Det..	1	1	0	0	0.0%
		Non Contracted Provider - Ro..	15	4	0	11	73.3%
		Non Contracted Provider - Urg..	2	2	0	0	0.0%
		Non-contracted CMC Part B D..	2	1	0	1	50.0%
		Non-contracted CMC Part B D..	1	1	0	0	0.0%
		Overturned Denial	4	3	0	1	25.0%
		Retro Request	5	3	0	2	40.0%
		Routine - Extended Service	3	2	0	1	33.3%
		Routine - Initial Request	208	84	0	124	59.6%
		Urgent - Extended Service	8	2	0	6	75.0%
		Urgent - Initial Request	42	24	0	18	42.9%
	SkilledNursing	Retro Request	10	8	0	2	20.0%
		Routine - Initial Request	19	19	0	0	0.0%
		Urgent - Initial Request	43	42	0	1	2.3%
	Transportation	Member Initiated Org Determi..	3	1	0	2	66.7%
		Member Rep Initiated Org Det..	1	0	0	1	100.0%
		Overturned Denial	1	0	0	1	100.0%
		Retro Request	2	0	0	2	100.0%
		Routine - Initial Request	51	8	0	43	84.3%
Grand Total			**2,210**	**1,261**	**0**	**949**	**42.9%**

Quality Monitoring of Plan Authorizations and Denial Letters

Q3 2022

Quality Monitoring of Denial Letters for HS.04.01
3rd Quarter 2022

I. **Purpose of the Quality Assurance (QA)**
Santa Clara Family Health Plan (SCFHP) completes quarterly review of timely, consistent, accurate and understandable notification to members and providers regarding adverse determinations. Quarterly review, findings, and recommendations are brought to the Utilization Management Committee.

II. **Procedure**
Santa Clara Family Health Plan reviewed in accordance to this procedure, 30 authorizations for the 3rd quarter of 2022 in order to assess for the following elements.

    A.   Quality Monitoring
        1.   The UM Director and Medical Director are 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:

- Turn-around time for decision making
- Turn-around time for member notification
- Turn-around time for provider notification
- Assessment of the reason for the denial, in clear and concise language
- 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.
- Type of denial: medical or administrative
- Addresses the clinical reasons for the denial
- Appeal and Grievance rights
- Member's letter is written in member's preferred language within plan's language threshold.
- Member's letter includes interpretation services availability
- Member's letter includes nondiscriminatory notice.
- Provider notification includes the name and direct phone number of the appropriately licensed professional making the denial decision

III. Analysis

A. For Q3 2022, the dates of service and denials were pulled in September 2022.
   1. 30 unique authorizations were pulled with a random sampling.
      a. 15 Medi-Cal denials and 15 CMC denials.
         - 20/30 were expedited (urgent) requests.
         - 9/30 were routine (standard) requests.
         - 1/30 was a retro request.
      b. 100% were denied by a clinical/health services professional:
         - 1 of the 30 cases were denied by a pharmacist instead of a Medical Director for physician administered drugs.
      c. 30/30 written notifications were sent to members and providers.
         - 100% of the letters had the correct threshold language template.
         - 6/30 Spanish, 3/30 Tagalog, 5/30 Vietnamese, 11/30 English, 5/30 Chinese.
         - 30/30 written notifications included criteria reference and rationale for denial.
         - 30/30 letters included appeal rights and language notice.
         - 29/30 letters were readable and understandable, but further opportunities identified. Neurological symptoms was used without further simplifying or explaining.
      d. 1/30 letter was untimely for notification due to a late determination. No member impact identified as denial was for other health care coverage.

B. Opportunities
   1. Spelling mistakes: 'these' was misspelled in 2 letters.
   2. Extra periods in 2 letters.
   3. The following words/phrases may be replaced or further defined:
      a. Baseline function
      b. Sufficient
      c. Requested rendering provider
      d. Neurological symptoms.

