



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

Wednesday, January 19, 2022, 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
 Laurie Nakahira, D.O., Chief Medical Officer
 Indira Vemuri, Pediatric Specialist

Members Absent

Habib Tobbagi, PCP, Nephrology
 Dung Van Cai, D.O., OB/GYN

Staff Present

Christine Tomcala, Chief Executive Officer
 Lily Boris, M.D., Medical Director
 Natalie McKelvey, Manager, Behavioral Health
 Luis Perez, Supervisor, Utilization Management
 Ashley Kerner, Manager, Administrative Services
 Amy O'Brien, Administrative Assistant

Note: Items were discussed in a different order than the agenda.

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 not established. Ashley Kerner, Manager, Administrative Services, introduced herself to the committee members.

2. Public Comment

There were no public comments.

3. Chief Executive Officer Update

Christine Tomcala, Chief Executive Officer, presented an update on 2 new programs which took effect on January 1, 2022. Ms. Tomcala began with the status of the CalAIM Medi-Cal (MC) reform program. The rollout of Enhanced Case Management (ECM) and community supports programs will continue over the next several years. Ms. Tomcala acknowledged the hard work of the UM team as they prepare for the implementation of these new programs. So far, the transition is going well. Ms. Tomcala also gave an update on the MC Rx program. This transition has been more of a challenge and has seen a few hiccups, such as long wait times for members trying to contact Magellan, the prescription provider.

Ms. Tomcala also gave an update on COVID. Due to the Omicron variant, the public health emergency has been extended. The SCFHP main office is not officially open yet; however, the Blanca Alvarado Community Resource Center is open to the public. SCFHP's efforts to increase members' vaccination rates continue, as they are approximately 20% lower than the overall rate of Santa Clara County.

Dr. Lin asked for the vaccination rate of SCFHP staff. Ms. Tomcala replied that approximately 90% of SCFHP staff are vaccinated. Dr. Lin remarked that the majority of patients hospitalized with COVID are unvaccinated.

Ms. Tomcala concurred and stated that vaccination helps relieve some of the more severe symptoms, in addition to keeping people out of the hospital. Dr. Lin also noted that COVID treatment options are better now than when the pandemic started and Ms. Tomcala agreed. She also discussed the possibility that a 4th booster shot may be necessary similar to the recommended annual flu shot.

4. Chief Medical Officer Update

a. General Update

Dr. Laurie Nakahira, Chief Medical Officer, began with an update on the rollout of the Medi-Cal Rx program. Members did experience extended wait times when trying to reach Magellan regarding their prescriptions. Fortunately, the UM team has a back line to Magellan to help members connect and receive their prescriptions. A Magellan representative reached out to the UM department regarding prior authorizations for controlled substances. These prior authorizations may require resubmission. The UM team was not previously aware of this requirement, and they are in the process of confirming this expectation in order to notify our provider network.

Dr. Nakahira advised the committee that the Plan is currently preparing for the National Committee for Quality Assurance (NCQA) reaccreditation audit for our Cal MediConnect (CMC) line of business. The onsite portion of the audit runs from January 31, 2022 through February 1, 2022. The Department of Health Care Services (DHCS) audit occurs mid-March of 2022, and will take place over a 2 week period.

Dr. Nakahira also discussed the student behavioral health incentive program. Over the next 3 years, the Plan will partner with the County Office of Education, Anthem, and the County Behavioral Health Department to work with the school districts to develop programs to support students' behavioral health. The Plan has received money to help implement these new incentive programs throughout the school districts.

Dr. Lin discussed the fact that the Medi-Cal Rx program will not accept any handwritten prescriptions for narcotics. Dr. Lin was dismayed to find out that it is actually all prescriptions that must be submitted via e-prescribe. Dr. Nakahira confirmed that, prior to the Medi-Cal Rx rollout, the medical board sent email notifications to all individual providers to notify them of this change.

b. Annual Confidentiality Agreements

Dr. Nakahira reminded the committee to promptly sign and return the Annual Confidentiality Agreement to Amy O'Brien.

