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

Via Teleconference Only
(669) 900-6833
Meeting ID: 889 9180 1454
Passcode: **umc072022**
https://us06web.zoom.us/j/88991801454

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 Q2 April 20, 2022 Utilization Management Committee (UMC) meeting. **Possible Action:** Approve Q2 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.** Member Letter Notification Issue **b.** Urgent Care Centers **c.** Community-Based Adult Services (CBAS) – Form and Emergency Response Services (ERS) **d.** Mild-to-Moderate Network Comparison	Dr. Huynh	6:25	10 min
7. Medical Covered Services Prior Authorization Grid Overview of Prior Authorization Grid for Medi-Cal, Cal MediConnect, and DualConnect (2023) **Possible Action:** Approve Medical Covered Services Prior Authorization Grid	Dr. Boris	6:35	5 min

8. UM Review of Delegation Results and Process Overview of UM Delegation Quarterly Updates	Dr. Huynh	6:40	10 min
9. Reports			
a. Membership Report	Dr. Boris	6:50	10 min
b. Over/Under Utilization by Procedure Type/Standard UM Metrics			
c. Dashboard Metrics • Turn-Around Time – Q2 2022	Mr. Perez	7:00	10 min
d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q2 2022	Dr. Huynh	7:10	10 min
e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q2 2022			
f. Behavioral Health UM	Ms. Chen	7:20	10 min
10. Adjournment Next meeting: October 19, 2022 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

Santa Clara Family Health Plan™

Meeting Minutes

April 20, 2022

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Minutes - Draft

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
Indira Vemuri, Pediatric Specialist

Staff Present
Christine Tomcala, Chief Executive Officer
Dang Huynh, Director, Pharmacy and Utilization Management
Jessica Bautista, Manager, Community Based Case Management
Luis Perez, Supervisor, Utilization Management
Ashley Kerner, Manager, Administrative Services
Robyn Esparza, Administrative Assistant
Amy O'Brien, Administrative Assistant

1. **Roll Call**

   Jimmy Lin, MD, Chair, called the meeting to order at 6:02 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 January 20, 2022 Utilization Management Committee (UMC) meeting were reviewed.

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

   Motion: Dr. Alkoraishi
   Seconded: Dr. Nakahira
   Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira
   Abstain: Dr. Tobbagi
   Absent: Dr. Vemuri

4. **Chief Executive Officer Update**

   Christine Tomcala, Chief Executive Officer, began with an announcement about the Plan's successful completion of the National Committee for Quality Assurance (NCQA) accreditation renewal survey for our Cal MediConnect (CMC) Medicare product. Congratulations to our medical management team and all staff members who ensured the audit was a success. The Plan is now in active preparation for the implementation of the Dual Eligible Special Needs Plan (D-SNP). The D-SNP is a requirement of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, and it replaces our current CMC plan. The D-SNP takes effect in 2023. The Plan's preparation includes, among other things, re-contracting with our provider networks. Ms. Tomcala will continue to provide updates throughout 2022 as more information becomes available.

5. Chief Medical Officer Update

Dr. Laurie Nakahira, Chief Medical Officer, began with an update on the Department of Health Care Services (DHCS) audit. The audit took place over a 2 week period in March 2022. The Plan currently awaits the results of the audit. In addition, the Plan has begun preparation for next year's NCQA interim accreditation audit for our Medi-Cal (MC) line of business.

6. Old Business/Follow-Up Items

a. NCQA Cardiovascular Monitoring of People with Cardiovascular Disease and Schizophrenia

Dr. Huynh presented the summary of changes from Healthcare Effectiveness Data and Information Set (HEDIS) for Measure Year (MY) 2022. Dr. Huynh noted that members who receive hospice care anytime during the measurement year are excluded. The full data set will be reported to the NCQA. Please refer to the complete UMC agenda packet for the handout that outlines these changes.

7. UM Program Evaluation - 2021

Dr. Nakahira presented an overview of the UM Program Evaluation for 2021. The Program Evaluation pertains to both the Plan's CMC and MC lines of business. It is also necessary for NCQA MC accreditation purposes.

It was moved, seconded, and the UM Program Evaluation - 2021 was **unanimously approved**.

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

8. UM Work Plan - 2022

Dr. Nakahira presented an overview of the UM Work Plan for 2022. Dr. Nakahira advised that lines one through twenty-two are the standard measures used for prior years, and lines twenty-three and twenty-four were added to meet regulatory requirements.

It was moved, seconded, and the UM Work Plan - 2022 was **unanimously approved**.

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

9. Prior Authorization Grid for Medi-Cal and Dual SNP - 2023

Dr. Huynh presented an overview of the Prior Authorization Grid for Medi-Cal and Dual SNP for 2023. Currently, there are no changes for 2022. The UM department is in the process of updating the grid to reflect the implementation of the D-SNP in 2023. Revisions to the Prior Authorization Grid will be brought to either the July 2022 or October 2022 UMC meetings. The current grid was approved by the Pharmacy and Therapeutics committee during the January 2022 meeting.

It was moved, seconded, and the Prior Authorization Grid for Medi-Cal and Dual SNP - 2023 was **unanimously approved**.

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

10. UM 1B Annual Assessment of Senior Level Practitioners for NCQA - 2021

Dr. Nakahira presented an overview of the UM 1B Annual Assessment of Senior Level Practitioners for NCQA 2021 to the committee. This quarterly review occurs as a result of NCQA requirements. The assessment illustrates the Plan's activities related to oversight of senior level practitioners within their provider networks.

11. Delegation Oversight

Dr. Huynh gave an overview of the Plan's Delegation Oversight Program Description. Kaiser Permanente is excluded from this Program Description. Dr. Huynh's summary included some of the changes pending from North East Medical Services (NEMS), Valley Health Plan (VHP), Physicians' Medical Group of San Jose, and Premier Care of Northern California. Dr. Huynh explained that the Program Description is approximately 350 pages in length, and includes all of the UM Program Descriptions. During the annual review, the UM department will take a deeper dive into the Program Description and bring their findings and recommendations to the UMC at the end of the year. Please refer to the complete UMC agenda packet for the handouts that outline these Program Descriptions.

It was moved, seconded, and Delegation Oversight was **unanimously approved**.

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

12. Enhanced Care Management (ECM)

a. ECM Denial and Disenrollment Policy

Dr. Huynh gave a brief summary of the ECM Denial and Disenrollment Policy. The purpose of the policy is to clearly define the Plan's ECM Denial and Disenrollment process. The policy falls under the Quality Improvement department, but it is a UM function. Dr. Huynh explained that this process is similar to the prior authorization process. The main difference is that when an ECM member or beneficiary no longer meets the requirements, disenrollment occurs and the member or beneficiary is sent a notice of action.

b. ECM Care Coordinator Guidelines

Dr. Huynh next provided an overview of the ECM Care Coordinator Guidelines. These guidelines outline how members or beneficiaries meet the eligibility requirements for ECM. These guidelines are utilized by non-medical clinical staff members. In cases where it is deemed that a member or beneficiary no longer meets the criteria, a medical director reviews the case to determine if medical necessity still exists and they can remain in the ECM program.

It was moved, seconded, and the ECM Denial and Disenrollment Policy and the ECM Care Coordinator Guidelines were **unanimously approved**.

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

13. Reports

a. Membership

Dr. Nakahira gave a summary of the Membership Report from April 2021 through April 2022. The Plan's current CMC membership includes 10,333 members. The Plan's total MC membership includes 288,485 members. As of April 2022, our total membership includes 298,818 members.

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

Dr. Nakahira gave an overview of the UM objectives and goals. Dr. Nakahira advised that these metrics cover the period from April 1, 2021 through March 31, 2022. Dr. Nakahira gave a summary of the data for the Plan's MC SPD line of business. Dr. Nakahira then gave a summary of the data for the Plan's MC non-SPD line of business. She continued with her summary of the data for the Plan's CMC line of business.

Dr. Nakahira continued with a comparison of the inpatient and outpatient utilization rates for the Plan's MC non-SPD and SPD populations. Her summarization included the outpatient utilization rates for our MC SPD and non-SPD populations, and for our CMC population.

Dr. Nakahira discussed the inpatient readmissions rates for the MC line of business, and she included a comparison of the data from 2020 versus 2021. Next, she discussed the inpatient readmissions rates for our CMC line of business.

Dr. Tobbagi asked for a more detailed breakdown of the specific types of readmissions and their causes. Dr. Huynh replied that there could be several diagnoses that could lead to patients' readmissions. The UM department is developing a process which enables staff to share all hospitalization discharges and transfers with our provider networks on a timely basis. Dr. Huynh agreed that there should be a transparent process in place to notify providers when a patient is admitted to the hospital, along with the cause of admission. The UM department can put together some additional metrics, and/or conduct a random sampling of the causes of patients' readmissions, and bring these results to either the July 2022 or October 2022 UMC meeting.

Dr. Nakahira gave an overview of the ADHD MC BH metrics. The UM department hopes to increase the rankings in the category of 'Follow-up Care for Children Prescribed ADHD Medication' through increased follow-up measures and services, such as telehealth, primary care, and behavioral health care visits. The category of 'Antidepressant Medication Management' was on track for 2021. In the category of 'Cardiovascular Monitoring for People with Cardiovascular Disease & Schizophrenia' the 2021 ranking has shown improvement.

Dr. Huynh presented a summary of the discussion points from the UM department's medical deep dive meeting on April 7, 2022. Dr. Lin asked for the eligibility requirements for Community-Based Adult Services (CBAS). Dr. Huynh advised he will discuss the Department of Managed Health Care (DMHC) eligibility requirements with Dr. Lin in a separate discussion outside of this meeting. Dr. Huynh then gave an overview of the California Children's Services (CCS) Utilization Review, which was also a part of the deep dive discussion. Please refer to the complete UMC agenda packet for the handouts that address the specifics pertaining to these two topics.

c. Dashboard Metrics

- Turn-Around Time – Q1 2022

  Dr. Huynh summarized the CMC and MC Turn-Around Time metrics for Q1 2022. The turn-around times in almost all categories are compliant at 98% or better, with many categories at 100%. Due to an IT glitch, however, approximately 750 letters were not mailed out on a timely basis and member notification was non-compliant. This is not reflected on the CMC and MC dashboards. Dr. Huynh advised that the updated numbers will be reviewed and brought to the July 2022 meeting.

d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q1 2022

Mr. Perez summarized the data from the Q1 2022 CMC and MC Quarterly Referral Tracking reports. Mr. Perez explained the purpose of the quarterly referral tracking reports. At the end of the year, the Plan analyzes the members who did not receive authorized services to determine why those services were not rendered. This is a requirement of the DHCS. Mr. Perez explained that these numbers are affected by claims lag times. The UM department regularly reviews authorizations where no services were rendered to determine why the members did not receive the services.

