Regular Meeting of the

Santa Clara County Health Authority
Utilization Management Committee

Wednesday, July 17, 2019, 6:30-8:00 PM
Santa Clara Family Health Plan, Redwood
6201 San Ignacio Ave., San Jose, CA 95119

AGENDA

1.	**Introduction**	Dr. Lin	6:35	5 min
2.	**Meeting Minutes** Review minutes of the April 17, 2019 Utilization Management Committee Meeting **Possible Action:** Approve minutes of the April 17, 2019 Utilization Management Committee meeting	Dr. Lin	6:40	5 min
3.	**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	6:45	5 min
4.	**CEO Update** Discuss status of current topics and initiatives	Ms. Tomcala	6:50	10 min
5.	**CMO Update** a. CMS Independent Validation Audit (May 1 – July 31, 2019) b. DHCS Exit Conference June 13, 2019 update	Dr. Nakahira	7:00	10 min
6.	**Old Business/Follow Up Items** a. General Old Business b. IRR Follow Up – 1 staff member c. BHT and Mild To Moderate Services – explaination and utilization	Dr. Boris	7:10	10 min
7.	**Action Items** None	Ms. Carlson	7:20	5 min

8. **Reports (MediCal/SPD, Healthy Kids)**

a.	Membership Reports	Dr. Nakahira	7:25	5 min
b.	UM Reports 2019	Dr. Boris	7:30	10 min
	I. Dashboard Metrics • UM, Medical, BH, MLTSS II. Standard Utilization Metrics Powerpoint			
c.	HS.04.01 Reporting Quality Monitoring of Plan Auths, Denials etc. (Q2 19)	Ms. Carlson	7:40	5 min
d.	Referral Tracking Quarterly Report (Q2 19)	Ms. Carlson	7:45	5 min

9. **Behavioral Health UM Reports** — Ms. McKelvey — 7:50 — 10 min
   a. Criteria for ABA Services
   b. Criteria for other BHT Services

10. **Adjournment** — Dr. Boris — 8:00
    Next meeting: Wednesday, October 16, 2019 at 6:30pm

Notice to the Public—Meeting Procedures

- Persons wishing to address the 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 Nancy Aguirre 48 hours prior to the meeting at 408-874-1835.
- To obtain a copy of any supporting document that is available, contact Nancy Aguirre 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 6201 San Ignacio Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at www.scfhp.com

Santa Clara Family Health Plan™

Utilization Management Committee

Meeting Minutes

April 17, 2019

Regular Meeting of the

Santa Clara County Health Authority
Utilization Management Committee

Wednesday, April 17, 2019, 6:30-8:00 PM
Santa Clara Family Health Plan, Redwood
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES

Voting Committee Members Present:
Jimmy Lin, MD, Chairperson, Internal Medicine
Indira Vemuri, Pediatric Specialist
Ali Alkoraishi, MD, Psychiatry Speciality
Dung Van Cai, MD, OB/GYN Specialist
Habib Tobbagi, MD, PCP, Nephrology Specialist

Voting Committee Members Absent:
Ngon Hoang Dinh, DO, Head & Neck Surgery Specialist

Staff Present:
Christine Tomcala, Chief Executive Officer
Lily Boris, MD, Medical Director
Sandra Carlson, Director of Medical Management
Natalie McKelvey, Manager of Behavioral Health
Luis Perez, Medical Management UM Supervisor
Nancy Aguirre, Administrative Assistant

1. **Introduction**

   Dr. Jimmy Lin called the meeting to order at 6:35 p.m. A Quorum was established.

2. **Review and Approval of Meeting Minutes**

   The minutes of the January 16, 2019 Utilization Management Committee meeting and the March 13, 2019 Ad Hoc Utilization Management Committee meeting were reviewed.

   It was moved by Dr. Lin and seconded by Dr. Van Cai to approve the minutes as written.

3. **Public Comment**

   No Public Comment.

DRAFT

4. **CEO Update**

Christine Tomcala, CEO, shared the following updates:
Per the Govener's new proposal, the HEDIS quality score needs to reflect a performance of at least within the 50th percentile within the country. This new proposal has been put into affect retrospectively, as of January 2019. Ms. Tomcala added Santa Clara Family Health Plan (SCFHP) is identifying the gaps in care and sharing findings with providers electronically in addition to IPA's. SCFHP is also implementing new incentive programs from a member perspective. Ms. Tomcala stated SCFHP welcome any ideas and suggestions on different approaches to improve effectiveness.

NCQA Survey: SCFHP has achieved the three year NCQA accreditation for their Cal-Medi Connect line of business. Kudos to Dr. Liu, the Quality team, and the whole organization for their efforts.

O'Connor Hospital and St. Louise Regional acquisition: Both hospitals have now been acquired by the County.

Regional Medical Center: SCFHP has signed a contract, and we are now officially contracted for all product lines.

No action required. Informational only.

5. **CMO Update**

Dr. Boris, Medical Director, presented the following updates on behalf of Dr. Nakahira, CMO:

SCFHP reached a three year accredidation for NCQA for Cal MediConnect line of business.

DMHC and DHCS audits: DMHC and DHCS were onsite for two weeks in March. DMHC does not leave behind a report when their audit is completed. DHCS conducts an exit conference before they leave, though their finding(s) at that point are not necessarily final.

CMS Validation Audit: Confirmation the lookback period will be May 1st through July 31st, 2019. This will be our next audit.

No action required. Informational only.

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

Dr. Boris presented the following updates for old business and follow up items:

Autism Data: This item was missed and not placed on the agenda. We will carry it forward to the next UMC meeting on July 17, 2019. This will include how many children SCFHP services, which services are provided, including Behavioral Health Services.

7. **Action Items**
   a. **UM Program Evaluation**

   Presented by Dr. Boris. The UM Program Evaluation is part of the requirements of the state, as well as NCQA. It is divided inot Quality of Clinical Care and Quality of Service.
   i. SCFHP successfully reviewed all the benchmarks as they are reviewed quarterly.
   ii. Completed quality of services related issues such as denials and prior authorizations.
   iii. Completed interrater reliability training biannually.
   iv. Review program description and program evaluation annually and review metrics based on benchmarks.

Dr. Boris asked Dr. Lin if the committee would like to review all three Action Items before voting, or vote on the Action Items one by one. Dr. Lin asked to review all three first, then cast a vote.

Dr. Boris continued to present the following Action Items:

b. Annual Review of UM Work Plan

Ms. The UM Work Plan reflects requirements SCFHP promises to achieve by next year. Requirements are divided by quarter. Dr. Boris highlighted item #16 in the UM Work Plan: Monitor member and provider experience with Utilization Management process through survey. This is an annual NCQA requirement. SCFHP will be conducting a member and provider satisfaction survey, specific to the Utilization Management process.

Dr. Boris introduced Mr. Perez as the Supervisor of Utilization Management.

c. Care Coordinator Guidelines

Mr. Perez presented the Care Coordinator Guidelines.

There have been changes made to VHP's Document of Financial Responsibility (DOFR), specific to skilled level of care, effective January 1st, 2019.

i. Section C, Point 1: VHP Long term custodial care services became the financial responsibility of SCFHP on the first day of the month following admission, if VHP submits the enrollee reassignment request ot SCFHP before that day.
ii. Bed holds: Change due to VHP's DOFR change. Under Section C, VHP will be responsible for bed holds at the time the member is delegated to them.
iii. Hospice Room and Board, non contracted providers. Under Section C, VHP fully delegated for hospice services.
iv. Non Emergency Medical Transportation. Under Section 1, SCFHP removed all, as Kaiser is now fully delegated to the non-emergency medical transportation.
v. Behavorial Health: Updated the new APL, 18-006.

Action: Dr. Lin motioned to approve Action Items A, B, and C. It was seconded by Dr. Van Cai. The motion carried.

8. Reports (MediCal/SPD, Healthy Kids)

a. Membership

Dr. Boris presented membership reports reviewed in April, 2019.

Total 250,778 members. Of those, 239K are Medi-Cal members. About 119K of which are within the Valley Health Plan Network. Healthy Kids population has remained stable at around 3,400. The growth in Cal MediConnect is about 5% increase, reflecting a total of 7,869 members.

b. UM Reports 2019

Mr. Perez presented the UM Reports for 2019.

IRR Testing: April 8th, 2019, SCFHP's UM department conducted their first IRR testing. 100% of staff participated and passed with above 80% efficiency.

Ms. Carlson, Director of Medical Management, explained the IRRs are a requirement enforced by regulators to ensure anyone who has clinical decision making capacity are applying guidelines and/or the regulations similarly, for consistency in criteria.

Ms. McKelvey, Manager of Behavorial Health, reported there are four staff members that completed the IRR in Behavioral Health. All passed at 100%.

i. **Dashboard Metrics: Turn Around Time (Cal MediConnect/Medi-Cal)**
Mr. Perez reported we received 100% for standard timely decisions made within 14 calendar days for March 2019. For expedited timely decisions made, 97.8% reported. For urgent concurrent timely decisions made, 71.4%. Organization determinations, 100%.

Dr. Boris explained based on the findings from last year, SCFHP needs to obtain 100% compliance. As of now, SCFHP will be doing daily audits of all authorizations to ensure letters are being mailed out, determinations are being made within a timely fashion, and the language in the denial letters are correct.

Ms. McKelvey reported 100% for Behavioral Health timely decisions made within 14 calendar days for Cal MediConnect.

Dr. Tobaggi asked why the requirement is 100%.

Dr. Boris explained SCFHP is funded by a combination of state and federal funds. There are a set of regulations set by DMCS for managed healthcare organizations, in which all healthcare plans have to perform at a specific level. These are outlined in regulations, then passed on to all health plans that provide managed care services. A platform is needed to compare healthplans, to ensure members receiving benefits are receiving services in a timely fashion.

ii. **Standard Utilization: Metrics PowerPoint**
Reviewed by Dr. Boris. There are roughly about 700 case management patients. 125 of those are Complex Case Management patients. SPD population has remained at around 22%. CMC nicely flattened around 23%.

c. MLTSS Dashboard
The MLTSS Dashboard was reviewed during the Dashboard Metrics.

d. HS.04.01 Reporting Quality Monitoring of Plan Auths, Denials, etc. (QI 19)
Presented by Dr. Boris.

