



Regular Meeting of the
Santa Clara County Health Authority
Utilization Management Committee

Wednesday, April 21, 2021 6:00 – 7:30 PM
 Santa Clara Family Health Plan
 6201 San Ignacio Ave, San Jose, CA 95119

Minutes

Members Present

Jimmy Lin, M.D., Internal Medicine, Chair
 Ali Alkoraishi, M.D., Psychiatry
 Ngon Hoang Dinh, Head & Neck
 Laurie Nakahira, D.O., Chief Medical Officer
 Habib Tobbagi, PCP, Nephrology

Members Absent

Dung Van Cai, D.O., OB/GYN
 Indira Vemuri, Pediatric Specialist

Staff Present

Christine Tomcala, Chief Executive Officer
 Dang Huynh, PharmD, Director, Utilization
 Management & Pharmacy
 Lily Boris, M.D., Medical Director
 Natalie McKelvey, Manager, Behavioral
 Health
 Luis Perez, Supervisor, Utilization
 Management
 Hoang Mai Vu, Utilization Management &
 Discharge Planning Nurse
 Amy O'Brien, Administrative Assistant

1. Roll Call

Jimmy Lin, MD, Chair, called the meeting to order at 6:05 p.m. Roll call was taken and a quorum was established. Dr. Huynh introduced the new SCFHP Utilization Management and Discharge Planning Nurse, Hoang Mai Vu.

2. Public Comment

There were no public comments.

3. Meeting Minutes

The minutes of the January 20, 2021 Utilization Management Committee (UMC) meeting were reviewed.

It was moved, seconded, and the minutes of the January 20, 2021 UMC meeting were unanimously approved.

Motion: Dr. Nakahira

Seconded: Dr. Tobbagi

Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira, Dr. Tobbagi

Absent: Dr. Cai, Dr. Dinh, Dr. Vemuri

4. Chief Executive Officer Update

Christine Tomcala, Chief Executive Officer, highlighted the Plan's collaboration with the County Emergency Operations center to hold pop-up vaccination clinics at the Community Resource Center (CRC). At least 300 vaccines were administered during each clinic. The most recent clinic was held on January 19, and SCFHP

was given 470 vaccines. Of those 470 vaccines, there were some left over, which may be attributable to the vaccine hesitancy issue. Ms. Tomcala confirmed SCFHP will connect with Dr. Lin on the best way to inform his patients of upcoming clinics.

Dr. Tobbagi expressed concern with vaccine waste. Ms. Tomcala advised that, up until yesterday's clinic, vaccine waste was not an issue. SCFHP provides the location; the Public Health department coordinates all the staffing and clinical details. The Public Health department is concerned about vaccine waste and this issue is being addressed. Dr. Lin asked for the date of the next clinic. Ms. Tomcala replied that Public Health does not give the Plan advance notice. SCFHP has requested that Public Health devise a more routine schedule which would encourage more public participation and less vaccine waste. Dr. Nakahira directed Dr. Lin to our website which has a link to the Public Health Department. Vaccine availability has increased and Levi Stadium is under consideration as a potential pop-up vaccination site. Ms. Tomcala welcomes the committee's ideas and recommendations to overcome vaccine hesitancy amongst our members.

5. Chief Medical Officer Update

a. General Update

Dr. Laurie Nakahira, Chief Medical Officer, began with a reminder to committee members to sign the annual SCFHP confidentiality agreement. Dr. Nakahira provided the Committee with a COVID-19 update. The Plan provides assistance to members who are 65 years of age and older to help them make vaccine appointments online in conjunction with the Public Health department. Public Health has agreed to reserve a certain number of vaccine appointments for our high-risk members. The Plan continues to call our members to confirm if they have been vaccinated, provide assistance on how to make appointments to be vaccinated, and, if applicable, the reasons why vaccination is declined. The most common reason given is concern over long-term side effects.

Dr. Nakahira continued with the Plan's successful completion of the Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) audits in March 2021. A final audit report is pending. The Plan is focusing on Enhanced Case Management (ECM) and In-Lieu-of-Services (ILOS). The Plan is preparing for the sun-setting of the County's Whole Person Care and Home Health programs.

b. Annual Confidentiality Agreements

This item was addressed in the CMO update.

