



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

Wednesday, October 20, 2021 6:00 – 7:30 PM
 Santa Clara Family Health Plan
 6201 San Ignacio Ave, San Jose, CA 95119

Minutes

Members Present

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

Members Absent

Dung Van Cai, D.O., OB/GYN

Staff Present

Natalie McKelvey, Manager, Behavioral Health
 Luis Perez, Supervisor, Utilization Management
 Hoang Mai Vu, Utilization Management & Discharge Planning Nurse
 Amy O'Brien, Administrative Assistant

1. Roll Call

Jimmy Lin, MD, Chair, called the meeting to order at 6:08 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 July 21, 2021 Utilization Management Committee (UMC) meeting were reviewed.

It was moved, seconded, and the minutes of the July 21, 2021 UMC meeting were unanimously approved.

Motion: Dr. Tobbagi

Seconded: Dr. Alkoraishi

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

Absent: Dr. Cai, Dr. Dinh

4. Chief Executive Officer Update

This item was addressed during the Chief Medical Officer update.

5. Chief Medical Officer Update

a. General Update

Dr. Laurie Nakahira, Chief Medical Officer, gave the Chief Executive Officer update. The CalAIM Enhanced Case Management (ECM) and In-Lieu-of Services (ILOS) programs will roll-out on January 1, 2022. The Medi-Cal Rx carve-out will also begin on January 1, 2022. The Blanca Alvarado Community Resource Center (CRC) held a soft Grand Opening in September and there are virtual classes and services available. The



pop-up vaccination clinics will continue at the CRC. SCFHP is continuing to develop the programming and anticipating a formal Grand Opening with in-person classes, programs, and services.

Dr. Nakahira continued with the Chief Medical Officer update, and she discussed the COVID vaccine disparity project. There is a 20% gap between residents of the County of Santa Clara, with an almost 90% vaccination rate, and SCFHP plan membership, with a 20% lower vaccination rate. The COVID vaccine disparity project will work to close this gap. Dr. Lin remarked that he does not see his patients in person unless they are fully vaccinated. Dr. Nakahira agreed, and the Plan is encouraging members to either attend a drive-through vaccination clinic, or to get a vaccination at their pharmacy when they pick up their regular medications.

b. Cal MediConnect NCQA Audit Timeline

Dr. Nakahira advised the committee that the Plan is currently preparing for the National Committee for Quality Assurance (NCQA) resurvey audit for our Cal MediConnect (CMC) line of business. The onsite portion of the audit runs from January 31, 2022 through February 1, 2022.

6. Old Business/Follow-Up Items

a. General Old Business

There was no general old business to discuss this evening.

b. Plan All-Cause Readmissions Rates Due to COVID-19

Hoang Mai Vu, Utilization Management and Discharge Planning Nurse, gave an overview of the impact of COVID on the CY2020 Plan All-Cause Readmissions (PCR) rates. Ms. Vu explained that the majority of COVID admissions for our CMC members occurred at O'Connor Hospital and Regional Medical Center. These indicators represent approximately 10.50% of the total PCR rates for the year 2020. The majority of COVID admissions for our Medi-Cal (MC) members occurred at Regional Medical Center and Valley Medical Center. These indicators represent approximately 9.55% of the total PCR rates for the year 2020.

Dr. Lin asked about the number of deaths due to COVID. Ms. Vu responded that she does not have this information available at this time. She will research this information and provide the details to Dr. Lin in a follow-up email.

7. Summary of DMHC Final Report - 2020

Ms. Vu summarized the findings of the DMHC Final Report for Routine Survey of 2020. Ms. Vu explained that two deficiencies were found. Deficiency #1 found that the Plan did not conduct adequate oversight of its delegates to ensure compliance with UM denial letter requirements. This deficiency was corrected as of August 2021. Deficiency #2 found that the Plan did not provide evidence that post-stabilization medical care is deemed authorized if the request is not approved within 30 minutes. Ms. Vu highlighted the processes and procedures that were put in place to correct these deficiencies.

8. UM Delegate Oversight Matrix Dashboard

Ms. Vu presented the results of the UM department's Prior Authorization (PA) delegation oversight from March through September of 2021. Ms. Vu explained that these results were impacted by COVID, as well as by staff attrition. One deficiency noted was that templates for members' threshold languages were not correctly used, as there was no criteria listed as the basis for a decision. Another common deficiency was the lack of direct phone numbers for peer-to-peer reviews. Ms. Vu advised that, going forward, there should be more consistent results by the time of our January 2022 meeting.

