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

Wednesday, July 15, 2020, 6:00-7:30 PM
Santa Clara Family Health Plan - Teleconference
6201 San Ignacio Ave., San Jose, CA 95119

Via Teleconference
(669) 900-6833
Meeting ID: 934 0906 4968
https://zoom.us/j/93409064968

AGENDA

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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 15, 2020 Utilization Management Committee (UMC) meeting **Possible Action:** Approve Q2 2020 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 **a.** General Update	Dr. Nakahira	6:20	10 min
6. Old Business/Follow-Up Items **a.** General Old Business **b.** LTC Statistics	Dr. Boris	6:30	10 min
c. Home Health Comparison for Care Coordinator Guidelines	Mr. Perez	6:40	5 min
7. UM Manager/Director "Second Review" of Denial Letters Consider the possible suspension of the UM Manager/Director "second review" of denial letters **Possible Action:** Approve the suspension of the UM Manager/Director "Second Review of Denial Letters	Ms. Chen	6:45	10 min

8. Reports		Dr. Boris	6:55	5 min
a. Membership				
b. Over/Under Utilization by Procedure Type/Standard UM Metrics				
c. Dashboard Metrics		Mr. Perez	7:00	5 min
• Turn-Around Time – Q2 2020				
• Call Center – Q2 2020				
d. Cal MediConnect and MediCal Quarterly Referral Tracking – Q2 2020		Ms. Chen	7:05	10 min
e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q2 2020				
f. Inter-Rater Reliability (IRR) Report – Q2 2020 Delayed		Ms. Chen	7:15	5 min
• IRR UM				
• IRR BH		Ms. McKelvey	7:20	5 min
g. Behavioral Health UM		Ms. McKelvey	7:25	5 min
9. Adjournment		Dr. Lin	7:30	
Next meeting: Wednesday, October 14, 2020 at 6:00 p.m.				

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.

Public Comment

Meeting Minutes

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

Thursday, April 15, 2020 6:00 PM – 7:30 PM
Santa Clara Family Health Plan

MINUTES - Draft

Members Present
Ali Alkoraishi, MD, Psychiatry
Dung Van Cai, MD, OB/GYN
Ngon Hoang Dinh, DO, Head & Neck
Jimmy Lin, MD, Internal Medicine, Chairperson
Laurie Nakahira, DO, Chief Medical Officer
Indira Vemuri, Pediatric Specialist

Members Absent
Dr. Habib Tobbagi, PCP, Nephrology

Staff Present
Christine Tomcala, Chief Executive Officer
Lily Boris, MD, Medical Director
Dang Huynh, Director, Pharmacy
Angela Chen, Manager, Utilization Management
Natalie McKelvey, Manager, Behavioral Health
Luis Perez, Supervisor, Utilization Management
Amy O'Brien, Administrative Assistant

1. **Introduction**

   Dr. Jimmy Lin, Chair, called the meeting to order at 6:00 p.m. Roll call was taken, and a quorum was established.

2. **Public Comment**

   There were no public comments.

3. **Review and Approval of January 15, 2020 Meeting Minutes**

   The minutes of the January 15, 2020 Utilization Management Committee meeting were reviewed.

   It was moved, seconded, and the minutes of the January 15, 2020 Utilization Management Committee were **unanimously approved.**

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

4. **Chief Executive Officer Update**

   Ms. Tomcala provided an update on the SCFHP response to COVID-19. To date, 96% of the SCFHP staff are working from home. Staff that remains onsite is only there to perform work that cannot be done from home. For contracted providers and covered healthcare services, the Prior Authorizations were suspended until April 30, 2020. We provided this break in order to decrease the administrative burden on our contracted

provider community (hospitals, doctors, and other required services). SCFHP continues to assess the number of providers seeing patients in their office in-person and via telehealth appointments. The primary focus of SCFHP is to ensure there is access to care for our members. Ms. Tomcala further advised that CalAIM has been delayed, although the Plan has no additional specifics to offer at this time.

5. Chief Medical Officer Update

a. General Update

There is no general update to discuss this evening.

b. COVID-19 Update

Dr. Nakahira began with a statement that both patients and staff members can access either the SCFHP crisis line or the behavioral health crisis line for assistance to cope with the stress of COVID-19. Dr. Nakahira summarized SCFHP's COVID-19 responses. As of April 15, 55 members were hospitalized with COVID-19 and 3 members are deceased. Call volume is down. The Nurse Advice Line now has a direct handoff to a telemedicine physician vendor for call transfer and consultations. SCFHP has also conducted outreach to our high-risk populations via outbound calls, robo-calls, and/or direct mail. Outreach efforts have been coordinated with our community-based case management or providers, including long-term support services and behavioral health. Dr. Nakahira summarized the Plan's efforts to respond to members' needs during this time. Dr. Nakahira also discussed the results of the Plan's outreach to SNF's and the number of diagnosed patients. Dr. Lin inquired about the impact of COVID on our SNF population. Dr. Nakahira advised that, in addition to COVID positive patients, there are also a few SNF staff members who have been diagnosed with COVID. Dr. Nakahira also shared the fact that HEDIS medical record review outreach has been temporarily suspended. For the Medi-Cal line of business, the vendor is only reviewing electronic records. Dr. Cai inquired as to how doctors handle patients and meet all the requirements if they are not in the office? Dr. Boris explained that the requirements are not defined by service type. Dr. Lin also shared that many requirements have been waived, such as the requirements for vaccines. Dr. Nakahira advised that, to date, there has been no guidance from the state on how to handle childhood immunizations during the outbreak. Dr. Alkoraishi directed the committee to the public health website for further data on the actual number of cases, hospitalizations, and deaths.

6. Old Business/Follow-Up Items

a. There is no old business to discuss this evening.

7. UM Program Evaluation

Dr. Boris presented the annual review of the UM Program Evaluation for 2020 to the Committee. The UM Program Evaluation is part of the requirements of the state, as well as NCQA. It is divided into Quality of Clinical Care and Quality of Service. The UM department successfully completed quality of clinical care related issues such as: current reporting; quality of inpatient care; readmissions; the UM Program Description; medical necessity criteria policy; and prior authorizations. The UM department successfully completed quality of service related issues such as prior authorizations and member and provider experiences.

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

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

8. **UM Work Plan**

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

It was moved, seconded, and the UM Work Plan for 2020 was **unanimously approved.**

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

9. **Care Coordinator Guidelines**

Mr. Perez presented an overview of the Care Coordinator Guidelines (CCG). Mr. Perez explained that Care Coordinators regularly select and review a number of prior authorization requests based upon these established guidelines. Care Coordinators can then approve covered medical services when all criteria are met. To that effect, Mr. Perez outlined the various categories of prior authorizations subject to review and approval. At this time, Dr. Lin inquired as to how many long-term care cases fall within the guidelines for review. Dr. Boris advised there are approximately 1,400 Medi-Cal members and approximately 400 Cal Medi-Connect members. Dr. Lin asked if there is any data available on the homeless population. Dr. Boris advised this data is not available at this time, and she will highlight LTC as a follow-up item in time for the next UM meeting. As Mr. Perez continued with his presentation, Dr. Lin inquired as to how often hearing aids can be replaced. Dr. Boris replied that members are eligible for hearing aid replacement every 2 years. Ms. McKelvey was then introduced, and she summarized the Behavioral Health Treatment (BHT) Care Coordinator guidelines.
Prior to approval of the CCG guidelines, Dr. Lin requested that the plan review all other local health plans in regards to the number of approved Home Health Initial requests (18 for SCFHP). Dr. Boris will bring this info to the next UM meeting. Dr. Boris asked Dr. Lin if he still wants to make a motion to approve the Care Coordinator Guidelines as they are, or defer this item to the next UM meeting. Dr. Lin stated he wants the Plan to follow-up on this issue and report on it during the July meeting, but he will also motion to approve the current Care Coordinator guidelines as presented.