6. Old Business/Follow-Up Items

a. Plan-All-Cause Readmission (PCR) Rates

Dr. Dang Huynh, PharmD, Director Utilization Management and Pharmacy, presented an overview of PCR Rates, and ways to reduce the number of readmissions. PCRs are readmissions that occur in acute settings within 30 days. The Plan's Fiscal Year goal is to reduce Medi-Cal PCRs to 7.48%. Dr. Huynh described the strategies the UM department will implement in order to achieve this goal. The UM department is expanding their TLC in the Case Management department, so calls, follow-up reviews, and HRA's are all in alignment. UM is identifying individuals who are candidates for further outreach, and working with the Plan's provider groups for more oversight on their concurrent review and discharge planning processes, which reduces their PCR, as well as the Plan's PCR. The UM department has built strong relationships with the Plan's contracted hospitals to strategize a more proactive approach to prior authorizations and timely discharge planning procedures. Finally, the UM department will improve their analytics on ADT data to support provider groups. Dr. Lin stated that Medicare readmissions rates are significantly higher than the Plan's 9.58%, and he approves of the Plan's emphasis on communication with contracted hospitals and providers.

7. UM Program Evaluation - 2020

Dr. Lily Boris, Medical Director, presented the Committee with the annual review of the UM Program Evaluation for 2020. The UM Program Evaluation is a requirement of the state, as well as the NCQA. It is divided into Quality of Clinical Care and Quality of Service. The UM department successfully completed quality of clinical care and corresponding HEDIS metrics such as: current reporting; quality of inpatient care; readmissions; the UM Program Description; medical necessity criteria policy; and prior authorizations on outpatient and inpatient stays. The only 2 items that were not completed were Item #9 Track and Monitor Behavioral Health Inpatient Stays for Cal MediConnect, and Item #16 Conduct Member and Provider Satisfaction Surveys. Item #9 was not measured, as the Plan did not have access to the data set. A new parameter has been built so the Plan can provide this information next year. Item #16 was not completed as Medi-Cal and Medicare satisfaction surveys are conducted outside of the Plan's purview. Otherwise, all quality of clinical care and HEDIS items were reviewed and completed in a timely fashion.

It was moved, seconded and the UM Program Evaluation - 2020 was unanimously approved.

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

8. UM Work Plan – 2021

Dr. Boris next presented the UM Work Plan for 2021 to the Committee. The UM Work Plan reflects the goals for 2021. The requirements are divided by quarter. Dr. Boris highlighted item #9 Track and Monitor Behavioral Health Inpatient Stays for Cal MediConnect, as the strongest focus area of the 2021 Work Plan. Dr. Boris also directed the committee's attention to item #15 Annual Inter-Rater Reliability which should be conducted on an annual basis, not a bi-annual basis as listed in the Work Plan, with achievement of an 80% pass rate for all UM staff.

It was moved, seconded and the UM Work Plan – 2021 was unanimously approved.

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

9. Care Coordinator Guidelines

Mr. Luis Perez, Supervisor, UM, provided an overview of the UM Care Coordinator Guidelines to the Committee. Dr. Lin remarked that it appears there is improvement on SNF transitions to long-term care, and Mr. Perez agreed. Dr. Lin asked if patients in hospice care remain under SCFHP, or do they qualify for carve out? Mr. Perez clarified hospice care patients remain under the jurisdiction of SCFHP.

Ms. Natalie McKelvey, Manager, Behavioral Health, presented an overview of the Behavioral Health Care Coordinator Guidelines to the Committee. Ms. McKelvey explained that the most important factor for Care Coordinator Guidelines is to follow APL 19-014. The Care Coordinator can approve anything less than 25 hours per week in direct services. Anything above 25 hours per week requires a Manager or a doctor's review and approval.

It was moved, seconded and the Care Coordinator Guidelines were unanimously approved.

