

Regular Meeting of the

## Santa Clara County Health Authority Utilization Management Committee

Wednesday, October 14, 2020, 6:00-7:30 PM

Santa Clara Family Health Plan

6201 San Ignacio Ave., San Jose, CA 95119

### Via Teleconference

(669) 900-6833

Meeting ID: 931 2441 3621

Passcode: K6fhBnGd

<https://zoom.us/j/93124413621>

## AGENDA

<b>1. Introduction</b>	Dr. Lin	6:00	5 min
<b>2. Public Comment</b> 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
<b>3. Meeting Minutes</b> Review minutes of the Q3 July 15, 2020 Utilization Management Committee (UMC) meeting <b>Possible Action:</b> Approve Q3 2020 UMC Meeting Minutes	Dr. Lin	6:10	5 min
<b>4. Chief Executive Officer Update</b> Discuss status of current topics and initiatives	Ms. Tomcala	6:15	5 min
<b>5. Chief Medical Officer Update</b> a. General Update b. Provider Relief Funds Information	Dr. Nakahira	6:20	10 min
<b>6. Old Business/Follow-Up Items</b> a. General Old Business	Dr. Boris	6:30	5 min
<b>7. Medical Covered Services Prior Authorization (PA) Grid</b> <b>Possible Action:</b> Approve PA Grids	Dr. Boris	6:35	5 min
<b>8. 2021 CMC List of Durable Medical Equipment (DME List)</b> <b>Possible Action:</b> Approve 2021 CMC DME List	Dr. Boris	6:40	5 min
<b>9. UM Policies &amp; Procedures</b> a. HS.02 Medical Necessity Criteria b. HS.09 Inter-Rater Reliability	Dr. Huynh	6:45	5 min

<b>10. Reports</b>			
a. Membership	Dr. Boris	6:50	5 min
b. Over/Under Utilization by Procedure Type/Standard UM Metrics			
c. Dashboard Metrics	Mr. Perez	6:55	10 min
• Turn-Around Time – Q3 2020			
• Call Center – Q3 2020			
d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q3 2020	Mr. Perez	7:05	5 min
e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q3 2020	Dr. Boris	7:10	5 min
f. Behavioral Health UM	Ms. McKelvey	7:15	10 min
<b>11. UMC Meeting Calendar - 2021</b>			
Consider the proposed UMC meeting calendar	Dr. Boris	7:25	5 min
<b>Possible Action:</b> Approve the UMC meeting dates as presented			
<b>12. Adjournment</b>	Dr. Lin	7:30	
Next meeting: Wednesday, January 20, 2021 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](http://www.scfhp.com).



**Santa Clara Family  
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**Public Comment**



**Santa Clara Family  
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**July 15, 2020 Meeting Minutes**

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

# MINUTES

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### Members Present

Jimmy Lin, MD, Internal Medicine, Chair  
Ali Alkoraishi, MD, Psychiatry  
Dung Van Cai, DO, Head & Neck  
Dr. Ngon Hoang Dinh, DO  
Dr. Habib Tobbagi, PCP, Nephrology  
Indira Vemuri, Pediatric Specialist

### Staff Present

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

### Members Absent

Laurie Nakahira, DO, Chief Medical Officer

#### 1. Introduction

Dr. Jimmy Lin, Chair, called the meeting to order at 6:05 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 15, 2020 Utilization Management Committee (UMC) meeting were reviewed.

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

**Motion:** Dr. Cai

**Seconded:** Dr. Tobbagi

**Ayes:** Dr. Alkoraishi, Dr. Cai, Dr. Dinh, Dr. Lin, Dr. Tobbagi, Dr. Vemuri

**Absent:** Dr. Nakahira

#### 4. Chief Executive Officer Update

Christine Tomcala, Chief Executive Officer, provided an update, as the majority of SCFHP staff continue to shelter in place and work remotely, with approximately 10 staff members who work in house. SCFHP continues to do its utmost to track the number of members and staff diagnosed with COVID. To date, approximately 247 members have been hospitalized for COVID, with 26 deceased, 17 of whom were Skilled Nursing Facility (SNF) residents, and 9 of whom were not residents of a SNF. SCFHP continues to focus on many of the activities that were priorities prior to COVID. As of April 10, 2020, a Telehealth option was added to the 24/7 nurse advice line. So far, 274 members have sought physician care