Dr. Lin asked why only 43.8% of authorized services were received in March 2022. Mr. Perez replied that the UM department will conduct some research and bring the results to the July 2022 meeting.

e. Cal MediConnect and Medi-Cal Annual Referral Tracking – 2021 Annual Assessment

Mr. Perez summarized the results of the CMC and MC Annual Referral Tracking Assessments for 2021. Mr. Perez explained the purpose of the annual referral tracking reports. At the end of the year, the Plan analyzes the members who did not receive authorized services to determine why those services were not rendered. This is a requirement of the DHCS. Mr. Perez explained that these numbers are affected by claims lag times.

f. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q1 2022

Dr. Huynh presented the results of the Quality Monitoring of Plan Authorizations and Denial Letters for Q1 2022. Dr. Huynh reported that 96% of the standard authorizations were compliant with regulatory turnaround times. There was one case that was completed on the 15th day rather than the 14th day, and the UM department is working to identify if this was due to user error or increased volume during that timeframe. All findings are reviewed on a quarterly basis, with oversight by the Plan's medical directors.

g. Behavioral Health (BH) UM

Dr. Huynh presented the BHT (Behavioral Health Treatment) program overview to the committee. Dr. Huynh highlighted the developmental and trauma screenings that were completed in 2021 and, so far, in Q1 2022. These screening numbers may be affected by a data lag. Dr. Huynh highlighted the CMC and MC BHT utilization rates for members in 2019, 2020, 2021, and currently for 2022. The number of BHT services for 2022 will increase as we progress through the year. These utilization rates include our CMC Unique Members. Kaiser Permanente and Palo Alto Medical Foundation (PAMF) continue to lead among our provider networks for the highest utilization rates from 2019 through Q1 2022.

Ms. Tomcala asked if the numbers for the MC Outpatient Mild to Moderate Unique Members would be better reflected as percentages. Dr. Huynh agreed, and a discussion ensued in regards to tracking the data for any members who have progressed from the mild to moderate stage to the severe stage. In addition, information on patients' actual diagnoses would help determine who should receive mild to moderate services versus who might qualify for more intensive services.

Dr. Huynh continued with his presentation. Dr. Lin would like to see the UM department take a deeper dive into why Valley Health Plan's numbers are so much higher than Kaiser's in the MC Outpatient Mild to Moderate Unique Members category. Dr. Huynh will do some research and bring the results to our July 2022 meeting.

Dr. Huynh concluded with his summary of the data for BHT per/1000 and BHT Unique Members for 2019, 2020, 2021, and thus far for 2022. Dr. Huynh will ensure all BHT data will be presented in a more digestible format for future UMC meetings.

14. Adjournment

The meeting adjourned at 7:40 p.m. The next meeting of the Utilization Management Commitment is on July 20, 2022 at 6:00 p.m.

_____ _____

Jimmy Lin, M.D, Chair
Utilization Management Committee

Date

Santa Clara Family Health Plan™

Chief Executive Officer Update

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Chief Medical Officer Update

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Old Business/Follow-Up Items

a. Member Letter Notification Issue

b. Urgent Care Centers

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

d. D. Mild-to-Moderate Network Comparison

Santa Clara Family Health Plan

SCFHP Contracted Urgent Care Facilities

Name	Street Address	City	State	Zip
Alexian Extended Care Medical Center	2350 Mckee Rd #1	San Jose	CA	95116
De Paul Urgent Care Center	18550 De Paul Dr #109	Morgan Hill	CA	95037
Palo Alto Medical Foundation Urgent Care	701 E El Camino Real	Mountain View	CA	94040
Palo Alto Medical Foundation Urgent Care	795 El Camino Real	Palo Alto	CA	94301
Top Care Medical Group	1569 Lexann Ave #112	San Jose	CA	95121
Valley Health Center-Downtown	777 E Santa Clara St	San Jose	CA	95112
Valley Health Center-Bascom Urgent Care	750 S Bascom Ave #210	San Jose	CA	95128
Valley Health Center-East Valley Urgent Care	1993 Mckee Rd	San Jose	CA	95116
Valley Health Center- Moorpark Urgent Care	2400 Moorpark Ave #118	San Jose	CA	95128

California Dept. of Health Care Services - Community Based Adult Services (CBAS)
-- CBAS Eligibility Determination Tool (CEDT) --

Part 1

NAME: _____ SEX: ☐ M ☐ F CIN: _____

BIRTHDATE: _____ AGE: _____ PREFERRED LANGUAGE: _____

CAREGIVER: _____ CONTACT #: _____

CBAS REQUESTED BY: _____ DATE: _____

DATE ASSESSED: _____ INTERVIEW (F2F) LOCATION: _____

A. DIAGNOSES / CONDITIONS *(Capture Source for each Diagnosis – e.g., MR,F2F,CG)*

1.	4.	7.	10.
2.	5.	8.	11.
3.	6.	9.	12.

B. MEDICATIONS *(Capture Source for each Medication – e.g., MR,F2F,CG) (Capture all Meds including OTC Meds)*

1.	6.	11.	16.
2.	7.	12.	17.
3.	8.	13.	18.
4.	9.	14.	19.
5.	10.	15.	20.

C. ASSISTIVE/SENSORY DEVICES

☐ Dentures _____ ☐ Vision _____ ☐ Hearing _____ ☐ Prosthesis _____

Explain: *(Capture Source of Information – e.g., MR,F2F,CG)*

D. SYSTEMS REVIEW

1. NEUROLOGICAL ☐ Within normal limits

☐ Expressively Aphasic – Unable to express basic needs
☐ Receptively Aphasic – Unable to understand basic communication
☐ Pain: _____
☐ Other: _____
☐ Seizures
☐ Spasticity
☐ Compromised Motor Function

Explain *(Capture Source of Information – e.g., MR,F2F,CG)*

2. RESPIRATORY / CARDIAC ☐ Within normal limits

☐ Oxygen - ☐ Continuous ☐ Intermittent
☐ Tracheostomy
☐ Ventilator ☐ BiPAP ☐ CPAP ☐ Nebulizer
☐ SOB ☐ Edema
☐ Pain: _____

☐ Pacemaker/Defibrillator
☐ BP/Pulse Monitor - ☐ Self ☐ Caregiver
Frequency: _____
☐ Other: _____

Explain: *(Capture Source of Information – e.g., MR,F2F,CG)*

3. GASTROINTESTINAL / GENITOURINARY

☐ Regular Diet ☐ Special Diet: _____
☐ Feeding Tube - ☐ NG Tube ☐ PEG Tube
☐ IV Feedings ☐ Dysphagia
☐ Requires modified food/liquid consistency
☐ Overweight ☐ Underweight
☐ Pain: _____
☐ Other: _____

Bladder ☐ Normal
☐ Bladder incontinence
☐ Indwelling Foley catheter
☐ Suprapubic catheter
Bowel ☐ Normal
☐ Bowel incontinence
☐ Ostomy

Explain: *(Capture Source of Information – e.g., MR,F2F,CG)*

4. ENDOCRINE ☐ Within normal limits

☐ Diabetes Mellitus
☐ Diet Controlled
☐ Oral medication
☐ Insulin Injections
☐ Sliding Scale Coverage

☐ Blood Glucose Monitoring - ☐ Self ☐ Caregiver
Frequency: _____

Explain: *(Capture Source of Information – e.g., MR,F2F,CG)*

5. INTEGUMENTARY ☐ Within normal limits; skin is intact

☐ Previous skin problems
☐ Pain: _____

Explain: *(Capture Source of Information – e.g., MR,F2F,CG)*

Describe current skin lesions, stasis ulcers, wounds, bruising, or other skin integrity issues.

Location:	Description: (include, size, healing status)	Wound Care/Treatment: (include frequency)

6. MUSCULO-SKELETAL ☐ Within normal limits

☐ Ambulatory
☐ Independent ☐ Cane ☐ Walker ☐ Orthotics
☐ Wheelchair ☐ Able to self-propel wheelchair
☐ Scooter
☐ Bed Bound
☐ Transfer Needs

☐ Weakness ☐ Contractures
☐ Limited range of motion ☐ Joint replacement
☐ Paralysis
☐ Hemiplegia ☐ Paraplegia ☐ Quadriplegia
☐ History of falls in last 6 months ☐ Poor Balance
☐ Pain: _____
☐ Other: _____

Explain: *(Capture Source of Information – e.g., MR,F2F,CG)*

7. COGNITIVE & BEHAVIORAL FACTORS ☐ Within normal limits

Dementia Stage: _____
☐ Cognitive Loss ☐ Memory Loss
☐ Confused ☐ Limited Response
☐ Poor Judgment

☐ Isolated ☐ Self-neglect ☐ Wandering
☐ Disruptive ☐ Agitated ☐ Aggressive
☐ Substance Abuse
☐ Other: _____

Explain: *(Capture Source of Information – e.g., MR,F2F,CG)*

E. MEDICATION MANAGEMENT ☐ Independent

☐ Medication management assistance needed - ☐ Human assistance ☐ Device assistance
☐ Hx of Non-Adherence
Reasons for non-adherence: ☐ Forgetfulness, Confusion, Cognitive Deficits ☐ Physical disability
☐ Cost, Health Beliefs, Side Effects ☐ Other Causes
☐ Central lines

Explain: *(Capture Source of Information – e.g., MR,F2F,CG)*

F. ADL/IADLs

Independent: Able to perform for self with or without device.
Supervision: No physical help req'd; needs cueing or to be monitored, even w/ device.
Assistance: Physical help required, even with device.
Dependent: Unable to do for self, even with physical help, cueing or device.

ADLs	Independent?	Explain Responses & Identify Source
Ambulation	☐ Y ☐ N	
Bathing	☐ Y ☐ N	
Dressing	☐ Y ☐ N	
Feeding	☐ Y ☐ N	
Toileting	☐ Y ☐ N	
Transferring	☐ Y ☐ N	
IADLs		
Hygiene	☐ Y ☐ N	
Medication Mgmt	☐ Y ☐ N	
Additional IADL Exceptions:		
Transportation	☐ Y ☐ N	
Access Resources	☐ Y ☐ N	
Meal Preparation	☐ Y ☐ N	
Money Mgmt	☐ Y ☐ N	

G. ADDITIONAL SUPPORT INFORMATION

Currently Receiving Other Non-CBAS Services/Waivers

NOTE: check boxes only if known and readily available during F2F and/or review of available and relevant documentation.