On a quarterly basis, SCFHP reviews about 30 auths within Cal MediConnect and Medi-Cal. SCFHP looks at the turn around time, the quality, the timeliness, whether a physician or pharmacists reviewed it, and whether SCFHP met expedited or standard timeframes.

e. Referral Tracking Quarterly Report
Presented by Dr. Boris. This report is reviewed on a quarterly basis, looking back at 3 months. About 50-60% of auths matched the paid claim.

f. Nurse Advice Line Stats
Ms. Carlson presented the Nurse Advice Line Stats.

For the 3 month period of Q1, there were a total of 1,804 Medi-Cal calls across all networks to the nurse advice line. Of those calls, 53 received the disposition to call 911 immediately.

For Healthy Kids, there were a total of 48 calls, one of which received the disposition to call 911 immediately.

For Cal MediConnect members, there were a total of 160 calls, 11 of which received the disposition to call 911 immediately.

Our Case Management team reviews each and every one of these calls for a follow up. Nurse Advice line is offered in 5 language threshholds.

9. Behavioral Health UM Reports

Presented by Ms. McKelvey.

a. Turn Around Time/Dashboard Metrics

The health plan is responsible for mild to moderate referrals. The county provides services for specialty mental health. The call center will refer those members to Behavior Health Treatment (BHT). BHT then coordinates their services to therapists as well as mild to moderate psychiatrists. This year, BHT has had 39 referrals for all lines of business.

b. Stats on Autism (ABA Services & Other BHT)

The county provides services for specialty mental health. We have 33 new BHT referrals this quarter. This excludes VHP and Kaiser as they delegate their own services for BHT for mild to moderate.

Ms. McKelvey will prepare information about autism services and other BHT services available for the next UMC meeting, July 17, 2019.

10. Adjournment

The meeting adjourned at 7:47 p.m.

The next UMC meeting is scheduled for Wednesday, July 17, 2019.

Minutes prepared by:
Nancy Aguirre, Administrative Assistant

_____ _____

Jimmy Lin, MD, Utilization Management Committee Chairperson — Date

Santa Clara Family Health Plan™

BHT and Mild To Moderate Services
UM Committee 7/17/2019

Natalie McKelvey, LCSW Manager Behavioral Health

UTILIZATION OF BHT CY2018:

F84 PRIMARY OR SECONDARY DIAGNOSIS, excluding Kaiser

Row Labels	Distinct Count of CIN
(blank)	1
S5111	160
S5110	56
H2019	528
H2018	1
H2016	1
H2014	15
H2012	30
H2010	1
H0032	531
H0031	475
H0004	206
G9012	25
92523	1
92507	2
0369T	1
0368T	1
0365T	1
0364T	1
Grand Total	586

OTHER PRIMARY DIAGNOSIS WITH BHT CLAIMS

- F809: Developmental disorder of speech and language, unspecified
- F82: Specific developmental disorder of motor function
- F849: Pervasive developmental disorder
- F88: Other disorders of psychological development
- G7100: Muscular dystrophy, unspecified
- Q909: Down Syndrome

7 received BHT services in CY2018

BHT SERVICES

APL 18-006 (March 2, 2018)

- Includes medically necessary Behavioral Health Treatment (BHT) services to eligible Medi-Cal members under 21 years of age as required by the EPSDT mandate.
- On July 1, 2018 DHCS transitioned BHT services from the regional center to the managed care plan
- DHCS also opened the benefit to include any diagnosis, not only ASD

BHT SERVICES

Managed Care Plans **MUST:**

- 1) Inform members that EPSDT services are available for members under 21 years of age.
- 2) Provide access to comprehensive screening and prevention services, at designated intervals or at other intervals indicated as medically necessary, in accordance with the most current Bright Futures periodicity schedule, including, but not limited to:
  - a health and developmental history
  - a comprehensive unclothed physical examination
  - appropriate immunizations
  - lab tests and lead toxicity screening
  - screening services to identify developmental issues as early as possible.
- 3) Provide access to medically necessary diagnostic and treatment services, including but not limited to, BHT services based upon a recommendation of a licensed physician and surgeon or a licensed psychologist.

WHAT IS BHT?

- BHT is the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including the direct observation, measurement and functional analysis of the relations between environment and behavior.2 BHT services teach skills through the use of behavioral observation and reinforcement, or through prompting to teach each step of targeted behavior. BHT services are based on reliable evidence and are not experimental. BHT services include a variety of behavioral interventions that have been identified as evidenced-based by nationally recognized research reviews and/or other nationally recognized scientific and clinical evidence and are designed to be delivered primarily in the home and in other community settings.
- **Treatment can be: Applied Behavioral Analysis (ABA) or Social Skills in either individual or group setting**

COVERED BHT SERVICES

- 1) Medically necessary to correct or ameliorate behavioral conditions and as determined by a licensed physician and surgeon or licensed psychologist.
- 2) Delivered in accordance with the member's MCP-approved behavioral treatment plan.
- 3) Provided by California State Plan approved providers as defined in SPA 14-026.9
- 4) Provided and supervised according to an MCP-approved behavioral treatment plan developed by a BHT service provider credentialed as specified in SPA 14-026 ("BHT Service Provider").

BHT IS NOT….

- 1) Services rendered when continued clinical benefit is not expected.
- 2) Provision or coordination of respite, day care, or educational services, or reimbursement of a parent, legal guardian, or legally responsible person for costs associated with participation under the behavioral treatment plan.
- 3) Treatment whose sole purpose is vocationally- or recreationally-based.
- 4) Custodial care. For purposes of BHT services, custodial care:
  - Is provided primarily for maintaining the member's or anyone else's safety.
  - Could be provided by persons without professional skills or training.
- 5) Services, supplies or procedures performed in a non-conventional setting, including, but not limited to, resorts, spas and camps.
- 6) Services rendered by a parent, legal guardian or legally responsible person.
- 7) Services that are not evidence-based behavioral intervention practices.

SUPPLEMENTAL SERVICES

- SPEECH THERAPY
- OCCUPATIONAL THERAPY
- FEEDING THERAPY

- Must be medically necessary and not for rehabilitation

MILD TO MODERATE SERVICES

APL 17-018 (October 27, 2017)

- MCPs are responsible for outpatient mental health services for mild to moderate conditions (i.e. psychiatry and talk therapy)
- Santa Clara County is contracted to connect these members with evaluation and treatment, however have been unable to keep up with the need
- Children SMHS vs. Adult M2M: Children under 21 years have looser criteria to meet SMI status
- Challenges with tracking utilization due to no prior authorization required for services
- Challenges with carve out system

Santa Clara Family Health Plan™

UM Reports 2019

Membership Reports

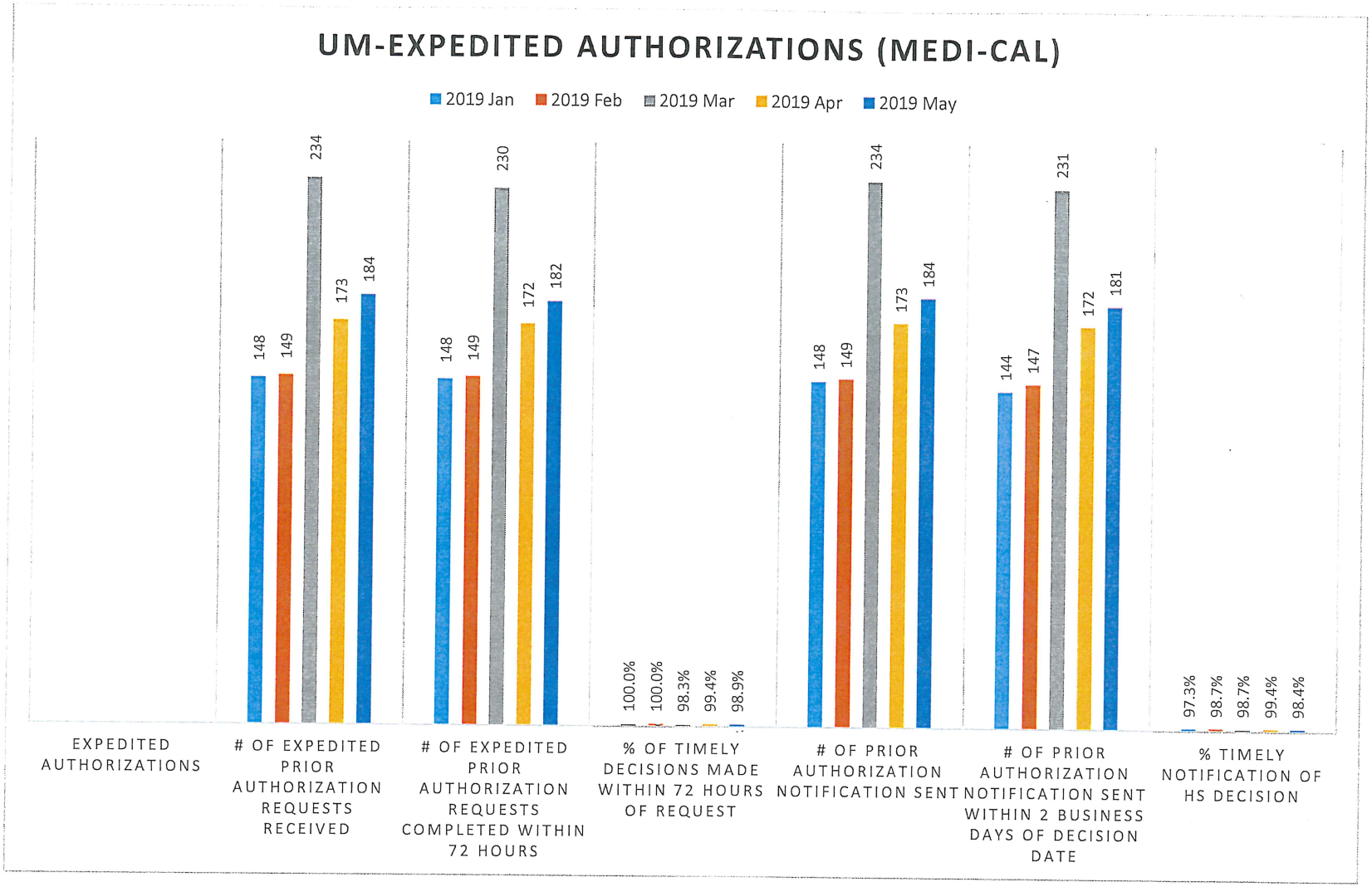
Monthly Membership of Santa Clara Family Health Plan