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

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

10. **Reports**

    a. **Membership**

Dr. Boris presented the membership report for April 2020. The Plan has 235,049 Medi-Cal members, and the Cal MediConnect line-of-business continues to grow with 8,725 members. The Plan has a total of 243,774 members. Dr. Boris gave a breakdown of the membership numbers per individual network plans, with the largest proportion of Medi-Cal members residing in the Valley Health Plan Network at 115,965 members.

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

Dr. Boris presented the Standard Utilization Metrics for the Committee for the period from January 1, 2019 through December 31, 2019. The purpose is to measure and compare the Plan's utilization levels against relevant industry benchmarks, and to monitor utilization trends amongst the Plan's membership. As a result, the Plan can analyze potential barriers and recognize opportunities for improvement to ensure high-quality care. Dr. Boris notified the committee that the UM metrics she presents will be implemented in the new HEDIS data platform towards the end of April, by which time all the numbers will be available. Dr. Boris reported the Medi-Cal inpatient readmissions rate and the Cal MediConnect inpatient readmissions rates as compared to the NCQA Medicare benchmarks. Dr. Boris gave an overview of the Frequency of Selected Procedures. Ms. McKelvey gave an overview of the ADHD Medi-Cal Behavioral Health Metrics, and she advised that there has been no significant change from the last meeting.

c. Dashboard Metrics

- Turn-Around Time Q1 2020 – Mr. Perez summarized the turn-around times for Medi-Cal and Cal MediConnect. Mr. Perez advised the Committee that the UM team's turn-around times for authorizations, expedited authorizations, and decisions are timely and fall within at least the 97th percentile or better. Mr. Perez pointed out that in the area of Urgent Concurrent Review, where decisions must be rendered within 72 hours (new NCQA change), the UM team achieved a 100%. For the area of Retrospective Review, where a decision must be rendered within 30 calendar days, the UM team also achieved a 100%. Dr. Boris advised the Committee that, as of March 16, 2020, all UM staff moved offsite to continue operations and work from home. At the same time, all prior authorization requirements were suspended. The UM team continues to be as productive working from home as they were when working in the office. The Plan met its' goals for April, and Dr. Boris congratulated the UM staff.

- Call Center – Q1 2020 – Mr. Perez presented the UM Call Center metrics for Medi-Cal and Cal MediConnect to the Committee. For the Medi-Cal line of business, there was less call volume in March, compared to January and February. For the Cal MediConnect line of business, there was less call volume in February and March, compared to January. 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. The average talk time continues to be approximately 2 minutes long.

d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q1 2020

Dr. Boris next discussed the 'Q1 Referral Tracking Report'. The Plan does an annual rollup, with quarterly numbers. This report is specific to the number of authorizations, and factors such as whether or not services were rendered, and the Claim paid, within 90 days; if the Claim was paid after 90 days; and what percentage of the authorizations received had no Claim paid. Dr. Cai inquired as to why the payment rate for transportation was so low. Dr. Boris replied that of the 275 authorizations the Plan approved, only 194 Claims were actually paid. Dr. Boris explained that the most likely reasons are either that the ride was cancelled, or the Claim is pending payment.

e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q1 2020

Ms. Chen reviewed the results of the standard quarterly report on Quality Monitoring of Plan Authorizations and Denial Letters for the 1st quarter of 2020. Ms. Chen advised the Committee 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, 15 letters that were examined pertained to the Medi-Cal line of business, and the other 15 letters that were examined pertained to the Cal MediConnect line of business,

and 100% are denials. Ms. Chen gave a breakdown of the Plan's results with an emphasis on both member and provider notification. Dr. Lin inquired as to how many of these denial letters are in English versus multiple languages. Ms. Chen explained that the provider letters are in English, while members receive their denial letters in their threshold language.

f.   Inter-Rater Reliability (IRR) Report – Q2 2020 - Delayed

Dr. Boris informed the Committee that, due to the current COVID-19 pandemic and the shelter-in-place order, the UM IRR testing was delayed; however, it will be completed in the upcoming quarter. The results will then be presented at the next UMC meeting held on July 15, 2020.

g.   Behavioral Health Utilization Management Reports

Ms. McKelvey presented the Behavioral Health UM Reports to the Committee. Ms. McKelvey began with the Developmental Screening numbers for Q4 of 2019 and Q1 of 2020. She explained that the goal is to hit 5,000 screenings for the year. So far the number of screenings for Q4 of 2019 and Q1 2020 totals 1,903 screenings. Ms. McKelvey anticipates this number will increase as more Claims come in and are paid. Ms. McKelvey gave the Committee a breakdown of the number of members who are currently receiving Behavioral Health Services, and the number of members on the waiting list for services. Ms. McKelvey also gave the Committee members a breakdown of the Q1 Cal MediConnect psychiatric admissions and the number of transitions of care completed. For Medi-Cal Q1, Ms. McKelvey gave a breakdown of the number of mild to moderate referrals, and the number of members not connected to services. Ms. McKelvey's presentation to the Committee also included the number of Cal MediConnect members assigned to Case Management, and the number of Medi-Cal SPD members assigned/referred to Behavioral Health. Dr. Lin inquired as to whether or not most mild to moderate cases which require medication management are handled by family physicians. Ms. McKelvey responded that oftentimes this is true, especially for talk therapy.

11. Adjournment

The meeting adjourned at 7:12 p.m. The next UMC meeting is scheduled for Wednesday, July 15, 2020 at 6:00 p.m.

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Jimmy Lin, MD, Utilization Management Committee Chairperson

CEO Update

CMO Update

General Old Business

LTC Statistics

Santa Clara Family Health Plan

SCFHP
UMC Follow Up Item
LTC Metrics CY 2019

LOB	Calendar Year	Total # of LTC Members residing in SNF per Calendar Year	Total # of members residing in SNF that were previously homeless	Number of LTC transitions by LTSS Team (CY 2019) – out of LTC to lower level of care	Members Transitioned by the SNF (ex: Against Medical Advice – AMA, or other lower level of care)	Total number of LTC transitioned by Calendar Year 2019
MC	2019	2278	TBA	53	130	183
CMC	2019	155	TBA	12	25	37

Home Health Comparison for Care Coordinator Guidelines

Follow Up for UMC regarding the prior authorization approvals for: PT/OT/ST Home Health Allowables by Health Plan July 2020

Health Plan	Number of Initially Allowable Visits
SCFHP	18
Health Plan A	20
Health Plan B	12
Etc.	
Etc.	

UM Second Review of Denial Letters

UM Manager/Director Second Review of Denial Letters

Background:

In April 2018, Santa Clara Family Health Plan's Utilization Management (UM) Department implemented a mandatory second review process of all denial letters to be completed by the UM Manager or UM Director. A mandatory second review of denial letters was implemented because of several regulatory audit findings specific to the quality and readability of the denial letters.

The September and October 2018 Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC) findings stated: "The Plan did not send Notice of Action (NOA) letters that were clear, concise, at a sixth grade reading level, and accurate."

Subsequent audit findings by the Centers for Medicare and Medicaid Services (CMS), November 2018, also confirmed that "For decisions to deny, delay, or modify health care service requests by providers based in whole or in part on medical necessity, the Plan does not consistently include in its written response: A clear and concise explanation of the Plan's decision; A description of the criteria or guidelines used; The clinical reason for the decision regarding medical necessity."