☐ IHSS Services Received - Hrs/Month: _____
☐ In-Home Waiver
☐ Assisted Living Waiver
☐ Home/Community Based DD Waiver
☐ MSSP
☐ Other: _____
☐ Nursing Facility/Acute Hospital Waiver
☐ Specialty Mental Health Waiver Services
☐ Hospice Services
☐ Home Health Services
☐ Physical Therapy
☐ Meals on Wheels

Explain: *(Capture Source of Information – e.g., MR,F2F,CG)*

Recent Health Care Encounters

Within last 6 months Unknown? ☐

☐ PCP Visit
☐ Clinic Visit
☐ Specialty Physician Visit
☐ Emergency Room Visit
☐ Inpatient Mental Health
☐ CBAS Center
☐ Hospitalization
☐ Nursing Facility

Explain: *(Capture Source of Information – e.g., MR,F2F,CG)*

H. AE&MN QUALIFICATION CRITERIA

Part 2

Category	Criteria
Basic Qualifications ☐ Y ☐ N Qualifies? (requires Y for all of first five choices **OR** Y for sixth choice)	☐ Y ☐ N The person is 18 years of age or older ☐ Y ☐ N The person has one or more chronic or post-acute medical, cognitive, or mental health conditions List qualifying medical, cognitive, or mental health condition(s) _____ _____ _____ ☐ Y ☐ N A physician, nurse practitioner, or other health care provider has, within his or her scope of practice, requested CBAS services. ☐ Y ☐ N The person requires Ongoing or Intermittent Protective Supervision by a skilled health or mental health professional to improve, stabilize, maintain, OR minimize deterioration of the medical, cognitive, or mental health condition(s) listed above. ☐ Y ☐ N CBAS is required to avoid or delay the use of institutional services, including, but not limited to, hospital emergency department services, inpatient acute care hospital services, inpatient mental health services, nursing facility services, or nursing or intermediate care facility services for the developmentally disabled providing continuous nursing care. **OR** ☐ Y ☐ N Participant resides in an ICF/DD-H and that resident has disabilities and a level of functioning that are of such a nature that, without supplemental intervention through adult day health care, placement to a more costly institutional level of care would be likely to occur. Explain:
Other Chronic or Post-Acute Conditions ☐ Y ☐ N Qualifies? (requires Y for at least one choice)	The candidate has one or more medical, cognitive, or mental health conditions that are identified by the participant's personal health care provider without which the participant's condition will likely deteriorate and require emergency department visits, hospitalization, or other institutionalization: ☐ Y ☐ N Needs Monitoring, **OR** Treatment, **OR** Intervention For Condition(s) _____ **OR** ☐ Y ☐ N Candidate resides in an ICF/DD-H Explain:
Living Situation ☐ Y ☐ N Qualifies? (requires Y for at least one of four choices)	The participant's network of non-CBAS center supports is insufficient to maintain the individual in the community, demonstrated by at least one of the following: ☐ Y ☐ N Lives alone To provide sufficient and necessary care or supervision: ☐ Y ☐ N Family or Caregivers not available ☐ Y ☐ N Participant resides with one or more individuals, but they are unwilling or unable ☐ Y ☐ N Family or caregivers available, but those individuals require respite in order to continue Explain:

Deterioration Potential

☐ Y ☐ N Qualifies?
(requires Y)

☐ Y ☐ N A high potential exists for the deterioration of the participant's medical, cognitive, or mental health condition or conditions in a manner likely to result in emergency department visits, hospitalization, or other institutionalization if adult day health care services are not provided.

Explain:

CORE Professional Nursing Services

☐ Y ☐ N Qualifies?
(requires Y for one or more of the five Core Professional Nursing Services listed)

1 - Health Status

To maintain the ability of the participant to remain in the community and avoid emergency department visits, hospitalizations, or other institutionalization the participant participant's condition or conditions require:

☐ Y ☐ N Intermittent Observation, **AND** Assessment, **AND** Monitoring

For Condition(s) _____

Explain:

2 - Medication Regimen

To maintain the ability of the participant to remain in the community and avoid emergency department visits, hospitalizations, or other institutionalization the participant's condition or conditions require:

☐ Y ☐ N Monitoring and assessment of the participant's medication regimen, administration and recording of the participant's prescribed medications, and intervention, as needed, based upon the assessment and the participant's reactions to his or her medications.

Explain:

3 - Oral or Written Communication

To maintain the ability of the participant to remain in the community and avoid emergency department visits, hospitalizations, or other institutionalization the participant's condition or conditions require:

☐ Y ☐ N Professional nursing services to communicate accurate information regarding changes in the participant's condition, signs, or symptoms to health care providers, social service provider, participant’s family, or caregiver.

Explain:

4 - Personal Care Service Supervision

To maintain the ability of the participant to remain in the community and avoid emergency department visits, hospitalizations, or other institutionalization the participant's condition or conditions require:

☐ Y ☐ N Supervision of the provision of personal care services, and assistance, as needed

Explain:

5 - Skilled Nursing Care and Intervention

To maintain the ability of the participant to remain in the community and avoid emergency department visits, hospitalizations, or other institutionalization the participant's condition or conditions require:

☐ Y ☐ N Skilled Nursing Care and Intervention to provide self-care while at a CBAS Center.

Explain:

CORE Personal Care / Social Services ☐ Y ☐ N Qualifies? (requires Y for one or more of the five services listed)	**Personal Care & Social Services** To maintain the ability of the participant to remain in the community and avoid emergency department visits, hospitalizations, or other institutionalization the participant participant's condition or conditions require: ☐ Y ☐ N Supervision/assistance with ADL's/IADL's ☐ Y ☐ N Protective group supervision and interventions to assure participant safety and to minimize the risk of injury, accident, inappropriate behavior, or wandering ☐ Y ☐ N Individual observation, assessment and monitoring of psychosocial issues on an intermittent basis ☐ Y ☐ N Group work to address psychosocial issues. ☐ Y ☐ N Care Coordination (e.g., medical appointments, transportation) Explain:
CORE Therapeutic Activities ☐ Y ☐ N Qualifies? (requires Y for one or more of the two services listed)	To maintain the ability of the participant to remain in the community and avoid emergency department visits, hospitalizations, or other institutionalization the participant participant's condition or conditions require: ☐ Y ☐ N Group or individual activities to enhance the social, physical or cognitive functioning of the candidate ☐ Y ☐ N Facilitated participation in group or individual activities because of frailty/cognitive functioning level that precludes them from active participation in scheduled activities Explain:

I. CBAS ELIGIBILITY DETERMINATION – Eligibility Categories

Part 3

The individual meets the following CBAS eligibility categories: (Check all that apply)

☐ Category 1

☐ **Nursing Facility Level A (NF-A) or above**
☐ **AND** Meets ADHC eligibility and medical necessity (AE&MN) criteria (Qualifies for all Categories in Part 2).

Explain:

☐ Category 2

☐ **Organic, Acquired or Traumatic Brain Injury and/or Chronic Mental Illness**
☐ **AND** Meets ADHC eligibility and medical necessity (AE&MN) criteria (Qualifies for all Categories in Part 2).
☐ **AND** Demonstrated need for assistance or supervision with at least 2 of the following ADLs/IADLs:

Bathing, dressing, self-feeding, toileting, ambulation, med. management, transferring, hygiene

OR 1 ADL/IADL listed above and 1 IADL from below:

Money management, accessing resources, meal preparation, transportation

Explain:

☐ Category 3

☐ **Alzheimer's disease or other dementia:** moderate to severe Alzheimer's disease or other dementia characterized by the descriptors of, or comparable to, Stages 5, 6 or 7 Alzheimer's disease
☐ **AND** Meets ADHC eligibility and medical necessity (AE&MN) criteria (Qualifies for all Categories in Part 2).

Explain:

☐ Category 4

☐ **Mild Cognitive Impairment including moderate Alzheimer's disease or other dementias** characterized by the descriptors of, or comparable to, Stage 4 Alzheimer's disease
☐ **AND** Meets ADHC eligibility and medical necessity (AE&MN) criteria (Qualifies for all Categories in Part 2).
☐ **AND** Demonstrated need for assistance or supervision with at least 2 of the following ADLs/IADLs:

Bathing, dressing, self-feeding, toileting, ambulation, med. management, transferring, hygiene

Explain:

☐ Category 5

☐ **Individuals who have Developmental Disabilities** meeting the definitions and requirements set forth in title 17, section 54001(a) of the California Code of Regulations, as determined by a Regional Center under contract with the Department of Developmental Services.
☐ **AND** Meets ADHC eligibility and medical necessity (AE&MN) criteria (Qualifies for all Categories in Part 2).

Explain:

☐ DOES NOT MEET eligibility criteria for CBAS – does not meet any of the eligibility Categories listed above.

Explain:

J. SIGNATURES

Face-to-Face Assessor Recommendation

☐ **The individual <u>appears to meet</u> the criteria for Community Based Adult Services (CBAS)**

☐ **The individual <u>does not appear to meet</u> the eligibility criteria for CBAS.**

Assessor Signature/Credential:_____ Date: _____

Health Plan / Field Office Review Section

Optional Quality Review ☐ **Not Applicable**

☐ Agree with Assessor ☐ Disagree with Assessor

Quality Reviewer Signature/Credential: _____ Date: _____

Comments:

2nd Level Review ☐ **Not Applicable**

☐ **The individual <u>meets</u> the criteria for Community Based Adult Services (CBAS)**

☐ **The individual <u>does not meet</u> the criteria for CBAS.**

2nd Level Reviewer Signature/Credential: _____ Date: _____

For existing CBAS participants that <u>do not meet</u> the criteria for CBAS, CBAS Center Program Director was notified on:

Date:_____ Time:_____

Comments:

Comment Page

Santa Clara Family Health Plan™

Medical Covered Services Prior Authorization Grid

Medi-Cal, Cal MediConnect, and
DualConnect (2023)

Santa Clara Family Health Plan™

Medical Covered Services Prior Authorization Grid

Category of Service	Services Requiring Prior Authorization	
Behavioral Health Treatment	All Behavioral Health Treatment Services for members age 21 years and under with behavioral conditions that may or may not include autism spectrum	
Durable Medical Equipment (DME) **Benefit and frequency limits apply. Refer to CMS, Noridian, and/or Medi-Cal Provider Manual*	**<Cal MediConnect/DualConnect (D-SNP)>**	**Medi-Cal**
	• Custom made items • Any other DME or medical supply exceeding $1000 • Prosthetics & customized orthotics exceeding $1000 • Hearing aids and repairs • Other specialty devices • Requests over the benefit limit	• 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 limit
Experimental Procedure	• Experimental or Investigational procedures ~~• 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)	

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Santa Clara Family Health Plan™

Medical Covered Services Prior Authorization Grid

Category of Service	Services Requiring Prior Authorization
Long-Term Services and Supports (LTSS)	• Community-Based Adult Services (CBAS) • Long-Term Care (LTC)
Medications	• Refer to the Medical Benefit Drug Prior Authorization Grid
Non-Contracted Providers	All ~~non-urgent/non-emergent~~emergency services provided by non-contracted
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**
	• 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

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Category of Service	Services Requiring Prior Authorization
	• Spinal procedures **<u>except</u> epidural injections** • Surgery for Obstructive Sleep Apnea (OSA) • Temporomandibular Disorder (TMJ) treatment • Transplant-related services prior to surgery **<u>except</u> cornea transplant** • Unclassified procedures • Varicose vein treatment
Transportation	Non-Emergency Medical Transportation (NEMT) **<u>except</u> ground transportation from facility to facility and hospital to home**.