through the Telehealth option. SCFHP encourages members who use Telehealth to seek care through their own Providers, rather than going through the nurse advice line. Membership continues to increase, not necessarily due to new members, but as a result of the state's response to the COVID outbreak. At this time, the state has ceased member disenrollment when members fail to return qualifying paperwork. Normally, SCFHP sees a few thousand members fall off the membership rolls; however, membership has increased from 243K to 257K, with 248K Medi-Cal members and 9K Cal MediConnect members. Once the pandemic emergency is over, the state and the county will continue to process redeterminations and several of these memberships will fall off. Ms. Tomcala addressed the budget issues, with the state's and the county's decisions to decrease SCFHP's premium rates by 1.5%, retroactive to July 1, 2019. Going forward, SCFHP anticipates that these premium rates will continue to drop. Dr. Lin pointed out that even a 1.5% drop in premium rates amounts to several millions of dollars. Ms. Tomcala agreed, however, she also pointed out that the Medi-Cal rates have not changed and the individual physician rates have not gone down. This will impact the capitation that SCFHP receives and provides to their downstream Independent Physician Associations (IPA's). Dr. Alkoraishi asked Ms. Tomcala if the Plan anticipates any staff member furloughs, lay-offs, or salary decreases. Ms. Tomcala replied that, at this time, we do not anticipate any furloughs, lay-offs, or salary decreases. Many staff members are SEIU (Service Employees International Union) members and, prior to the outbreak, negotiations for increases were completed for the new year. Healthcare is a cyclical business, and the Plan can draw upon reserves. To that end, SCFHP has budgeted to lose money in the upcoming fiscal year, and the Plan may even lose money in the next couple of years. The Plan's main concern is to continue to provide uninterrupted, seamless service to our members. The Plan believes it has adequate reserves to withstand the effects of the outbreak, and it is also important to maintain a good workforce, so no drastic action will be taken at this time.

## 5. Chief Medical Officer Update

Dr. Boris planned to give the Chief Medical Officer Update on behalf of Dr. Nakahira. It was determined, however, that all updates of note were covered by Ms. Tomcala in her Chief Executive Officer update.

## 6. Old Business/Follow-Up Items

### a. General Old Business

There is no old business to discuss this evening.

### b. LTC Statistics

Dr. Boris began with a follow-up item from the April 2020 meeting. Dr. Boris presented the LTC statistics for the calendar year 2019 to the Committee. Dr. Boris explained that these statistics pertain to members who are in long-term care, not skilled nursing care. The statistical breakdown includes members who were discharged; the total number of members per line of business; and how many members are homeless. At this time, the breakdown does not include the number of members who were homeless prior to, or are currently homeless and in, long-term care. A field to capture this data will be built in to include these members, as many of them have been in long-term care for several years. Dr. Boris explained that there are 2 teams responsible for the discharge of these members. Dr. Lin pointed out that there are still 2,100 members who reside in 5 of our long-term care facilities. Dr. Boris reminded Dr. Lin that long-term care was not a Medi-Cal benefit several years ago, and it was purposefully transitioned to a managed Medi-Cal plan due to cost. The Plan does take care of our members who are in long-term care, with a focus on transition into the community. Dr. Lin expressed concern about the cost to the Plan, and he would like to see the Plan track the additional data on the number of members who are homeless and in long-term care. Dr. Boris agreed. Dr. Alkoraishi discussed Santa Clara County's approach to housing the homeless. Dr. Boris pointed out that Medi-Cal has strict criteria in regards to the qualifications for long-term care. There was discussion amongst Dr. Boris, Dr. Lin, and Dr. Alkoraishi as to options for the homeless in Santa Clara County.

### c. Home Health Comparison for Care Coordinator Guidelines

Dr. Boris introduced Mr. Perez who presented the Home Health Comparison for Care Coordinator Guidelines to the Committee. Mr. Perez discussed the fact that the Plan contacted other health plans in the area to compare the number of initially allowable home health visits approved under their guidelines, as compared to what SCFHP approves. Of the health plans we contacted, some were hesitant to give us this information, as it is based on medical necessity. Health Plan A allows up to 20 initially allowable visits, and Health Plan B allows up to 12 initially allowable visits. Dr. Lin stated that he still feels SCFHP is generous, especially when compared to commercial health plans, which typically only allow up to 4 or 5 visits. Dr. Boris explained that, as a Committee, up to 18 home health visits were approved, and the Plan's research shows that 2 local health plans were similar to SCFHP. Dr. Lin requests that the Plan reevaluate their findings and bring the results to the October 2020 meeting. Dr. Boris concurred and advised we will also evaluate home health utilization.

