



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

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

## Minutes

---

### **Members Present**

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

### **Members Absent**

Indira Vemuri, Pediatric Specialist

### **Staff Present**

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

#### **1. Roll Call**

Jimmy Lin, MD, Chair, called the meeting to order at 6:06 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 April 21, 2021 Utilization Management Committee (UMC) meeting were reviewed.

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

**Motion:** Dr. Alkoraishi

**Seconded:** Dr. Nakahira

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

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

#### **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, began with a reminder to committee members to complete the diversity survey that was sent via email. The survey is brief and will provide valuable data as to the diversity of our committee members. Dr. Nakahira also reminded the committee that the Whole Person Care and Health Homes programs will sunset on December 31, 2021. SCFHP is in the process of implementing Enhanced Care Management (ECM) and In-Lieu-of Services (ILOS). There are approximately 14 ILOS that the Department of Health Care Services (DHCS) requests the Plan implement now. Over the next few years, ILOS will turn into a benefit. The Plan's goal is to implement ECM and ILOS by January 1, 2022.

Respective to COVID-19, the Plan is working on transitioning staff back into the office sometime after Labor Day 2021. SCFHP continues to work in conjunction with Public Health to hold pop-up vaccination clinics at the Blanca Alvarado Community Resource Center. The first 2 or 3 clinics were very successful with only a few leftover vaccines. Recently, attendance at these clinics has decreased. The Plan believes this is due to the vaccine hesitancy issue. The Plan will continue to work with Public Health to determine if and when future pop-up clinics will be held. Public Health continues to recommend indoor mask wearing for all Bay Area residents, including those who are fully vaccinated.

Behavioral Health has contracted with Array for telehealth behavioral health care services. These services will go live between August and September of 2021. Further updates will be included in the provider newsletters, as well as on the SCFHP website.

Dr. Nakahira continued with a Medi-Cal Rx update. The Plan is pending further details and direction from the DHCS as to the implementation date.

Dr. Tobbagi asked if Array behavioral health care services will offer virtual services, and Ms McKelvey confirmed that virtual services are included.

Dr. Nakahira concluded with a reminder to committee members to please update their contact information and forward to Ms. O'Brien for our records.

## **6. Old Business/Follow-Up Items**

### **a. Prior Authorization Volume 2019 vs. 2020 vs. 2021**

Dr. Dang Huynh, PharmD, Director Utilization Management and Pharmacy, presented an overview and comparison of the Prior Authorization Volumes for 2019, 2020, and 2021. This data was requested at the April 2021 UMC meeting to provide a snapshot of the impact of COVID on the Plan's prior authorization volume. The data presented is specific to our Cal MediConnect and Medi-Cal lines of business.

The number of Cal MediConnect authorizations for 2019 and 2020 are within the 11,000 range. The reason the number of authorizations in 2020 falls within this 11,000 range is largely due to an increase in membership due to COVID, as well as retroactive authorizations. In 2021, the volume dropped dramatically; however, it is expected to at least double for the remainder of 2021. The number of Medi-Cal authorizations drops from 19,274 in 2019 to 17,364 in 2020. The number of authorizations in 2021 currently stands at 9,143. Dr. Huynh reminded committee members that, during the peak of COVID, the Plan waived prior authorizations, and many claims were paid for certain services without the requirement of prior authorizations.

Dr. Lin commented that patients may have chosen not to receive services that were not of an urgent nature. Dr. Boris agreed that COVID did impact the volume of prior authorizations, and whether or not services were rendered, in spite of increased membership.

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

Dr. Huynh continued with an overview of Plan All-Cause Readmissions Rates for 2021 as a result of COVID. The Readmission Rate column represents readmissions for any cause within 30 days from discharge. Dr. Lin requested that the UM department break down these numbers to determine how many admissions and readmissions resulted from unvaccinated members. Dr. Huynh stated the UM analytics department will be able to run this data against our vaccinated members and bring the comparison to the October 2021 UMC meeting. Dr. Huynh believes approximately 13% of initial admissions were due to COVID.

Dr. Boris stated that the data shows how initial admissions due to COVID also impacted the number of readmissions for both the Cal MediConnect and Medi-Cal lines of business.

## **7. UM Policy Updates**

### **a. HS.02 Medical Necessity Criteria**

Dr. Huynh explained that, in order to meet National Committee for Quality Assurance (NCQA) requirements, a slight update to the verbiage was made under Section II. Policy, Item A, to include the use of the term 'current', as per UM QA 5 of the NCQA requirements. In addition, there are some minor changes to grammar and sentence structures.