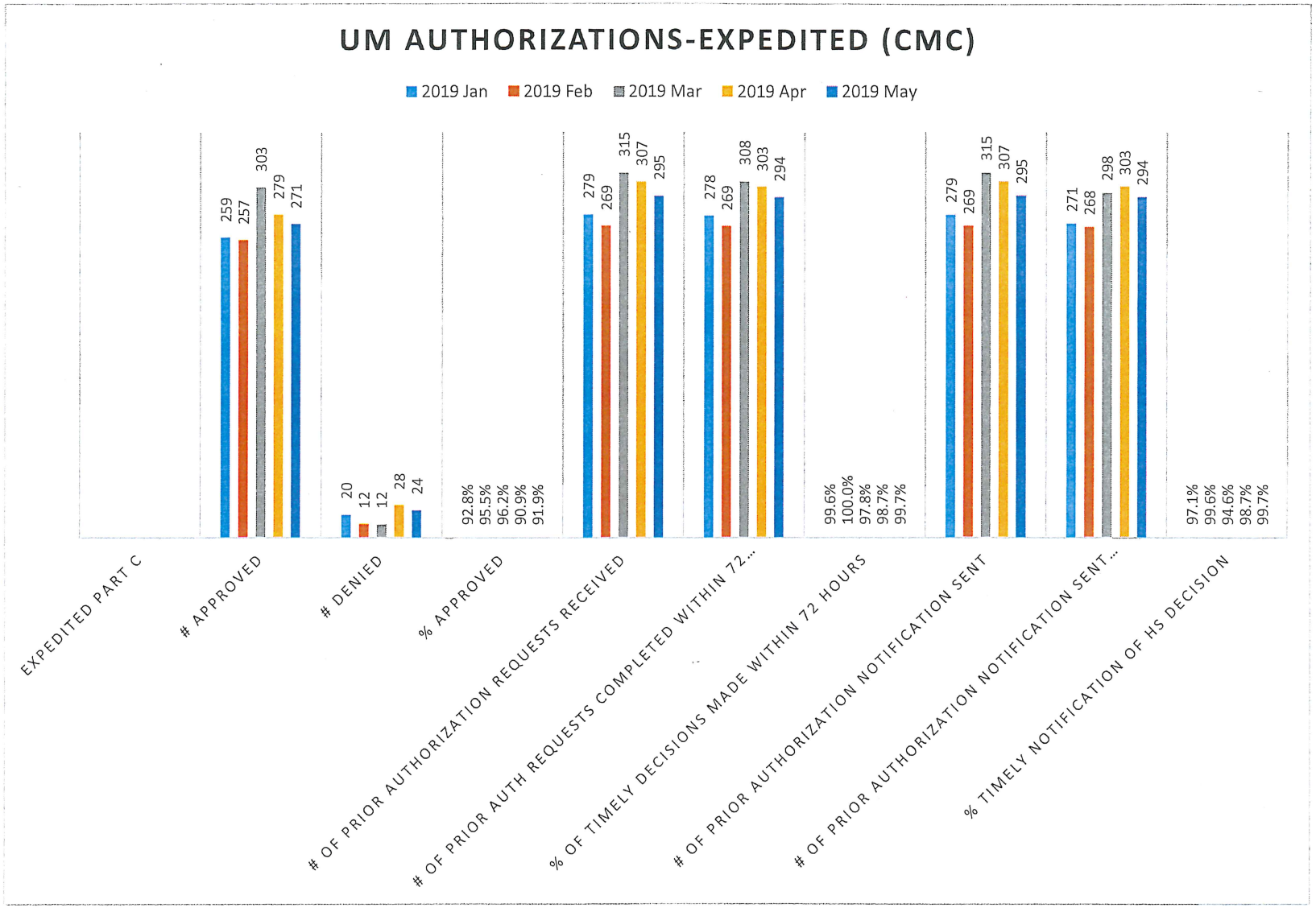
Member Count Summary	Cap Month								
Line Of Business	Jul-18	Aug-18	Sep-18	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19
Cal Medi-Connect	7,523	7,540	7,600	7,814	7,884	7,869	7,915	8,022	8,076
Medi-Cal	247,755	245,954	245,884	240,010	239,836	239,444	237,655	237,697	236,578
Healthy Kids	3,278	3,187	3,163	3,375	3,348	3,465	3,507	3,486	3,501
Grand Total	258,556	256,681	256,647	251,199	251,068	250,778	249,077	249,205	248,155