## 7. UM Manager/Director “Second Review” of Denial Letters

Angela Chen, Manager, Utilization Management, presented the UM Manager/Director “Second Review of Denial Letters” to the Committee. Ms. Chen began with a brief overview of the purpose behind the Plan's mandatory process of second review of denial letters. Ms. Chen highlighted the fact that since the implementation of second review, SCFHP has successfully shown compliance in subsequent annual audits with CMS, DHCS, DMHC, and the NCQA. As a result, the UM department now requests to end the second review of every denial letter by a manager or a director. QA measures will continue and, should issues be found, the UM department will immediately re-implement the process of second review of daily denial letters and notify the Committee.

**It was moved, seconded, and the suspension of the UM Manager/Director “Second Review” of Denial Letters was unanimously approved.**

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

## 8. Reports

### a. Membership

Dr. Boris presented the Membership Reports to the Committee. The Plan's Medi-Cal line of business has increased, largely attributable to the fact that the number of redeterminations by DHCS has decreased due to the COVID outbreak. The Cal MediConnect is an active enrollment and has also grown. It is noteworthy that approximately 50% of our members are enrolled in the Valley Health Plan Network. Dr. Lin inquired as to how the Plan increased the Cal MediConnect enrollment? Ms. Tomcala gave a brief overview of the Cal MediConnect product line and the responsibilities of the Medicare Outreach Team. Dr. Tobbagi asked if Medi-Cal has any members who remain on the fee-for-service Medi-Cal product line outside the HMO plan. Ms. Tomcala responded that the majority are in managed care, with a few exceptions. Foster children, for example, are not required to be in a managed care plan. Dr. Cai inquired as to whether or not we have a number for the members on a PPO Medi-Cal plan? Ms. Tomcala responded that we do not have a handy source for this information. SCFHP enrollment constitutes approximately 79% of the market share, with Anthem serving the remainder of the market share, and a few under fee-for-service plans. A discussion ensued as to whether or not inmates also fall under the fee-for-service Medi-Cal plan. Ms. Tomcala advised that the County bears responsibility for inmates, and the Plan does not have sufficient data as to which Medi-Cal plans cover inmates.

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

Dr. Boris presented the Utilization Metrics to the Committee. Dr. Boris explained that for the Medi-Cal line of business the UM department looks at quarterly metrics for SPD and non-SPD in-patient utilization from 7/1/2019- 6/30/2020, and the numbers are fairly stable. For the Cal MediConnect line of business, the slide may have inadvertently included SNF stays, and Dr. Boris will rerun this data to present in the October 2020 meeting. Dr. Boris presented the benchmarks comparisons for discharges per thousand members per month for our SPD and non-SPD populations. Dr. Boris presented the data for Medi-Cal and Cal MediConnect inpatient readmissions; reductions of inpatient readmissions is a strategic goal for the UM department in the upcoming year. The significant difference in the total number of denominators between Medi-Cal and Cal MediConnect is attributable to the population sizes between the 2 plans. Dr. Boris summarized the metrics for ADHD Medi-Cal BH. Dr. Boris concluded with the metrics for Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia, which has significantly dropped and will be monitored. Dr. Alkoraishi asked if the Plan differentiates between adult ADHD and child ADHD. Dr. Boris explained that the data presented pertains to HEDIS, which is specific to child ADHD. Dr. Boris will follow-up to confirm whether or not HEDIS includes adult ADHD, and will present her findings at the October 2020 meeting.

**c. Dashboard Metrics**

Mr. Perez presented the Call Center Dashboard Metrics to the Committee.