IV. Follow-Up

The Utilization Management leadership team and Medical Director reviewed the findings of this quality assurance activity and recommendations the following:

1. Quality and productivity will continue to be monitored on a regular basis including these quarterly audits.
2. Reminder to the team to double check for spelling and grammar.
3. Provide 1:1 training for deficiencies with individual team members listed above under the analysis opportunities.

BH UM

ADHD Medi-Cal Behavioral Health Metrics

Source: HEDIS data for 2021 and YTD 2022 measurement period (Run Date: 09/25/2022)

Measure	NCQA Medicaid 50th Percentile	2021 Rate	2021 SCFHP Percentile Rank	2022 Rate	2022 SCFHP Percentile Rank
Follow-Up Care for Children Prescribed ADHD Medication					
Initiation Phase	44.91%	39.94%	25th	49.82%	75th
Continuation & Maintenance Phase	55.96%	47.22%	25th	55.74%	50th
Antidepressant Medication Management					
Acute Phase Treatment	56.66%	70.44%	90th	68.64%	75th
Continuation Phase Treatment	40.28%	54.26%	90th	50.76%	75th
Cardiovascular Monitoring for People with Cardiovascular Disease & Schizophrenia	73.43%	75.00%	50th	50.00%	< 25th

Note: Data are less complete for more recent quarters due submission lag. Therefore comparison is limited.
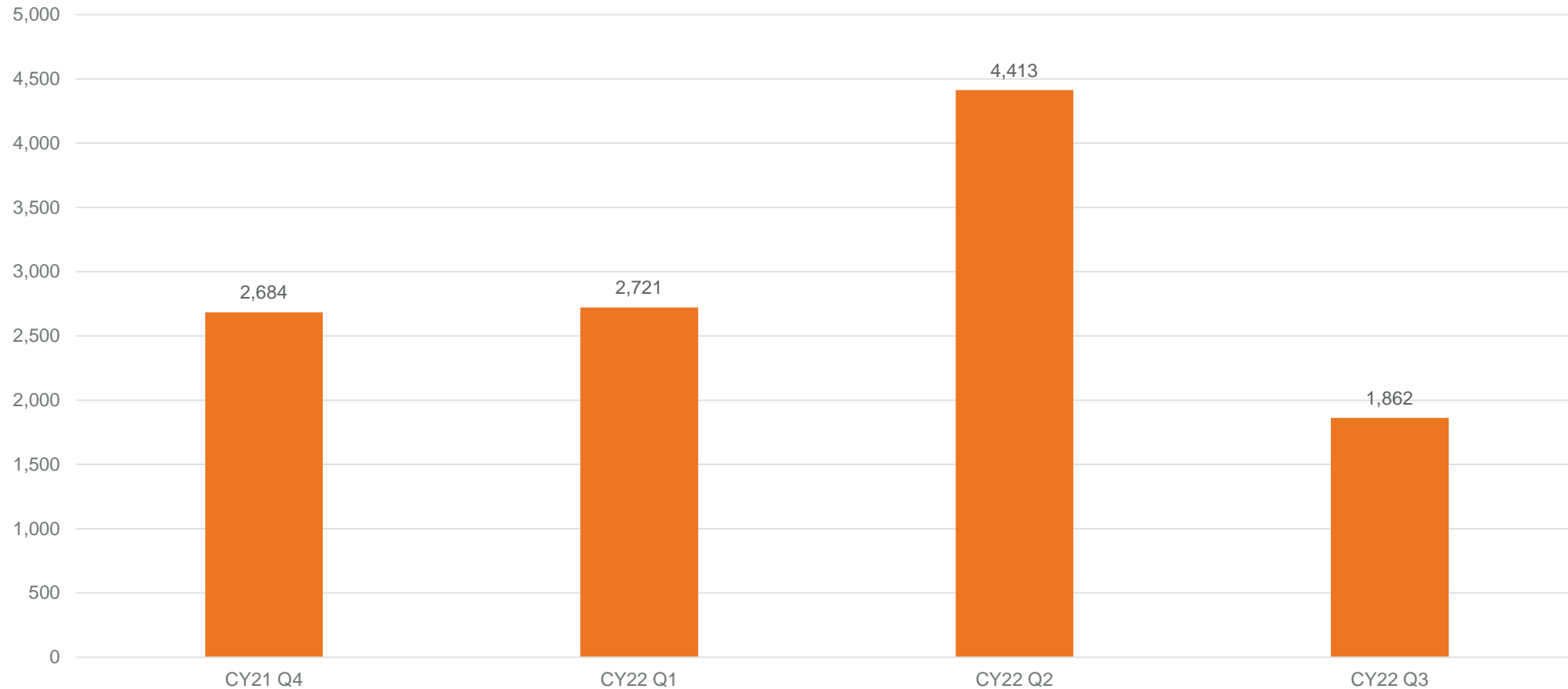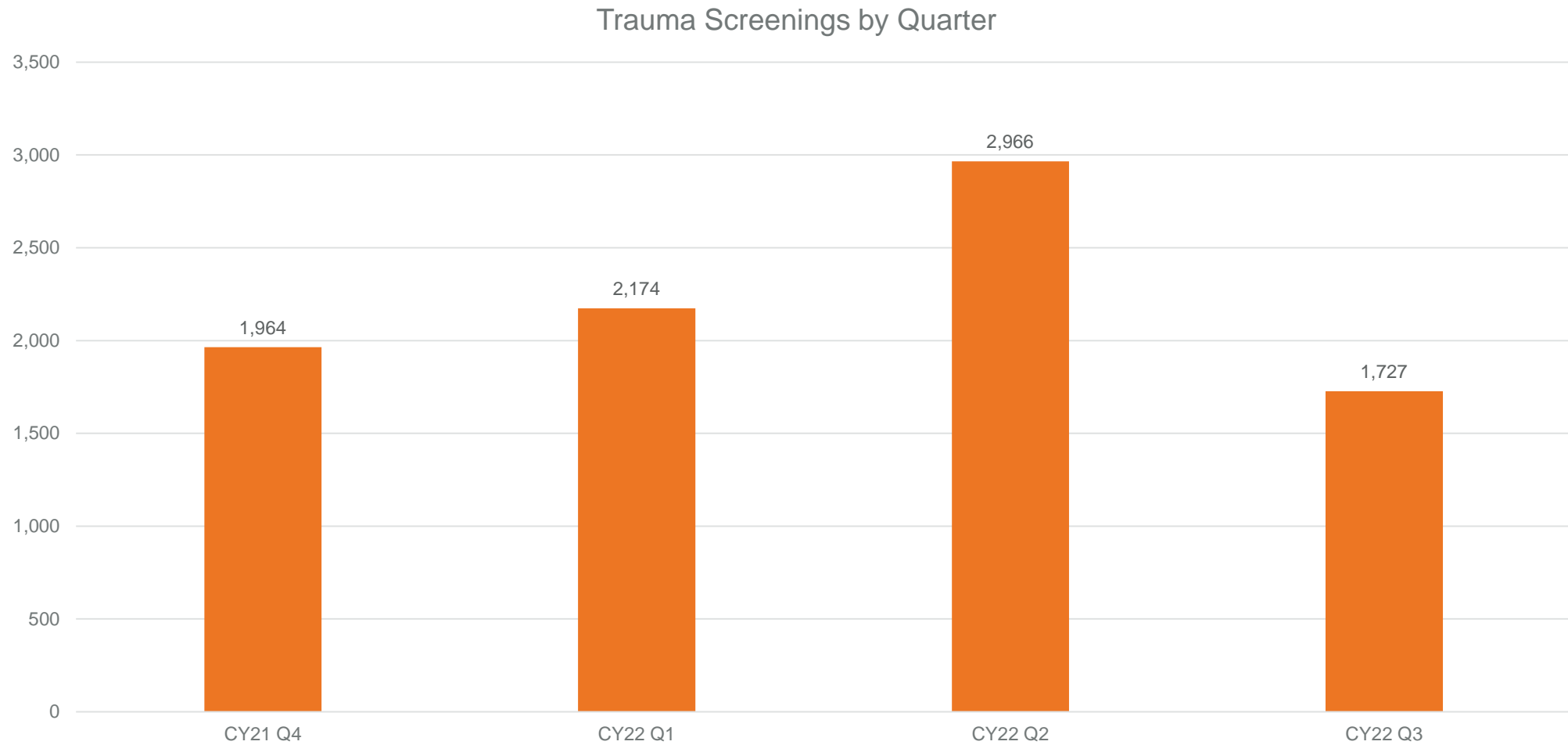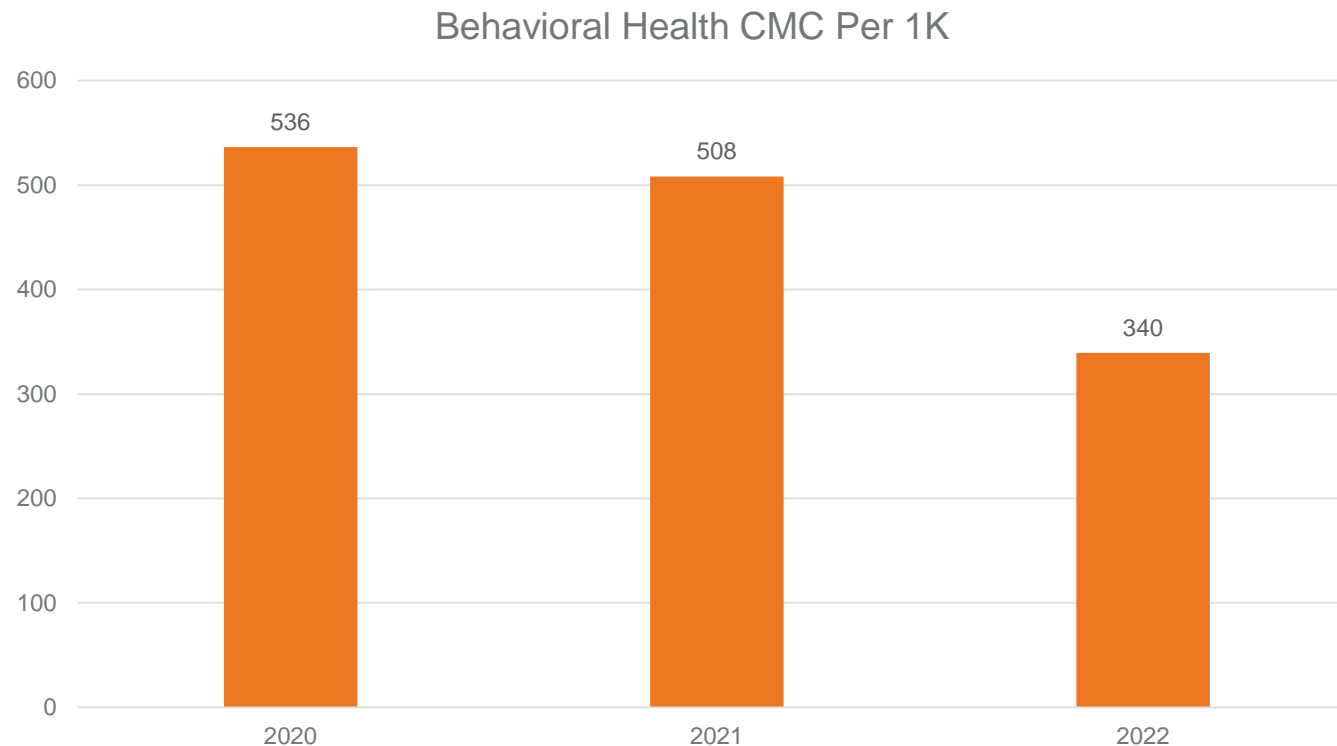
Trauma Screenings By Quarter