As such, the plan continued the second review process for all denial notifications.

Implementation of Quality Assurance (QA) Activities:

SCFHP implemented a comprehensive QA process for all regulatory requirements of both UM approval and denial letters that included staff training. UM completed follow-up regulatory audits without findings.

Additionally, the Utilization Management Committee is provided a quarterly review of Quality Monitoring of Plan Authorizations and Denial Letters in accordance with procedure HS.04.01. The reviews have consistently shown a 97-100% compliance with accuracy and specificity of the denial letters. Letters were confirmed to be written in a clear, concise, and easily understandable manner.

Focused Re-evaluation:

SCFHP successfully completed subsequent annual audits with CMS, DHCS, and DMHC and the National Committee for Quality Assurance (NCQA). The summary of findings specific to UM letters are as follows:
- 9/23/2019: Independent Validation Audit draft report by ATTAC Consulting Group for CMS
    - CMS Audit Condition #7.26 IVA Audit Results: Ten denied service requests were selected for review, five from the MSSAR universe and five from the MESAR universe. All 10 enrollee letters included adequate rationales, complete and accurate information specific to the denial and were written in a manner that an enrollee can easily understand.
- 2/4/2019: NCQA UM onsite file review:
    - No findings of file review. Successful NCQA accreditation 2/20/2019 to 2/20/2022 for the Cal MediConnect line of business
- 2/6/2020: DMHC 2019 Final Report
    - Deficiency #1 – The Plan does not conduct adequate oversight of its delegates to ensure compliance with required utilization management (UM) denial letter requirements. (pg. 6)
- 2020: DHCS
    - Pending final audit report. No preliminary findings/deficiencies per the closing call regarding letter quality.

Recommendations to the Utilization Management Committee:

As SCFHP has now successfully implemented the comprehensive Quality Assurance process and has successfully completed follow-up audits with regulators showing compliance. SCFHP UM Department is requesting to end the daily second review of every denial letter by a manager or director.

SCFHP will continue to monitor letters internal and delegated letters. If the UM management team or medical director find issues, we will immediately re-implement the process, and notify UMC.

Membership Report

Membership

Source: iCat (7/1/2020)

Mbr Ct Sum	Cap Month												
LOB Network Name	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20
CMC	**8,076**	**8,134**	**8,194**	**8,233**	**8,289**	**8,428**	**8,401**	**8,486**	**8,601**	**8,725**	**8,837**	**8,987**	**9,029**
Santa Clara Family Health Plan	8,076	8,134	8,194	8,233	8,289	8,428	8,401	8,486	8,601	8,725	8,837	8,987	9,029
MC	**236,578**	**235,389**	**234,478**	**237,095**	**235,350**	**233,995**	**231,435**	**231,548**	**233,229**	**235,049**	**240,656**	**244,888**	**248,007**
INDEPENDENT PHYSICIANS	15,553	15,359	15,349	15,707	15,609	15,333	15,021	14,744	14,709	14,781	15,216	15,610	15,844
KAISER PERMANENTE	25,426	25,415	25,332	25,344	25,152	24,978	24,743	24,764	25,097	25,300	25,985	26,541	27,212
MEDICARE PRIMARY	14,787	15,005	15,177	15,244	15,347	15,433	15,422	15,455	15,460	15,463	15,649	15,653	15,696
PALO ALTO MEDICAL FOUNDATION	6,820	6,750	6,704	6,784	6,678	6,639	6,536	6,473	6,481	6,448	6,583	6,633	6,696
PHYSICIANS MEDICAL GROUP	41,765	41,271	41,061	42,021	41,548	41,420	40,820	40,860	41,050	41,212	42,040	42,632	43,036
PREMIER CARE	14,612	14,516	14,448	14,660	14,622	14,541	14,485	14,407	14,467	14,487	14,802	15,011	15,144
VHP NETWORK	117,615	117,073	116,407	117,335	116,394	115,651	114,408	114,845	115,965	117,358	120,381	122,808	124,379
HK	**3,501**	**3,509**	**3,512**	**2**	**2**	**2**							
INDEPENDENT PHYSICIANS	360	359	366										
PALO ALTO MEDICAL FOUNDATION	88	86	85										
PHYSICIANS MEDICAL GROUP	1,257	1,245	1,232	2	2	2							
PREMIER CARE	263	268	277										
VHP NETWORK	1,533	1,551	1,552										
Grand Total	**248,155**	**247,032**	**246,184**	**245,330**	**243,641**	**242,425**	**239,836**	**240,034**	**241,830**	**243,774**	**249,493**	**253,875**	**257,036**

Utilization Metrics

UMC Goals and Objectives

- Compare SCFHP utilization levels against relevant industry benchmarks and monitor utilization trends among SCFHP membership over time

- Analyze key drivers and potential barriers, prioritize opportunities for improvement, and develop interventions that promote high-quality and cost-effective use of medical services

Membership

Source: iCAT (7/7/2020)

Year-Month	2020-01	2020-02	2020-03	2020-04	2020-05	2020-06
Medi-Cal	231,435	231,548	233,229	235,049	240,656	244,888
Cal MediConnect	8,401	8,486	8,601	8,725	8,837	8,987
Total	239,836	240,034	241,830	243,774	249,493	253,875

Inpatient Utilization: Medi-Cal – SPD 7/1/2019 – 6/30/2020

Source: MCL Enrollment & QNXT Claims Data

Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2019-Q3	1,011	15.41	5,652	5.59
2019-Q4	980	14.81	5,294	5.40
2020-Q1	1,007	15.31	5,404	5.37
2020-Q2	1,023	15.52	5,109	4.99
Total	4,021	15.26	21,459	5.34

Inpatient Utilization: Medi-Cal – Non-SPD 7/1/2019 – 6/30/2020

Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2019-Q3	3,555	5.34	16,005	4.50
2019-Q4	3,426	5.20	16,922	4.94
2020-Q1	3,653	5.62	17,306	4.74
2020-Q2	3,314	5.10	14,862	4.48
Total	13,948	5.32	65,095	4.67

Santa Clara Family
Health Plan

Inpatient Utilization: Cal MediConnect (CMC)
7/1/2019 – 6/30/2020

Source: CMC Enrollment & QNXT Claims Data

Quarter	Discharges	Discharges / 1,000 Members per Year	Days	Average Length of Stay
2019-Q3	481	256.74	2,630	21.39
2019-Q4	450	237.16	2,449	19.76
2020-Q1	409	210.46	2,133	17.54
2020-Q2	421	211.34	2,379	17.61
Total	1,761	228.51	9,591	19.04

Medi-Cal Inpatient Utilization NCQA Medicaid Benchmark Comparisons
7/1/2019 – 6/30/2020

Measure	Medi-Cal Population		
	Non-SPD	SPD	Total
Discharges / 1,000 Member Months	5.32	15.41	6.22
NCQA Medicaid Percentile Rank[1]	<5th	>90th	<5th
ALOS	4.67	5.34	4.82
NCQA Medicaid Percentile Rank[2]	<25th	>75th	<25th

[1] NCQA Medicaid 50th percentile = 6.55
[2] NCQA Medicaid 50th percentile = 4.27

Inpatient Readmissions: Medi-Cal

Source: HEDIS Plan All-Cause Readmissions (PCR) data for 1/1/2020 – 6/17/2020 measurement period (Citius Tech)

LOB	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Actual Readmission Rate[1,2]
MC - All	2,100	304	14.76%

[1] A lower rate indicates better performance.
[2] Only for members aged 18-64 in Medi-Cal.