- Turn-Around Time Q2 2020

Mr. Perez summarized the turn-around times for Medi-Cal authorizations. Suspension of prior authorizations due to the COVID outbreak are reflected in the Dashboard metrics. Mr. Perez advised the Committee that the UM team's turn-around times for routine authorizations, expedited authorizations, and decisions are timely and fall within at least the 98.1 percentile or better. Mr. Perez pointed out that in the area of Urgent Concurrent Review, where decisions must be rendered within 72 hours (a new NCQA change), the UM team achieved a 100% timely decision rate. For the area of Retrospective Review, where a decision must be rendered within 30 calendar days, the UM team also achieved a 100% for retrospective review and with a 97.9% timely decision rate. This same trend continues with the Cal MediConnect line of business. For routine determinations, urgent concurrent determinations, and post-service determinations the team falls within at least the 99.4 percentile or better.

Call Center Q2 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, the Call Center volume increased from month to month, as a result of prior authorization suspension. Increasingly, more calls came in each month regarding extensions of authorizations and verification of which services require authorizations. For the Cal MediConnect line of business, call volume also increased each month. Dr. Cai was concerned with the abandonment rate. Dr. Boris clarified that it is typically the Provider office who drops the call. Dr. Lin inquired as to whether or not we have a recording that plays during Providers' hold time, and Mr. Perez confirmed this is the case. Dr. Boris reminded the committee that these metrics are a positive trend that reflect staff capabilities while working from home.

**d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q2 2020**

Dr. Boris next discussed the 'Q2 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. Boris pointed out that, out of

2,011 authorizations received for the Cal MediConnect plan, the 47.4% of authorizations with no services rendered is likely attributable to the COVID outbreak. The same trend continues with the Medi-Cal line of business. Dr. Boris suspects many authorizations are in open approved status which explains why they now receive more requests for extensions. Dr. Lin concurred that the COVID outbreak is the likely cause, as many people are afraid to see their doctor.

**e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q2 2020**

Ms. Chen reviewed the results of the standard quarterly report on Quality Monitoring of Plan Authorizations and Denial Letters for the 2nd quarter of 2020. Ms. Chen advised the Committee that the Plan analyzes a random sample of 30 authorizations per quarter, which includes examination of all the pertinent audit elements. During this review process, 50% of the letters that were examined pertained to the Medi-Cal line of business, and the other 50% of the letters that were examined pertained to the Cal MediConnect line of business, with 100% of them being denials. Ms. Chen gave a breakdown of the Plan's results with an emphasis on both member and provider notification. Ms. Chen explained that the provider letters are in English, while members receive their denial letters in their threshold language. Dr. Cai inquired as to whether or not there was a second review, and Ms. Chen confirmed there is always a second review. Ms. Chen advised QA measures will continue on a weekly basis with all findings reported to the Medical Director along with a corrective action plan.

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

Dr. Boris introduced the topic of the IRR report, which is a semi-annual report for both the UM team and the BH team.

- **IRR UM**

Ms. Chen presented the results of the IRR testing to the Committee. The testing is designed to evaluate the consistency and accuracy of review criteria applied by all physician and non-physician reviewers, as well as to identify opportunities for process improvement. The majority of staff members passed, with the exception of 1 Care Coordinator who is relatively new and 1 nurse who does not regularly review authorizations, as her focus is on members in long-term care facilities. The next IRR testing will occur in Q3 2020, and the findings will be presented at the October 2020 meeting.

- **IRR BH**

Ms. McKelvey presented the results of the IRR testing for BH to the Committee. Dr. Cai inquired as to why BH had a higher score than UM. Ms. McKelvey replied that the IRR testing for BH is based on medical necessity, and BH has a pattern of not issuing denials unless the medical necessity criteria has not been met. Ms. McKelvey advised that most of the questions were based on BH treatment, which are the ABA authorizations, and there was 1 psychiatry question and 1 mild-to-moderate talk therapy question. Those questions are fairly easy to answer.

**g. Behavioral Health UM**

Ms. McKelvey presented the Behavioral Health UM Reports to the Committee. Ms. McKelvey began with BH treatment, which usually includes the ABA. Ms. McKelvey outlined the BH providers with pending contracts, as well as new potential providers. Ms. McKelvey reviewed the BH utilization statistics. The Developmental Screening numbers for the 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> quarters of 2019, and the 1<sup>st</sup> and 2<sup>nd</sup> quarters of 2020, were also presented to the Committee. The numbers have increased, though there is room for improvement. An internal work group was established to address the developmental screening rates. The internal work group is focused on provider, member, and parent education, and potential barriers to developmental screenings. The results of the work group, and a work plan, will be presented at the October 2020 meeting. Dr. Lin would like to see results from the people at the high end and low end of the screenings, as well as incentives for screening. Ms. McKelvey agreed, and she highlighted the fact that the Plan is collaborating with First Five to provide these incentives.