Trauma Screenings by Quarter

Run Date: 10/4/2022

Behavioral Health

Utilization: Behavioral Health** **Cal MediConnect per 1,000**

Behavioral Health CMC Per 1K

Run Date 10/4/22
** Utilization may include both specialty and mild to moderate
Category of Service: Visit, Unique member, Service NPI, Date of service

Behavioral Health

Utilization: **Cal MediConnect Unique Members**
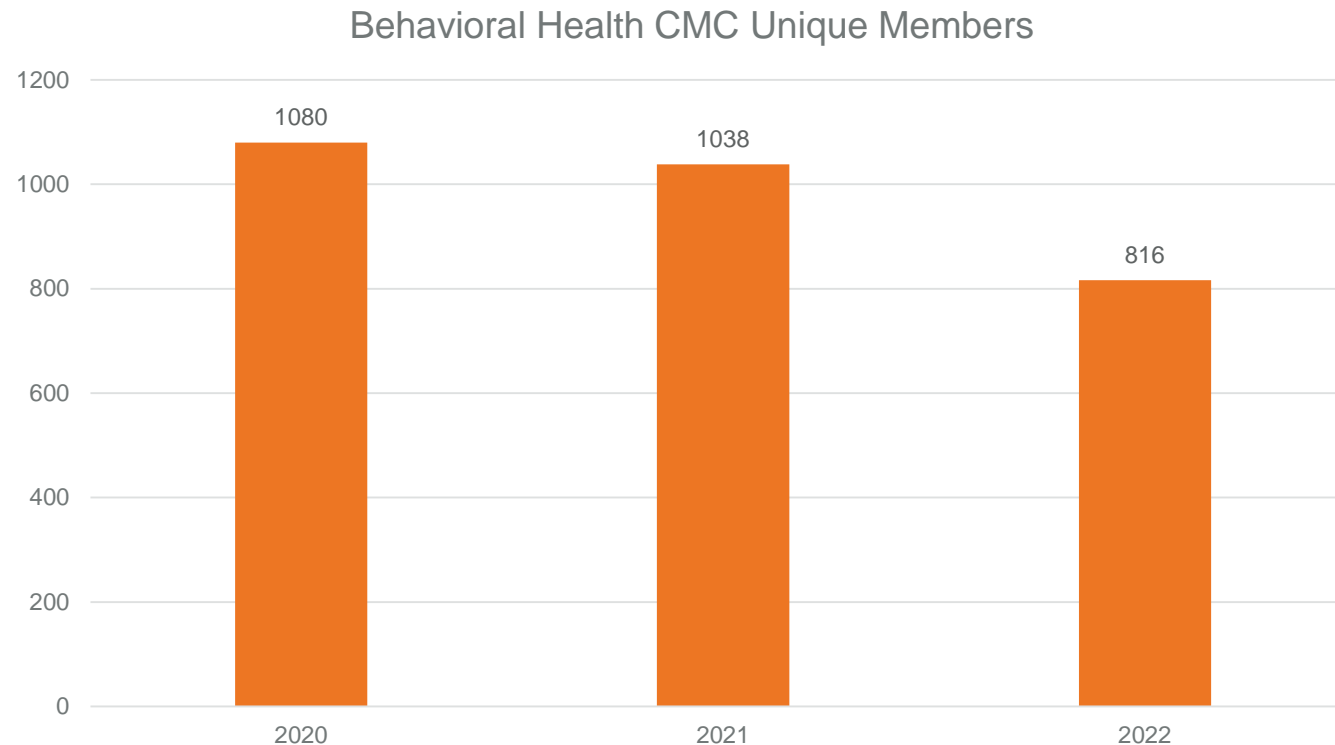
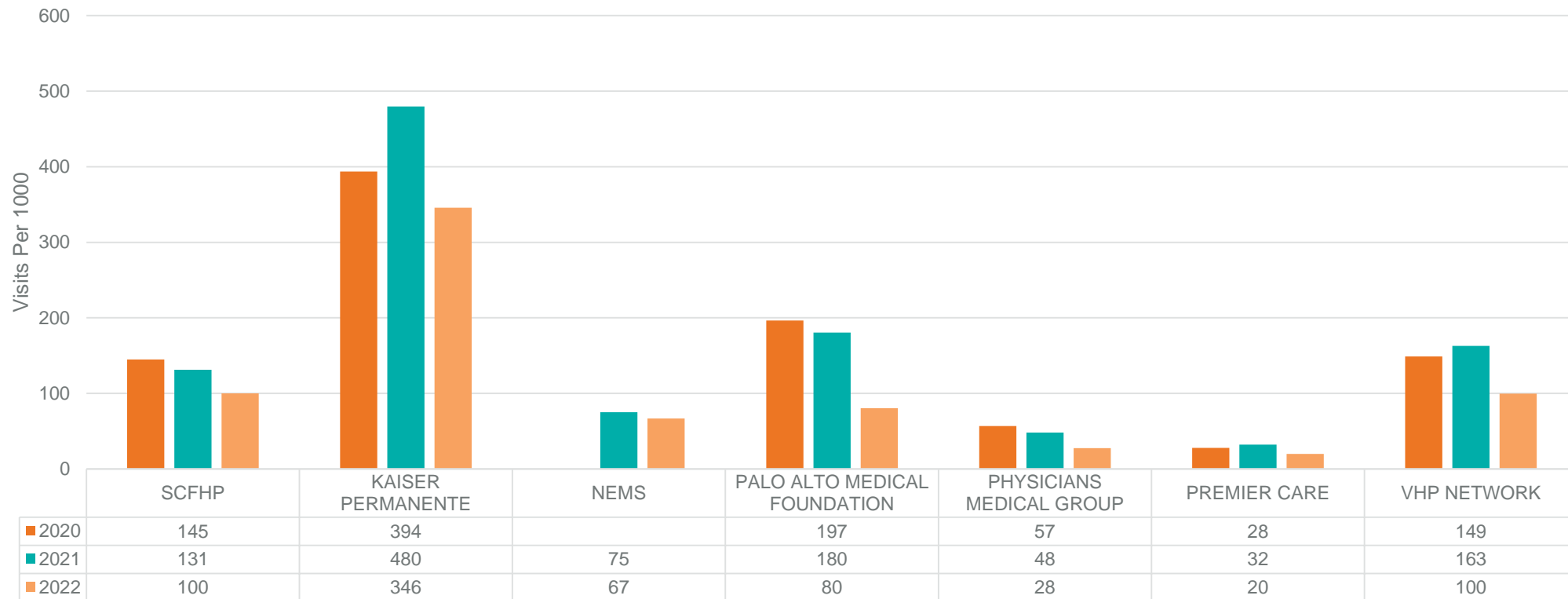Behavioral Health CMC Unique Members