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

Source: HEDIS Plan All-Cause Readmissions (PCR) data for 1/1/2020 – 6/17/2020 measurement period

Rate Description	PCR
Count of Index Hospital Stays	498
Count of 30-Day Readmissions	70
Actual Readmission Rate	14.06%
NCQA Medicare 50th Percentile	16.39%
SCFHP Percentile Ranking	>95th

[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.

Good AMM,ADD
ADHD Medi-Cal Behavioral Health Metrics

Source: HEDIS data for 1/1/2020 – 6/17/2020 measurement period

Measure	Rate	NCQA Medicaid 50th Percentile	SCFHP Percentile Rank
Follow-Up Care for Children Prescribed ADHD Medication			
Initiation Phase	42.27%	43.41%	<50th
Continuation & Maintenance Phase	46.67%	55.5%	<50th
Antidepressant Medication Management			
Acute Phase Treatment	52.83%	52.35%	>75th
Continuation Phase Treatment	42.98%	36.51%	>75th
Cardiovascular Monitoring for People with Cardiovascular Disease & Schizophrenia	33.33%	77.63%	<10th

Call Center Dashboard Metrics

MEDICAL AUTHORIZATIONS - HS COMBINED				
Routine Authorizations				
# of Routine Prior Authorization Requests Received	676	683	862	**2,221**
# of Routine Prior Authorization Requests Completed within 5 Business Days	675	681	858	**2,214**
% of Timely Decisions made within 5 Business Days of request	99.9%	99.7%	99.5%	**99.7%**
# of Prior Authorization Notification Sent	676	683	862	**2,221**
# of Prior Authorization Notification Sent Within 2 Business Days of Decision Date	670	677	850	**2,197**
% timely notification of HS decision	99.1%	99.1%	98.6%	**98.9%**
Expedited Authorizations				
# of Expedited Prior Authorization Requests Received	81	128	164	**373**
# of Expedited Prior Authorization Requests Completed within 72 Hours	80	127	162	**369**
% of Timely Decisions made within 72 Hours of request	98.8%	99.2%	98.8%	**98.9%**
# of Prior Authorization Notification Sent	81	128	164	**373**
# of Prior Authorization Notification Sent Within 2 Business Days of Decision Date	80	127	159	**366**
% timely notification of HS decision	98.8%	99.2%	97.0%	**98.1%**
Urgent Concurrent Review				
# of Urgent Concurrent Requests Received	1	1	3	**5**
# of Urgent Concurrent Requests Completed within 72 Hours of request	1	1	3	**5**
% of Timely Decisions made within 72 Hours of request	100.0%	100.0%	100.0%	**100.0%**
# of Prior Authorization Notification Sent	1	1	3	**5**
# of Prior Authorization Notification Sent Within 2 Business Days of Decision Date	1	1	3	**5**
% timely notification of HS decision	100.0%	100.0%	100.0%	**100.0%**
Retrospective Review				
# of Retrospective Requests Received	372	367	257	**996**
# of Retrospective Requests completed within 30 Calendar Days of request	372	367	257	**996**
% of Retrospective Reviews completed within 30 Calendar Days of request	100.0%	100.0%	100.0%	**100.0%**
# of Prior Authorization Notification Sent	372	367	257	**996**
# of Prior Authorization Notification Sent Within 2 Business Days of Decision Date	366	358	251	**975**
% timely notification of HS decision	98.4%	97.5%	97.7%	**97.9%**

	Apr	May	Jun	Q2 2020
CAL MEDICONNECT				
PRE-SERVICE ORGANIZATION DETERMINATIONS - HS COMBINED				
Standard Part C				
# Approved	333	375	430	**1,138**
# Denied	12	19	20	**51**
% Approved	96.5%	95.2%	95.6%	**95.7%**
# of Prior Authorization Requests Received	345	394	450	**1,189**
# of Prior Auth Requests Completed within 14 days	345	394	450	**1,189**
% of Timely Decisions made within 14 days	100.0%	100.0%	100.0%	**100.0%**
# of Prior Authorization Notification Sent	345	394	450	**1,189**
# of Prior Authorization Notification Sent Within 14 Days	344	394	447	**1,185**
% Timely Notification of HS decision	99.7%	100.0%	99.3%	**99.7%**
Expedited Part C				
# Approved	158	238	269	**665**
# Denied	1	9	18	**28**
% Approved	99.4%	96.4%	93.7%	**96.0%**
# of Prior Authorization Requests Received	159	247	287	**693**
# of Prior Auth Requests Completed within 72 Hours	158	247	284	**689**
% of Timely Decisions made within 72 Hours	99.4%	100.0%	99.0%	**99.4%**
# of Prior Authorization Notification Sent	159	247	287	**693**
# of Prior Authorization Notification Sent Within 72 hours	155	242	271	**668**
% timely notification of HS decision	97.5%	98.0%	94.4%	**96.4%**
URGENT CONCURRENT ORGANIZATION DETERMINATIONS - HS COMBINED				
# Approved	4	4	1	**9**
# Denied	0	0	0	**-**
% Approved	100.0%	100.0%	100.0%	**100.0%**
# of Urgent Concurrent Requests Received	4	4	1	**9**
# of Urgent Concurrent Requests Completed within 72 Hours	4	4	1	**9**
% of Timely Decisions made within 72 Hours	100.0%	100.0%	100.0%	**100.0%**
# of Prior Authorization Notification Sent	4	4	1	**9**
# of Prior Authorization Notification Sent Within 24 hours	4	3	1	**8**
% timely notification of HS decision	100.0%	75.0%	100.0%	**88.9%**
POST SERVICE ORGANIZATION DETERMINATIONS - HS COMBINED				
# Approved	58	72	60	**190**
# Denied	0	1	0	**1**
% Approved	100.0%	98.6%	100.0%	**99.5%**
# of Requests Received	58	73	60	**191**
# of Post Service Requests Completed within 30 Days	58	73	60	**191**
% of Timely Decisions made within 30 days	100.0%	100.0%	100.0%	**100.0%**
# of Prior Authorization Notification Sent	58	73	60	**191**
# of Prior Authorization Notification Sent Within 30 Days	58	73	60	**191**
% timely notification of HS decision	100.0%	100.0%	100.0%	**100.0%**

CALL STATS				
	Apr	**May**	**Jun**	**Q2 2020**
MEDI-CAL				
CALL STATS - UM Provider Queue				
# Calls Presented	1,054	1,253	1,440	**3,747**
Provider Average Speed of Answer in Seconds	0:00:25	0:00:26	0:00:32	**0:00:28**
Provider Average Hold Time in Seconds	0:00:15	0:00:10	0:00:04	**0:00:10**
# of Abandoned Provider Calls	52	35	40	**127**
Provider Abandonment Rate	5%	3%	3%	**5.2%**
Provider Service Level	84%	87%	86%	**81.0%**
Average Talk Time	0:02:33	0:01:55	0:01:44	**0:02:04**

CAL MEDICONNECT				
# Calls Presented	630	735	1,021	**2,386**
Provider Average Speed of Answer in Seconds	0:00:19	0:00:21	0:00:26	**0:00:22**
Provider Average Hold Time in Seconds	0:00:15	0:00:10	0:00:05	**0:00:10**
# of Abandoned Provider Calls	37	28	47	**112**
Provider Abandonment Rate	6%	4%	5%	**4.7%**
Total Provider Calls Handled	591	700	970	**2,261**
# of Provider Calls Handled in ≤ 30 seconds	528	644	874	**2,046**
Provider Service Level	84%	88%	86%	**90.5%**
Average Talk Time	0:02:33	0:01:55	0:01:56	**0:02:08**