**It was moved, seconded and the UM Policy Updates were unanimously approved.**

**Motion:** Dr. Alkoraishi

**Second:** Dr. Tobbagi

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

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

*Dr. Dinh joined the meeting at 6:25 p.m.*

## **8. Inter-Rater Reliability (IRR) UM Report – 2021**

Dr. Boris presented the results of the annual UM IRR testing to the Committee. The testing is designed to assess the consistency and accuracy of review criteria applied by all physician and non-physician reviewers, and to identify areas for improvement. The majority of staff members passed, and only 2 staff members did not pass. The 2 staff members who did not pass will receive individual coaching sessions. Dr. Boris conducted a group meeting with all staff members, and all 10 cases were analyzed and discussed. The UM team remains stable with no staff changes. Dr. Lin remarked that this speaks highly of UM department leadership and their team.

## **9. UM Review of Delegation Results and Process**

### **a. Annual Review of UM Delegation Results**

Dr. Boris presented the results from the Annual Review of UM Delegation Results and Process. This will become a standing item for the UMC in order to meet NCQA accreditation requirements. It is necessary to show that the Plan understands their delegation responsibilities to our delegated groups, such as Valley Health Plan, PMG, Premier Care, and Kaiser, and that delegation audits are conducted.

Dr. Huynh presented an overview of the annual oversight audit results for 2020. Delegates are offered an opportunity for rebuttal of the results. Dr. Lin asked if the Plan conducts the audits, or do we use a consulting firm. Dr. Huynh responded that audits are conducted by an in house oversight department. Delegates must meet the same DHCS, Department of Managed Health Care (DMHC), and NCQA requirements as SCFHP.

### **b. Annual Review of the UM Delegation Process**

Dr. Huynh next presented an overview of the documentation preparation and submission processes. Dr. Huynh discussed the items that constitute the Plan's audit request process. Monthly prior authorization audits are also conducted; however, this is the main annual UM oversight audit. Delegates have 15 business days to respond. The audit includes oversight of the delegates' individual UMC committee meetings. UM Quality



Assurance (QA) and Policies and Procedures (P&P) are also included. Delegates are provided the results of the audit and offered an opportunity for rebuttal of these results.

**It was moved, seconded and** the Annual Review of the UM Delegation Process was **unanimously approved**.

**Motion:** Dr. Lin

**Second:** Dr. Tobbagi

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

**Absent:** Dr. Cai, Dr. Vemuri

## 10. UM 1B Annual Provider and Member Satisfaction with UM Process - 2020

Dr. Boris gave an overview of the 2020 UM 1B Annual Provider and Member Satisfaction with UM process results. The Cal MediConnect line of business uses the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey tool, while the Medi-Cal line of business uses the number and types of grievances filed in the calendar year.

Dr. Boris discussed the CAHPS survey results for 2020 in comparison with 2019. Though there appears to be a slight drop in 2020, overall Customer Service satisfaction remains high. There is also a high level of satisfaction with the Pharmacy benefit. Dr. Boris also discussed the numbers and types of grievances filed against the UM department from both our Cal MediConnect and Medi-Cal members. The overall volume of grievances is low, and there were no physician related grievances. The UM program continues to improve, and no changes to the program are required at this time.

## 11. Reports

### a. Membership

Dr. Boris gave a brief summary of the Membership Report from July 2020 through July 2021. The Plan's Cal MediConnect membership continues to grow with 10,148 members. Medi-Cal membership has increased to 274,030 members, largely due to the pause on Medi-Cal redeterminations due to COVID-19. The Plan's total population has increased from 257,036 members to 284,178 members. The majority of our members remain delegated to Valley Health Plan, with the remaining majority delegated to Physicians Medical Group, Kaiser Permanente, and Premier Care.

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

Dr. Boris presented the Committee with the UM objectives and goals. Dr. Boris summarized the results of the Medi-Cal SPD and non-SPD lines of business from September 1, 2020 through June 30, 2021. The numbers for discharges per thousand and average length of stay remain stable and similar to the results presented at the April 2021 UMC meeting. As you compare inpatient utilization rates for our SPD and non-SPD populations, the SPD population, which is high risk and consists of approximately 30,000 to 40,000 members, appears to have a high rate of discharges per thousand. This rate is offset by our membership of approximately 280,000 members, which normalizes the discharges per thousand rate to 4.0 and average length of stay of 4.5. Dr. Boris also summarized the results for the Cal MediConnect line of business. The Cal MediConnect line of business has a slightly higher rate of average length of stay and discharges per thousand compared to our Medi-Cal line of business.

Dr. Boris presented a summary of the inpatient readmission rates for Cal MediConnect and Medi-Cal. These rates are higher than normal and may have been impacted by COVID-19.

Dr. Boris concluded with an overview of the ADHD Medi-Cal Behavioral Health metrics. These numbers remain stable, and there are minimal changes in these numbers from the April 2021 UMC meeting.