## 9. Adjournment

The meeting adjourned at 7:03 pm. The next meeting is scheduled for Wednesday, October 14, 2020 at 6:00 pm.

### Reviewed and approved by:

\_\_\_\_\_ Date \_\_\_\_\_

Jimmy Lin, M.D., UM Committee Chairperson



**Santa Clara Family  
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**Chief Executive Officer Update**



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**Chief Medical Officer Update**



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**Old Business/Follow-Up Items**



**Santa Clara Family  
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**Medical Covered Services PA Grid**



## Medical Covered Services Prior Authorization Grid

This Prior Authorization Grid contains services that require prior authorization only and is not intended to be a comprehensive list of covered services. Providers should refer to the appropriate Evidence of Coverage (EOC) for a complete list of covered services.

### Santa Clara Family Health Plan (SCFHP) Utilization Management Department:

Telephone: 1-408-874-1821

Prior Authorization Request Submission Fax Lines: 1-408-874-1957 ~~or 1-408-376-3548~~

When faxing a request to SCFHP, please:

1. Use the SCFHP Prior Authorization Request – Medical Services Form found at [www.scfhp.com](http://www.scfhp.com)
2. Attach pertinent medical records, treatment plans, test results and evidence of conservative treatment to support medical necessity.

### Other Contact Information:

SCFHP Automated Eligibility: 1-800-720-3455

SCFHP Customer Service:

Medi-Cal: 1-800-260-2055

Cal MediConnect: 1-877-723-4795

For Non-Emergency Medical Transportation (NEMT) & Non-Medical Transportation (NMT) contact SCFHP Customer Service

### Benefits Authorized by Vendors:

Dental Services

Denti-Cal: 1-800-322-6384

Vision Services

Vision Service Plan (VSP): 1-844-613-4779

Category of Service	Services Requiring Prior Authorization	
Behavioral Health Treatment	All Behavioral Health Treatment Services for members age 21 years and under with behavioral conditions that may or may not include autism spectrum	
Durable Medical Equipment (DME)  <i>*Benefit and frequency limits apply. Refer to CMS, Noridian, and/or Medi-Cal Provider Manual</i>	Cal MediConnect	Medi-Cal
	<ul style="list-style-type: none"> <li>• Custom made items</li> <li>• Any other DME or medical supply exceeding \$1000</li> <li>• Prosthetics &amp; customized orthotics exceeding \$1000</li> <li>• Hearing aids and repairs</li> <li>• Other specialty devices</li> <li>• Requests over the benefit limit</li> </ul>	<ul style="list-style-type: none"> <li>• CPAP and BIPAP</li> <li>• Enteral formula and supplies</li> <li>• Hospital bed and mattress</li> <li>• Power wheelchairs, scooters, manual wheelchairs <b>except standard adult and pediatric</b>, and motorized wheelchairs and accessories</li> <li>• Respiratory: Oxygen, BIPAP, CPAP, ventilators</li> <li>• Prosthetics &amp; customized orthotics <b>except off-the-shelf covered items</b></li> <li>• Hearing aids and repairs</li> <li>• Other specialty devices</li> <li>• Requests over the benefit limit</li> </ul>
Experimental Procedure	<ul style="list-style-type: none"> <li>• Experimental procedures</li> <li>• Investigational procedures</li> <li>• New technologies</li> </ul>	
Home Health	<ul style="list-style-type: none"> <li>• All home health services</li> <li>• Home IV infusion services</li> </ul>	
Inpatient Admissions	<ul style="list-style-type: none"> <li>• All elective medical and surgical inpatient admissions to: <ul style="list-style-type: none"> <li>• Acute hospital</li> <li>• Long Term Acute Care (LTAC)</li> </ul> </li> <li>• All admissions for: <ul style="list-style-type: none"> <li>• Acute inpatient psychiatric</li> <li>• Partial hospital psychiatric treatment</li> <li>• Substance use disorder including detoxification</li> </ul> </li> <li>• Rehabilitation and therapy services: <ul style="list-style-type: none"> <li>• Acute rehabilitation facilities</li> <li>• Skilled Nursing Facilities (SNF)</li> </ul> </li> </ul>	
Long-Term Services and Supports (LTSS)	<ul style="list-style-type: none"> <li>• Community-Based Adult Services (CBAS)</li> <li>• Long-Term Care (LTC)</li> </ul>	