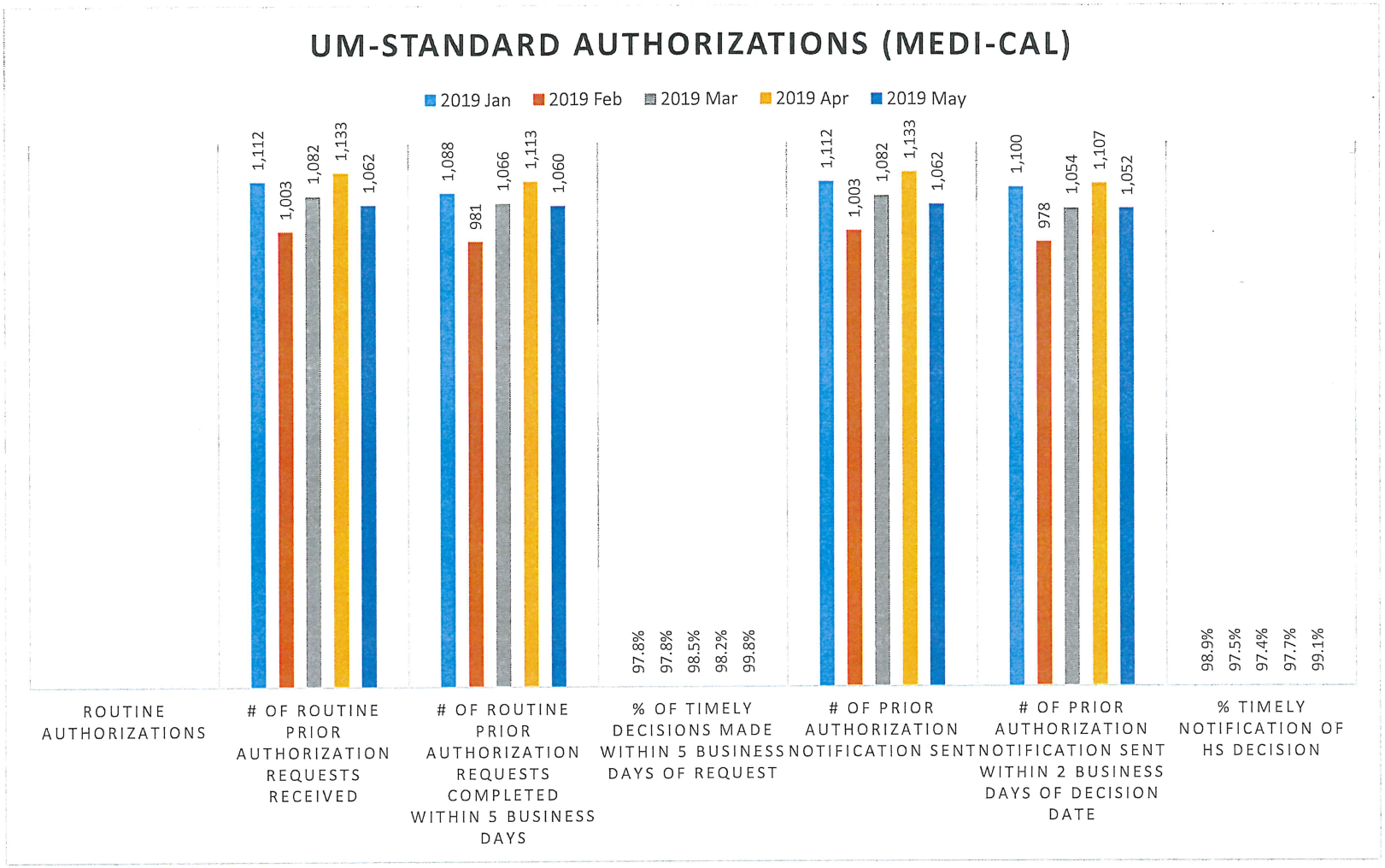
Santa Clara Family Health Plan™

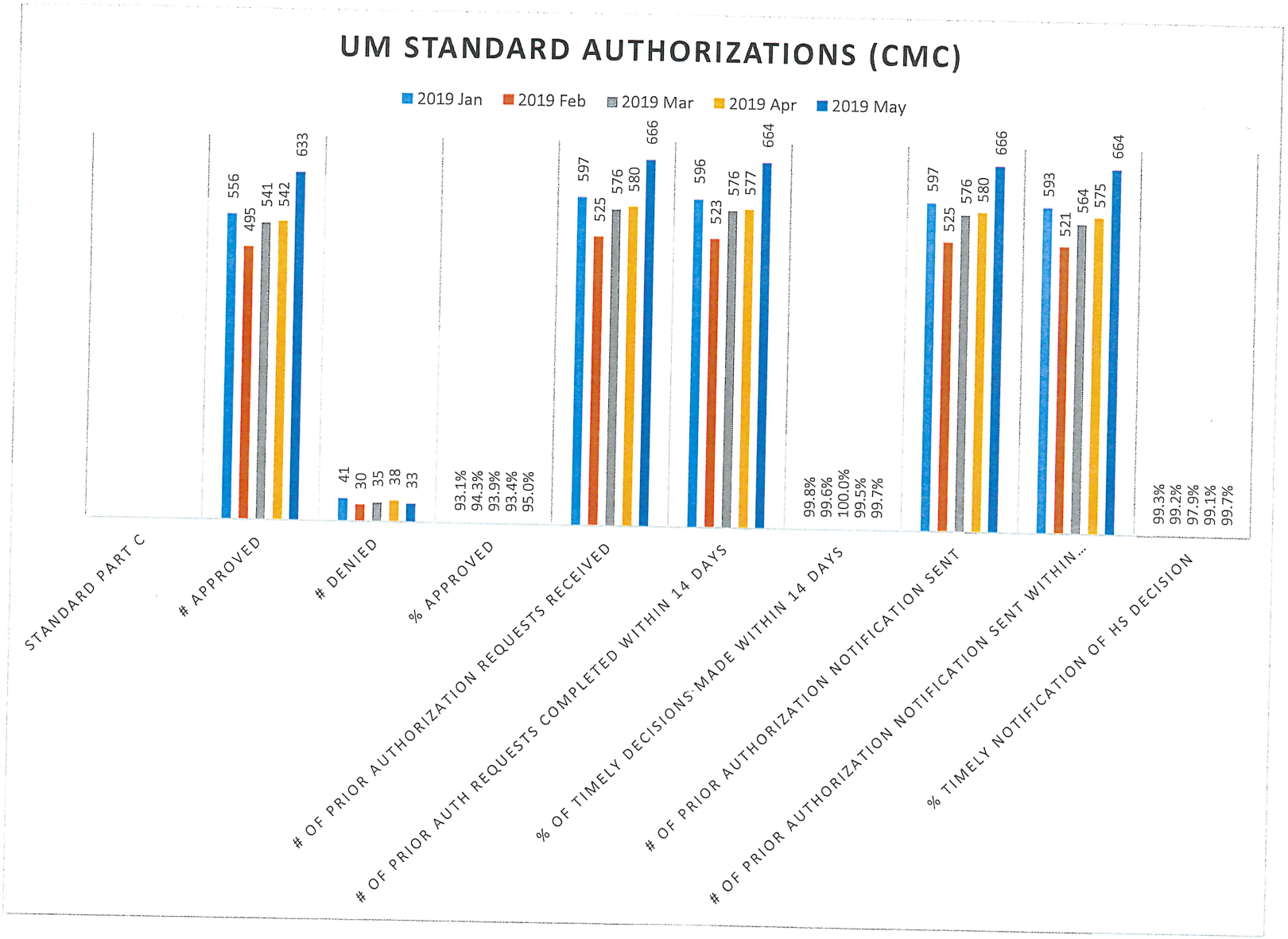
UM Reports 2019

Dashboard Metrics

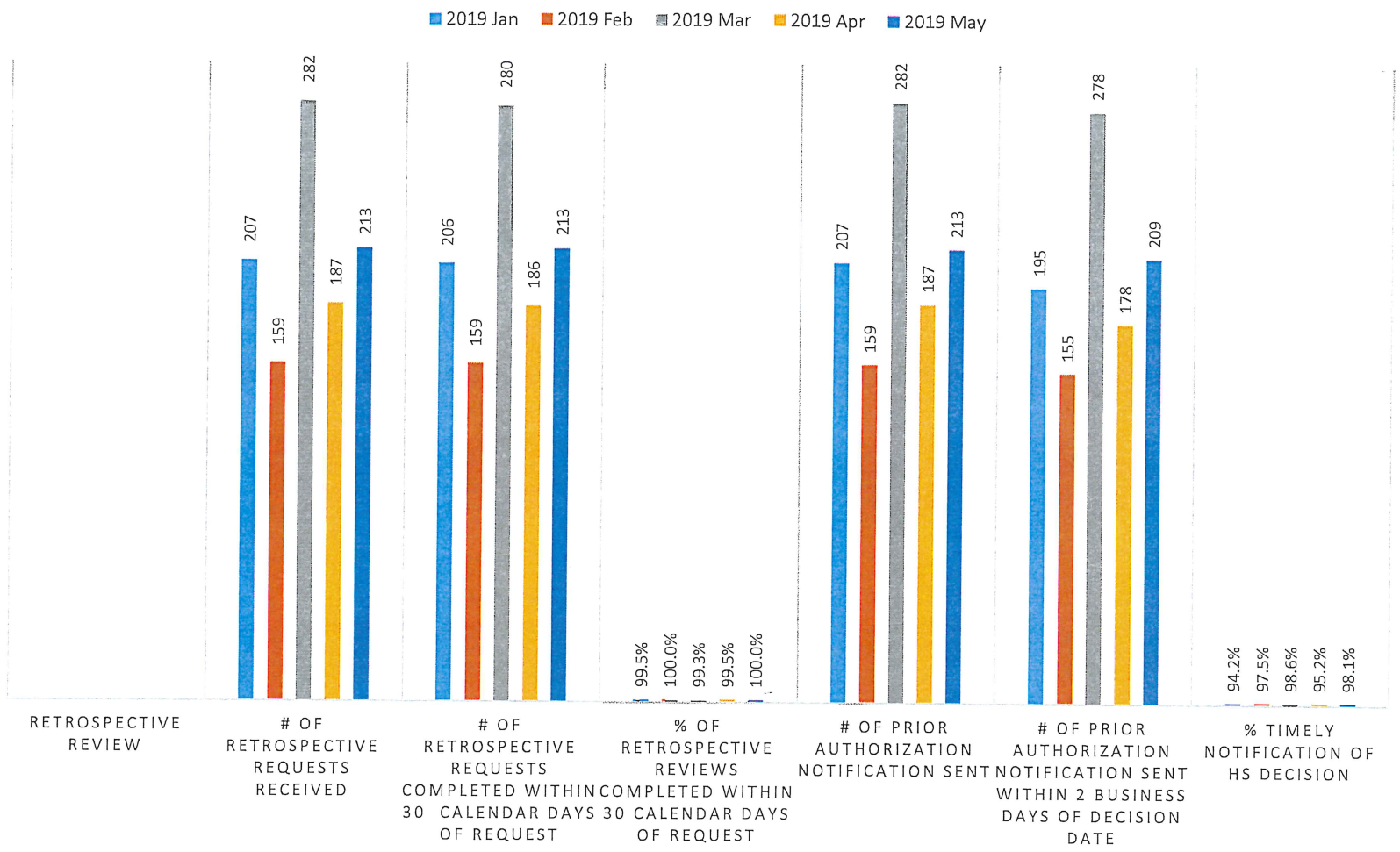

UM-EXPEDITED AUTHORIZATIONS (MEDI-CAL)
2019 Jan
2019 Feb
2019 Mar
2019 Apr
2019 May
148
149
234
173
184
148
149
230
172
182
100.0%
100.0%
98.3%
99.4%
98.9%
148
149
234
173
184
144
147
231
172
181
97.3%
98.7%
98.7%
99.4%
98.4%
EXPEDITED AUTHORIZATIONS
OF EXPEDITED PRIOR AUTHORIZATION REQUESTS RECEIVED
OF EXPEDITED PRIOR AUTHORIZATION REQUESTS COMPLETED WITHIN 72 HOURS
% OF TIMELY DECISIONS MADE WITHIN 72 HOURS OF REQUEST
# OF PRIOR AUTHORIZATION NOTIFICATION SENT
# OF PRIOR AUTHORIZATION NOTIFICATION SENT WITHIN 2 BUSINESS DAYS OF DECISION DATE
% TIMELY NOTIFICATION OF HS DECISION