Santa Clara Family Health Plan™

UM Review of Delegation Results and Process

Delegation Oversight File Review

Delegate	Jan	Feb	Mar	Apr	May	June
VHP	90%	90%	100%	100%	Pending Files	Pending Files
NEMS	90%	50%	70%	100%	100%	Files received and under review
PMG	100%	100%	70%	70%	Pending Files	Pending Files
PCNC	50%	100%	70%	TBD	Pending Files	Pending Files

Delegation Oversight Summary & Updates

Delegate	Notes
VHP	Delegate currently has no outstanding issues for UM Monitoring. Samples documentation for May and June are due July 14th.
NEMS	Delegate currently has no outstanding issues for UM Monitoring. Samples documentation for June was received July 12th and is currently under review.
PMG	Delegate had one outstanding issue for UM Monitoring regarding translation of clinical rationale. On June 3rd Delegate stated process has been put in place to translate clinical rationale. Samples documentation for May and June are due July 14th
PCNC	Delegate currently has 3 outstanding issue for UM Monitoring: Outdated NDN is being utilized, Clinical rationale is not being translated , April report contained errors where the authorization number did not match up to the correct member. This has been communicated to the delegate and is currently under review. Response to issues and sample documentation for May and June are due July 15th.

Santa Clara Family Health Plan™

Membership Report

Santa Clara Family Health Plan

Membership Report

Source: iCat (07/01/2022)

Mbr Ct Sum		Cap Month												
LOB	Network Name	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22
CMC		**10,148**	**10,245**	**10,325**	**10,368**	**10,415**	**10,431**	**10,219**	**10,251**	**10,299**	**10,333**	**10,334**	**10,332**	**10,354**
	Santa Clara Family Health Plan	10,148	10,245	10,325	10,368	10,415	10,431	10,219	10,251	10,299	10,333	10,334	10,332	10,354
MC		**274,030**	**275,227**	**276,227**	**277,198**	**278,873**	**280,666**	**284,439**	**285,171**	**286,873**	**288,485**	**290,928**	**296,050**	**303,375**
	ADMIN-MEDI-CAL ONLY	2,088	1,931	1,881	1,992	2,464	2,185	3,833	1,933	2,273	2,830	2,857	3,438	5,734
	ADMIN-MEDICARE PRIMARY	15,925	16,078	16,152	16,240	16,363	16,455	16,502	16,492	16,565	16,542	16,679	16,766	16,856
	KAISER PERMANENTE	32,568	32,864	33,163	33,401	33,651	33,941	34,268	34,482	34,814	35,122	35,488	35,837	36,206
	NEMS				3,445	3,443	3,457	3,452	3,392	3,384	3,381	3,384	3,401	3,422
	PALO ALTO MEDICAL FOUNDATION	7,400	7,378	7,343	7,342	7,356	7,374	7,381	7,385	7,399	7,387	7,428	7,423	7,427
	PHYSICIANS MEDICAL GROUP	46,353	46,561	46,655	42,907	43,165	43,521	43,953	44,472	44,571	44,659	44,938	45,233	45,486
	PREMIER CARE	15,864	15,818	15,805	15,880	15,935	15,975	16,065	16,152	16,211	16,208	16,272	16,346	16,415
	SCFHP DIRECT	17,504	17,592	17,619	17,840	17,915	18,166	18,367	18,508	18,600	18,709	18,853	18,951	19,282
	VHP NETWORK	136,328	137,005	137,609	138,151	138,581	139,592	140,618	142,355	143,056	143,647	145,029	148,655	152,547
Grand Total		**284,178**	**285,472**	**286,552**	**287,566**	**289,288**	**291,097**	**294,658**	**295,422**	**297,172**	**298,818**	**301,262**	**306,382**	**313,729**

Santa Clara Family Health Plan™

Over/Under Utilization Report

Medical Deep Dive Meeting – 05/31/2022

RDT COS	FY22 Activities
All Other (DME, infusion)	DME – RFP for incontinence supplies with Contracting Committee. **Reports to create for Deep Dive:** • Enteral – Quarterly Report to UM Director. • Physician Administered Drugs. Analytics Manager and UM Director to review Quarterly for trends.
Behavioral Health Treatment	Underutilization of users compared to VHP and KP, however FFS units/users is greater. Looking into members with over 30 hours of BHT treatment. Cost has gone up this last year. Evaluate opportunities for renegotiating contracts as rates are higher than Medicare FFS. -Procedural Report/Provider Report - Analytics Manager to deep dive with the CM team.
Community-Based Adult Services	Identify additional members as CBAS aims to prevent IP, ED, and LTC. Goal is to have stable staffing RN to do assessment and auths; expected 100% in person in November.
Emergency Room	Continue LANE – Low Acuity Non-Emergent messaging to providers and members. Starting March 2021, Medical FFS ED LANE visit is back to 2019 level. Between April 2020 and Dec. 2020, ED LANE visit was half of 2019 level. -Follow up presentation
Federally Qualified Health Center (FQHC)	Telehealth continues to be an option, want to increase utilization for Quality Metrics
HCBS Other	Low spend, opportunity to encourage utilization especially for Transition of Care (TOC)
Hospice	Want to encourage utilization, UM to work with Hospital CM team to offer services to those who meet criteria – (Currently being done and also looking into utilization for members that have been in hospice for over a year) – Case Management is looking into create a policy and procedure by the end of the year to review members that have been on hospice for over a year.

Inpatient Hospital	Focus on readmission since contracting is unlikely to reduce cost/unit – TOC process below.
Lab and Radiology	Expect increase in COVID, lead testing –
Long-Term Care	Likely see reduction or avoidance due to ECM ILOS LTC transition focus
Mental Health Outpatient – Other/Psy	Telehealth option available – Contract approved. - To add Rx medication and if the member has inpatient or ED utilization. - Ethnicity: To update with ethnicity to identify disparities.
Multipurpose Senior Services Program	Mainly therapies, Audiology – SCFHP collaborate with MSSP to provide case management for those members that we are required to do. This will be a carve out in Jan.
Outpatient Medical Professional	Contracting focus on ASCs Deep Dive codes and cost. A reporting and sorts by procedure code based off of utilization either on a quarterly basis to identify high drivers and research for fraud waste and abuse or review overages or prior authorization. -Analytics manager to follow up with UM Director. CCS Project: Identify members CCS referral opportunities. Potential cost reduction. -- Majority of high utilizing members were with BHT. To investigate further
Outpatient Facility	Telehealth continues to be an option, want to increase quality metrics.
Primary Care Physician	Telehealth continues to be an option, no UM focus as this supports good outcome. – Currently an 8 percent increase for the past 12 months.
Transportation	Separate workgroup focus. Rate Changes for out of County. $682,254 savings from 2020-11 to 2021-09
Pharmacy	Jan 22 Carve out for MCL, CMC PBM RFP Completed. Medi-Cal Rx: Looking to create MCL Rx dashboard. A lot of denied claims on Magellan part and claims issues. Potentially reprocessed. To help with coordination and utilization. Need to look at adherence reporting within Magellan to make sure members are getting their medication.

Open Discussion Topics	Multiple Organ Transplant – Working with UM Director to send an updated list of auths from all trading partners quarterly. Inpatient and Mental Health -Look to add TOC and affect re-hospitalization To have the deep dive funnel into UMC. Will be a conversation for the objectives of the new FY.

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 –SPD DOS 7/1/2021 –6/30/2022

Source: MCL Enrollment & QNXT Claims and Encounter Data (Run Date:7/13/2022)(SPD, no Kaiser no SPD Full Dual

Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2021-Q3	913	14.38	4,892	5.36
2021-Q4	901	14.15	5,280	5.86
2022-Q1	836	13.05	5,256	6.28
2022-Q2	624	9.52	3,422	5.48
Total	3,274	12.59	18,850	5.76

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

Inpatient Utilization: Medi-Cal – Non-SPD DOS 7/1/2021 – 6/30/2022

Source: MCL Enrollment & QNXT Claims and Encounter Data (Run Date:7/13/2022)

Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2021-Q3	2,982	4.41	12,662	4.25
2021-Q4	2,753	4.01	11,572	4.20
2022-Q1	2,564	3.64	12,781	4.98
2022-Q2	2,109	2.92	8,954	4.25
Total	10,408	3.73	45,969	4.41

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

Inpatient Utilization: Cal MediConnect (CMC)
DOS 7/1/2021 – 6/30/2022

Source: CMC Enrollment & QNXT Claims Data (Run Date:7/13/2022)

Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2021-Q3	608	20.14	3,862	6.35
2021-Q4	574	18.72	3,461	6.03
2022-Q1	667	21.88	4,472	6.70
2022-Q2	452	14.69	2,534	5.61
Total	2,101	18.84	14,329	6.23

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

Medi-Cal Inpatient Utilization
DOS 7/1/2021 – 6/30/2022

	Medi-Cal Population		
Measure	**Non-SPD**	**SPD**	**Total**
Discharges / 1,000 Member Months	3.73	12.75	4.49
ALOS	4.42	5.76	4.74

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

Outpatient Utilization: Medi-Cal –SPD DOS 7/1/2021 –6/30/2022

Source: MCL Enrollment & QNXT Claims and Encounter Data (Run Date:7/13/2022)(SPD, no Kaiser no SPD Full Dual

Quarter	Visits	Visits / 1,000 Member Months
2021-Q2	6,494	102.28
2021-Q3	6,239	98.01
2021-Q4	5,561	86.79
2022-Q1	4,139	63.12
Total	22,433	87.36

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

Outpatient Utilization: Medi-Cal – Non-SPD DOS 7/1/2021 – 6/30/2022

Source: MCL Enrollment & QNXT Claims and Encounter Data (Run Date:7/13/2022)

Quarter	Visits	Visits / 1,000 Member Months
2021-Q3	23,030	34.07
2021-Q4	22,175	32.33
2022-Q1	21,007	29.81
2022-Q2	17,784	24.65
Total	83,996	30.13

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

Outpatient Utilization: Cal MediConnect (CMC) DOS 7/1/2021 – 6/30/2022

Source: CMC Enrollment & QNXT Claims Data (Run Date:7/13/2022)

Quarter	Visits	Visits / 1,000 Member Months
2021-Q3	18,880	625.25
2021-Q4	19,334	630.39
2022-Q1	18,756	615.21
2022-Q2	16,546	537.91
Total	73,516	602.03

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

Medi-Cal Outpatient Utilization
DOS 7/1/2021 – 6/30/2022

	Medi-Cal Population		
Measure	**Non-SPD**	**SPD**	**Total**
Visits / 1,000 Member Months	55.22	611.06	102.57

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.

