

Regular Meeting of the

Santa Clara County Health Authority Utilization Management Committee

Thursday, January 15, 2020 6:30 PM - 8:00 PM

Santa Clara Family Health Plan, Redwood
6201 San Ignacio Ave, San Jose, CA 95119

MINUTES - Approved

Members Present

Ali Alkoraishi, MD, Psychiatry
Dung Van Cai, MD, OB/GYN
Ngon Hoang Dinh, DO, Head & Neck
Jimmy Lin, MD, Internal Medicine, Chairperson
Habib Tobbagi, MD, PCP, Nephrology
Indira Vemuri, Pediatric Specialist

Members Absent

Laurie Nakahira, DO, Chief Medical Officer

Staff Present

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

Staff Absent

Christine Tomcala, Chief Executive Officer

1. Introduction

Dr. Jimmy Lin, Chair, called the meeting to order at 6:30 p.m. Roll call was taken, and a quorum was established. Absent this evening were Laurie Nakahira, DO, Chief Medical Officer, and Christine Tomcala, Chief Executive Officer.

2. Public Comment

There were no public comments.

3. Review and Approval of October 16, 2019 Meeting Minutes

The minutes of the October 16, 2019 Utilization Management Committee meeting were reviewed.

Dr. Lin called for a motion to approve the October 16, 2019 Utilization Management Committee meeting minutes. Dr. Alkoraishi moved to approve the October 16, 2019 Utilization Management Committee meeting minutes. Dr. Van Cai seconded the motion. The motion passed 6-6.

4. CEO and CMO Update

Dr. Boris gave the CEO and CMO updates on behalf of Ms. Tomcala and Dr. Nakahira. The governor of California has proposed a Medi-Cal Healthier California for all, formerly known as CalAim (California Advancing and Innovating Medi-Cal). This is a set of proposals that uses Medi-Cal as a tool to address some of California's biggest challenges, such as homelessness, insufficient access to behavioral health care,

children with complex medical needs, the clinical needs of the justice system population, and the medical needs of the elderly. The governor has identified three (3) goals: (1) Identify and manage member risk and need through whole person care approaches, while addressing the social determinants of health; (2) move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility; and (3) improve quality outcomes and drive delivery system transformation through value-based initiatives, the modernization of systems and payment reform. At present, the Plan's Cal MediConnect plan has attained NCQA accreditation. The Plan is now working towards NCQA accreditation for its Medi-Cal line of business.

5. Old Business/Follow-Up Items

a. General Old Business

There is no old business to discuss this evening.

b. Medical Covered Services Prior Authorization Grid

Dr. Boris reviewed the updated Medical Covered Services Prior Authorization Grid, which is included in the agenda packet materials. The biggest change to the Grid refers to Podiatry services. The Plan removed the need for general authorization for podiatric office visits. Members still need a referral for office visits, but not a prior authorization. Only podiatric surgery will require a prior authorization. Medi-Cal dictates the number of office visits; as such, the Plan will follow the Medi-Cal rules.

6. UMC Meeting Calendar - 2020

Dr. Boris presented the UMC Calendar for 2020 to the Committee. Dr. Boris summarized the dates of the UMC meetings for 2020.

Dr. Lin called for a motion to approve the UMC Meeting Calendar for 2020. Dr. Van Cai moved to approve the UMC Meeting Calendar for 2020. Dr. Alkoraishi seconded the motion. The motion passed 6-6.

Dr. Lin next called for a motion to change the UMC meeting start time from 6:30 p.m. to 6:00 p.m. Dr. Alkoraishi moved to approve the UMC meeting start time of 6:00 p.m. Dr. Van Cai seconded the motion. The motion passed 6-6.

7. UMC Program Description - 2020

Dr. Boris presented the UMC Program Description for 2020, as a redline version, to the Committee. Dr. Boris highlighted various changes to the UM Program Description included in the agenda packet materials.

Dr. Lin called for a motion to approve the UMC Program Description – 2020. Dr. Vemuri moved to approve the UMC Program Description – 2020. Dr. Alkoraishi seconded the motion. The motion passed 6-6.

8. Annual Review of UM Policies

Dr. Boris presented the UM policies for 2020, as redline versions, to the Committee.

- a. HS.02 Medical Necessity Criteria
- b. HS.03 Appropriate Use of Professionals
- c. HS.04 Denial of Services Notification
- d. HS.05 Evaluation of New Technology
- e. HS.06 Emergency Services
- f. HS.07 Long-Term Care Utilization Review
- g. HS.08 Second Opinion

- h. HS.09 Inter-Rater Reliability
- i. HS.10 Financial Incentive
- j. HS.11 Informed Consent
- k. HS.12 Preventive Health Guidelines
- l. HS.13 Transportation Services
- m. HS.14 System Controls – **New policy**

Dr. Lin called for a motion to approve the Annual Review of UM Policies and the new policy HS.14 System Controls. Dr. Van Cai moved to approve the Annual Review of UM Policies. Dr. Dinh seconded the motion. The motion passed 6-6.