5. Old Business Update

a. COVID-19 Reporting

Dr. Boris gave an update on the number of COVID-related deaths within the Plan's member populations for 2020, 2021, and 2022.

6. Reports

a. Membership

Dr. Boris gave a brief summary of the Membership Report from January 2021 through January 2022. Our CMC membership continues to grow with 10,219 members as of January 2022. Due to changes in CMC eligibility requirements, approximately 200 members were dis-enrolled as of January 1, 2022. The Plan's total MC membership is 284,439 members, an increase of approximately 21,346 members. The majority of these members are with Valley Health Plan. The Plan's direct membership includes 18,367 members. The Plan also manages the Admin. MC only and Admin. Medicare primary groups. NEMS is a new network provider group which began in October of 2021.

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

Dr. Boris presented the Committee with the UM goals and objectives, as well as our Over/Under Utilization and Standard UM Metrics. Dr. Boris advised that these metrics cover the period from January 1, 2021

through December 31, 2021. Dr. Boris gave a summary of the data for the Plan's MC SPD line of business. The number of discharges per thousand is 14.32, with an average length of stay of 5.36 days. There does not appear to be a significant increase due to COVID. Dr. Boris continued with a summary of the data for the Plan's MC non-SPD line of business. The number of discharges per thousand is 3.91, with an average length of stay of 4.32 days. This population does not include our seniors or persons with disabilities.

Dr. Boris then gave a summary of the data for the Plan's CMC line of business. The number of discharges per thousand is 19.14, with an average length of stay of 5.82 days. This line of business includes the Plan's more high risk population.

Dr. Boris continued with a comparison of the inpatient utilization rates for the Plan's MC non-SPD and SPD populations. Dr. Boris also summarized the inpatient readmissions rates for the MC line of business. MC readmissions rates are monitored closely, as per Medicare performance standards and the SCFHP goal to reduce the likelihood of patient treatment errors and morbidity and mortality rates. Dr. Lin remarked that the 10% readmission rate for our CMC population is not out of line, however, he wants to know why the younger MC population readmission rate is so high. Dr. Boris explained that the MC program covers members in the 18-64 age group but, for the purposes of this report, the younger members have been omitted. Dr. Boris advised Dr. Lin that the number of chronic illnesses within the MC-SPD population is higher than you think. Ms. Tomcala asked if this presentation includes the HEDIS benchmarks. Dr. Boris replied that they were inadvertently left out of this presentation.

Dr. Vemuri joined the meeting at 6:27 p.m.

Dr. Boris continued with an overview of the ADHD MC BH metrics. The 2021 rankings for the Initiation Phase and Continuation Phase are not yet finalized. For purposes of the NCQA standards, the UM department prefers these fall within the 50th percentile. Dr. Boris discussed the UM department's ranking for cardiovascular monitoring of people with cardiovascular disease and schizophrenia. As always, it is a challenge to achieve more than a 10th percentile ranking. Dr. Lin remarked that he would expect a higher number of patients in this category would be more diligent in taking their medications. Dr. Boris explained that, due to their behavioral health diagnosis, they are at higher risk for cardiovascular disease. Dr. Alkoraishi added that it is a Food and Drug Administration (FDA) requirement that patients in this category have a lipid blood panel and fasting blood sugar every 6 months. Dr. Boris advised she will research the NCQA requirements and bring the results to the April 2022 meeting.

Dr. Dinh joined the meeting at 6:34 p.m.

7. Meeting Minutes

The minutes of the October 20, 2021 Utilization Management Committee (UMC) meeting were reviewed. Dr. Lin noted a correction to Dr. Dinh's specialty. Dr. Dinh is a head and neck specialist, rather than an OB/GYN as is currently shown. Dr. Boris confirmed that the minutes will be edited to reflect this change.

It was moved, seconded, and the minutes of the October 20, 2021 UMC meeting were **unanimously approved** with the change noted.