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

10. UM 1B Annual Assessment of Senior Level Practitioners for NCQA – 2020

Dr. Boris gave an overview of the 2020 UM 1B Annual Assessment of Senior Level Practitioners, as required by NCQA. The purpose is to determine how a senior level practitioner participates in the Plan's UM Committee. Dr. Boris co-chairs this committee with Dr. Lin. Dr. Alkoraishi also participates in this committee to address the Behavioral Health perspective. Dr. Boris explained how the answers to 6 targeted questions demonstrate the fact that senior level practitioners meet the necessary NCQA standards and elements.

11. Home Health Services Authorization Procedure

Dr. Huynh presented the Committee with an overview of the purpose of procedure HS.01.23 Home Health Services Authorization. Dr. Huynh explained that the UM department uses MTV as the criteria in order to evaluate the number of approved visits. The MTV recommendation for the 50th percentile is limited to commercial and Medi-Cal lines of business. As the Plan has Medi-Cal beneficiaries, a procedure was developed which clearly outlines how the UM team will approve the numbers of visits for Medicare and Cal MediConnect beneficiaries. The UM reviewer will be able to approve up to 200% of the Medicare 50th percentile recommended visits. Any additional visits will require appropriate notes that establish medical necessity.

Dr. Boris directed the Committee's attention to the MCG criteria. Dr. Boris explained that the Plan relies on MCG criteria in situations where neither Medicare nor Medi-Cal have clear criteria for what constitutes an approval or denial. It was necessary for the UM team to show specific reasons for denials of service, as the Plan's auditors require a concrete procedure. Dr. Lin expressed his concern with the establishment of the 200% of the 50th percentile guideline. Ms. Tomcala responded that our members deserve the right care at the right time. Dr. Boris reminded Dr. Lin that the Plan's Medi-Cal and MediCare patients have a higher acuity, and the typical Medicare patient does not have the co-morbidity rate or social issues of the typical Medi-Cal patient. Dr. Boris emphasized that all patients must still meet the criteria of medical necessity.

Dr. Huynh explained that this procedure will help to establish the maximum number of home health visits that will be approved per patient on a case by case basis. During audits, the Plan can explain their rationale for approvals or denials through use of this procedure. Dr. Boris stated that the UM department will do an evaluation of this procedure after 6 months and discuss the results at the October 2021 meeting.

Dr. Dinh joined the meeting at 6:42 p.m.

12. Reports

a. Membership

Dr. Boris gave a brief summary of the Membership Report from April 2020 through April 2021. Cal MediConnect membership has increased to 9,924 members, and Medi-Cal membership has increased to 269,043 members. The Plan's total population has increased from 243,774 members to 278,967 members, largely attributable to the pause on Medi-Cal redeterminations due to COVID. The majority of our members remain delegated to Valley Health Plan, with the remaining majority delegated to Physicians Medical Group, Kaiser Permanente, and Premier Care.

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

Dr. Boris presented the Committee with the UM objectives and goals. Dr. Boris summarized the results of the Medi-Cal SPD and non-SPD lines of business for the calendar year 2020, with a comparison to the results from 2019. Dr. Boris also summarized the results for the Cal MediConnect line of business, with a comparison to the data from 2019. Dr. Boris next summarized the number of admissions and re-admissions for both the Medi-Cal and Cal MediConnect lines of business. Ms. Tomcala asked if admissions and readmissions were affected by COVID and the fact that many elective procedures were put on hold. Dr. Boris replied that the UM department will analyze COVID admissions and readmissions for 2020 and bring these



results to the July 2021 meeting. Dr. Huynh advised that some of the data may have been affected by the HEDIS change.

Dr. Boris concluded with a summary of the Cal MediConnect readmission rates, which have increased since 2019. The UM team will perform analysis to determine how COVID may have affected this increase in PCR rates.

c. Dashboard Metrics

- Turn-Around Time – Q1 2021

Mr. Perez summarized the Cal MediConnect Turn-Around Time metrics for Q1 2021. The turn-around times in all categories are compliant at 99% or better, with the exceptions of expedited pre-service prior authorization requests with a 95.9% rate, expedited Part C initial determinations at 96.9%, standard prior authorization requests for Part B drugs at 94.6%, and expedited prior authorization requests for Part B drugs at 97.4%.

Mr. Perez next summarized the Turn-Around times for Medi-Cal authorizations for Q1 2021. The turn-around times for all Medi-Cal authorizations combined is compliant at 98% or better.