Santa Clara Family Health Plan™

Dashboard Metrics

Turn-Around Time - Cal MediConnect and Medi-Cal - Q2 2022

Santa Clara Family Health Plan

Cal MediConnect Compliance Dashboard	March	April	May	June
# of Concurrent Requests Received	165	196	**195**	**207**
# of Concurrent Review of Authorization Requests (part C) completed within five (5) working of request	164	196	**194**	**206**
% of Concurrent Review of Authorization Requests (part C) completed within five (5) working of request	**99.4%**	**100.0%**	**99.5%**	**99.5%**
PRE-SERVICE ORGANIZATION DETERMINATIONS				
Standard Part C				
# of Standard Pre-Service Prior Authorization Requests Received	754	855	783	845
# of Standard Pre-Service Prior Authorization Requests (part C) completed within fourteen (14) calendar days	658	844	775	838
% of Standard Pre-Service Prior Authorization Requests (part C) completed within fourteen (14) calendar days	**87.3%**	**98.7%**	**99.0%**	**99.2%**
Expedited Part C				
# of Expedited Pre-Service Prior Authorization Requests Received	260	335	328	297
# of Expedited Pre-Service Prior Authorization Requests (part C) completed within seventy-two (72) hours	228	334	326	295
% of Expedited Pre-Service Prior Authorization Requests (part C) completed within seventy-two (72) hours	**87.7%**	**99.7%**	**99.4%**	**99.3%**
POST SERVICE ORGANIZATION DETERMINATIONS				
# of Retrospective Requests Received	70	72	93	78
# of Retrospective Requests (part C) completed within thirty (30) calendar days	65	72	93	77
% of Retrospective Requests (part C) completed within thirty (30) calendar days	**92.9%**	**100.0%**	**100.0%**	**98.7%**
PART B DRUGS ORGANIZATION DETERMINATIONS				
# of Standard Prior Authorization Requests (part B drugs) Requests Received	22	17	19	22
# of Standard Prior Authorization Requests (part B drugs) completed within seventy-two (72) hours of request	17	17	19	22
% of Standard Prior Authorization Requests (part B drugs) completed within seventy-two (72) hours of request	**77.3%**	**100.0%**	**100.0%**	**100.0%**
# of Expedited Prior Authorization (part B drugs) Requests Received	10	7	6	15
# of Expedited Prior Authorization requests (part B drugs) completed within twenty-four (24) hours of request	10	7	6	15
% of Expedited Prior Authorization requests (part B drugs) completed within twenty-four (24) hours of request	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Santa Clara Family Health Plan

Medi-Cal Compliance Dashboard	March	April	May	June
Concurrent Review				
Total # of Concurrent Requests Resolved	208	209	289	236
# of Concurrent Review of Authorization Requests completed within five (5) working days of request	205	208	285	234
% of Concurrent Review of Authorization Requests completed within five (5) working days of request	98.6%	99.5%	98.6%	99.2%
Routine Authorizations				
Total # of Routine Prior Authorization Requests Resolved	1,162	1,166	1,194	1,358
# of Routine Prior Authorization Requests completed within five (5) working days of request	1,156	1,143	1,176	1,349
% of Routine Prior Authorization Requests completed within five (5) working days of request	99.5%	98.0%	98.5%	99.3%
Expedited Authorizations				
Total # of Expedited Prior Authorization Requests Resolved	234	200	194	229
# of Expedited Prior Authorization Requests completed within seventy-two (72) hours of request	232	200	193	229
% of Expedited Prior Authorization Requests completed within seventy-two (72) hours of request	99.1%	100.0%	99.5%	100.0%
Retrospective Review				
Total # of Retrospective Requests Resolved	392	495	529	411
# of Retrospective Requests completed within thirty (30) calendar days of request	391	495	529	410
% of Retrospective Requests completed within thirty (30) calendar days of request	99.7%	100.0%	100.0%	99.8%
Member Notification of UM Decision				
Total # of UM decisions	1,793	1,875	1,944	2,021
# Member Notification of UM decision in writing within two (2) working days of the decision.	1,642	1,859	1,926	1,981
% Member Notification of UM decision in writing within two (2) working days of the decision.	91.6%	99.1%	99.1%	98.0%
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	1,773	1,833	1,892	1,977
% Provider Notification of UM decision by telephone, facsimile or electronic mail and then in writing within twenty-four (24) hours of making the decision	98.9%	97.8%	97.3%	97.8%

Santa Clara Family Health Plan™

Cal MediConnect and Medi-Cal Quarterly Referral Tracking

Q2 2022

Referral Tracking Report

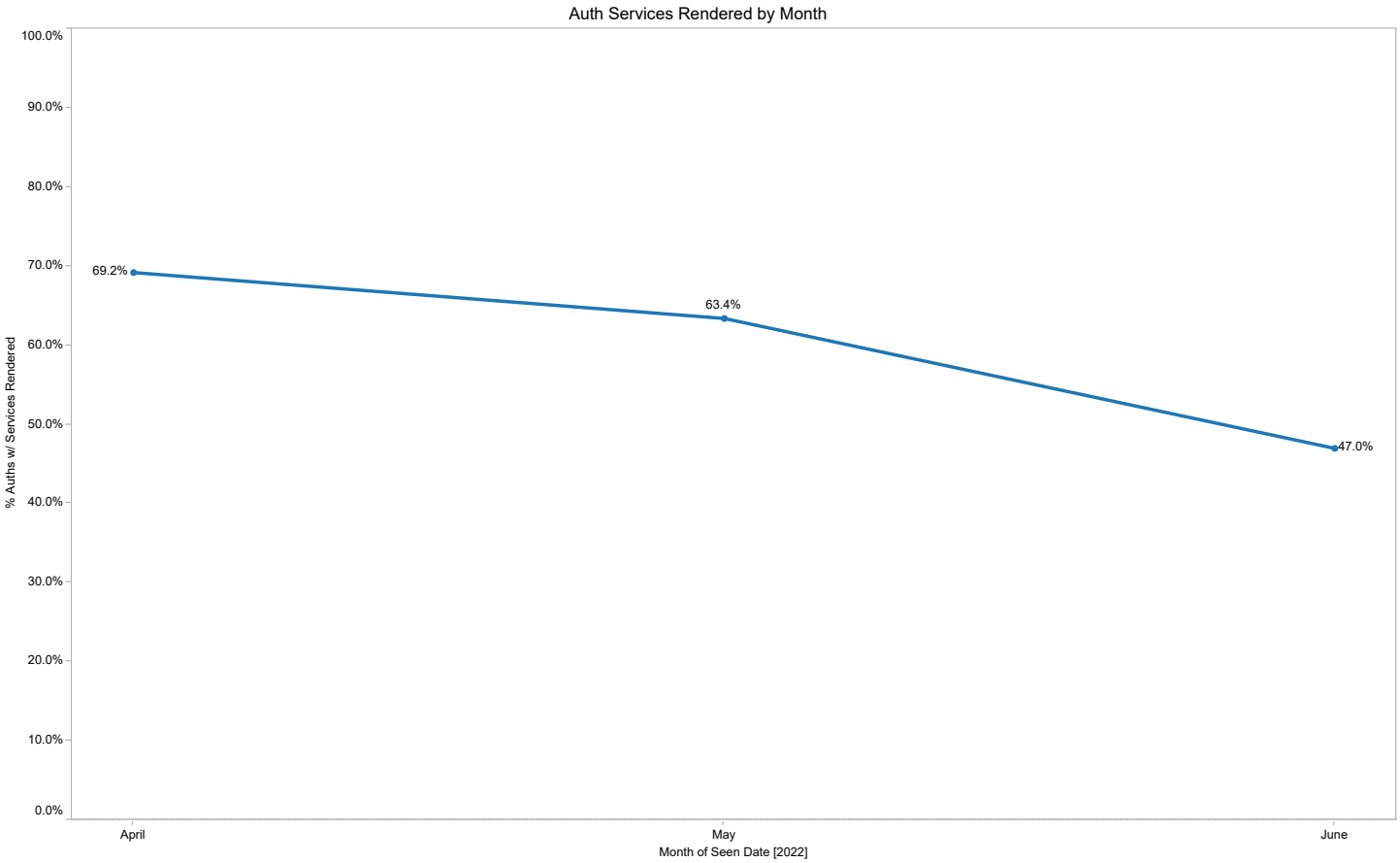
LOBRollupN..	Template	Disposition	Total # of Auths	# Auth Services Rendered within 90 days	# Auth Services Rendered After 90 days	# Auth Services Not Rendered	% Auths w/ No Services Rendered
Cal MediConnect	CBAS	Member Rep Initiated Org Det..	1	1	0	0	0.0%
		Retro Request	7	5	0	2	28.6%
		Routine - Initial Request	23	18	0	5	21.7%
	CONT OF CARE	Member Initiated Org Determi..	1	0	0	1	100.0%
		Member Initiated Org Determi..	1	0	0	1	100.0%
		Non Contracted Provider - Ro..	1	1	0	0	0.0%
		Non Contracted Provider - Urg..	2	1	0	1	50.0%
		Retro Request	1	0	0	1	100.0%
		Routine - Initial Request	2	2	0	0	0.0%
	CUSTODIAL	Retro Request	140	130	0	10	7.1%
		Routine - Initial Request	35	29	0	6	17.1%
	DME	Member Initiated Org Determi..	9	1	0	8	88.9%
		Member Initiated Org Determi..	3	2	0	1	33.3%
		Member Rep Initiated Org Det..	1	0	0	1	100.0%
		Modified original request – Se..	1	1	0	0	0.0%
		Non Contracted Provider - Ro..	14	6	0	8	57.1%
		Non Contracted Provider - Urg..	2	1	0	1	50.0%
		Retro Request	9	6	0	3	33.3%
		Routine - Extended Service	3	1	0	2	66.7%
		Routine - Initial Request	203	103	0	100	49.3%
		Urgent - Initial Request	7	4	0	3	42.9%
	HOSPICE	Non Contracted Provider - Ret..	1	1	0	0	0.0%
		Non Contracted Provider - Ro..	1	1	0	0	0.0%
		Non Contracted Provider - Urg..	1	0	0	1	100.0%
		Retro Request	1	0	0	1	100.0%
	Inpatient	Non Contracted Provider - Ro..	15	14	0	1	6.7%
		Routine - Extended Service	5	5	0	0	0.0%
		Routine - Initial Request	628	623	0	5	0.8%
		Urgent - Initial Request	1	1	0	0	0.0%
	InpatientAdmin	Routine - Initial Request	1	0	0	1	100.0%
	InpatientPsych	Routine - Initial Request	7	6	0	1	14.3%
	Inpt Elective	Member Initiated Org Determi..	1	0	0	1	100.0%
		Routine - Initial Request	46	36	0	10	21.7%
		Urgent - Initial Request	40	16	0	24	60.0%
	OP-BehavioralGr	Non Contracted Provider - Ro..	4	0	0	4	100.0%
	OP-Behavorial	CMC Part B Drugs – Urgent	1	0	0	1	100.0%
		Retro Request	1	0	0	1	100.0%
		Routine - Extended Service	1	0	0	1	100.0%
		Routine - Initial Request	1	0	0	1	100.0%
	OPHospital	Care Coordinator Initiated Org..	1	1	0	0	0.0%
		CMC Part B Drugs – Routine	31	13	0	18	58.1%
		CMC Part B Drugs – Urgent	17	7	0	10	58.8%
		Member Initiated Org Determi..	6	1	0	5	83.3%
		Member Initiated Org Determi..	3	0	0	3	100.0%
		Member Rep Initiated Org Det..	1	0	0	1	100.0%
		Modified original request – Se..	1	0	0	1	100.0%
		Non Contracted Provider - Ret..	2	2	0	0	0.0%
		Non Contracted Provider - Ro..	35	7	0	28	80.0%
		Non Contracted Provider - Urg..	10	3	0	7	70.0%
		Non-contracted CMC Part B D..	2	2	0	0	0.0%