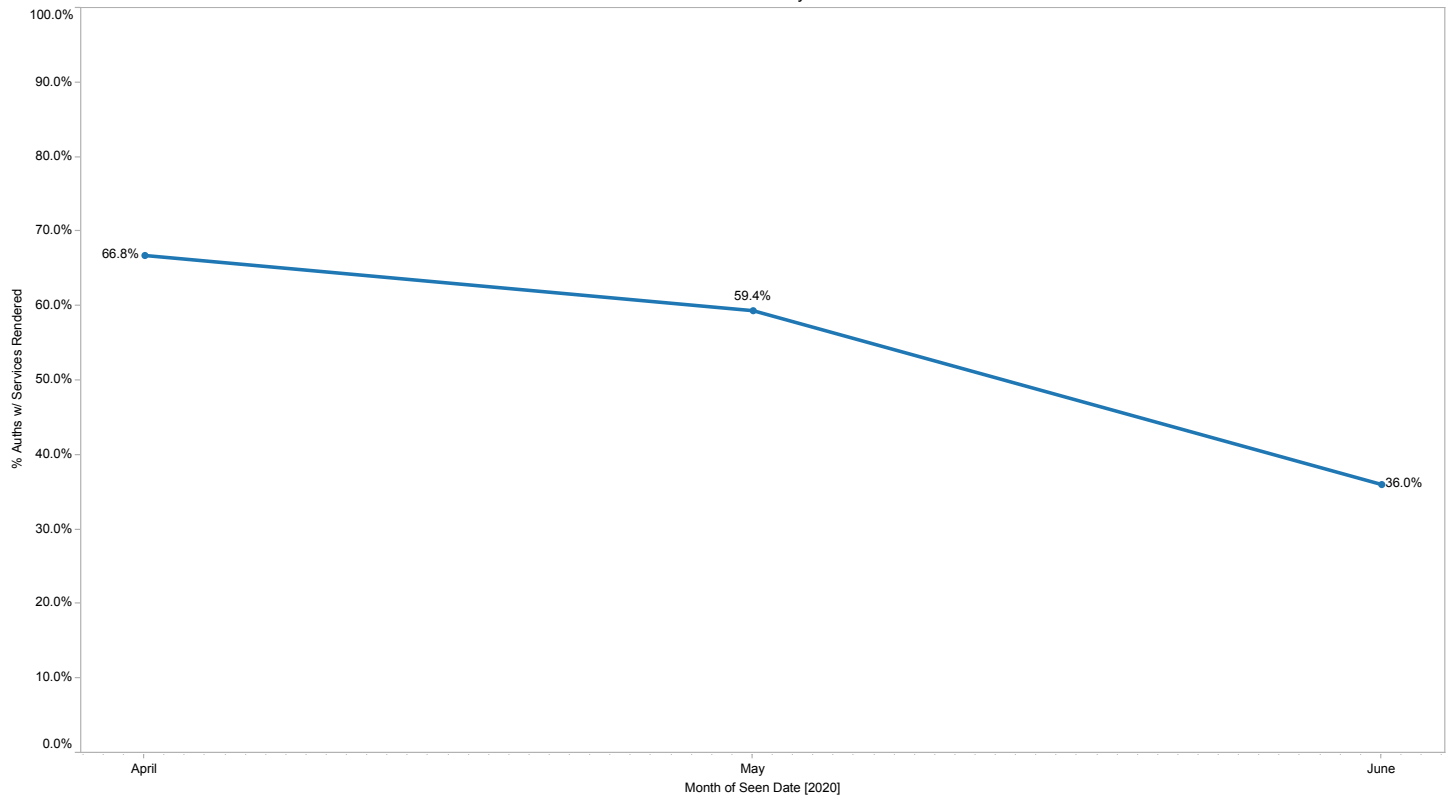# CMC and MC Quarterly Referral Tracking

Referral Tracking Report

LOBRollupN..	Template	Disposition	Total # of Auths	# Auth Services Rendered within 90 days	# Auth Services Rendered After 90 days	# Auth Services Not Rendered	% Auths w/ No Services Rendered
Cal MediConnect	CBAS	Retro Request	23	22	0	1	4.3%
		Routine - Extended Service	5	4	0	1	20.0%
	CONT OF CARE	Member Initiated Org Determi..	4	0	0	4	100.0%
		Non Contracted Provider - Ro..	1	0	0	1	100.0%
	CUSTODIAL	Retro Request	94	77	0	17	18.1%
		Routine - Initial Request	18	14	0	4	22.2%
	CUSTODIAL COVID	Retro Request	9	4	0	5	55.6%
		Routine - Initial Request	9	2	0	7	77.8%
	DME	Member Initiated Org Determi..	3	1	0	2	66.7%
		Member Rep Initiated Org Det..	3	1	0	2	66.7%
		Non Contracted Provider - Ro..	6	4	0	2	33.3%
		Non Contracted Provider - Urg..	2	0	0	2	100.0%
		Retro Request	11	1	0	10	90.9%
		Routine - Initial Request	170	95	0	75	44.1%
		Urgent - Extended Service	2	1	0	1	50.0%
		Urgent - Initial Request	14	9	0	5	35.7%
	HomeHealth	Member Initiated Org Determi..	1	0	0	1	100.0%
		Member Rep Initiated Org Det..	1	0	0	1	100.0%
		Non Contracted Provider - Ro..	1	0	0	1	100.0%
		Non Contracted Provider - Urg..	50	25	0	25	50.0%
		Operational PA	1	0	0	1	100.0%
		Retro Request	16	10	0	6	37.5%
		Routine - Extended Service	13	5	0	8	61.5%
		Routine - Initial Request	5	3	0	2	40.0%
		Urgent - Extended Service	119	31	0	88	73.9%
		Urgent - Initial Request	159	78	0	81	50.9%
	HOSPICE	Non Contracted Provider - Ret..	5	4	0	1	20.0%
		Non Contracted Provider - Urg..	1	0	0	1	100.0%
	Inpatient		3	3	0	0	0.0%
		Member Initiated Org Determi..	1	1	0	0	0.0%
		Retro Request	2	1	0	1	50.0%
		Routine - Extended Service	1	0	0	1	100.0%
		Routine - Initial Request	381	363	0	18	4.7%
		Urgent - Initial Request	9	9	0	0	0.0%
	OP-BehavioralGr	Care Coordinator Initiated Org..	5	4	0	1	20.0%
		Member Initiated Org Determi..	1	1	0	0	0.0%
		Non Contracted Provider - Ret..	1	1	0	0	0.0%
		Non Contracted Provider - Ro..	1	0	0	1	100.0%
	OP-Behavorial	Care Coordinator Initiated Org..	2	0	0	2	100.0%
		Non Contracted Provider - Ret..	1	1	0	0	0.0%
		Routine - Initial Request	1	0	0	1	100.0%
	OPHospital	Member Initiated Org Determi..	5	0	0	5	100.0%
		Member Initiated Org Determi..	1	0	0	1	100.0%
		Member Rep Initiated Org Det..	1	0	0	1	100.0%
		Member Rep Initiated Org Det..	1	0	0	1	100.0%
		Non Contracted Provider - Ro..	14	6	0	8	57.1%
		Non Contracted Provider - Urg..	14	5	0	9	64.3%
		Retro Request	15	6	0	9	60.0%
		Routine - Extended Service	6	1	0	5	83.3%