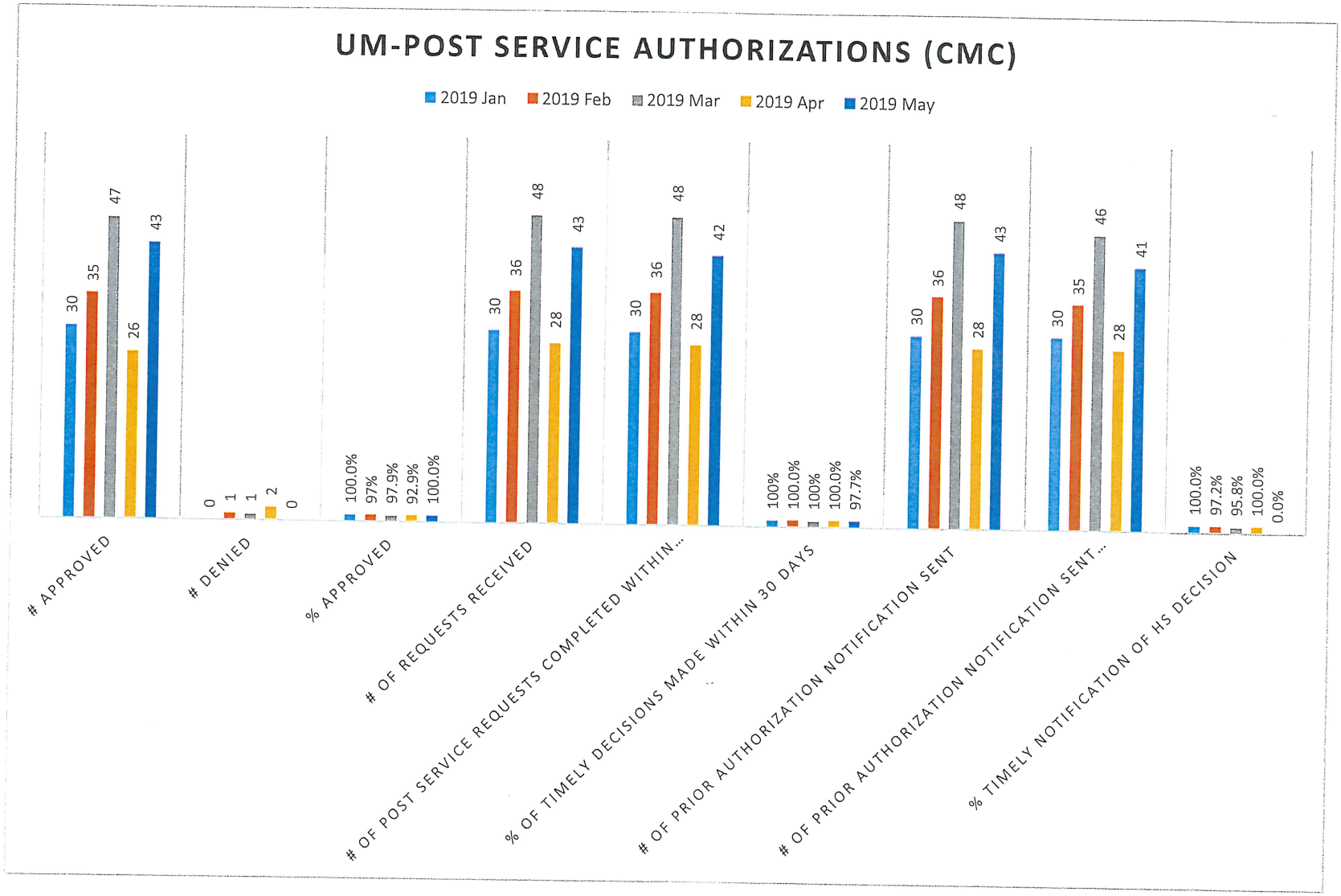

UM AUTHORIZATIONS-EXPEDITED (CMC)
2019 Jan
2019 Feb
2019 Mar
2019 Apr
2019 May
EXPEDITED PART C
APPROVED
259 257 303 279 271
DENIED
20 12 12 28 24
% APPROVED
92.8% 95.5% 96.2% 90.9% 91.9%
OF PRIOR AUTHORIZATION REQUESTS RECEIVED
279 269 315 307 295
OF PRIOR AUTH REQUESTS COMPLETED WITHIN 72...
278 269 308 303 294
% OF TIMELY DECISIONS MADE WITHIN 72 HOURS
99.6% 100.0% 97.8% 98.7% 99.7%
OF PRIOR AUTHORIZATION NOTIFICATION SENT
279 269 315 307 295
OF PRIOR AUTHORIZATION NOTIFICATION SENT...
271 268 298 303 294
% TIMELY NOTIFICATION OF HS DECISION
97.1% 99.6% 94.6% 98.7% 99.7%

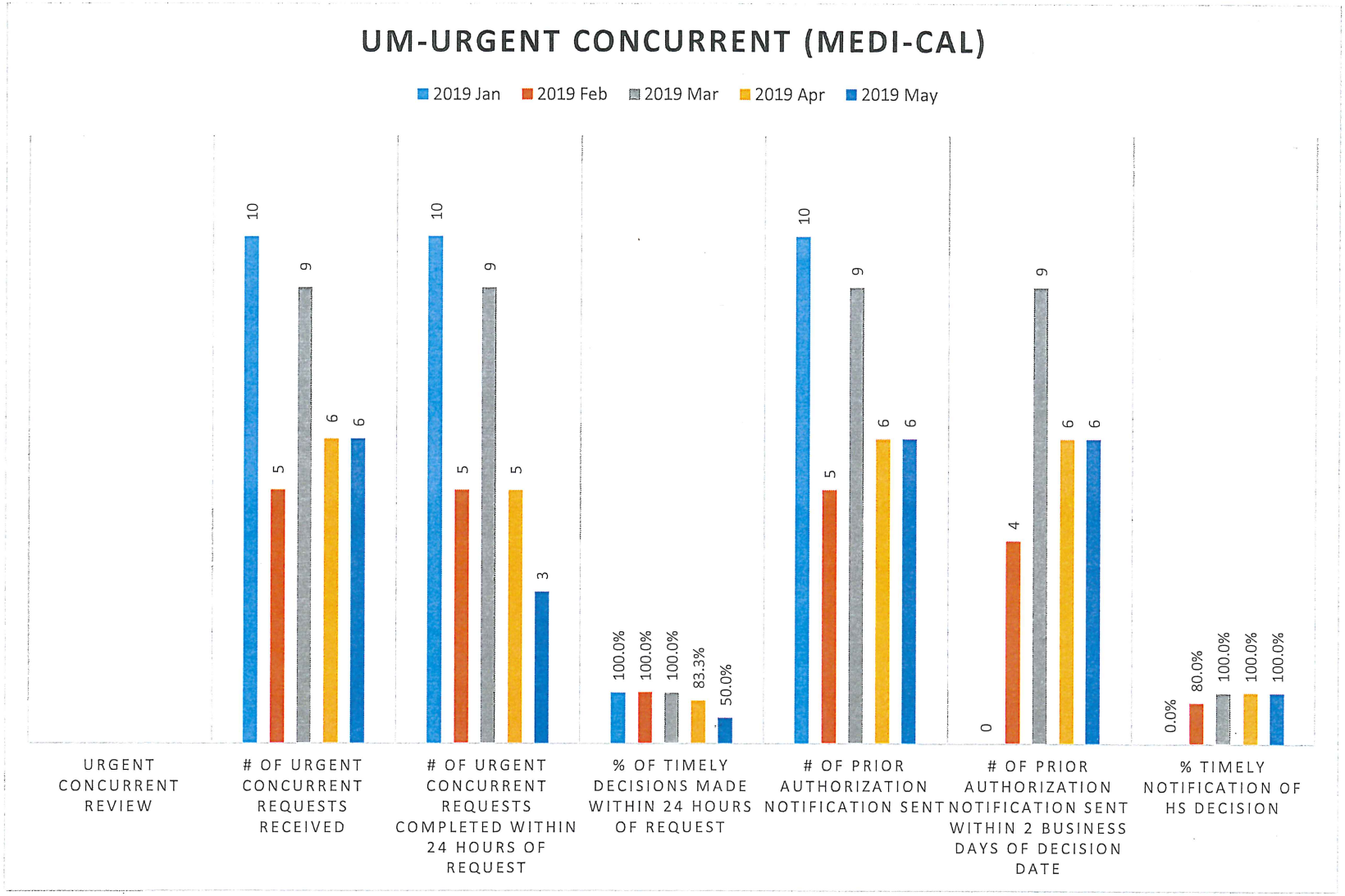

UM-STANDARD AUTHORIZATIONS (MEDI-CAL)
2019 Jan
2019 Feb
2019 Mar
2019 Apr
2019 May
ROUTINE AUTHORIZATIONS
OF ROUTINE PRIOR AUTHORIZATION REQUESTS RECEIVED
1,112
1,003
1,082
1,133
1,062
OF ROUTINE PRIOR AUTHORIZATION REQUESTS COMPLETED WITHIN 5 BUSINESS DAYS
1,088
981
1,066
1,113
1,060
% OF TIMELY DECISIONS MADE WITHIN 5 BUSINESS DAYS OF REQUEST
97.8%
97.8%
98.5%
98.2%
99.8%
OF PRIOR AUTHORIZATION NOTIFICATION SENT
1,112
1,003
1,082
1,133
1,062
OF PRIOR AUTHORIZATION NOTIFICATION SENT WITHIN 2 BUSINESS DAYS OF DECISION DATE
1,100
978
1,054
1,107
1,052
% TIMELY NOTIFICATION OF HS DECISION
98.9%
97.5%
97.4%
97.7%
99.1%

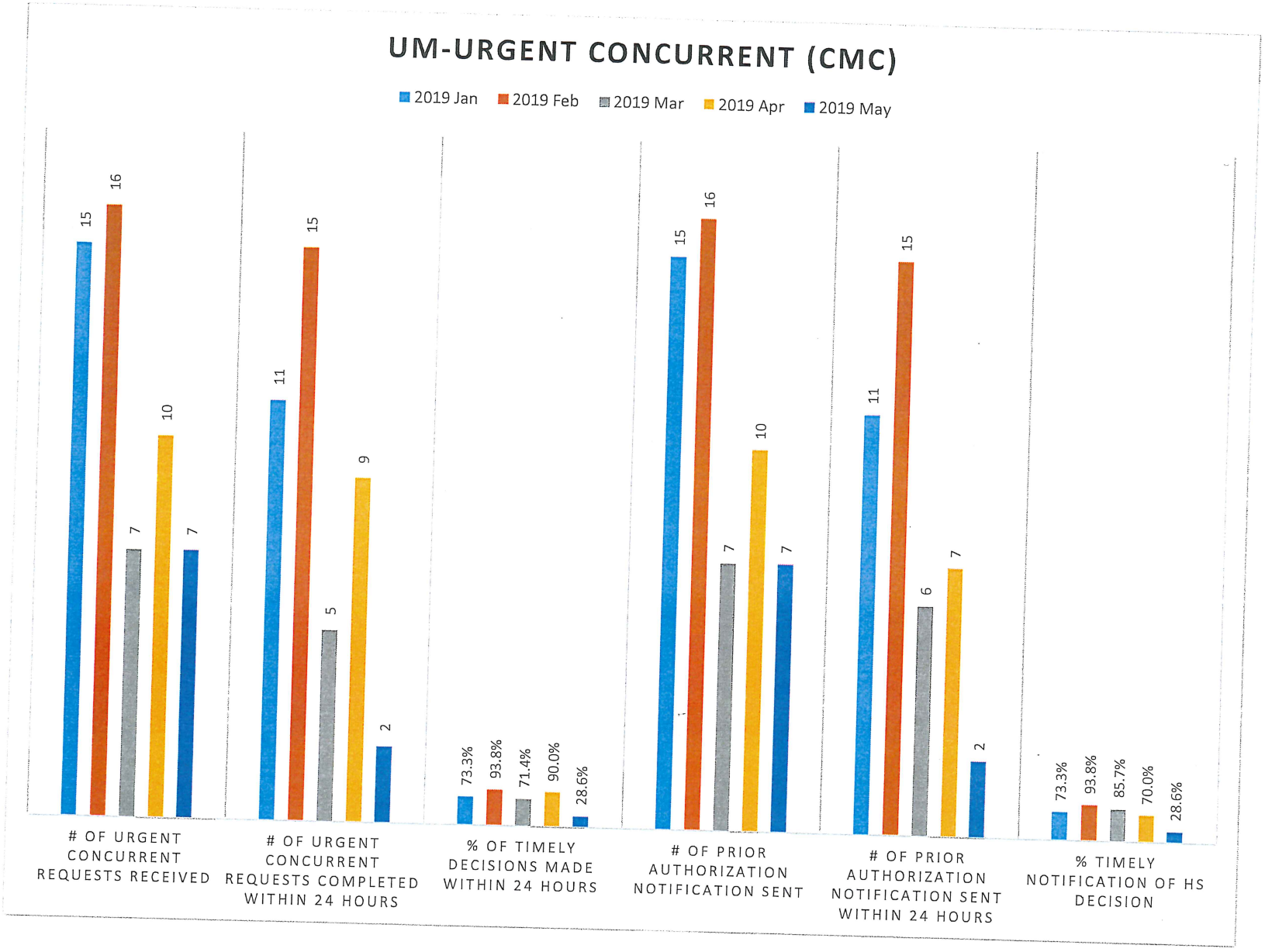

UM STANDARD AUTHORIZATIONS (CMC)
2019 Jan
2019 Feb
2019 Mar
2019 Apr
2019 May
STANDARD PART C
APPROVED
556 495 541 542 633
DENIED
41 30 35 38 33
% APPROVED
93.1% 94.3% 93.9% 93.4% 95.0%
OF PRIOR AUTHORIZATION REQUESTS RECEIVED
597 525 576 580 666
OF PRIOR AUTH REQUESTS COMPLETED WITHIN 14 DAYS
596 523 576 577 664
% OF TIMELY DECISIONS MADE WITHIN 14 DAYS
99.8% 99.6% 100.0% 99.5% 99.7%
OF PRIOR AUTHORIZATION NOTIFICATION SENT
597 525 576 580 666
OF PRIOR AUTHORIZATION NOTIFICATION SENT WITHIN...
593 521 564 575 664
% TIMELY NOTIFICATION OF HS DECISION
99.3% 99.2% 97.9% 99.1% 99.7%