9. Inter-Rater Reliability (IRR) BH Report - 2021

Natalie McKelvey, Manager, Behavioral Health (BH), presented the results of the BH IRR testing conducted in September 2021. Ms. McKelvey explained that all staff members passed the tests. As of September 2021, the Plan's 2 medical directors and the Chief Medical Officer were also included in the testing process.

10. Medical Covered Services Prior Authorization (PA) Grid

Ms. Vu highlighted the minor change to the Medical Covered Services PA Grid. Ms. Vu explained that under the category of 'Outpatient Services and Procedures', endoscopy has been updated to include 'All types of endoscopy except colonoscopy and nasal endoscopy'.

Dr. Lin asked how many of our members requested gender reassignment, and how the Plan compares to private sector plans such as Blue Cross and Blue Shield. Ms. Vu and Dr. Nakahira responded that it is a relatively small number of our members that request gender reassignment. Dr. Nakahira will work with Dr. Boris to research this topic and discuss their findings at our January 19, 2022 meeting.

It was moved, seconded, and the Medical Covered Services PA Grid was unanimously approved.

Motion: Dr. Alkoraishi

Seconded: Dr. Nakahira

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

Absent: Dr. Cai, Dr. Dinh

11. Reports

a. Membership

Dr. Nakahira gave a brief summary of the Membership Report from October 2020 through October 2021. Our CMC membership continues to grow with 10,368 members as of October 2021. This is largely due to the pause on MC redeterminations due to COVID-19. The Plan is waiting for the Department of Healthcare Services (DHCS) to advise when they will resume the MC redeterminations process. Dr. Nakahira explained that there is an error in the total number of MC members as of October 2021. Our total MC membership is not 554,334. The Plan's total MC membership is 277,130 members, an increase of approximately 1,000 members from September 2021, and approximately 20,000 members from October 2020.

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

Dr. Nakahira presented the Committee with the UM objectives and goals. Dr. Nakahira advised that these metrics cover the period from December 1, 2020 through September 30, 2021. Dr. Nakahira gave a summary of the data for the Plan's MC SPD line of business. The number of discharges per thousand is 13.50, with an average length of stay of 5.43 days. Dr. Lin asked if these numbers are comparable to other counties, such as Los Angeles county. Dr. Nakahira replied that these numbers are used as a benchmark of where the Plan stands at this time. The UM department will research this information in comparison to other counties, and present it during the January 19, 2022 meeting. Dr. Nakahira continued with a summary of the data for the Plan's MC non-SPD line of business. The number of discharges per thousand is 3.78, with an average length of stay of 4.30 days.

Dr. Nakahira then gave a summary of the data for the Plan's CMC line of business. The number of discharges per thousand is 18.20, with an average length of stay of 5.71 days. This line of business includes a more high risk population.

Dr. Nakahira continued with a comparison of the inpatient utilization rates for the Plan's MC non-SPD and SPD populations. Dr. Nakahira also summarized the inpatient readmissions rates for the MC lines of business. The 10.47% increase in the readmission rate may have been impacted by COVID-19. The UM department has a plan in place to decrease the admissions and readmissions rates. Dr. Lin asked what the goal is, and Dr. Nakahira responded that the goal is actually 7%. This has been a real challenge, as the number of preventive care visits was impacted by COVID. Dr. Nakahira continued her summarization with a discussion of inpatient readmissions rates for the Plan's CMC line of business. This data does not cover a full year.

Dr. Nakahira concluded with an overview of the ADHD MC BH metrics. The UM department hopes to continue to increase these rankings through increased telehealth, primary care, and behavioral health care visits. The antidepressant medication management measures are on track for 2021. It has been a challenge



to meet the rankings for the cardiovascular measures. Dr. Lin asked for a definition of the 10th percentile, and Dr. Nakahira explained how the rankings are determined and what they mean.