### c. Dashboard Metrics

- Turn-Around Time – Q2 2021



Mr. Perez summarized the Cal MediConnect Turn-Around Time metrics for Q2 2021. The turn-around times in all categories are compliant at 99.6% or better, with many reaching 100%. Mr. Perez next summarized the Turn-Around times for Medi-Cal authorizations for Q2 2021. The turn-around times for all combined Medi-Cal authorizations are compliant at 98.9% or better.

Dr. Tobbagi requested clarification of exactly what 100% means. Does it mean there are more staff members than there are requests, or does it mean the staff works a lot of overtime? Dr. Boris clarified that these reports cover a 3 month period, in this case, April, May, and June, and she used the 'Routine Authorizations' and 'Expedited Authorizations' categories to break down these numbers and explain how they were achieved. Dr. Boris explained that the DHCS mandates response times within 5 business days, with a turnaround time of 72 hours for 'Expedited Prior Authorization Requests'.

Dr. Tobbagi was still unclear as to how the volume of all these requests can be turned around so quickly. Dr. Huynh provided an overview of the UM staff and their roles and responsibilities. Dr. Huynh advised that between 80-150 authorizations are completed on a daily basis. There are approximately 14-17 individuals directly responsible for authorizations. Of the entire staff, each individual may be responsible for a certain element that contributes to compliant turnaround times. Dr. Lin and Dr. Tobbagi agreed these numbers are excellent.

**d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q2 2021**

Ms. Hoang Mai Vu, UM and Discharge Planning Nurse, summarized the data from the Q2 2021 Cal MediConnect Quarterly Referral Tracking report for the Committee. Ms. Vu drew the committee's attention to the column '% Auths w/No Services Rendered' at 44.2%. Ms. Vu explained this is due partly to a higher number of authorizations, and to transportation, home health, and outpatient services that are still in process, and to claims that are open or pending.

Ms. Vu continued and summarized the data from the Q2 2021 Medi-Cal Quarterly Referral Tracking report. Ms. Vu explained that the 37.4% in the '% Auths w/No Services Rendered' column is also attributable to a higher number of authorizations, as well as transportation, home health, and outpatient services that are still in process, and claims that are open or pending.

**e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q2 2021**

Ms. Vu provided the committee with the results from Q2 2021 Quality Monitoring of Plan Authorizations and Denial Letters for the Committee. Ms. Vu reported that the UM department received a 100% score in virtually all categories, with the exceptions of 1 letter that was mistakenly sent in English instead of the member's threshold language, Spanish, and 1 letter that did not reference the applicable Medicare guideline. UM leadership will continue to take an active role in QA oversight.

**f. Behavioral Health (BH) UM**

Ms. Natalie McKelvey, Manager, Behavioral Health, presented an overview of utilization of the Behavioral Health Treatment program. Ms. McKelvey highlighted the screenings that the BH team wants to complete during the upcoming fiscal year. The BH team will take advantage of the new funding from the Newsom administration to increase BH services in schools. The BH team will survey our community partners and assess the current Santa Clara County school districts to identify opportunities to build the infrastructure and offer more BH services. The Plan's new Community Resource Center (CRC) will be an integral way to offer these services. The DHCS has yet to offer guidance on how the school incentive program will work, though it may follow the same structure as the Behavioral Health Integration Incentive Program (BHIIP).

Ms. McKelvey gave an overview of the screenings already completed as of 7/8/2021. There is a large decrease in May and June; however, this may be attributable to a claims lag. Trauma screenings are trending upward as awareness of this tool increases. Ms. McKelvey broke down the number of developmental screenings by network.

In the area of treatment, Ms. McKelvey discussed the number of psychiatric admissions for the Cal MediConnect line of business. She compared the number of Cal MediConnect members in mild to moderate






psychiatric treatment for 2019 vs. 2020 vs. 2021. In addition, Ms. McKelvey summarized the number of Medi-Cal members in mild to moderate psychiatric treatment per each provider network. Dr. Boris commented that it appears that at least 1/10<sup>th</sup> of our Cal MediConnect members are in some sort of treatment program, and Ms. McKelvey stated that this number reflects BH specialty services. She agreed that this is a large number of patients.

Ms. McKelvey next reviewed BH treatment, which includes ABA, broken down per one thousand members, per treatment hours, per network. Ms. McKelvey concluded with an announcement that the Plan is up and running with our new telehealth provider, Array. Dr. Lin congratulated the entire UM team on their accomplishments thus far for 2021.

## 12. Adjournment

The meeting adjourned at 7:15 p.m. The next meeting of the Utilization Management Commitment is on October 20, 2021 at 6:00 p.m.

DocuSigned by:  
  
2607DAF25F7642E...

Jimmy Lin, M.D, Chair  
Utilization Management Committee

\_\_\_\_\_  
Date