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	Retro Request	20	13	0	7	35.0%
		Routine - Extended Service	9	1	0	8	88.9%
		Routine - Initial Request	722	155	0	567	78.5%
		Urgent - Extended Service	2	2	0	0	0.0%
		Urgent - Initial Request	302	158	0	144	47.7%
	OPHospitalGr	CMC Part B Drugs – Routine	21	8	0	13	61.9%
		CMC Part B Drugs – Urgent	9	6	0	3	33.3%
		Member Initiated Org Determi..	13	5	0	8	61.5%
		Member Initiated Org Determi..	7	4	0	3	42.9%
		Modified original request – Se..	1	0	0	1	100.0%
		Non Contracted Provider - Ret..	1	1	0	0	0.0%
		Non Contracted Provider - Ro..	15	6	0	9	60.0%
		Non Contracted Provider - Urg..	2	2	0	0	0.0%
		Non-contracted CMC Part B D..	7	5	0	2	28.6%
		Retro Request	26	15	0	11	42.3%
		Routine - Extended Service	19	7	0	12	63.2%
		Routine - Initial Request	370	174	0	196	53.0%
		Urgent - Extended Service	3	1	0	2	66.7%
		Urgent - Initial Request	85	49	0	36	42.4%
	SkilledNursing	Member Initiated Org Determi..	1	1	0	0	0.0%
		Retro Request	15	12	0	3	20.0%
		Routine - Initial Request	27	23	0	4	14.8%
		Urgent - Initial Request	62	60	0	2	3.2%
	Transportation	Member Initiated Org Determi..	9	4	0	5	55.6%
		Retro Request	1	0	0	1	100.0%
		Routine - Initial Request	64	10	0	54	84.4%
Medi-Cal	CBAS	Retro Request	60	59	0	1	1.7%
		Routine - Initial Request	85	74	0	11	12.9%
	CONT OF CARE	Routine - Initial Request	1	1	0	0	0.0%
	CONT OF CARE GR	Non Contracted Provider - Ro..	2	2	0	0	0.0%
	CUSTODIAL	Retro Request	637	599	0	38	6.0%
		Routine - Initial Request	243	195	0	48	19.8%
	Dental	Routine - Initial Request	49	18	0	31	63.3%
		Urgent - Initial Request	3	0	0	3	100.0%
	DME	Non Contracted Provider - Ret..	2	1	0	1	50.0%
		Non Contracted Provider - Ro..	13	6	0	7	53.8%
		Non Contracted Provider - Urg..	3	2	0	1	33.3%
		Retro Request	49	33	0	16	32.7%
		Routine - Extended Service	2	0	0	2	100.0%
		Routine - Initial Request	285	124	0	161	56.5%
		Urgent - Initial Request	28	19	0	9	32.1%
	HOSPICE	Non Contracted Provider - Ret..	19	13	0	6	31.6%
		Non Contracted Provider - Ro..	8	4	0	4	50.0%
		Non Contracted Provider - Urg..	4	1	0	3	75.0%
		Retro Request	3	0	0	3	100.0%
		Routine - Initial Request	1	1	0	0	0.0%
		Urgent - Initial Request	1	0	0	1	100.0%
	Inpatient	Non Contracted Provider - Ro..	40	38	0	2	5.0%
		Retro Request	2	2	0	0	0.0%
		Routine - Extended Service	5	5	0	0	0.0%

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	Inpatient	Routine - Initial Request	683	658	0	25	3.7%
	InpatientAdmin	Routine - Initial Request	3	1	0	2	66.7%
	Inpt Elective	Routine - Initial Request	57	38	0	19	33.3%
		Urgent - Initial Request	37	9	0	28	75.7%
	OP-BehavioralGr	Non Contracted Provider - Ro..	12	6	0	6	50.0%
		Retro Request	32	19	0	13	40.6%
		Routine - Extended Service	88	55	0	33	37.5%
		Routine - Initial Request	33	15	0	18	54.5%
		Urgent - Initial Request	1	0	0	1	100.0%
	OP-Behavorial	Non Contracted Provider - Ro..	9	0	0	9	100.0%
		Routine - Initial Request	29	2	0	27	93.1%
	OPHospital	Non Contracted Provider - Ret..	9	4	0	5	55.6%
		Non Contracted Provider - Ro..	27	1	0	26	96.3%
		Non Contracted Provider - Urg..	14	3	0	11	78.6%
		Retro Request	36	11	0	25	69.4%
		Routine - Extended Service	23	7	0	16	69.6%
		Routine - Initial Request	432	123	0	309	71.5%
		Urgent - Extended Service	6	1	0	5	83.3%
		Urgent - Initial Request	266	149	0	117	44.0%
	OPHospitalGr	Non Contracted Provider - Ret..	2	1	0	1	50.0%
		Non Contracted Provider - Ro..	34	18	0	16	47.1%
		Non Contracted Provider - Urg..	4	1	0	3	75.0%
		Retro Request	33	23	0	10	30.3%
		Routine - Extended Service	57	27	0	30	52.6%
		Routine - Initial Request	574	193	0	381	66.4%
		Urgent - Extended Service	3	1	0	2	66.7%
		Urgent - Initial Request	106	49	0	57	53.8%
	SkilledNursing	Retro Request	6	5	0	1	16.7%
		Routine - Initial Request	23	18	0	5	21.7%
		Urgent - Initial Request	37	35	0	2	5.4%
	Transportation	Non Contracted Provider - Ret..	99	89	0	10	10.1%
		Non Contracted Provider - Ro..	1	0	0	1	100.0%
		Retro Request	410	269	0	141	34.4%
		Routine - Initial Request	374	143	0	231	61.8%
Grand Total			**8,249**	**4,944**	**0**	**3,305**	**40.1%**


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
69.2%
63.4%
47.0%
April
May
June
Month of Seen Date [2022]

Santa Clara Family Health Plan™

Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01)

Q2 2022

Quality Monitoring of Denial Letters for HS.04.01
2nd Quarter 2022

I. Purpose of the Quality Assurance (QA)

In order to present the results to Utilization Management Committee (UMC), Santa Clara Family Health Plan (SCFHP) completed the quarterly review for timely, consistent, accurate and understandable notification to members and providers regarding adverse determinations.

II. Procedure

Santa Clara Family Health Plan reviewed in accordance to this procedure, 30 authorizations for the 2nd 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 Q2 2022, the dates of service and denials were pulled in July 2022.
   1. 30 unique authorizations were pulled with a random sampling.
      a. 15 Medi-Cal denials and 15 CMC denials.
         - 7/30 were expedited (urgent) requests.
         - 22/30 were routine (standard) requests.
         - 1/30 was a retro request.
      b. 60% Medical vs. 40% administrative denials.
      c. 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.
      d. One denials did not have a written notification to the member.
         - 100% of the letters had the correct threshold language template.
         - 3/30 Spanish, 1/30 Tagalog, 3/30 Vietnamese, 23/30 English.
      e. 29/30 of written notifications included the rationale for denial.
      f. 1/30 of written notifications was not sent to the member.
      g. 29/30 of the letters included interpreter rights. This is due to the missing member letter under A.e.
      h. 2 authorizations did not meet turn around time (TAT). 1 authorization had a determination within 6 days rather than the route Medi-Cal 5 days. The other authorization was late due to the missing letter not sent within 2 business days of the determination.

B. Opportunities
   a. 1 member letter was not generated. Member has been outreached to be notified verbally with a Spanish translated notice by mail.
   b. 28/30 of the written notifications were met readable quality.
      - 2 letters had the word(s): “medical literature” and “conclusion”, while readable, may be able to reword.
      - 1 letter had a typo of “ffter” vs “after”.
      - 1 letter had a capitalization mid-sentence.
      - 1 letter had “three attempt” rather than “three attempts.”
      - 1 letter had spelled out NEMT, but did not use parenthesis to identify what the abbreviation was. The same letter was missing a period.

IV. Follow-Up

The Utilization Management leadership team and Medical Director will the findings of this audit and recommendations from that finding presented to UMC are as follows:

1. Quality and productivity will continue to be monitored on a regular basis including these quarterly audits. Findings were reviewed by the Medical Director.
2. Reminder to the team to double check for spelling, grammar, and Language.
3. Reminder to team to double check verbiage was saved before sending out letter.
4. Provide 1:1 training for deficiencies with individual team members listed above under the analysis opportunities.

Santa Clara Family Health Plan™

Behavioral Health UM

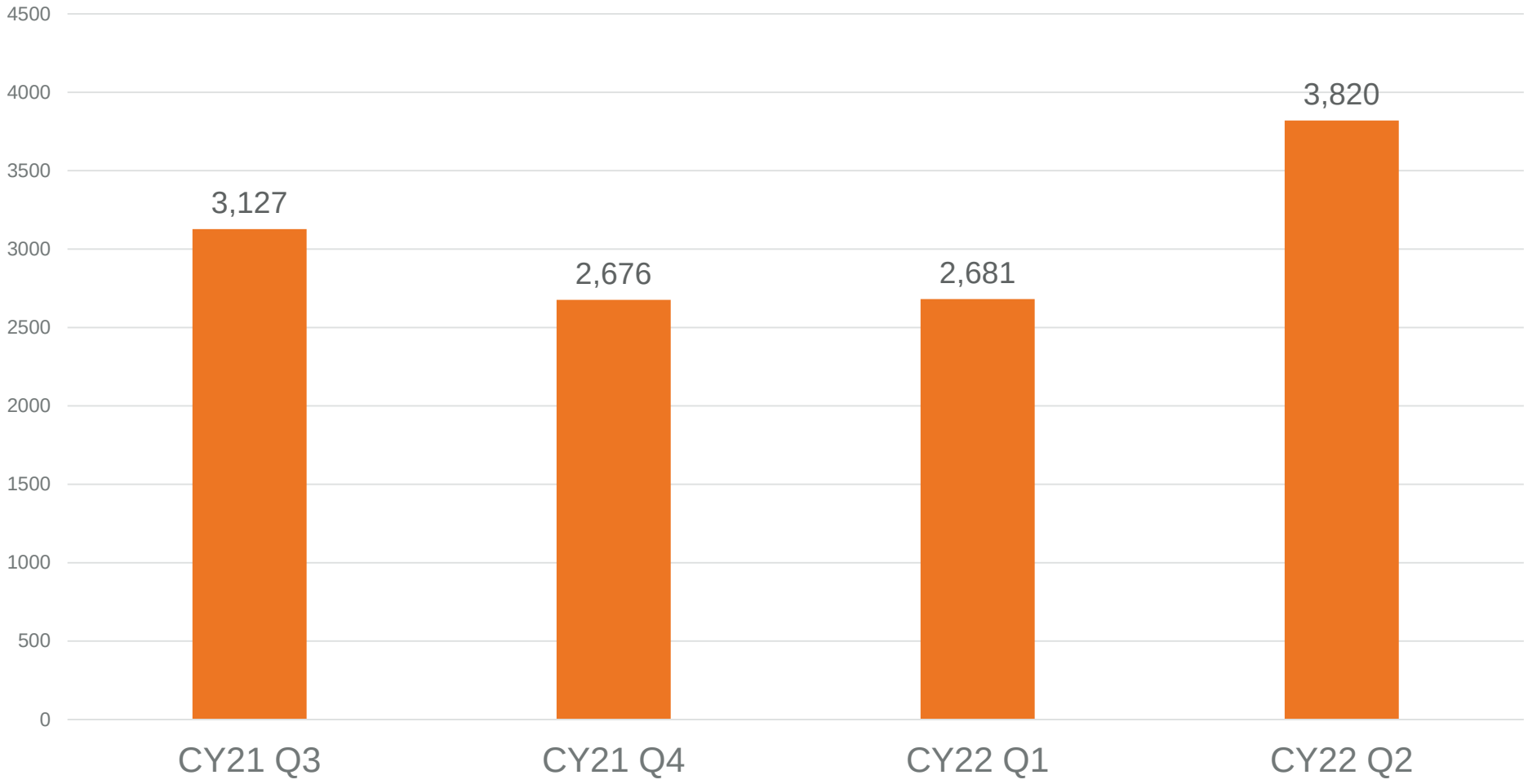
ADHD Medi-Cal Behavioral Health Metrics

Source: HEDIS data for 2021 and YTD 2022 measurement period (Run Date: 06/12/2022)