9. Reports

a. Membership

Dr. Boris presented the membership report for December 2019. The Plan has 233,995 Medi-Cal members. The Cal MediConnect line-of-business continues to grow from 8,076 members in July 2019 to 8,428 members in December 2019. As of January 1, 2020 the Plan no longer has Healthy Kids members. All former Healthy Kids members have been successfully transitioned into other plans, mostly Medi-Cal.

b. Standard Utilization Metrics

Dr. Boris briefly summarized the Standard Utilization Metrics for the Committee. The purpose is to measure and compare the Plan's utilization levels against relevant industry benchmarks, as well as monitor utilization trends amongst the Plan's membership. From January 2019 through December 2019, the average length of stay for Medi-Cal members is 3.99. For Medi-Cal non-SPD the average length of stay is 3.79, with the Medi-Cal-SPD population slightly higher at a 4.62 average length of stay. From January 1, 2019 through December 5, 2019 the discharge rate per every 1,000 members is 2.50 for the non-SPD population. The discharge rate per every 1,000 members for the SPD population is higher at 8.92. The SPD population is smaller than the non-SPD population. As a result, the Medi-Cal total numbers per 1,000 members comes down to approximately 3 discharges per every 1,000 members. Dr. Boris discussed the Plan's ranking for Medi-Cal inpatient utilization in comparison to the NCQA Medicaid Percentile Rank, and the Plan's average for the non-SPD population, per every 1,000 members, is less than 5%. Dr. Boris next discussed the rate of inpatient readmissions for both the Medi-Cal and Cal MediConnect populations. For the MediCal SPD population, our readmission rate is 21.03% which is considered high. Dr. Lin and Dr. Boris discussed the fact this is likely due to patients diagnosed with Sepsis. Dr. Boris outlined the readmission rates for the Cal MediConnect population. The over 65 age group actually has a lower readmission rate than the 18-64 age group, as the 18-64 age group are generally on MediCare and/or receiving disability. Dr. Boris then discussed the Medi-Cal Frequency of Selected procedures from January 1, 2019 through December 5, 2019. There are no significant changes since the last Committee meeting. The trends are generally down on an overall basis. A discussion ensued between Dr. Boris and Dr. Alkoraishi as to why the numbers trend downward. Dr. Boris stated she can review the numbers from the last Committee meeting and compare them to the current data to see if there is an explanation. Dr. Alkoraishi provided a possible rationale from the clinical point-of-view, but it could also be due to the fact that the numbers are so small it does not take much change to see a downward trend. Dr. Boris next discussed the rate of anti-depressant medications for acute phase treatment and continuation phase treatment, and there is no significant change from the last Committee meeting.

c. Dashboard Metrics

- Turn-Around Time – Q4 2019 – Dr. Boris next reviewed the Turn-Around time report for Medi-Cal from October 2019 through December 2019. The Plan met its' goals for December, with the percentage of timely decisions made within 5 business days at 100%. Dr. Boris also presented the

Committee with the Plan's timeliness of decisions for the urgent, concurrent, retro, and standard authorizations. Dr. Lin asked Dr. Boris for the Medi-Care guidelines for turn-around time. Dr. Boris replied that the Medi-Care guidelines are 100% on all decisions. During the CMS audit, however, CMS did not issue any corrective action for the current numbers due to the significant improvement the Plan made since the last audit.

- Call Center – Q4 2019 – Mr. Perez presented the Utilization Management Call Center metrics to the Committee, beginning with Medi-Cal. There has been less call volume in December, compared to October and November. The statistics show that the UM department has been able to increase the number of calls they take, with a higher rate of response and a lower rate of call abandonment. For the Cal MediConnect line of business, the volume of calls also dropped in December, as compared to October and November, and the abandonment rate is lower, so the UM department is able to answer a higher rate of calls with more efficiency. Dr. Lin inquired as to which language is the most prevalent for the calls received in the UM Call Center. Mr. Perez advised that, as the UM Call Center answers calls from providers, the language spoken is normally English. Dr. Lin also inquired as to why the call volume is so much lower in December, which Dr. Boris attributes to the holidays. Dr. Lin further inquired as to the average length of the calls, and Dr. Boris advised the average talk time is 2 minutes. Dr. Tobbagi inquired as to reason behind Provider call frequency. Dr. Boris replied that Stanford accounts for a large number of the calls taken by the UM department.

d. Quarterly Referral Tracking – Q4 2019

Dr. Boris next discussed the 'Referral Tracking Report'. The Plan does an annual report to the committee. This report is specific to the number of authorizations, and whether or not service was rendered and the Claim was paid within 90 days; or after 90 days; and what percentage of the authorizations approved had no Claim paid. The UM team also completed review of the Annual Referral Tracking report for calendar year 2019, which is included in this packet under Agenda item f. No additional clarification was needed. Dr. Lin asked if CBAS falls under the Plan's budget, not the State's budget. A discussion ensued as to the scope of services provided by CBAS centers, contracted with and paid for, by the Plan, versus a Senior Activity Center which is provided by the City.

