



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

Wednesday, January 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
 Laurie Nakahira, D.O., Chief Medical Officer
 Habib Tobbagi, PCP, Nephrology
 Indira Vemuri, Pediatric Specialist

Members Absent

Dung Van Cai, D.O., Head & Neck
 Ngon Hoang Dinh, OB/GYN

Staff Present

Christine Tomcala, Chief Executive Officer
 Dang Huynh, PharmD, Director, Utilization
 Management & Pharmacy
 Raman Singh, Director, Case Management
 Lily Boris, M.D., Medical Director
 Angela Chen, Manager, Utilization
 Management
 Natalie McKelvey, Manager, Behavioral
 Health
 Luis Perez, Supervisor, Utilization
 Management
 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 October 14, 2020 Utilization Management Committee (UMC) meeting were reviewed.

It was moved, seconded, and the minutes of the October 14, 2020 UMC meeting were unanimously approved.

Motion: Dr. Lin

Seconded: Dr. Vemuri

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

Absent: Dr. Cai, Dr. Dinh

Abstain: Dr. Tobbagi

4. Chief Executive Officer Update

Christine Tomcala, Chief Executive Officer, provided a brief update, which included SCFHP's participation in calls with the Public Health department. There are some challenges with the vaccine rollout. Southern California has received the majority of the vaccines, as they have more COVID cases, and their demand is greater than Santa Clara County. The state is working on streamlining the tiers for reopening, and ensuring there are more mass vaccination sites available.

5. Chief Medical Officer Update

a. General Update

Dr. Laurie Nakahira began with an update on SCFHP'S participation in Santa Clara County's and the state's vaccine distribution plan. The staff of SCFHP do not yet qualify for the vaccine, as we are not considered frontline health care workers. Currently, the county is concluding vaccine administration for those who qualify based on the 1A guidelines, and they are moving into vaccine administration for those who qualify based on the 1B criteria. Eligibility under the 1B guidelines includes those who are greater than 65 years of age and those with comorbidities. Dr. Nakahira gave an overview of the federal and state vaccination distribution plan. The SCFHP website includes a link to the Santa Clara Public Health site where members can sign up to schedule their vaccinations. Members with Kaiser, PAMF, and Stanford are encouraged to schedule their vaccinations directly with these facilities. Kaiser also offers vaccinations to non-members. Dr. Lin stated that one of his patients, who is not a Kaiser member, tried to sign up for a vaccination, but Kaiser turned them down. Dr. Nakahira stated that she was on the Kaiser website, and there is a toll-free number to call which will give you information on how to complete the online form and schedule your appointment. Dr. Boris explained that patients must go through Member Services to obtain a Kaiser ID number, then call the toll-free number to make an appointment. Oftentimes, the recording instructs you to call tomorrow, but with continued effort it is possible to make a vaccination appointment.

Dr. Nakahira continued with an update on the status of CalAIM, which was on hold due to COVID, but now has an implementation date of January 1, 2022. SCFHP is preparing for this implementation date. The Plan is also preparing for the DHCS and DMHC audits in March 2020.

Dr. Lin remarked that SCFHP staff members should qualify for the vaccination, as our line of business qualifies as patient care. Dr. Boris stated that, per the vaccination guidelines, SCFHP staff members do not qualify as frontline healthcare workers and are currently ineligible for the vaccination.

b. Annual Confidentiality Agreements

This item was not addressed this evening.

6. UM Program Description – 2021

Dr. Boris summarized the more significant changes to the 2021 UM Program Description for the Committee. Dr. Boris advised that the majority of the changes occurred in item "G", Emergency Services and Post-Stabilization care. Dr. Boris highlighted changes in verbiage such as the fact that referrals are no longer required for emergency medical conditions, including for severe pain that a prudent layperson would consider emergent. The Program Description also now states that SCFHP does require prior authorization for post-stabilization care beyond 30 minutes. Additional verbiage states that the Plan will fully document all requests for authorizations and our responses. A bullet point was added which states that, in the event the Plan is unable to provide a determination within 30 minutes, the requested authorization is deemed approved. The Plan's annual communication to providers, which includes the 24/7 managed care website, now states the names of the on-call physicians. Dr. Boris explained that, outside of these changes, the remainder of the 2021 UM Program Description remains the same as the 2020 Program Description.

It was moved, seconded, and the UM Program Description – 2021 was unanimously approved.

Motion: Dr. Lin

Seconded: Dr. Tobbagi

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

Absent: Dr. Cai, Dr. Dinh

7. BHT Program Description - 2021

Ms. McKelvey presented the BHT Program Description for 2021 to the Committee. It has been 2 years since the last update to the BHT program. Ms. McKelvey advised the Committee that the recent changes are made to reflect the current APL of 19014. There are no changes to the authorization process. Once the request for service is received, all other steps in the process remain the same. The CDE is given to BH from the provider, not the parent. There are no changes or updates to the treatment codes or guidelines. BH reviews all treatment plans to ensure they are based on the individual needs of the child. Ms. McKelvey advised the Committee that an update to APL 19014 is expanded to include any child with a medical necessity for BHT, not just those with an autism diagnosis.