Category of Service	Services Requiring Prior Authorization
Medications	<ul style="list-style-type: none"> <li>Refer to the 202<del>19</del> Medical Benefit Drug Prior Authorization Grid</li> <li>Physician administered drugs in the doctor's office or in an outpatient setting</li> </ul>
Non-Contracted Providers	All non-urgent/non-emergent services provided by non-contracted providers
Organ Transplant	All organ transplants
Outpatient Services and Procedures	<ul style="list-style-type: none"> <li>Abdominoplasty/Panniculectomy</li> <li>Bariatric surgery</li> <li>Breast reduction and augmentation surgery</li> <li>Cataract surgery</li> <li>Cochlear auditory implant</li> <li>Dental surgery, jaw surgery and orthognathic procedures</li> <li>Dermatology: <ul style="list-style-type: none"> <li>Laser treatment</li> <li>Skin injections</li> <li>Implants</li> </ul> </li> <li>All types of endoscopy <b>except colonoscopy</b></li> <li>Gender reassignment surgery</li> <li>Genetic testing and counseling</li> <li>Hyperbaric oxygen therapy</li> <li>Intensive Outpatient Palliative Care (IOPC)</li> <li>Neuro and spinal cord stimulators</li> <li>Outpatient diagnostic imaging: <ul style="list-style-type: none"> <li>Magnetic Resonance Imaging (MRI)</li> <li>Magnetic Resonance Angiography (MRA)</li> <li>Nuclear cardiology procedures</li> <li>Single-Photon Emission Computerized Tomography (SPECT)</li> <li>Positron-Emission Tomography (PET/PET-CT)</li> </ul> </li> <li>Outpatient therapies <ul style="list-style-type: none"> <li>Occupational Therapy (OT)</li> <li>Physical Therapy (PT)</li> <li>Speech Therapy (ST)</li> </ul> </li> <li>All plastic surgery and reconstructive procedures</li> <li>Podiatric surgeries</li> <li>Radiation therapy: <ul style="list-style-type: none"> <li>Proton beam therapy</li> <li>Stereotactic Radiation Treatment (SBRT)</li> </ul> </li> <li>Sleep studies</li> <li>Spinal procedures <b>except epidural injections</b></li> <li>Surgery for Obstructive Sleep Apnea (OSA)</li> <li>Temporomandibular Disorder (TMJ) treatment</li> </ul>

Category of Service	Services Requiring Prior Authorization
	<ul style="list-style-type: none"> <li>• Transplant-related services prior to surgery <b><u>except</u> cornea transplant</b></li> <li>• Unclassified procedures</li> <li>• Varicose vein treatment</li> </ul>
Transportation	Non-Emergency Medical Transportation (NEMT) <del>for ground and air</del> <b><u>except</u> ground transportation from facility to facility and hospital to home.</b>

DRAFT



**Santa Clara Family  
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**2021 CMC List of Durable Medical  
Equipment (DME)**



## **Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan)**

### **2021 List of Durable Medical Equipment (DME List)**

#### **What is Durable Medical Equipment?**

Durable medical equipment (DME) is certain items your doctor orders for you to use at home. Examples are walkers, wheelchairs, or hospital beds.

#### **What equipment does my health plan cover?**

Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan) (SCFHP Cal MediConnect) will cover all medically necessary DME provided by a contracted vendor. Covered items include, but are not limited to: wheelchairs, crutches, hospital beds, nebulizers, oxygen equipment, intravenous (IV) infusion pumps, walkers and speech generating devices.

#### **How do I use this list?**

For some DME, we will only cover the brands and makers on this list. Refer to the next page. We will not cover other brands and makers unless your doctor or other provider tells us that you need a specific brand for medical reasons. Prior authorization may be required.

However, if you are new to SCFHP Cal MediConnect and are using a brand of DME that is not on our list, we will continue to pay for this brand for you for up to 90 days. During this time, you should talk with your doctor to decide what brand is medically right for you after this 90-day period. (If you disagree with your doctor, you can ask him or her to refer you for a second opinion).