-Run Date 10/4/22
-Utilization may include both specialty and mild to moderate
-Category of Service: Visit, Unique member, Service NPI, Date of service

Behavioral Health

Medi-Cal Outpatient Mild to Moderate per 1,000

	SCFHP	KAISER PERMANENTE	NEMS	PALO ALTO MEDICAL FOUNDATION	PHYSICIANS MEDICAL GROUP	PREMIER CARE	VHP NETWORK
■ 2020	145	394		197	57	28	149
■ 2021	131	480	75	180	48	32	163
■ 2022	100	346	67	80	28	20	100

Run Date 10/4/22

-Category of Service: Visit, Unique member, Service NPI, Date of service

-Outpatient Mental Health = All ages

Behavioral Health

Medi-Cal Outpatient Mild to Moderate Unique Members

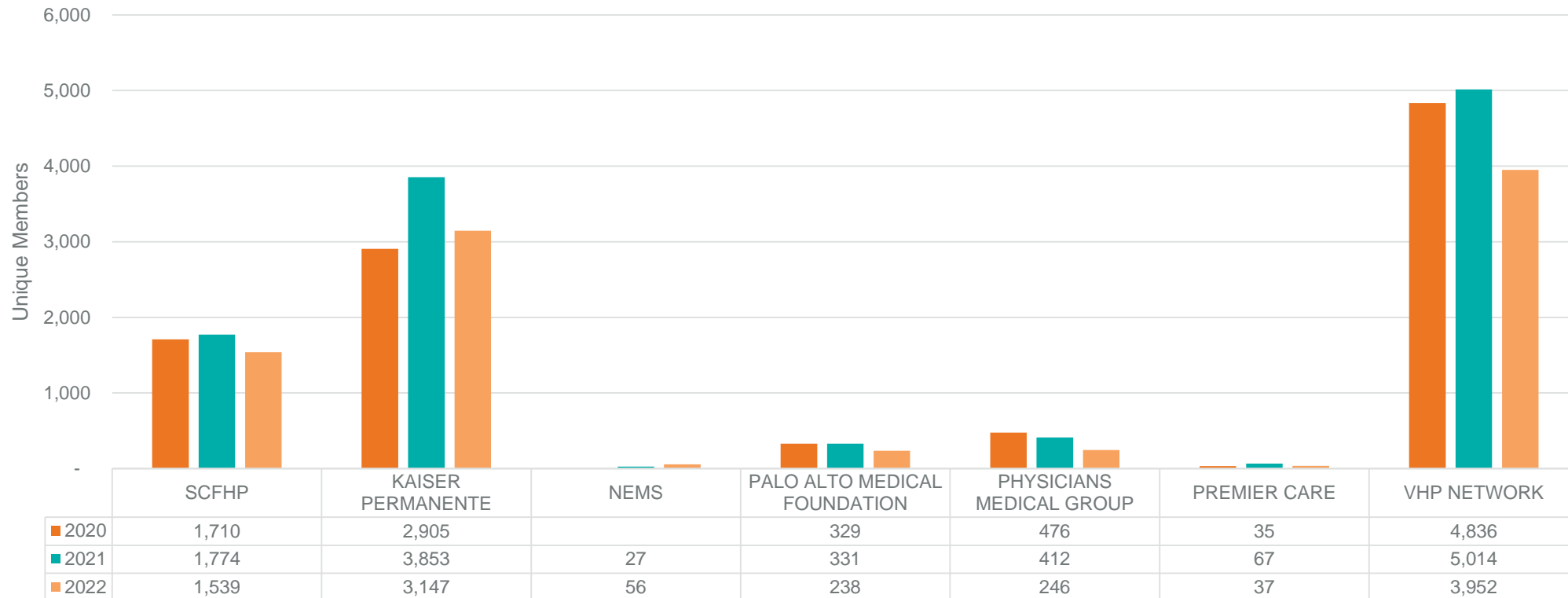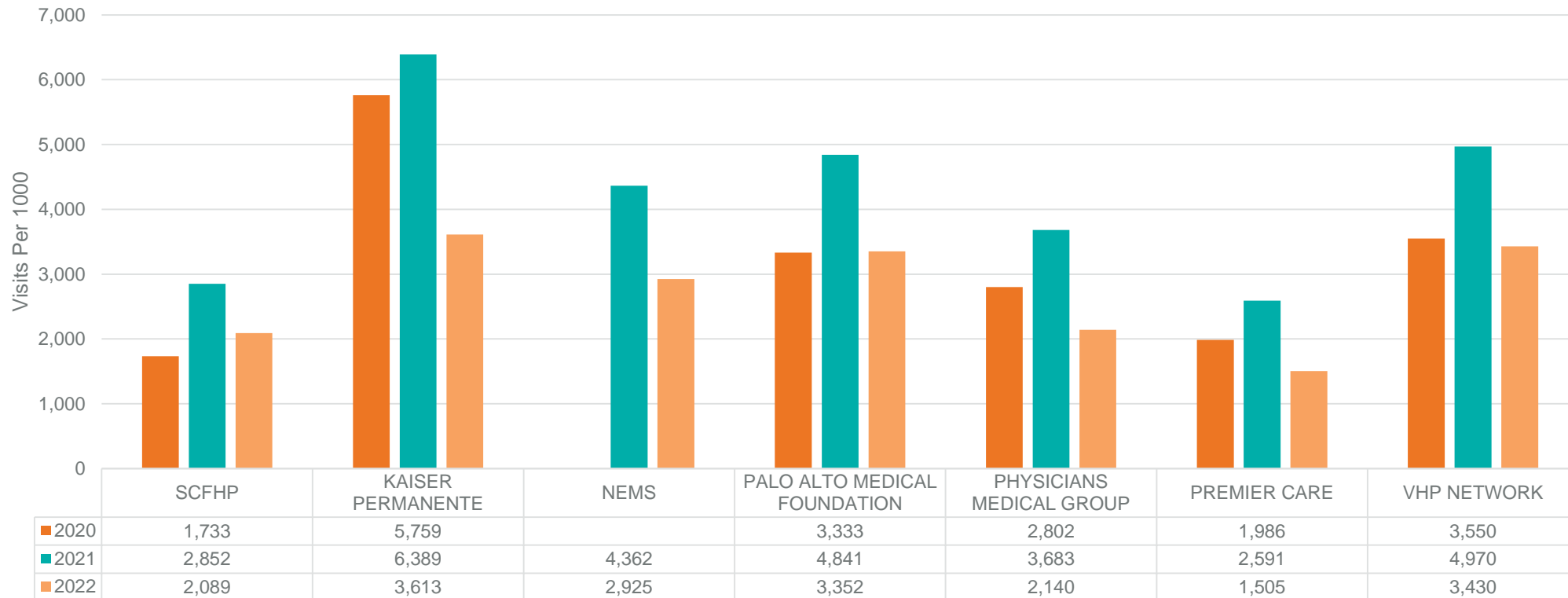|	SCFHP	KAISER PERMANENTE	NEMS	PALO ALTO MEDICAL FOUNDATION	PHYSICIANS MEDICAL GROUP	PREMIER CARE	VHP NETWORK
2020	1,710	2,905		329	476	35	4,836
2021	1,774	3,853	27	331	412	67	5,014