Dr. Huynh explained that some of the turn-around times were impacted by issues with the mail room and the fax line. The UM Department is focusing on better reporting, streamlining processes, and additional training, with a commitment to 100% compliance with contractual and regulatory requirements. Dr. Huynh explained to Dr. Lin that even 1 non-compliant case found by the CMS auditors triggers an impact analysis to determine if there are additional cases of non-compliance.

d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q1 2021

Dr. Huynh summarized the data from the Q1 2021 Cal MediConnect and Medi-Cal Quarterly Referral Tracking reports for the Committee. Dr. Huynh explained that the UM team tracks the cycle of prior authorizations from the time the prior authorization is issued through to claims payment. The average claims cycle is 90 days. This report is affected by a claims data lag. Dr. Huynh explained that the annual review, which incorporates this data lag, presents a more accurate picture of timeframes within the claims cycle. Dr. Lin asked how the 2020 results compare with 2019. Dr. Huynh replied that he will review these numbers and present the results at the July 2021 meeting. Dr. Huynh agrees that COVID has affected the number of outpatient services and prior authorization requests.

e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q1 2021

Dr. Boris summarized the results of the Q1 2021 Quality Monitoring of Plan Authorizations and Denial Letters for the Committee. Dr. Boris reported that the UM department received a 100% score in virtually all categories, with the exception of a small handful of written notifications that either contained unexplained medical terminology, grammatical and punctuation errors, or omitted the rationale for the denial. Dr. Huynh will ensure these errors will be reviewed with all UM staff members. UM leadership will continue to take an active role in QA oversight.

f. Behavioral Health UM

Ms. Natalie McKelvey, Manager, Behavioral Health, presented an overview of utilization of the Behavioral Health Treatment program. Ms. McKelvey highlighted the number of developmental screenings, and Dr. Lin remarked on the high number of Q1 screenings for VHP and PMG. Ms. McKelvey believes this could be due to a claims lag, or the fact that the providers do not promptly bill for services. Ms. McKelvey will provide an update at the July 2021 meeting. Ms. McKelvey discussed how important it is for BH providers to complete ACES Aware training and conduct trauma screenings. Ms. McKelvey discussed the fact that the Plan provides assistance to providers in how to conduct trauma screenings which includes peer-to-peer training via Zoom.

Dr. Tobbagi asked for an explanation of payment structure, and Ms. McKelvey advised the County is responsible for providing specialty mental health, and health plans are responsible for serving the mild to



moderate symptoms population. The payment structure is complicated, as it is based primarily on the patient's function level. A discussion ensued amongst Ms. McKelvey, Dr. Tobbagi, and Dr. Lin as to the Plan's top 10 billing providers, and the cost of BH services. Ms. McKelvey advised BH is not a capitated service with respect to autism. The Plan follows the APL and EPSDT requirements for treatment for kids. Treatment plans are approved every 6 months to confirm medical necessity. Dr. Tobbagi asked about the amount of compensation for initial BH consultations for adults. Ms. McKelvey replied she does not have the specific numbers, but the Plan pays over the Medicare and Medi-Cal rates.

Dr. Boris pointed out that, with respect to the bar graph which shows the top 10 billing providers, the graph includes all BH treatment provided from 2018-2020 and includes children who receive a combination of ABA therapy in the home. Ms. McKelvey clarified the bar graph does not include speech or occupational therapies. The BH team regularly meets with ABA providers to ensure the standard of medical necessity is met, and discussions continue to understand what the community standard is for BH treatment.

Dr. Tobbagi asked why so many patients are having trouble getting referrals to Stanford when they change their primary care physician. Dr. Nakahira and Dr. Boris agreed this may be an issue with Stanford's process. They will research this issue to confirm there is not a problem with the Plan's referral process.

13. Adjournment

The meeting adjourned at 7:26 p.m. The next meeting of the Utilization Management Commitment is on July 21, 2021 at 6:00 p.m.

DocuSigned by:

Dr. Jimmy Lin
2607DAF25F7642E...

2/7/2022

Jimmy Lin, M.D, Chair
Utilization Management Committee

Date