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	50.00%	75th
Continuation & Maintenance Phase	55.96%	47.22%	25th	52.78%	25th
Antidepressant Medication Management					
Acute Phase Treatment	56.66%	70.44%	90th	67.86%	90th
Continuation Phase Treatment	40.28%	54.26%	90th	47.02%	75th
Cardiovascular Monitoring for People with Cardiovascular Disease & Schizophrenia	73.43%	75.00%	50th	29.41%	< 25th

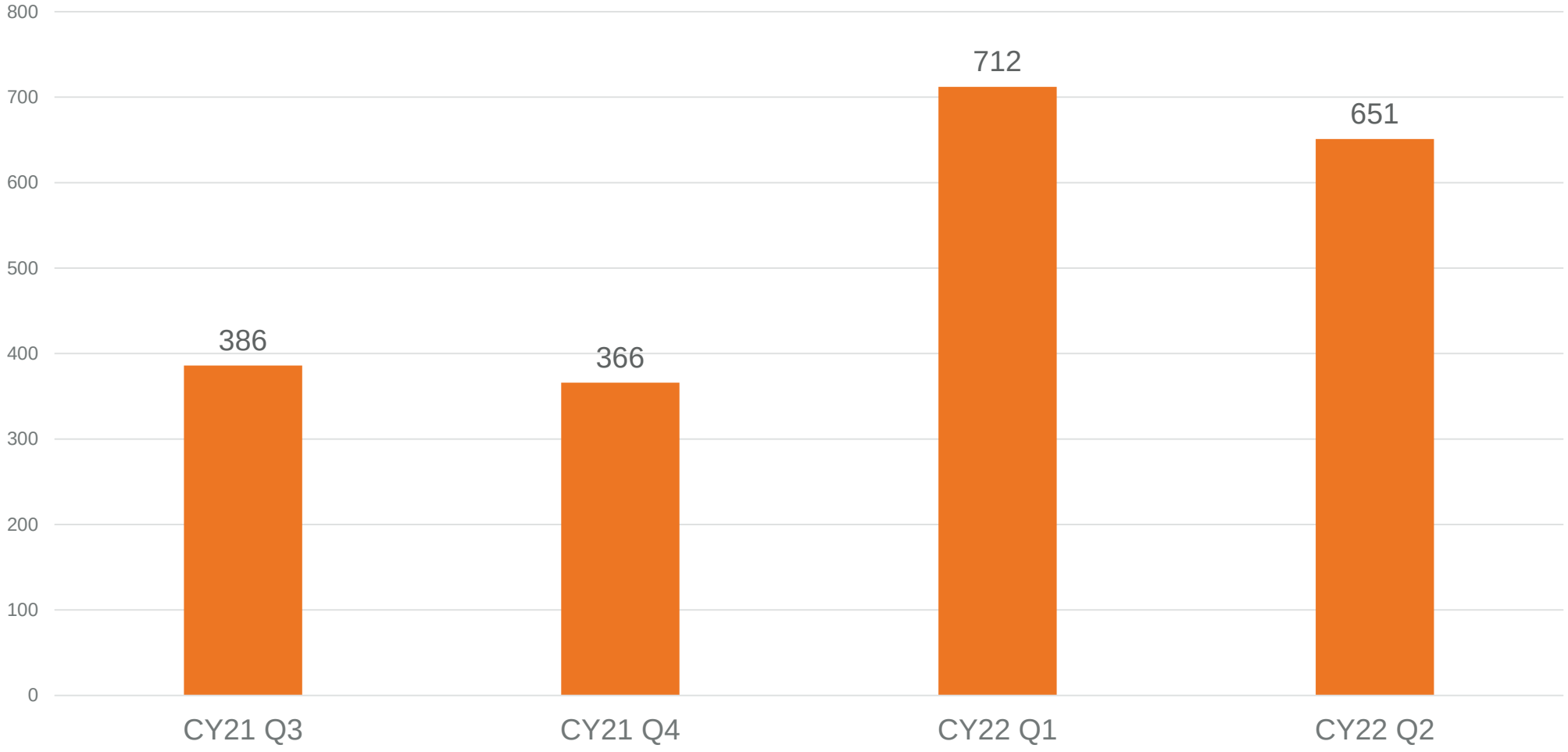
Note: Data are less complete for more recent quarters due submission lag. Therefore comparison is limited.