2022	1,539	3,147	56	238	246	37	3,952

Run Date 10/4/22

-Category of Service: Visit, Unique member, Service NPI, Date of service

-Outpatient Mental Health = All ages

Behavioral Health Treatment

Medi-Cal BHT per 1,000

	SCFHP	KAISER PERMANENTE	NEMS	PALO ALTO MEDICAL FOUNDATION	PHYSICIANS MEDICAL GROUP	PREMIER CARE	VHP NETWORK
2020	1,733	5,759		3,333	2,802	1,986	3,550
2021	2,852	6,389	4,362	4,841	3,683	2,591	4,970
2022	2,089	3,613	2,925	3,352	2,140	1,505	3,430

Run Date 10/4/22
BHT = hours
Member = <21 years

Behavioral Health Treatment

Medi-Cal BHT Unique Members

	SCFHP	KAISER PERMANENTE	NEMS	PALO ALTO MEDICAL FOUNDATION	PHYSICIANS MEDICAL GROUP	PREMIER CARE	VHP NETWORK
2020	51	369		32	202	35	753
2021	67	434	9	38	219	35	911
2022	80	448	9	36	177	29	877

Run Date 10/4/22
BHT = hours
Member = <21 years

Adjournment

Next Meeting: January 18, 2023 at 6:00 p.m.