e. Quality Monitoring of Denial Letters (HS.04.01) – Q4 2019

Dr. Boris reviewed the results of the standard quarterly report on Quality Monitoring of Denial Letters for the 4th quarter of 2019. Dr. Boris explained that the Plan analyzes a random sample of 30 total denial letters per quarter, which includes examination of all the elements the Plan is audited on. During this review process, half of the letters are for the Medi-Cal line of business, the other half are for the Cal Medi-Connect line of business, and 100% are denials. Dr. Boris reported that the results show the Plan rated 100% in each of the quality measurement benchmarks.

f. Referral Tracking System (HS.04.02) - 2019

Dr. Boris reviewed the Referral Tracking System report for the calendar year 2019. Normally, there is a rolling 12 month lookback period; however, due to issues with the new system, Dr. Boris only pulled data from January 1, 2019 through October 1, 2019. The purpose of this report is to comply with policy HS.02.Medical Necessity Criteria. The UM department conducts a random sample of 50 or more files, and the department then makes outbound calls to determine why members failed to get approved services, and connect them with a Case Manager to assist them with getting covered services. The findings show that there were 24,000 unique authorizations, which is approximately 2,400 authorizations per month. Of those, 9,170 were for Cal MediConnect and 15,000 were for Medi-Cal. It was identified that there was an average of 3 months claims lag-time. Dr. Boris examined the percentage of authorizations rendered with a claim paid within 90 days, and this showed that 74% of the Plan's authorized services were rendered with a claim paid within 90 days of authorization; 1% of authorized services were rendered with a claim paid after 90 days of authorization; and 28% of authorized services did not yet have a claim paid. Dr. Boris reviewed the most

common high volume authorizations comprised of CBAS, DME, Home Health and Hospice, and Outpatient Hospital. For example, our CBAS providers had a low rate of only 5% of claims paid; DME was 20%; Home Health was 30%; Outpatient Hospital was 43%; Continuity-of-Care was 58%; dental anesthesia was 16%; and transportation was the highest category of unpaid claims at 69%. Dr. Boris explained that out of 4,752 authorizations, only 5.2% had no claims paid on an Inpatient scale. The UM department follows up with members who have not had a claim paid to ascertain the reasons why they did not receive an authorized service or file a claim. There were no high risk areas that necessitated Case Management. Please see complete report in the packet.

g. Physician Peer-to-Peer (HS.02.02) - 2019

Dr. Boris next presented the Physician Peer-to-Peer report for calendar year 2019. The purpose of this report is to ensure the peer-to-peer process is on-track, and the needs of the Provider are addressed by the Plan. Typically how this works is the Provider calls in and requests to speak to the doctor who rendered the denial. For calendar year 2019, there were 27 total scheduled requests for peer-to-peer reviews. These were reviewed for compliance. 26 out of 27 denials were completed with the Plan physician and requesting physician; 26 out of the 27 had the appropriate documentation in our call tracking system. The current findings are that 96% of peer-to-peer calls occurred and no corrective action is required. Stanford, El Camino Hospital, and a few private physicians comprise most of the peer-to-peer review cases.

h. Behavioral Health UM

Ms. McKelvey presented the Behavioral Health UM PowerPoint to the Committee. Ms. McKelvey began with the Developmental Screening numbers for calendar year 2019. She explained that the goal is to hit 5,000 screenings for the year; however, in 2019 the number of screenings was 3,476. She anticipates this number will increase as more claims come in. For BHT, the average for Q4 was 185 receiving ABA services each month. There are 26 children on the waitlist with ABA authorizations approved, however, they are not yet receiving services due to the fact that the families and the providers have yet to agree on a time. Dr. Alkoraishi asked about the average age of these members, and Ms. McKelvey advised they are typically less than 10 years old, ranging from as young as 2 years old, up to age 17. Treatment is provided by a physician or a licensed Psychologist. Dr. Lin wanted to know why a 2 year old would need behavioral health services, and Ms. McKelvey clarified that if they have an autism diagnosis, or it is proven to be medically necessary, they can receive behavioral health services. Dr. Vemuri inquired about the waitlist. Ms. McKelvey advised it varies by family, and it is usually because they are waiting for a spot to open up that does not conflict with their child's school schedule. Children can receive services for years, so the Plan reviews cases every 6 months to ensure progress. The ABA providers meet with the Plan on a quarterly basis, and they all request more feedback from the Pediatricians. Ms. McKelvey advised she will facilitate this open communication. Ms. McKelvey gave a breakdown of the number of Cal MediConnect psychiatric admissions for Q3 and Q4. The team completed 8 transition of care calls to patients who were discharged to home. For the Medi-Cal mild to moderate referrals, 7 members were connected to services. Dr. Vemuri asked how many child Psychiatrists are in our network. Ms. McKelvey advised it is a little misleading to try to determine that number. They are all connected to the BHT. A discussion ensued as to the difficulty of the process to refer a patient to a psychiatrist. The BH team provided case management to 248 Cal MediConnect members; and case management to 65 Medi-Cal SPD members.

10. Adjournment

The meeting adjourned at 6:04 p.m. The next UMC meeting is scheduled for Wednesday, April 15, 2020 at 6:00 p.m.

Jimmy Lin, MD, Utilization Management Committee Chairperson