UM-POST SERVICE AUTHORIZATIONS (MEDI-CAL)




UM-POST SERVICE AUTHORIZATIONS (CMC)
2019 Jan
2019 Feb
2019 Mar
2019 Apr
2019 May
APPROVED
30
35
47
26
43
DENIED
0
1
1
2
0
% APPROVED
100.0%
97%
97.9%
92.9%
100.0%
OF REQUESTS RECEIVED
30
36
48
28
43
OF POST SERVICE REQUESTS COMPLETED WITHIN...
30
36
48
28
42
% OF TIMELY DECISIONS MADE WITHIN 30 DAYS
100%
100.0%
100%
100.0%
97.7%
OF PRIOR AUTHORIZATION NOTIFICATION SENT
30
36
48
28
43
OF PRIOR AUTHORIZATION NOTIFICATION SENT...
30
35
46
28
41
% TIMELY NOTIFICATION OF HS DECISION
100.0%
97.2%
95.8%
100.0%
0.0%


UM-URGENT CONCURRENT (MEDI-CAL)
2019 Jan
2019 Feb
2019 Mar
2019 Apr
2019 May
URGENT CONCURRENT REVIEW
OF URGENT CONCURRENT REQUESTS RECEIVED
10
5
9
6
6
OF URGENT CONCURRENT REQUESTS COMPLETED WITHIN 24 HOURS OF REQUEST
10
5
9
5
3
% OF TIMELY DECISIONS MADE WITHIN 24 HOURS OF REQUEST
100.0%
100.0%
100.0%
83.3%
50.0%
OF PRIOR AUTHORIZATION NOTIFICATION SENT
10
5
9
6
6
OF PRIOR AUTHORIZATION NOTIFICATION SENT WITHIN 2 BUSINESS DAYS OF DECISION DATE
0
4
9
6
6
% TIMELY NOTIFICATION OF HS DECISION
0.0%
80.0%
100.0%
100.0%
100.0%


UM-URGENT CONCURRENT (CMC)
2019 Jan
2019 Feb
2019 Mar
2019 Apr
2019 May
15
16
7
10
7
11
15
5
9
2
73.3%
93.8%
71.4%
90.0%
28.6%
15
16
7
10
7
11
15
6
7
2
73.3%
93.8%
85.7%
70.0%
28.6%
OF URGENT CONCURRENT REQUESTS RECEIVED
OF URGENT CONCURRENT REQUESTS COMPLETED WITHIN 24 HOURS
% OF TIMELY DECISIONS MADE WITHIN 24 HOURS
# OF PRIOR AUTHORIZATION NOTIFICATION SENT
# OF PRIOR AUTHORIZATION NOTIFICATION SENT WITHIN 24 HOURS
% TIMELY NOTIFICATION OF HS DECISION

Standard Utilization Metrics PowerPoint

Utilization Management Committee (UMC)

July 2019

UMC Goals and Objectives

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

Inpatient Utilization: Medi-Cal – Non-SPD 4/1/2018 – 3/30/2019

Source: HEDIS Inpatient Utilization (IPU) data for measurement year ending 3/30/2019

Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2018 Q2	2,341	3.80	8,285	3.54
2018 Q3	2,510	4.15	8,924	3.56
2018 Q4	2,435	4.09	8,796	3.61
2019 Q1	2,093	3.56	7,709	3.68
Total	9,379	3.90	33,714	3.59

Inpatient Utilization: Medi-Cal – SPD 4/1/2018 – 3/30/2019

Source: HEDIS Inpatient Utilization (IPU) data for measurement year ending 3/30/2019

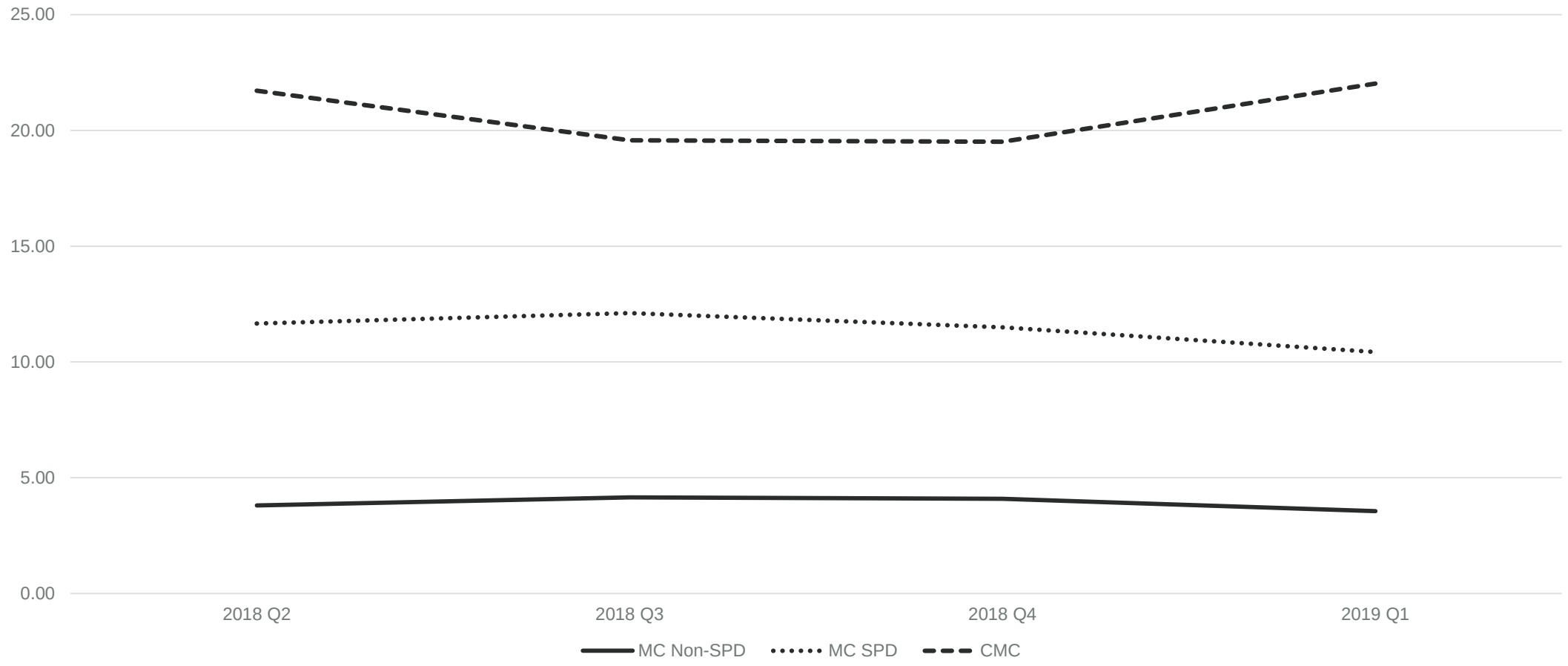
Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2018 Q2	776	11.66	3,768	4.86
2018 Q3	800	12.11	3,612	4.52
2018 Q4	758	11.50	3,626	4.78
2019 Q1	685	10.43	3,243	4.73
Total	3,019	11.43	14,249	4.72

Inpatient Utilization: Cal MediConnect (CMC) 4/1/2018 – 3/30/2019

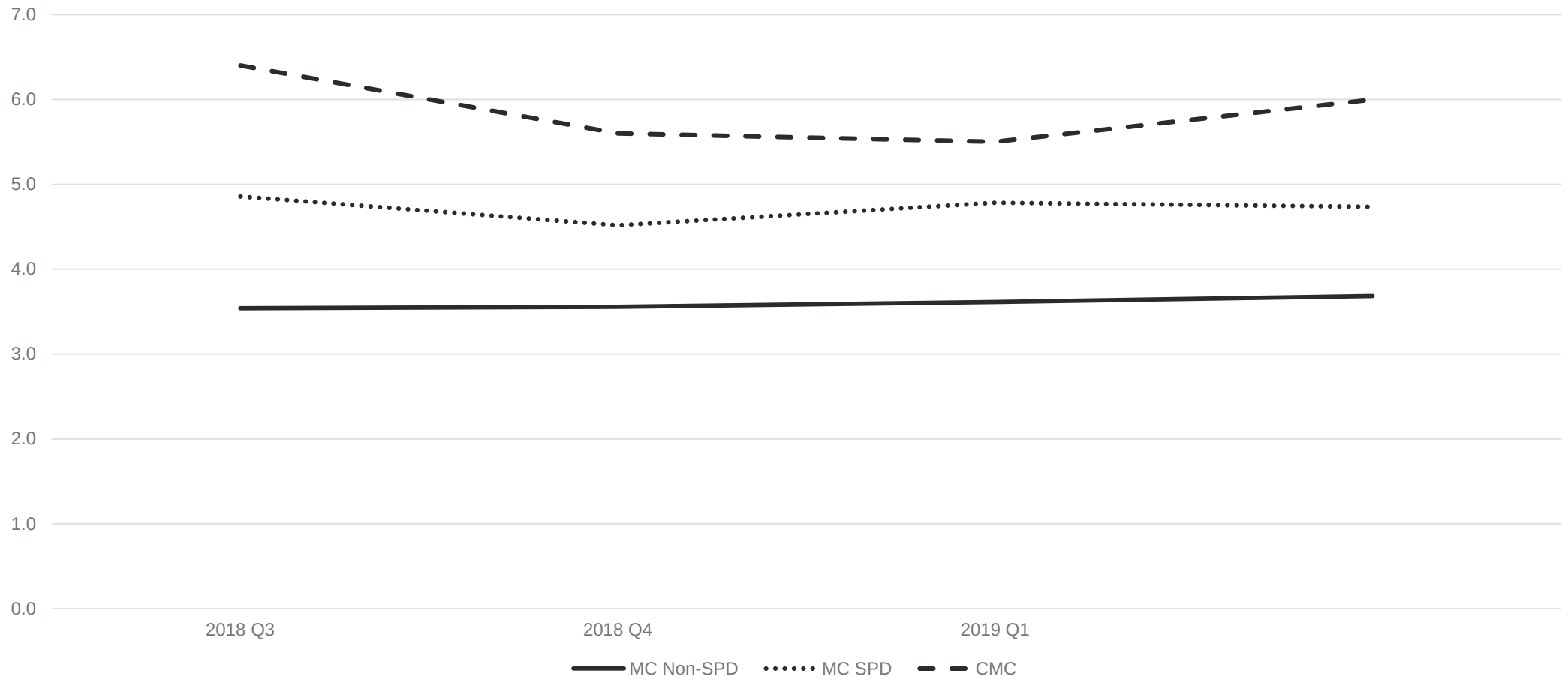
Source: CMC Enrollment & QNXT Claims Data