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	Routine - Initial Request	325	60	0	265	81.5%
		Urgent - Extended Service	4	0	0	4	100.0%
		Urgent - Initial Request	174	59	0	115	66.1%
	OPHospitalGr	Care Coordinator Initiated Org..	1	1	0	0	0.0%
		Member Initiated Org Determi..	4	2	0	2	50.0%
		Retro Request	1	1	0	0	0.0%
		Routine - Extended Service	4	1	0	3	75.0%
		Routine - Initial Request	89	28	0	61	68.5%
		Urgent - Extended Service	3	2	0	1	33.3%
		Urgent - Initial Request	46	23	0	23	50.0%
	SkilledNursing		1	1	0	0	0.0%
		Retro Request	9	5	0	4	44.4%
		Routine - Initial Request	27	22	0	5	18.5%
		Urgent - Initial Request	66	53	0	13	19.7%
	Transportation	Member Initiated Org Determi..	1	0	0	1	100.0%
		Member Initiated Org Determi..	1	0	0	1	100.0%
		Routine - Initial Request	43	7	0	36	83.7%
Grand Total			**2,011**	**1,058**	**0**	**953**	**47.4%**

Auth Services Rendered by Month

% Auths w/ Services Rendered

66.8%

59.4%

36.0%

April

May

June

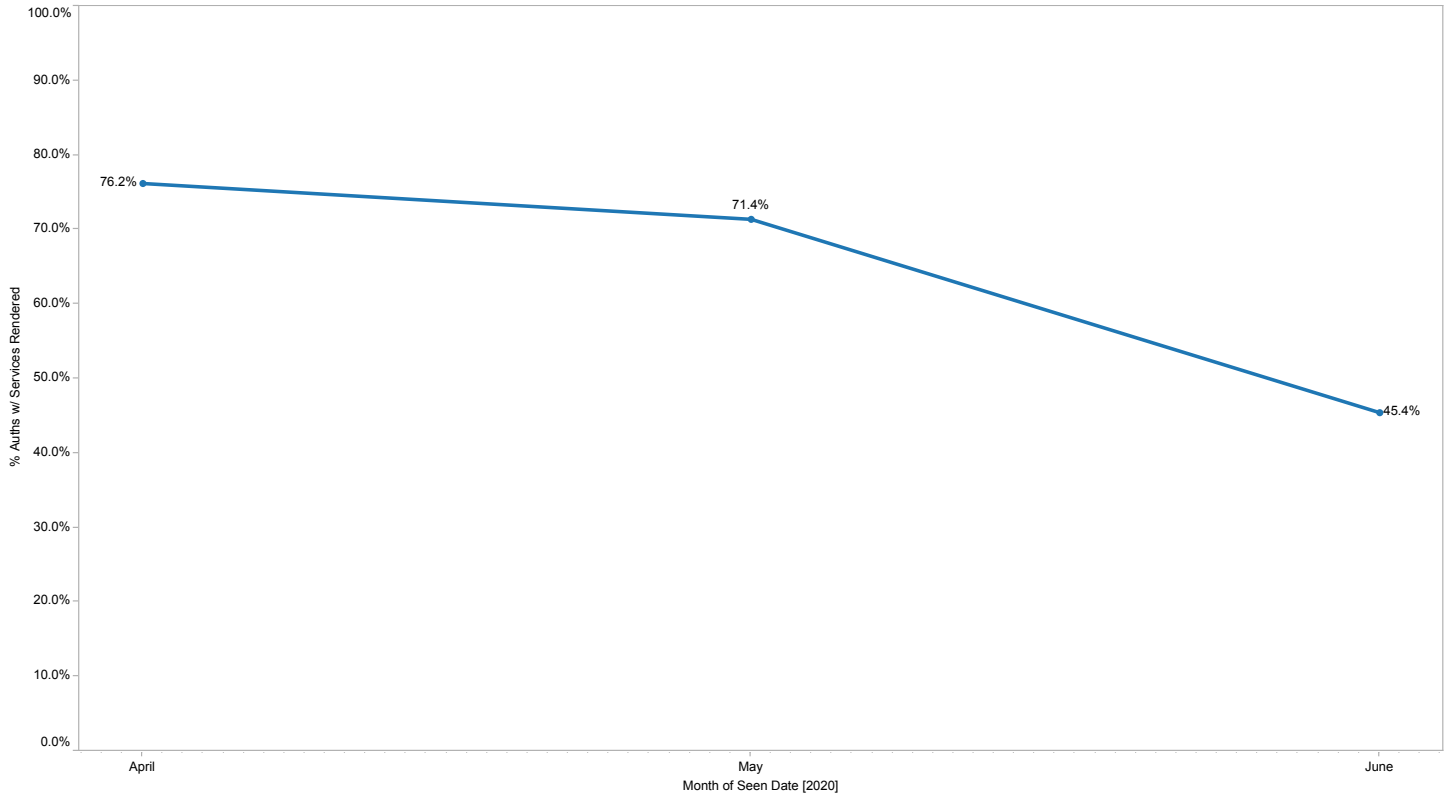Month of Seen Date [2020]

Referral Tracking Report

LOBRollupN..	Template	Disposition	Total # of Auths	# Auth Services Rendered within 90 days	# Auth Services Rendered After 90 days	# Auth Services Not Rendered	% Auths w/ No Services Rendered
Medi-Cal	CBAS	Retro Request	86	79	0	7	8.1%
		Routine - Extended Service	46	41	0	5	10.9%
		Routine - Initial Request	2	2	0	0	0.0%
	CONT OF CARE GR	Routine - Initial Request	1	0	0	1	100.0%
	CUSTODIAL	Retro Request	584	519	0	65	11.1%
		Routine - Initial Request	257	170	0	87	33.9%
	CUSTODIAL COVID	Retro Request	34	8	0	26	76.5%
		Routine - Initial Request	31	9	0	22	71.0%
	Dental	Routine - Initial Request	11	4	0	7	63.6%
		Urgent - Initial Request	9	4	0	5	55.6%
	DME	Non Contracted Provider - Ret..	7	4	0	3	42.9%
		Non Contracted Provider - Ro..	6	4	0	2	33.3%
		Non Contracted Provider - Urg..	2	0	0	2	100.0%
		Retro Request	11	5	0	6	54.5%
		Routine - Extended Service	2	0	0	2	100.0%
		Routine - Initial Request	195	116	0	79	40.5%
		Urgent - Initial Request	22	16	0	6	27.3%
	HomeHealth	Non Contracted Provider - Ret..	1	1	0	0	0.0%
		Non Contracted Provider - Ro..	1	0	0	1	100.0%
		Non Contracted Provider - Urg..	6	3	0	3	50.0%
		Operational PA	2	1	0	1	50.0%
		Retro Request	6	3	0	3	50.0%
		Routine - Extended Service	1	1	0	0	0.0%
		Routine - Initial Request	1	0	0	1	100.0%
		Urgent - Extended Service	14	4	0	10	71.4%
		Urgent - Initial Request	33	14	0	19	57.6%
	HOSPICE	Non Contracted Provider - Ret..	24	12	0	12	50.0%
		Non Contracted Provider - Ro..	9	2	0	7	77.8%
		Non Contracted Provider - Urg..	2	2	0	0	0.0%
		Retro Request	2	2	0	0	0.0%
	Inpatient	Non Contracted Provider - Ro..	1	1	0	0	0.0%
		Retro Request	9	9	0	0	0.0%
		Routine - Extended Service	1	1	0	0	0.0%
		Routine - Initial Request	499	456	0	43	8.6%
		Urgent - Initial Request	5	5	0	0	0.0%
	InpatientAdmin	Routine - Initial Request	2	1	0	1	50.0%
	OP-BehavioralGr	Non Contracted Provider - Ret..	6	2	0	4	66.7%
		Non Contracted Provider - Ro..	45	28	0	17	37.8%
		Retro Request	31	28	0	3	9.7%
		Routine - Extended Service	94	57	0	37	39.4%
		Routine - Initial Request	3	2	0	1	33.3%
		Urgent – RN review; Expedite..	1	1	0	0	0.0%
	OP-Behavorial		1	0	0	1	100.0%
		Non Contracted Provider - Ret..	3	2	0	1	33.3%
		Non Contracted Provider - Ro..	5	2	0	3	60.0%
		Routine - Extended Service	7	1	0	6	85.7%
		Routine - Initial Request	36	6	0	30	83.3%
		Urgent - Extended Service	1	0	0	1	100.0%
		Urgent - Initial Request	1	0	0	1	100.0%
	OPHospital		1	0	0	1	100.0%