Dr. Alkoraishi asked why these measures do not include schizophrenia, schizoaffective disorder, and bipolar 1 disorder. Dr. Nakahira responded that these measurements are driven by NCQA criteria. Ms. McKelvey added that, for this particular Healthcare Effectiveness Data and Information Set (HEDIS) health metric, the Plan looked only at schizophrenia during the first year. Thereafter, the Plan did open it up to all schizophrenia types, not including bi-polar disorder. In order to meet NCQA requirements, the Plan is trying interventions to help increase these scores; however, HEDIS is specific to the schizophrenia diagnosis. Dr. Lin asked if the Plan will be able to capture prescription data for anti-depressant medication, and Ms. McKelvey responded that the Plan will have access to pharmacy data.

c. Dashboard Metrics

- Turn-Around Time – Q3 2021

Mr. Perez summarized the CMC Turn-Around Time metrics for Q3 2021. The turn-around times in all categories are compliant at 98.7% or better, with many categories at 100%. Dr. Lin asked for clarification of the Part C categories. Mr. Perez replied that those are outpatient services and procedures. Mr. Perez confirmed for Dr. Lin that Part B means Medicare Part B drugs. Mr. Perez next summarized the MC Turn-Around Time metrics for Q3 2021. The turn-around times in the majority of MC categories are compliant at 98.3% or better. In the category of Provider Notification of UM decisions within 24 hours, August fell slightly short at 96.8%, which brought Q3 down to 97.9%. Mr. Perez explained this last category includes the work that occurs at the end of the authorization process, and the Plan's goal is to achieve 100% in all categories each quarter.

Dr. Dinh joined the meeting at 6:48 p.m.

d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q3 2021

Ms. Vu summarized the data from the Q3 2021 CMC Quarterly Referral Tracking report for the Committee. This report covers the period from July 1, 2021 through September 30, 2021. Ms. Vu explained that, for Q3 2021, the Plan approved 800 more services than Q2 2021. The Plan is 7% higher than last quarter for remaining unclaimed services.

Ms. Vu continued and summarized the data from the Q3 2021 MC Quarterly Referral Tracking report. Ms. Vu explained that there were a significant number of unclaimed hospital services. Dr. Lin asked why this number is so high. Ms. Vu explained that it is likely these were elective procedures. The Plan approves elective procedures for a period of 3 months. It is possible these procedures have not yet occurred. In Q3 2021, the Plan approved 1,300 more services than Q2 2021. The Plan is 8% higher than last quarter for remaining unclaimed services.

Dr. Lin asked if the Plan uses auto-approval or if staff individually approves these. Ms. Vu clarified that the Plan does not do auto-approvals. Care coordinators, nurses, or medical directors review and approve services. Ms. Vu also clarified that the grand total represents all services combined.

Dr. Tobaggi asked how many times the Plan errs on the side of approval to avoid problems if services are denied. Dr. Nakahira explained that medical directors review approvals, and disapprovals, on a regular basis. Only the medical directors can deny services. Staff members are not incentivized to issue approvals for services. Dr. Nakahira emphasized that, regardless of the service, all medical criteria must be met as per the standards of care guidelines.

e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q3 2021

Ms. Vu presented the results of the Q3 2021 Quality Monitoring of Plan Authorizations and Denial Letters from July 1, 2021 through September 30, 2021. Ms. Vu reported that the UM department received a 100% score in all categories. All findings are reviewed on a quarterly basis, with oversight by the Plan's medical directors.



f. Behavioral Health (BH) UM

Ms. Natalie McKelvey, Manager, BH, gave an overview of the BHT program for the committee. Ms. McKelvey highlighted the screenings that the BH team completed. She also highlighted the number of CMC psychiatric admissions in 2021. Ms. McKelvey pointed out that the 408 BH claims are not only limited to those members who fall into the mild-to-moderate category, but also includes members who need specialty BH services. Medicare does not make a distinction, so she is unable to separate specialty services. Ms. McKelvey continued with the number of CMC unique members who received services. She expected this number to be higher in 2021, and this might be due to the number of in person office visits versus telehealth care.

Kaiser Permanente and VHP are delegated for their BHT services. Kaiser has the highest number of ABA members in treatment, per 1,000 members. The Plan has oversight of the utilization guidelines and criteria for those networks that are not delegated to ensure all kids receive the appropriate treatment and services. Dr. Lin commented that it is good the Plan gives our members plenty of BH support.

12. Adjournment

The meeting adjourned at 7:17 p.m. The next meeting of the Utilization Management Commitment is on January 19, 2022 at 6:00 p.m.

DocuSigned by:

Dr. Jimmy Lin

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Jimmy Lin, M.D, Chair
Utilization Management Committee

1/20/2022

Date