Quarter	Discharges	Discharges / 1,000 Members per Year	Days	Average Length of Stay
2018 Q2	495	260.6	3,151	6.37
2018 Q3	452	234.9	2,536	5.61
2018 Q4	456	234.1	2,506	5.50
2019 Q1	526	264.3	3,174	6.03
Total	1,929	248.5	11,367	5.89

SCFHP Medi-Cal & Cal MediConnect
Acute Inpatient Discharges per 1,000 Member Months (MM)
4/1/2018 – 3/30/2019



SCFHP Medi-Cal & Cal MediConnect
Acute Inpatient Average Length of Stay (ALOS)
4/1/2018 – 3/30/2019



Medi-Cal Inpatient Utilization NCQA Medicaid Benchmark Comparisons 4/1/2018 – 3/30/2019

	Medi-Cal Population		
Measure	**Non-SPD**	**SPD**	**Total**
Discharges / 1,000 Member Months	3.90	11.43	4.65
NCQA Medicaid Percentile Rank[1]	<10th	>90th	<10th
ALOS	3.59	4.72	3.87
NCQA Medicaid Percentile Rank[2]	<25th	>75th	<50th

[1] NCQA Medicaid 50th percentile = 6.54
[2] NCQA Medicaid 50th percentile = 4.18

Medi-Cal SPD & CMC Inpatient Utilization
MCG & NCQA Medicare Benchmark Comparisons
4/1/2018 – 3/30/2019

	Discharges / 1,000 Members per Year	Days / 1,000 Members per Year	ALOS
SCFHP Population			
Medi-Cal SPD	137.1	467.2	4.72
CMC	248.5	1,464.5	5.89
MCG Medicare Plans			
Loosely Managed	258.7	1,406.9	5.44
Moderately Managed	214.8	1,078.7	5.02
Well Managed	171.0	750.6	4.39
NCQA Medicare Mean	214.6	1,208.9	5.41

Inpatient Readmissions: Medi-Cal – Non-SPD

Source: HEDIS All Cause Readmissions (ACR) data for 4/1/2018 – 3/30/2019 measurement period

Quarter	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Actual Readmission Rate[1, 2]
2018 Q2	2,439	308	12.63%
2018 Q3	2,536	269	10.61%
2018 Q4	2,486	256	10.30%
2019 Q1	1,518	169	11.13%
Total	8,979	1,002	11.16%

[1] A lower rate indicates better performance.
[2] The 30-day readmission rate for the ACR measure is Medi-Cal specific and only includes non-dual members ages 21 years and older.

Inpatient Readmissions: Medi-Cal – SPD

Source: HEDIS All Cause Readmissions (ACR) data for 4/1/2018 – 3/30/2019 measurement period

Quarter	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Actual Readmission Rate[1,2]
2018 Q2	791	182	23.01%
2018 Q3	804	191	23.76%
2018 Q4	726	156	23.76%
2019 Q1	485	104	21.44%
Total	2,806	633	22.56%

[1] A lower rate indicates better performance.
[2] The 30-day readmission rate for the ACR measure is Medi-Cal specific and only includes non-dual members ages 21 years and older.

Inpatient Readmissions: Cal MediConnect (CMC)

Source: HEDIS Plan All-Cause Readmissions (PCR) data for 4/1/2018 – 3/30/2019 measurement period

Quarter	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Actual Readmission Rate[1, 2]
2018 Q2	360	55	15.28%
2018 Q3	321	39	12.15%
2018 Q4	322	44	13.66%
2019 Q1	267	27	10.11%
Total	1,270	165	12.99%

[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.

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

Source: HEDIS Plan All-Cause Readmissions (PCR) data for 4/1/2018 – 3/30/2019 measurement period

Rate Description	Ages 18 – 64 (PCR-A)	Ages 65+ (PCR-B)
Count of Index Hospital Stays	313	957
Count of 30-Day Readmissions	44	121
Actual Readmission Rate	14.06%	12.64%
NCQA Medicare 50th Percentile	16.34%	12.68%
SCFHP Percentile Ranking	>90th	>50th

[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.

Frequency of Selected Procedures: Medi-Cal

Source: HEDIS data for 4/1/2018 – 3/30/2019 measurement period

Procedure	Number of Procedures	Procedures / 1,000 Member Months	NCQA Medicaid 50th Percentile	SCFHP Comparison to Benchmark
Tonsillectomy				
Male & Female, Age 0-9	171	0.28	0.63	↓
Male & Female, Age 10-19	82	0.12	0.29	↓
Hysterectomy, abdominal				
Female, Age 15-44	20	0.04	0.10	↓
Female, Age 45-64	45	0.16	0.24	↓
Hysterectomy, vaginal				
Female, Age 15-44	18	0.03	0.10	↓
Female, Age 45-64	28	0.1	0.17	↓

Frequency of Selected Procedures: Medi-Cal, Cont.

Source: HEDIS data for 4/1/2018 – 3/30/2019 measurement period

Procedure	Number of Procedures	Procedures / 1,000 Member Months	NCQA Medicaid 50th Percentile	SCFHP Comparison to Benchmark
Cholecystectomy, open				
Male, Age 30-64	9	0.02	0.03	↓
Female, Age 15-44	2	0.00	0.01	↓
Female, Age 45-64	2	0.01	0.03	↓
Cholecystectomy, closed (laparoscopic)				
Male, Age 30-64	56	0.15	0.26	↓
Female, Age 15-44	241	0.42	0.61	↓
Female, Age 45-64	69	0.24	0.58	↓

Frequency of Selected Procedures: Medi-Cal, Cont.

Source: HEDIS data for 4/1/2018 – 3/30/2019 measurement period

Procedure	Number of Procedures	Procedures / 1,000 Member Months	NCQA Medicaid 50th Percentile	SCFHP Comparison to Benchmark
Back Surgery				
Male, Age 20-44	13	0.04	0.19	↓
Female, Age 20-44	12	0.03	0.14	↓
Male, Age 45-64	37	0.16	0.52	↓
Female, Age 45-64	31	0.11	0.51	↓
Mastectomy				
Female, Age 15-44	16	0.03	0.02	↑
Female, Age 45-64	31	0.11	0.12	↓
Lumpectomy				
Female, Age 15-44	35	0.06	0.11	↓
Female, Age 45-64	82	0.28	0.34	↓

Frequency of Selected Procedures: Medi-Cal, Cont.

Source: HEDIS data for 4/1/2018 – 3/30/2019 measurement period

Procedure	Number of Procedures	Procedures / 1,000 Member Months	NCQA Medicaid 50th Percentile	SCFHP Comparison to Benchmark
Bariatric Weight Loss Surgery				
Male, Age 0-19	1	0.00	0.00	↔
Female, Age 0-19	0	0.00	0.00	↔
Male, Age 20-44	6	0.02	0.01	↑
Female, Age 20-44	38	0.09	0.05	↑
Male, Age 45-64	5	0.02	0.01	↑
Female, Age 45-64	22	0.08	0.06	↑

ADHD Medi-Cal Behavioral Health Metrics

Source: HEDIS data for 4/1/2018 – 3/30/2019 measurement period

Measure	Rate	NCQA Medicaid 50th Percentile	SCFHP Percentile Rank
Follow-Up Care for Children Prescribed ADHD Medication			
Initiation Phase	62.87%	44.80%	>90th
Continuation & Maintenance Phase	73.42%	55.90%	>90th
Antidepressant Medication Management			
Acute Phase Treatment	61.94%	57.90%	>75th
Continuation Phase Treatment	45.35%	36.21%	>75th
Cardiovascular Monitoring for People with Cardiovascular Disease & Schizophrenia	87.50%	77.94%	>75th

Santa Clara Family Health Plan™

Questions?

Santa Clara Family Health Plan™

HS.04.01 Reporting Quality Monitoring Of Plan Auths, Denials, etc. (Q2 19)

HS 04.01 Reporting for Quality Assurance Monitoring of Plan Denials

Authorization Audit period: January, February, March of CY 2019

Purpose of the Quality Assurance (QA) monitoring for Adverse Determinations (Denials):

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.

I. Procedure

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

Quarterly Quality Assurance Report, in Accordance with Procedure HS.04.01

Reported: 2nd Quarter 2019

II. Findings for first quarter 2019 Denial letter review

A. Sample Cohort: Authorizations with dates of services and denial determinations documented for January, February, March of CY 2019

a) 30 unique authorizations were pulled via a random sampling process.

i. 53.3% (16/30) Medi-Cal LOB and 46.7% or (14/30) CMC LOB

ii. Of the samples selected, 100% or 30/30 were denials

iii. Of the samples selected, 43.3% or 13/30 were expedited requests; 56.7% or 17/30 were standard request.