Developmental Screenings By Quarter



Run Date: 7/13/2022

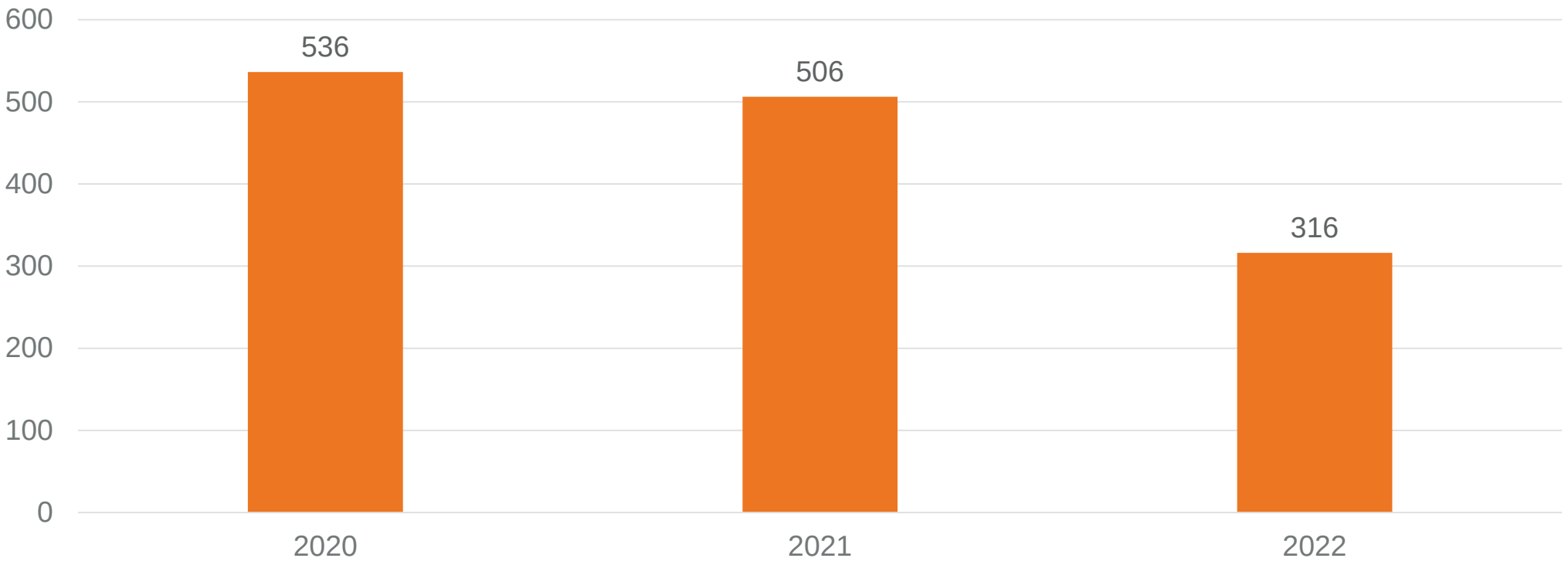
Trauma Screenings By Quarter



Run Date: 7/13/2022

Behavioral Health

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



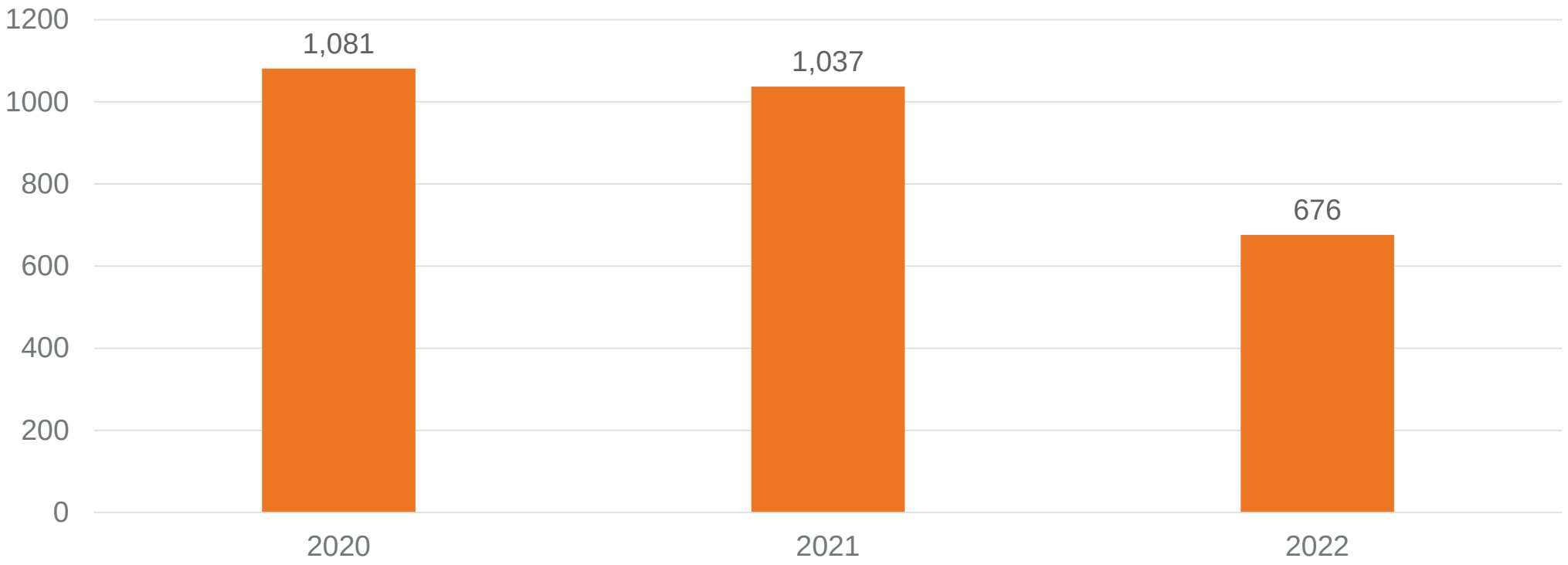
Run Date 7/13/22

** Utilization may include both specialty and mild to moderate

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

Behavioral Health

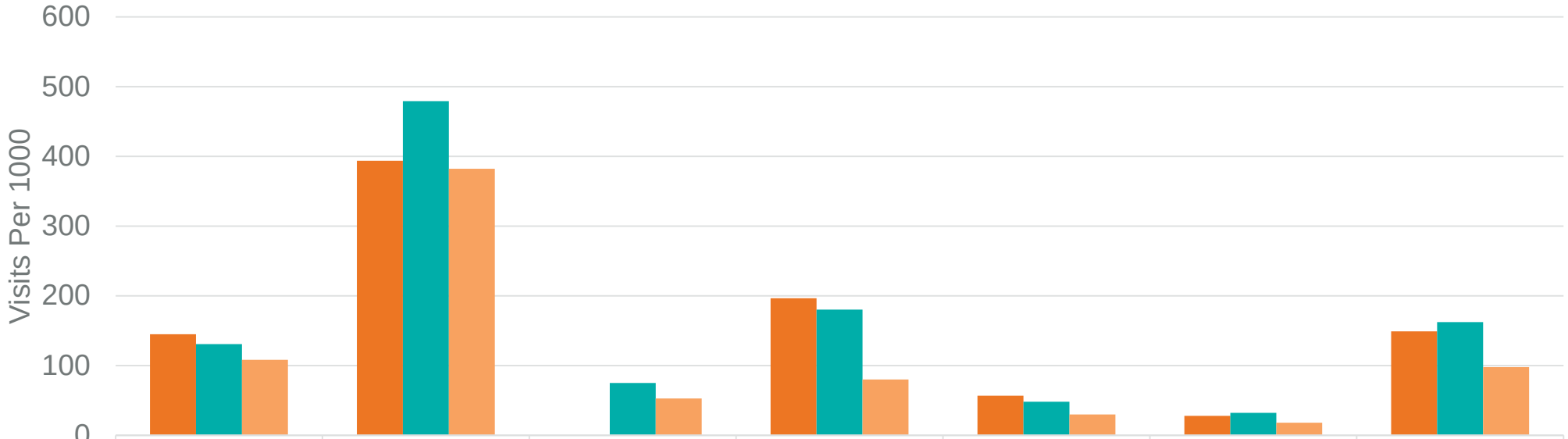
Utilization: **Cal MediConnect Unique Members**



-Run Date 7/13/22
-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

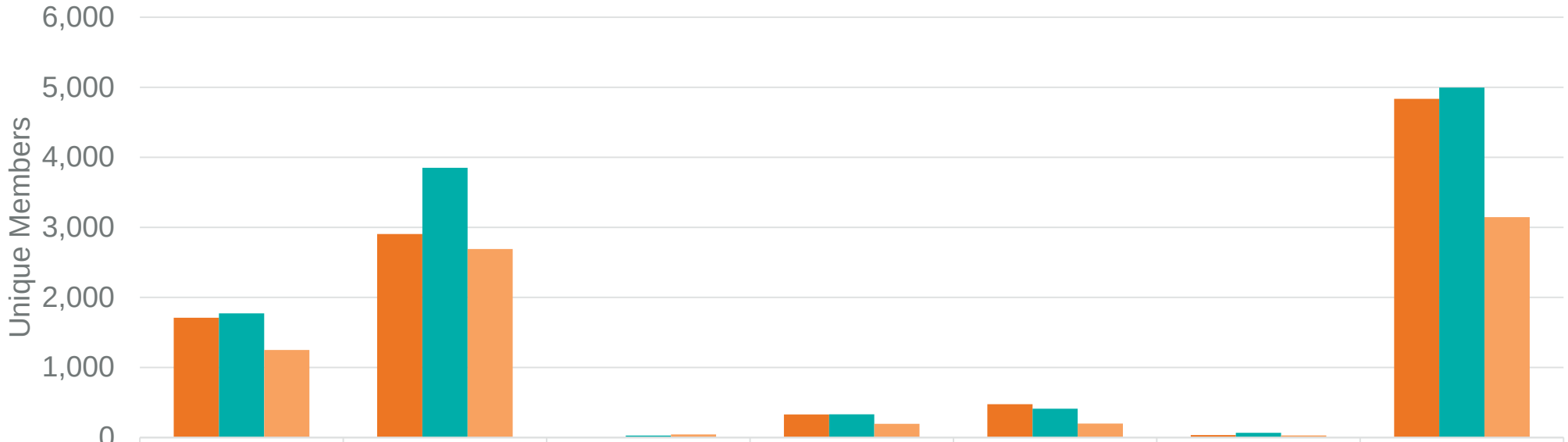


	SCFHP Direct	KP	NEMS	PAMF	PMG	PCNC	VHP
2020	145	394		197	57	28	149
2021	131	479	75	180	48	32	162
2022	108	382	53	80	30	18	98

Run Date 7/13/22
-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

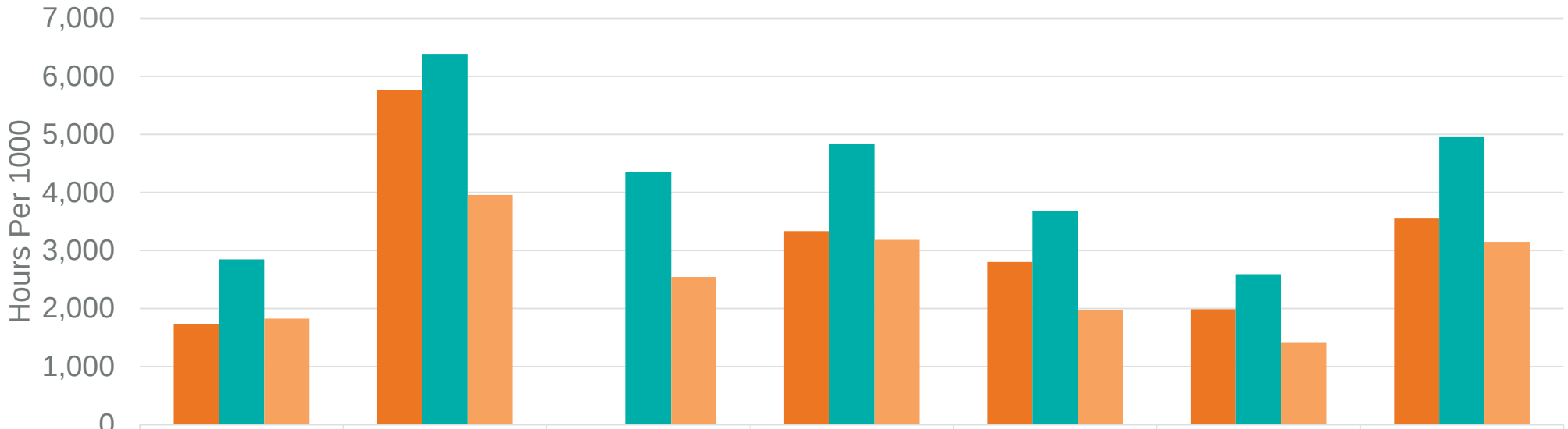


	SCFHP Direct	KP	NEMS	PAMF	PMG	PCNC	VHP
2020	1,710	2,905		329	476	35	4,836
2021	1,773	3,851	27	331	412	67	4,995
2022	1,249	2,691	43	196	199	29	3,146

Run Date 7/13/22
-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

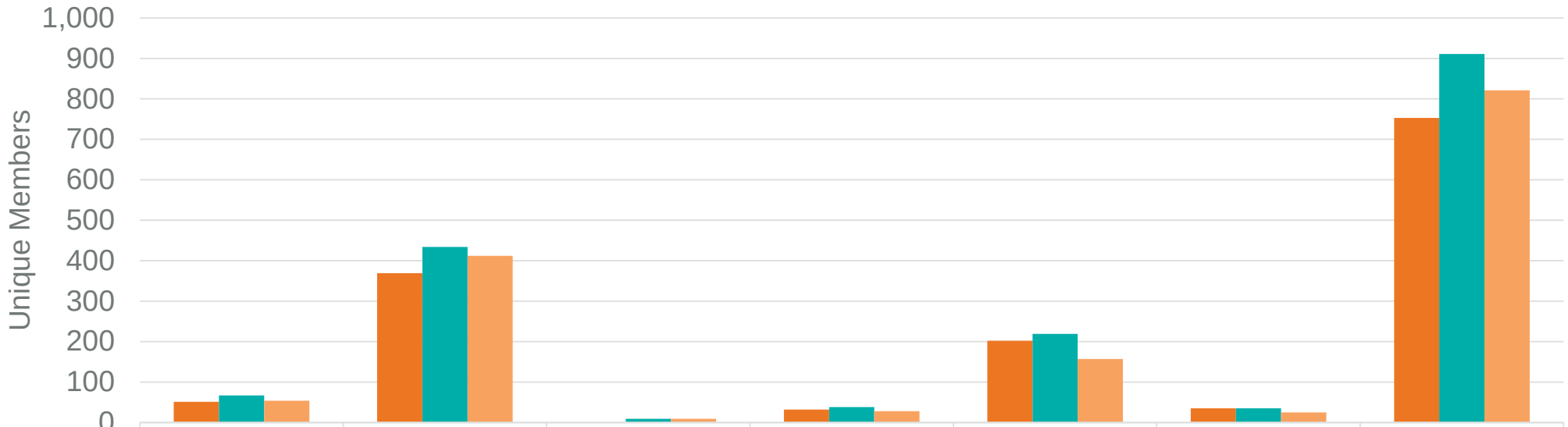


	SCFHP Direct	KP	NEMS	PAMF	PMG	PCNC	VHP
2020	1,733	5,759		3,333	2,802	1,986	3,550
2021	2,847	6,388	4,352	4,840	3,678	2,591	4,965
2022	1,825	3,956	2,544	3,183	1,978	1,407	3,148

Run Date 7/13/22
BHT = hours
Member = <21 years

Behavioral Health Treatment

Medi-Cal BHT Unique Members



	SCFHP Direct	KP	NEMS	PAMF	PMG	PCNC	VHP
2020	51	369		32	202	35	753
2021	67	434	9	38	219	35	911
2022	54	412	9	28	157	25	821

Run Date 7/13/22
BHT = hours
Member = <21 years

Santa Clara Family Health Plan™

Adjournment

Next Meeting: October 19, 2022 at 6:00 p.m.