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	OPHospital	Non Contracted Provider - Ret..	3	1	0	2	66.7%
		Non Contracted Provider - Ro..	12	2	0	10	83.3%
		Non Contracted Provider - Urg..	16	4	0	12	75.0%
		Operational PA	1	0	0	1	100.0%
		Retro Request	16	8	0	8	50.0%
		Routine - Extended Service	26	5	0	21	80.8%
		Routine - Initial Request	342	98	0	244	71.3%
		Urgent - Extended Service	6	2	0	4	66.7%
		Urgent - Initial Request	131	54	0	77	58.8%
	OPHospitalGr	Retro Request	20	15	0	5	25.0%
		Routine - Extended Service	31	16	0	15	48.4%
		Routine - Initial Request	228	87	0	141	61.8%
		Urgent - Extended Service	7	4	0	3	42.9%
		Urgent - Initial Request	60	39	0	21	35.0%
	SkilledNursing		1	1	0	0	0.0%
		Retro Request	12	7	0	5	41.7%
		Routine - Initial Request	25	17	0	8	32.0%
		Urgent - Initial Request	54	36	0	18	33.3%
	Transportation		1	0	0	1	100.0%
		Non Contracted Provider - Ret..	1	0	0	1	100.0%
		Non Contracted Provider - Ro..	2	0	0	2	100.0%
		Retro Request	149	132	0	17	11.4%
		Routine - Extended Service	1	0	0	1	100.0%
		Routine - Initial Request	180	59	0	121	67.2%
Grand Total			**3,485**	**2,215**	**0**	**1,270**	**36.4%**

Auth Services Rendered by Month

% Auths w/ Services Rendered

76.2%

71.4%

45.4%

100.0%
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%

April

May

June

Month of Seen Date [2020]

Quality Monitoring of Plan Authorizations and Denials

Quality Monitoring of Denial Letters for HS.04.01
1st Quarter 2020

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 1st quarter 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 2020 in order to assess for the following elements.

    A. Quality Monitoring
        1. The UM Manager is 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:
                1. Turn-around time for decision making
                2. Turn-around time for member notification
                3. Turn-around time for provider notification
                4. Assessment of the reason for the denial, in clear and concise language
                5. Includes 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.
                6. Type of denial: medical or administrative
                7. Addresses the clinical reasons for the denial
                8. Specific to the Cal Medi-Connect membership, the denial notification includes what conditions would need to exist to have the request be approved.
                9. Appeal and Grievance rights
                10. Member's letter is written in member's preferred language within plan's language threshold.
                11. Member's letter includes interpretation services availability
                12. Member's letter includes nondiscriminatory notice.
                13. Provider notification includes the name and direct phone number of the appropriately licensed professional making the denial decision

III. Findings

A. For Q2 2020, the dates of service and denials were pulled in July 2020.
  1. 30 unique authorizations were pulled with a random sampling.
     a. 50% or 15/30 Medi-Cal LOB and 50% or 15/30 CMC LOB
     b. 100% or 30/30 were denials
     c. 20% or 6/30 were expedited requests, 80% or 24/30 were standard requests
        1. 100% or 6/6 of the expedited authorizations are compliant with regulatory turnaround time of 72 calendar hours
        2. 100% or 24/24 of the standard authorizations are compliant with regulatory turnaround time (5 business days for Medi-Cal LOB and 14 calendar days for CMC LOB)
     d. 73% or 22/30 were medical denials, 27% or 8/30 was administrative denials
     e. 93% or 28/30 of cases were denied by a Medical Director, 7% or 2/30 was denied by a Pharmacist
     f. 100% or 30/30 were provided both member and provider notification.
     g. 100% or 6/6 expedited authorizations were provided oral notifications to member.
     h. 100% or 30/30 of the member letters are in the member's preferred language.
     i. 100% or 30/30 of the letters were readable and rationale for denial was provided.
     j. 100% or 30/30 of the letters included the criteria or EOC that the decision was based upon.
     k. 100% or 30/30 of the letters included interpreter rights and instructions on how to contact CMO or Medical Director.

IV. Follow-Up

The Manager of Utilization Management and Medical Director reviewed 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 weekly basis. Findings will be reported to the Medical Director with a plan of action of how to correct it.

Inter-Rater Reliability (IRR) Report for UM and BH

Inter-Rater Reliability Summary
2020 #1

1. In accordance with Policy HS.09, Santa Clara Family Health Plan (SCFHP) UM Staff scheduled and completed the second of two required Bi-Annual IRR testing sessions on 07/2020. The second IRR testing session is expected to be completed within the second half of calendar year 2020. In accordance with NCQA/DHCS, DMHC guidelines, and SCFHP policy, a total of 10 hypothetical UM authorizations are created for testing purposes for all of our Utilization Management (UM and MLTSS) staff, including non-licensed Care Coordinators (CC), licensed professional staff, and Medical Directors (MD).

2. The intent of the IRR testing process is to evaluate the consistency and accuracy of review criteria applied by all reviewers - physicians and non-physicians - who are responsible for conducting Utilization Management reviews and to act on improvement opportunities identified through this monitoring.

3. The Utilization Management Leadership team will review and approve the evaluation summary report reflecting the decision making performance of the staff responsible for conducting Utilization Management reviews. The report results and recommendations for improvement will be presented to the Utilization Management Committee.

4. The Plan classifies reviews into one of two performance categories: Proficient (80% - 100% of the records are in compliance with the criteria); Not proficient (below 80% in compliance) Scores below 80% require increased focus by UM Management with actions described in Policy HS.09 or a corrective action plan.

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

Name	Position	Pass / Fail	%
1	CC	Pass	87.00%
2	CC	Pass	95.00%
3	CC	Pass	88.00%
4	CC	Pass	88.00%
5	CC	Pass	84.00%
6	CC	Pass	80.00%
7	CC	Pass	90.00%
8	CC	Pass	80.00%
9	CC	Fail	74.00%
a	Nursing	Pass	88.00%
b	Nursing	Pass	88.00%
c	Nursing	Pass	94.00%
d	Nursing	Pass	91.00%
e	Nursing	Pass	83.00%

f	Nursing	Pass	88.00%
g	Nursing	Pass	81.00%
h	Nursing	Fail	76.00%
Y	Physician	Pass	87.00%
Z	Physician	Pass	83.00%

In the 1st testing in 2020, we found that 100% of our staff that participated in the IRR testing.

1 Nursing staff had a score of <80% and the areas of failure were in mostly the identification of the TAT (5 business days for Medi-Cal, 14 Calendar days for CMC and 72 hours for urgent cases). Remediation was conducted on 6/17/2020. All 10 cases and all elements were reviewed for staff. All Care Coordinators and all Nursing staff questions were answered. We had an excellent discussion on the main teaching points and the staff was appreciative of discussion and feedback. All care coordinator and nursing staff participated as below.