Motion: Dr. Lin

Seconded: Dr. Alkoraishi

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

Absent: Dr. Cai, Dr. Tobbagi

8. UM Program Description - 2022

Dr. Boris presented an overview of the UM Program Description for 2022. Dr. Boris advised this program description is a mandatory requirement for all of the Plan's regulators. Dr. Boris highlighted any significant changes, such as on page 11, item e) Pharmacy Director, and an internal error on page 22, E. Transplants, and the verbiage 'Renal and corneal transplants are excluded from SCFHP review' which will be stricken from the Program Description.

It was moved, seconded, and the UM Program Description - 2022 was **unanimously approved** with the change as noted.

Motion: Dr. Lin
Seconded: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Dinh, Dr. Lin, Dr. Nakahira, Dr. Vemuri
Absent: Dr. Cai, Dr. Tobbagi

9. BHT Program Description - 2022

Natalie McKelvey, Manager, Behavioral Health, presented an overview of the BHT Program Description – 2022. This program description is an NCQA requirement and includes an update to some of the codes. There has been no update to the criteria for the treatment plan or goals. Ms. McKelvey highlighted the changes to the codes for H0032 – Supervision (Direct) and H0032 – Supervision (Indirect).

Dr. Vemuri asked if, as a Pediatrician, she is authorized to make a diagnosis of autism. Ms. McKelvey advised that a pediatrician is authorized to make this diagnosis, and to address specific behaviors that may lead to a diagnosis of autism. Dr. Vemuri advised she has made this diagnosis in the past and it has been denied because she is not a psychologist. Ms. McKelvey suggested she address specific behaviors in her referral that would lead to a recommendation of ABA therapy. Ms. McKelvey will reach out to Dr. Vemuri outside of this meeting to further discuss. Dr. Alkoraishi suggested Dr. Vemuri consult the DSM V or ICD-10 codes. Dr. Boris advised that the UM team will review and target their reporting to search for ABA therapy denials for children and confirm they are SCFHP members and should receive ABA therapy.

It was moved, seconded, and the BHT Program Description - 2022 was **unanimously approved**.

Motion: Dr. Lin
Seconded: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Dinh, Dr. Lin, Dr. Nakahira, Dr. Vemuri
Absent: Dr. Cai, Dr. Tobbagi

10. 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 these policies. There were no changes to these policies since the January 2021 meeting.

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

Motion: Dr. Lin
Seconded: Dr. Alkoraishi
Ayes: Dr. Alkoraishi, Dr. Dinh, Dr. Lin, Dr. Nakahira, Dr. Vemuri
Absent: Dr. Cai, Dr. Tobbagi

11. Care Coordinator Guidelines

a. Review of New Care Coordinator Guidelines

Luis Perez, Supervisor, Utilization Management, presented the committee with an overview of the new care coordinator guidelines. Dr. Lin asked how many of our members are in long-term care. Dr. Boris replied that she will research this information and bring the results to the April 2022 meeting. Dr. Boris believes the number is stable since our October 2021 meeting.

Mr. Perez continued his presentation. Dr. Lin asked for clarification of the guidelines for hospice room and board for non-contracted providers. Dr. Boris advised that these guidelines are specific to hospice care conducted within a Skilled Nursing Facility (SNF), which is a rare circumstance.

b. Community Based Adult Services (CBAS)

Mr. Perez gave an update on CBAS. Dr. Lin asked if CBAS was once run by the County, and Dr. Boris replied that, prior to 2015, management of this benefit was transferred to SCFHP. Dr. Boris and Mr. Perez agreed that there were no changes to the Care Coordinator Guidelines specific to CBAS.

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

Motion: Dr. Lin

Seconded: Dr. Alkoraishi

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

Absent: Dr. Cai, Dr. Tobbagi

12. Reports

c. Dashboard Metrics

- Turn-Around Time – Q4 2021

Mr. Perez summarized the CMC Turn-Around Time metrics for Q4 2021. The turn-around times in almost all categories are compliant at 98.4% or better, with many categories at 100%. In the category of Part B Drugs Expedited Prior Authorization Requests, Q4 2021 fell short at 92%. Mr. Perez continued with a summarization of the MC Turn-Around Time metrics for Q4 2021. The turn-around times in the majority of MC categories are compliant at 98.0%, with many categories at 100%.