1. 100% or 13/13 of the expedited authorizations met regulatory turnaround time of 72 calendar hours
2. 100% or 17/17 of the standard authorizations met regulatory turnaround time (5 business days for Medi-Cal LOB and 14 calendar days for CMC LOB)

iv. 66.7% or 20/30 are medical denials, 33.3% or 10/30 are administrative denials

v. 100% or 30/30 of cases were denied by MD or pharmacist

vi. 100% were provided member and provider notification.

vii. 90% or 28/30 of the member letters are of member's preferred language

viii. 100% of the letters were readable and rationale for denial was provided

ix. 100% of the letters included IMR information, interpreter rights and instructions on how to contact CMO or Medical Director for Peer to Peer review

III. Follow-Up

The Director of Health Services reviewed the findings of this audit and recommendations from that finding which are presented to UMC during Q2 2019 are as follows:

1. Continue Quarterly QA report monitoring process. UM Team is currently in a CMS Independent Audit look back period (5/1/19 thru 7/31/19), resulting in a significant compliance focus for all CMC authorizations which are being monitored closely on a daily basis within the department.
2. Manage reviews to meet turn-around time requirements.

Santa Clara Family Health Plan™

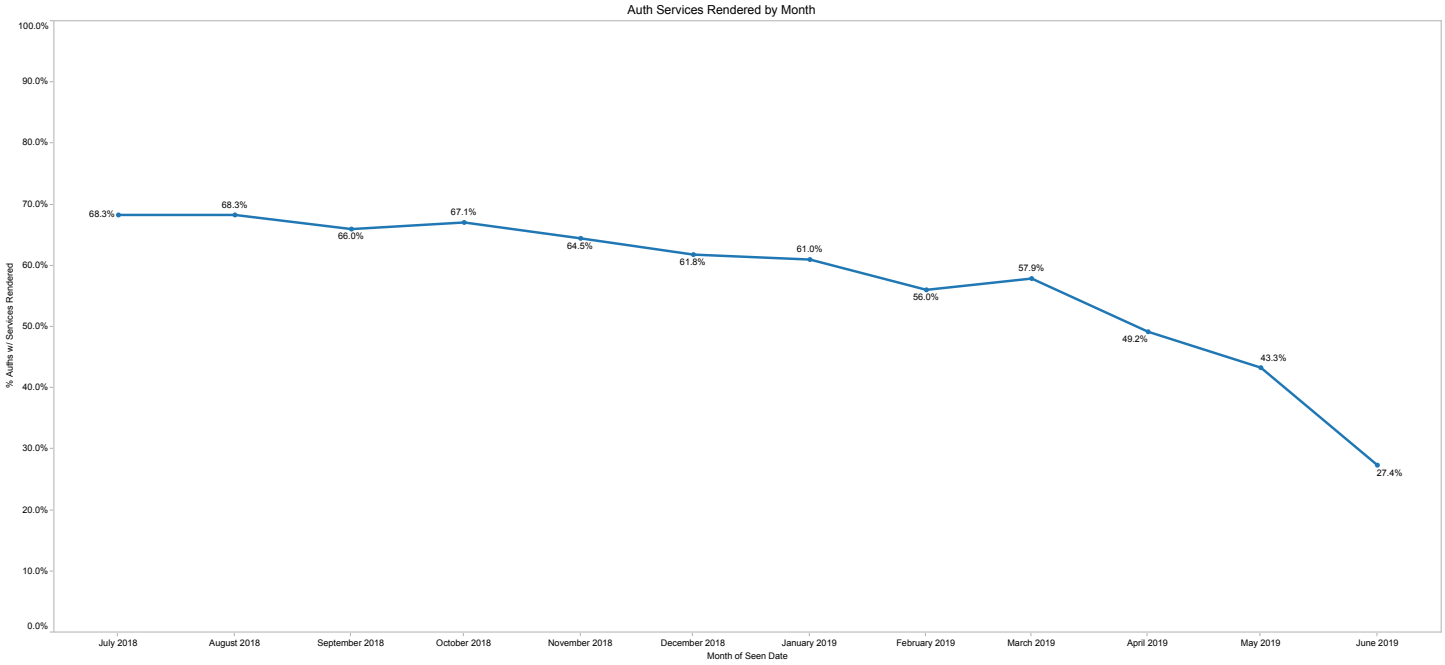
Referral Tracking Quarterly Report (Q2 19)

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	115	109	0	6	5.2%
		Routine - Extended Service	359	343	1	15	4.2%
		Routine - Initial Request	77	68	0	9	11.7%
	CONT OF CARE	Non Contracted Provider - Ro..	1	0	0	1	100.0%
		Routine - Initial Request	2	1	0	1	50.0%
	CONT OF CARE GR	Routine - Initial Request	2	1	0	1	50.0%
	Dental	Routine - Initial Request	149	125	5	19	12.8%
		Urgent - Initial Request	57	38	0	19	33.3%
	DME	Non Contracted Provider - Ret..	14	13	0	1	7.1%
		Non Contracted Provider - Ro..	16	11	1	4	25.0%
		Non Contracted Provider - Urg..	4	2	0	2	50.0%
		Retro Request	274	188	1	85	31.0%
		Routine - Extended Service	19	11	0	8	42.1%
		Routine - Initial Request	1,052	738	28	286	27.2%
		Urgent - Extended Service	10	6	1	3	30.0%
		Urgent - Initial Request	95	69	0	26	27.4%
	HomeHealth	Non Contracted Provider - Ret..	2	2	0	0	0.0%
		Non Contracted Provider - Ro..	4	3	0	1	25.0%
		Non Contracted Provider - Urg..	10	4	0	6	60.0%
		Retro Request	4	3	0	1	25.0%
		Routine - Extended Service	17	14	0	3	17.6%
		Routine - Initial Request	17	15	0	2	11.8%
		Urgent - Extended Service	62	29	0	33	53.2%
		Urgent - Initial Request	113	67	0	46	40.7%
	HOSPICE	Non Contracted Provider - Ret..	23	17	0	6	26.1%
		Non Contracted Provider - Ro..	7	6	0	1	14.3%
		Non Contracted Provider - Urg..	3	2	0	1	33.3%
		Retro Request	3	3	0	0	0.0%
		Urgent - Initial Request	2	1	0	1	50.0%
	OP-BehavioralGr	Non Contracted Provider - Ret..	10	8	0	2	20.0%
		Non Contracted Provider - Ro..	20	4	0	16	80.0%
		Non Contracted Provider - Urg..	1	1	0	0	0.0%
		Retro Request	6	4	0	2	33.3%
		Routine - Extended Service	18	9	0	9	50.0%
		Routine - Initial Request	9	3	0	6	66.7%
		Urgent - Initial Request	1	0	0	1	100.0%
	OP-Behavorial	Non Contracted Provider - Ret..	112	86	1	25	22.3%
		Non Contracted Provider - Ro..	172	132	8	32	18.6%
		Non Contracted Provider - Urg..	5	3	0	2	40.0%
		Retro Request	98	77	0	21	21.4%
		Routine - Extended Service	196	168	2	26	13.3%
		Routine - Initial Request	179	82	8	89	49.7%
		Urgent - Extended Service	3	3	0	0	0.0%
		Urgent - Initial Request	13	5	2	6	46.2%
		Urgent – RN review; Expedite..	2	2	0	0	0.0%
	OPHospital	Non Contracted Provider - Ret..	24	6	0	18	75.0%
		Non Contracted Provider - Ro..	86	26	0	60	69.8%
		Non Contracted Provider - Urg..	36	18	0	18	50.0%
		Retro Request	99	60	0	39	39.4%
		Routine - Extended Service	149	62	3	84	56.4%

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 - Initial Request	1,665	821	31	813	48.8%
		Urgent - Extended Service	40	23	0	17	42.5%
		Urgent - Initial Request	643	397	5	241	37.5%
	OPHospitalGr	Non Contracted Provider - Ret..	3	1	0	2	66.7%
		Non Contracted Provider - Ro..	3	1	0	2	66.7%
		Non Contracted Provider - Urg..	2	1	0	1	50.0%
		Retro Request	62	43	0	19	30.6%
		Routine - Extended Service	176	89	2	85	48.3%
		Routine - Initial Request	1,415	715	14	686	48.5%
		Urgent - Extended Service	41	30	0	11	26.8%
		Urgent - Initial Request	401	260	9	132	32.9%
	Transportation	Non Contracted Provider - Ret..	10	3	0	7	70.0%
		Non Contracted Provider - Ro..	1	0	0	1	100.0%
		Retro Request	376	191	3	182	48.4%
		Routine - Extended Service	5	1	1	3	60.0%
		Routine - Initial Request	1,172	185	25	962	82.1%
		Urgent - Extended Service	1	0	0	1	100.0%
		Urgent - Initial Request	3	2	0	1	33.3%
Grand Total			**9,771**	**5,411**	**151**	**4,209**	**43.1%**


Auth Services Rendered by Month
100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
% Auths w/ Services Rendered
68.3%
68.3%
66.0%
67.1%
64.5%
61.8%
61.0%
56.0%
57.9%
49.2%
43.3%
27.4%
July 2018
August 2018
September 2018
October 2018
November 2018
December 2018
January 2019
February 2019
March 2019
April 2019
May 2019
June 2019
Month of Seen Date

Santa Clara Family Health Plan™

Behavioral Health UM Reports

Medi-Cal

BEHAVIORAL HEALTH & MENTAL HEALTH	Q1 2019	Q2 2019	YTD
#Receiving BHT Benefits (excluding Kaiser and VHP)	227	191	418
# Receiving Mental Health Benefits	117	UNAVAILABLE	117
# Receiving SCFHP Case Management	3	1	4
Mild to Moderate Referrals	10	7	17

Cal Medi-Connect

BEHAVIORAL HEALTH	Q1 2019	Q2 2019	YTD
# Behavioral Health - County Mental Health	11	UNAVAILABLE	11
# Behavioral Health - SCFHP	36	43	79
Opt outs of SCFHP Case Management	8	11	29
Mild to Moderate Referrals	2	1	3