Dr. Vemuri requested improved communication between primary care physicians and therapists. Ms. McKelvey agreed, and she explained that, prior to COVID, BH conducted meetings with ABA providers who also struggled with communication issues. One action item has been implemented which is to request parents sign a Release of Information form which authorizes ABA therapists to communicate with primary care physicians. Dr. Vemuri suggested that, every time the patient visits the therapist, the therapist sends written documentation of the visit to the primary care physician. Ms. McKelvey advised that each authorization period is 6 months, and treatment plans are received by BH and used as criteria to determine continuation of treatment and services. These treatment plans can also be used as progress notes. Dr. Vemuri confirmed this information would be beneficial. Ms. McKelvey will follow-up with the BH team to implement this process. Dr. Alkoraishi indicated that use of the electronic medical record system to send progress notes to the primary care physician would be more beneficial.

Dr. Vemuri also expressed concern with the number of requests she receives from patients for emotional support animals. Her staff forwards these requests to patients' therapists; however, she would like to have confirmation that a patient is actually receiving treatment from a therapist. Dr. Nakahira suggested that patients, providers, and parents make an appointment together to ensure all parties are on the same page in regards to the patient's treatment.

Dr. Vemuri requested Ms. McKelvey contact Community Solutions and Rebekah Childrens' Services and request better communication with physicians. Ms. McKelvey agreed that there needs to be a better communication system. She advised that, for patients under 21 years of age, the EPSDT threshold for benefit management administered by county agencies is much lower than for adults. Ms. McKelvey advised that it is easier to address communication issues with ABA providers, rather than general mental health providers. Dr. Lin advised that he has never received any feedback from private mental health providers. Dr. Lin feels it is easier to provide treatment notes within the county provider network, rather than through private physicians. Ms. McKelvey advised the Committee that she will bring this feedback to the BH provider group to incorporate and implement as much as they can to achieve better communication.

It was moved, seconded and the BHT Program Description – 2021 was unanimously approved.

Motion: Dr. Lin

Second: Dr. Alkoraishi

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

Absent: Dr. Cai, Dr. Dinh

8. Annual Review of UM Policies

- a. HS. 01 Prior Authorization
- b. HS. 02 Medical Necessity Criteria
- c. HS.03 Appropriate Use of Professionals
- d. HS.04 Denial of Services Notification
- e. HS.05 Evaluation of New Technology
- f. HS.06 Emergency Services
- g. HS.07 Long-Term Care Utilization Review
- h. HS.08 Second Opinion

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

Dr. Boris presented the Committee with the annual review of UM policies. Dr. Boris summarized the purpose of, and changes to, policies HS.01 through HS.06. No changes were made to policies HS.07 through HS.14. Changes may include formatting changes and streamlining of verbiage. Dr. Boris called the Committee's attention to policy HS.13 Transportation Services, as DHCS mandates which types of emergency medical transportation services require prior authorization; however, there are no changes to this policy from 2020. Dr. Boris further highlighted policy HS.14 System Controls, which is primarily required by NCQA; however, there are no changes to this policy from 2020.

It was moved, seconded and the Annual Review of UM Policies and Procedures was unanimously approved.

Motion: Dr. Tobbagi

Second: Dr. Alkoraishi

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

Absent: Dr. Cai, Dr. Dinh

9. Reports

a. Membership

Dr. Boris gave a brief summary of the Membership Report from January 2020 through January 2021. Cal MediConnect membership increased approximately 14% from January 2020 to January 2021. Medi-Cal membership increased approximately 10% from January 2020 through January 2021. The majority of our members remain delegated to Valley Health Plan, with the remaining majority delegated to Physicians Medical Group, Premier Care, and Kaiser Care. Ms. Tomcala reminded the Committee that the primary reason for the growth of our Medi-Cal membership is the suspension of redeterminations by the state. Our existing members continue to stay on the plan when, under normal circumstances, the Plan would lose approximately 4,000 members a month due to redeterminations. This trend will continue through the public health emergency. Once COVID is under control, the state will resume redeterminations, and the Plan may see a significant drop in our Medi-Cal membership rolls.

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 for the calendar year 2020. Dr. Boris also summarized the 2020 results of the Cal MediConnect line of business. The average length of stay for our Medi-Cal SPD population is approximately 5 days, with Q1 slightly higher due to flu season. Our Q1 discharges per thousand is also higher due to flu season. Otherwise, the numbers remain fairly stable. The average length of stay for our non-SPD Medi-Cal population was approximately 4 days, with the number of discharges per thousand slightly lower than for our Medi-Cal SPD population.

The average length of stay for our Cal MediConnect population is 5.85 days, and this, along with the number of discharges per thousand, is typically higher than our Medi-Cal SPD and non-SPD populations due to higher utilization levels and increases in co-morbidities. Ms. Tomcala requested the UM team compare these numbers to 2019 to see the impact of COVID. Dr. Boris concurred and will bring these results to the April 2021 meeting.