Dr. Vemuri left the meeting at 6:40 p.m.

d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q4 2021

Dr. Boris summarized the data from the Q4 2021 CMC Quarterly Referral Tracking reports for the Committee. Dr. Boris explained the purpose of the quarterly referral tracking reports. At the end of the year, the Plan analyzes the members who did not receive authorized services to determine why those services were not rendered. This is a requirement of the DHCS. Dr. Boris explained that these numbers are affected by claims lag times.

Dr. Boris continued and summarized the data from the Q4 2021 MC Quarterly Referral Tracking report. Dr. Boris reiterated that these numbers are affected by the expected claims lag times. Dr. Lin and Dr. Boris agreed that many services were likely not rendered due to COVID.

e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q4 2021

Dr. Boris presented the results of the Q4 2021 Quality Monitoring of Plan Authorizations and Denial Letters from October 1, 2021 through December 31, 2021. Dr. Boris 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. The Plan also continues to review our delegated letters, as those pertain to delegates with corrective action plans.



f. Delegation Oversight Dashboard

Dr. Boris presented a snapshot of the Delegation Oversight Dashboard to the committee. Dr. Boris explained the purpose and goal of the delegation dashboard. Dr. Boris highlighted the process the Plan follows to monitor their delegated groups. The Plan’s auditors also require that the Plan show compliance with corrective action plans.

g. Annual Physician Peer-to-Peer (HS.02.02) – 2021

Dr. Boris next presented an overview of the Annual Physician Peer-to-Peer review. This process was initially in response to a prior DHCS request; however, the Plan chose to continue with this process. Dr. Boris explained the purpose and goal of Peer-to-Peer review, as well as the process to track Peer-to-Peer requests. The process begins when either she, Dr. Robertson, or Dr. Nakahira issue a denial letter. All denial letters clearly state physicians’ and medical groups’ peer-to-peer review rights, along with the telephone number to call to start the process. In cases where the initial denial was upheld, physicians and medical groups are advised to appeal.

h. 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. These screening numbers may be affected by a claims lag. Ms. McKelvey highlighted the fact that outpatient utilization for our CMC line of business appears to have decreased, and she will research why this is the case. It may be attributable to a billing issue. Ms. Tomcala pointed out that our CMC population may be less comfortable using telehealth. Ms. McKelvey agreed, and she also advised that the County has a back log of residents who request services. Dr. Lin advised that, for the mild-to-moderate cases, primary care physicians should be able to render treatment. Ms. McKelvey advised that these claims are specific to our psychotherapists and BH treatment providers. Dr. Alkoraishi remarked that his patient no show rate has decreased which he attributes to the ease and convenience of appointments via telehealth and FaceTime.

Ms. McKelvey continued with her presentation. Kaiser continues to do a good job with getting their mild-to-moderate patients in treatment. Ms. Tomcala circled back to the low outpatient utilization rate, and she suggests we ask our Independent Practitioner Association (IPAs) for their thoughts on why utilization is so much lower per thousand. Ms. McKelvey replied that feedback from our IPAs suggests they are unaware of the resources available to connect patients with outpatient treatment. Ms. McKelvey will continue to meet with IPA leadership to try to close this gap.

Dr. Nakahira advised this may be attributable to a cultural difference. Ms. McKelvey responded that it may also be due to capitation, as BH is not included. Ms. McKelvey continued with her presentation on BH treatment, which is specific to ABA, and does not include supplemental treatments. Kaiser continues to have the highest rate of patients in treatment. Dr. Lin asked why Kaiser is able to see so many patients. Ms. McKelvey replied that Kaiser has a good developmental screenings process, in conjunction with a smooth referral process. Ms. McKelvey concluded with a discussion of the projects she is working on for 2022.

13. Adjournment

The meeting adjourned at 7:44 p.m. The next meeting of the Utilization Management Commitment is on April 20, 2022 at 6:00 p.m.

DocuSigned by:

2607DAF25F7642E...
Jimmy Lin, M.D, Chair
Utilization Management Committee

8/3/2022

Date