#### **What if equipment I need is not on this list?**

Items not on this list may still be covered. We will cover all medically necessary DME provided by a contracted vendor. Talk with your doctor if you have questions.

#### **What if I need more information?**

The *Member Handbook* provides details about your SCFHP Cal MediConnect coverage and prior authorization requirements. See Chapter 4, "Benefits Chart."

If you need a copy of the *Member Handbook*, call Customer Service at 1-877-723-4795 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. You can also find the *Member Handbook* on our website at [www.scfhp.com](http://www.scfhp.com).

Santa Clara Family Health Plan Cal MediConnect Plan (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

### List of Durable Medical Equipment

Equipment	Brands/Makers
Blood pressure monitor	Omron 3 Series
Blood sugar monitor	Abbott FreeStyle Freedom Lite Abbott FreeStyle Precision Neo Abbott FreeStyle InsuLinx Abbott FreeStyle Lite Abbott Precision Xtra
Continuous glucose monitor	Abbott FreeStyle Libre
Test strips	Abbott FreeStyle Abbott FreeStyle Lite Abbott FreeStyle InsuLinx Abbott FreeStyle Precision Neo Abbott Precision Xtra



**Santa Clara Family  
Health Plan™**

**UM Policies and Procedures**

<b>Policy Title:</b>	Medical Necessity Criteria	<b>Policy No.:</b>	HS.02
<b>Replaces Policy Title (if applicable):</b>	Clinical Decision Criteria and Application Policy; Utilization Management Review Standards, Criteria and Guidelines; UM Interrater Reliability Testing	<b>Replaces Policy No. (if applicable):</b>	CSCFHP_UM121_01; UM039_02; UM038_
<b>Issuing Department:</b>	Health Services	<b>Policy Review Frequency:</b>	Annually
<b>Lines of Business (check all that apply):</b>	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> CMC	

**I. Purpose**

To define Santa Clara Family Health Plan’s use of Medical Necessity Criteria for utilization management activities of the local delivery system, which includes the mandate that they are applied appropriately and consistently to determinations of medical necessity of coverage.

**II. Policy**

The Plan maintains a Utilization Management (UM) Program description and Prior Authorization Procedure which further describe the Plan’s utilization of Medical Necessity Criteria. The following factors apply:

- A. Criteria is based on sound clinical evidence to make utilization decisions
- B. Criteria is specific to the services and procedures requested
- C. Criteria is used to evaluate the necessity of medical and behavioral healthcare decisions
- D. The Plan annually defines the hierarchy of application of criteria for each line of business
- E. In addition to the UM hierarchy of guidelines, the Plan is licensed to use MCG™ guidelines -to guide utilization management decisions
- F. The criteria is reviewed and adopted at least annually by the Utilization Management Committee (UMC)
  - 1. The UM Committee-UMC consists of external physicians, both primary care providers and specialists (including pediatric and behavioral health specialists), in developing, adopting, and reviewing criteria
- G. The review for medical necessity review takes into account individual member needs and circumstances, relative to appropriate clinical criteria and the Plan’s SCFHP policies
- H. The Plan defines the availability of criteria and states in writing how practitioners can obtain UM criteria and how the criteria is made available to the practitioners and members upon request
- I. The plan evaluates the consistency with which health care professionals involved with any level of applying UM criteria in decision making and takes appropriate corrective actions to improve areas of non-compliance at least annually

# POLICY

- J. Where applicable, UM criteria is developed for parity diagnoses, for the diagnosis and treatment of serious mental illnesses, autistic disorders, and other pervasive-developmental disorders and serious emotional disturbances of a child.
1. This includes criteria consistent with standards of practice for the following mental parity conditions: Schizophrenia, Schizoaffective disorder, Bipolar disorder, Major Depressive Disorders, Panic disorder, Obsessive-compulsive disorder, Pervasive developmental disorder or autism, Anorexia Nervosa, Bulimia Nervosa and Severe Emotional Disturbances of Children.

### III. Responsibilities

Chief Medical Officer or designee shall review annually and submits criteria, policies and procedures to the Utilization Management Committee for approval.