Dr. Boris next summarized the results for Medi-Cal and Cal MediConnect inpatient readmissions, from January through December 2020. The Medi-Cal readmission rate is 17.71%; however, the goal was closer to 10%. The report may not have been run to exclude outliers, which has potentially impacted this number. The Plan's usual readmission rate is closer to 20%. The Cal MediConnect readmission rate is 15.99% which is below the NCQA 50th percentile. Ms. Tomcala remarked that the formula for the metric of the HEDIS PCR measure changed from 2019 to 2020. The goals should have been set, and this data pulled, based on the current 2020 metric. Dr. Boris agreed that the data should be rerun either based on the current metric, or with the outliers omitted. Dr. Lin remarked that he would expect the numbers to be 10-15% less due to COVID. Dr. Boris concurred, and this decrease is reflected in the number of outgoing calls.

Dr. Boris concluded with a summary of the ADHD Medi-Cal BH metrics.

c. Dashboard Metrics

- Turn-Around Time – Q4 2020

Mr. Perez summarized the Cal MediConnect Turn-Around Time metrics for Q4 2020. The turn-around times for determinations is compliant at 99% or better. The turn-around time for expedited Part C prior authorization requests was compliant for October and November, but decreased in December. The percentages for expedited initial determination notifications also decreased. In the categories of Part B determinations and prior authorization requests, there is some room for improvement; however, the range of percentages still remains at 90% or better.

Mr. Perez next summarized the Turn-Around times for Medi-Cal authorizations for Q4 2020. The turn-around times for authorizations is compliant at 97% or better. In other areas of authorization requests, the percentages decreased; however, the range of percentages remains at 97% or better.

d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q4 2020

Ms. Chen summarized the data from the Q4 2020 Cal MediConnect and Medi-Cal Quarterly Referral Tracking reports for the Committee. Ms. Chen explained that the UM team tracks the cycle of prior authorizations from the time the prior authorization is issued through to claims payment. The average claims cycle is 90 days. Some of the more high volume requests include outpatient hospital services, DME requests, and home healthcare, and include the highest number of unpaid services. The results for Q4 2020 are consistent with the results for Q3 2020.

e. Cal MediConnect and Medi-Cal Annual Referral Tracking – Q4 2020

Ms. Chen summarized the data from the Q4 2020 Cal MediConnect and Medi-Cal Annual Referral Tracking reports for the Committee. There were 22, 819 authorizations for both the Cal MediConnect and Medi-Cal lines of business. The Medi-Cal line of business typically has a higher volume than the Cal MediConnect line of business. On average, this accounts for approximately 1,900 authorizations per month on average. Even with the suspension of prior authorization requirements for all covered services and medications in March and April, there is not a large difference between the Q3 2020 and Q4 2020 results. Compared to 2019 data, there was a higher percentage of services rendered within 90 days, and a lower percentage of services not rendered at all. During COVID, the same volume of authorizations were approved and more people received requested services than prior to COVID. Ms. Chen summarized the results of the outreach calls that were made to our Cal MediConnect and Medi-Cal members. Ms. Chen further summarized the results of the data used to track claims mismatch.

f. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q4 2020

Ms. Chen summarized the results of the Q4 2020 Quality Monitoring of Plan Authorizations and Denial Letters for the Committee. Ms. Chen reported that the UM department received a 100% score in virtually all categories, with the exception of a small handful of written notifications that were untimely. As a result,



work flows have been updated to include daily reports, and UM leadership will continue to take an active role in QA oversight.

g. Inter-Rater Reliability (IRR) Report BH – 2021

Ms. McKelvey presented the results of the 2021 BH IRR report to the Committee. Of the 4 staff members who provided authorizations and completed the IRR, 3 achieved a 100% score, and 1 achieved a 90% score. All staff members passed and are cleared to continue with the authorizations.

h. Annual Physician Peer-to-Peer (HS.02.02) – 2020

Dr. Boris presented the purpose and goals of the Annual Physician Peer-to-Peer program for 2020. Dr. Boris summarized the results for the Committee.

i. Behavioral Health UM

Ms. McKelvey summarized the Behavioral Health Treatment utilization for the Committee. Ms. McKelvey highlighted the 2 new ABA providers under contract as of Q4 2020. Ms. McKelvey also highlighted the fact that Array Telehealth was just signed as a new provider for our Medi-Cal line of business. There were 8,027 developmental screenings completed in 2020. The majority of these were completed by VHP. There were 3,221 trauma screenings completed in 2020. The BH work group continues its efforts to raise the level of developmental and trauma screenings.

Dr. Boris asked if members can specifically request the services of Array Telehealth. Ms. McKelvey confirmed members can either access Array directly, or request the BH team connect them to services. Training on Array Telehealth’s scheduling app will soon be conducted. Array is the first mild-to-moderate psychiatric services provider for the Plan’s adult population.

10. Adjournment

The meeting adjourned at 7:10 p.m. The next meeting of the Utilization Management Commitment is on April 21, 2021 at 6:00 p.m.

DocuSigned by:
Dr. Jimmy Lin
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Jimmy Lin, M.D, Chair
Utilization Management Committee

5/23/2022

Date