6/17/2020 Remediation		
ID	Position	Sign In Sheet
1	CC	Present
2	CC	Present
3	CC	Present
4	CC	Present
5	CC	Present
6	CC	Present
7	CC	Present
8	CC	Present
9	CC	Present
10	CC	Excused – On leave
a	Nursing	Present
b	Nursing	Present
c	Nursing	Present
d	Nursing	Present
e	Nursing	Present
f	Nursing	Present
g	Nursing	Present
h	Nursing	Present

The second IRR testing will occur in Q3 and presented at the Q4 UMC.

2

InterRater Reliability Summary – Behavioral Health Department
2020

1. In accordance with Policy HS.09, Santa Clara Family Health Plan (SCFHP) scheduled IRR testing is completed biannually. Behavioral Health Department IRR Testing for June 2020 is complete. This testing is required twice a year. IRR testing is scheduled for SCFHP 1st and 2nd half of the calendar year. In accordance with NCQA/DHCS, DMHC guidelines, and SCFHP policy, 10 random BH authorizations are selected to test BH staff with the authority to Authorize services. Our BH staff consists of non-licensed Personal Care Coordinators (PCC).

2. It is the policy of SCFHP to monitor the consistency and accuracy of review criteria applied by all reviewers - physicians and non-physicians - who are responsible for conducting Behavioral Health service reviews and to act on improvement opportunities identified through this monitoring.

3. The Chief Medical Officer or Manager of Behavioral Health will review and approve the assessment report of decision making performance of staff responsible for conducting Behavioral Health approval reviews for BH staff. The report results and recommendations for improvement will be presented annually to the Utilization Management Committee.

4. The Plan classifies reviews into one of two performance categories: Proficient (80% - 100% of the records are in compliance with the criteria); Not proficient (below 80% in compliance) Scores below 80% require increased focus by Supervisors/Managers with actions described in Policy/Procedure HS.09/HS.09.01 or an individual corrective action plan.

The following are the findings for all BH UM staff tested on June 2020:

Reviewer	Percent Score	UM (BH) Staff Position	Pass/Failed
1	100	Manager Behavioral Health	Pass
2	100	Project Manager BHT	Pass
3	100	Behavioral Health PCC	Pass
4	90	Behavioral Health PCC	Pass

In the testing, we found that 4/4 of our staff are proficient during this review. There was no need for any corrective action planning. The Project Manager for Behavioral Health Treatment has provided trainings to Behavioral Health staff to monitor and implement any necessary UM Chagnes.

Currently all Behavioral Health Department staff who are completing authorizations have received a passing grade.

Our common finding after the testing process was:

1. Staff who are currently authorized to review/approve BH services through SCFHP express comfort in knowing the process/where to go to for clarification.
2. Ongoing support throughout the department helps all performing UM functions to operate at an efficient level – all of those who completed BH IRR testing passed with 90-100% grading.

The corrective action's plan after identifying the common findings:

1. Mandatory remedial training with post testing for all non-proficient staff – Required.
    a. None necessary to Provide at this time
2. Mandatory bi-annual review of guidelines and criteria, as well as biannual testing, will continue to be scheduled for all staff who complete Behavioral Health Authorizations.

Behavioral Health UM Reports

BEHAVIORAL HEALTH TREATMENT

AUTHORIZATION STATUS*

- 197 APPROVED AND CURRENTLY IN TREATMENT
- 11 APPROVED FOR TREATMENT, WAITING FOR PREFERRED TIME
- 4 APPROVED FOR TREATMENT BUT HAVE UNABLE TO REACH
- 80 IN TREATMENT IN 2020 UNDER LOA FOR NON-CONTRACTED PROVIDER

*AS OF 6/10/2020

BEHAVIORAL HEALTH TREATMENT

NEW PROVIDERS

Non-Contracted Providers	
Maxim Health Care Services	Contract pending 6/1/2020
CARD	Contract pending 6/1/2020
Roman Empire ABA	Contract pending
A.G.E.S.	Contract pending
Behavior and Treatment Analysis	Contract pending

BEHAVIORAL HEALTH TREATMENT

POTENTIAL PROVIDERS TO CONTRACT

- Gateway LG- South County (Gilroy, Morgan Hill, San Martin area when needed)
- Behavior Frontiers- Currently providing services to one family that has one VHP and one SCFHP
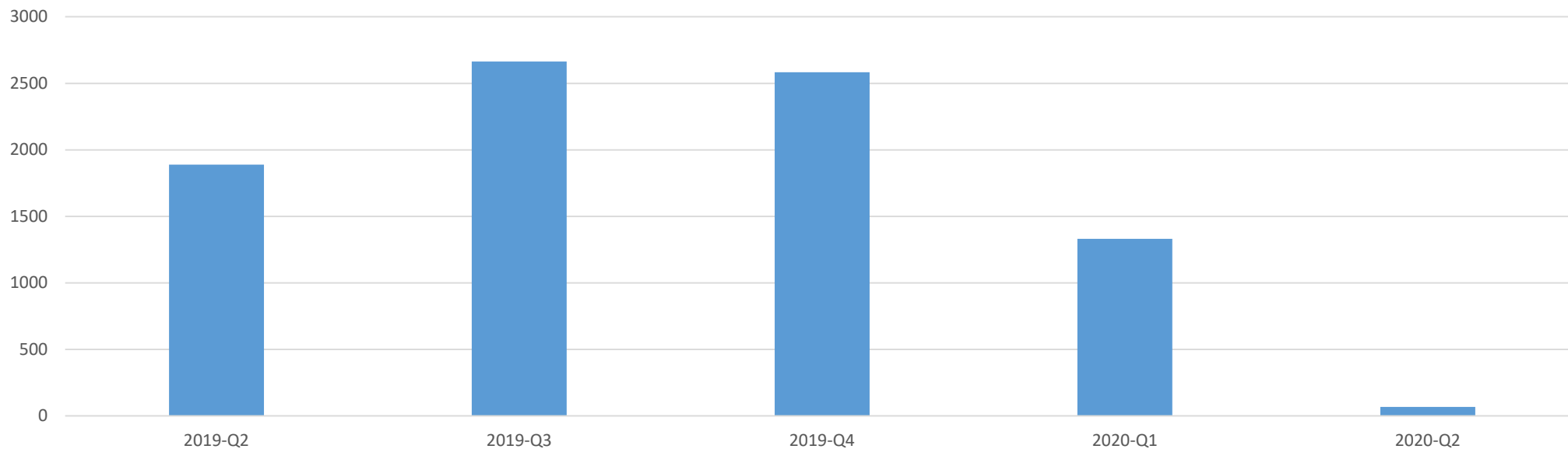
BEHAVIORAL HEALTH

UTILIZATION*

- 12 PSYCHIATRIC ADMISSIONS (CMC ONLY)
- MILD TO MODERATE REFERRALS FROM COUNTY BH CALL CENTER
  - CMC: 63
  - MC: 571

- *AS OF 6/10/2020

DEVELOPMENTAL SCREENS

SCREENS BY QUARTER   as of 6/5/2020

2019-Q2	1889
2019-Q3	2664
2019-Q4	2584
2020-Q1	1332
2020-Q2	69
Grand Total	8538

DEVELOPMENTAL SCREENS

NETWORK	TOTAL COMPLETED SCREENS AS OF 6/5/2020
10	72
20	4762
40	154
50	2750
60	782

Adjournment