### IV. References

National Committee for Quality Assurance. 2020 Program Standards and Guidelines – UM 2: Clinical Criteria for UM Decisions

### V. Approval/Revision History

First Level Approval		Second Level Approval		
Signature <u>Lily Boris, MD</u> <hr/> Name <u>Medical Director</u> <hr/> Title <hr/> Date		Signature <u>Laurie Nakahira, DO</u> <hr/> Name <u>Chief Medical Officer</u> <hr/> Title <hr/> Date		
Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Utilization Management	Approve 04/20/2016	
v1	Original	Utilization Management	Approve 01/18/2017	
v1	Reviewed	Utilization Management	Approve 01/17/2018	
v1	Reviewed	Utilization Management	Approve 01/16/2019	
v2	Revised	Utilization Management	Approve 01/15/2020	
<u>v2</u>	<u>Revised</u>	<u>Utilization Management</u>		

<b>Policy Title:</b>	<b>Inter-Rater Reliability</b>	<b>Policy No.:</b>	HS.09
<b>Replaces Policy Title (if applicable):</b>	N/A	<b>Replaces Policy No. (if applicable):</b>	N/A
<b>Issuing Department:</b>	Health Services	<b>Policy Review Frequency:</b>	Annually
<b>Lines of Business (check all that apply):</b>	<input checked="" type="checkbox"/> Medi-Cal	<input checked="" type="checkbox"/> CMC	

### I. Purpose

To outline Santa Clara Family Health Plan (SCFHP)'s process for Inter-Rater Reliability (IRR) testing to ensure accurate and consistent application of medical necessity criteria and guidelines.

### II. Policy

SCFHP evaluates the consistency with which clinical and non-clinical staff involved with any level of applying Utilization Management (UM) criteria in decision making at least ~~bi~~ annually. When a staff member is found to not be proficient, corrective measures will be pursued.

#### A. IRR testing will include Medical and Behavioral Health

1. At least 10 hypothetical cases are presented to include a combination of:
  - a. Approved and denied Prior Authorization requests
  - b. Requiring non-clinician and/or clinician review
  - c. Outpatient and Inpatient services
2. Reviewers will include all temp, interim, and permanent UM staff and any Health Services staff that are involved in prior authorization decision making: care coordinators, personal care coordinators and licensed nurses, social workers, pharmacists and medical directors.

#### B. Review

1. Identical cases are distributed to each reviewer
2. The reviewer completes the review individually on paper as if it was a real-time review
3. All cases will be reviewed by UM Management for a consensus decision-making within 1 week following due date.
4. Each item is worth one point.
5. 80% is considered a passing score.
  - a. Below Proficient (<80%)
    - i. A corrective action plan will be implemented by UM Management. The plan includes the following:
      - a) Training in the area identified to be deficient
      - b) Re-testing after training complete to ensure compliance

## POLICY

- c) Oversight of employee determinations, including coaching and observation, as appropriate
- d) Repeat of process as needed
- e) Possible escalation to individualized Performance Improvement Plan which will be part of employee’s personnel file.

### III. Records

All results and internal Corrective Action Plans (CAPS) remain confidential and are maintained within Health Services and are reported to the UMC.

### IV. Responsibilities

Health Services coordinates with both internal and external stakeholders in development and administration of IRR testing at least bi-annually in an effort to ensure consistency amongst staff for UM criteria.

### V. Reference

National Committee for Quality Assurance. 2020 HP Standards and Guidelines - UM 2: Clinical Criteria for UM Decision, Element C.

### VI. Approval/Revision History

First Level Approval		Second Level Approval		
Signature		Signature		
<a href="#">Lily Boris, MD</a>		<a href="#">Laurie Nakahira, DO</a>		
Name		Name		
<a href="#">Medical Director</a>		<a href="#">Chief Medical Officer</a>		
Title		Title		
Date		Date		
Version Number	Change (Original/ Reviewed/ Revised)	Reviewing Committee (if applicable)	Committee Action/Date (Recommend or Approve)	Board Action/Date (Approve or Ratify)
v1	Original	Utilization Management	Approve/01/18/2017	
v1	Reviewed	Utilization Management	Approve 01/17/2018	
v1	Reviewed	Utilization Management	Approve 01/16/2019	
v2	Revised	Utilization Management	Approve 01/15/2020	
<a href="#">v3</a>	<a href="#">Revised</a>	<a href="#">Utilization Management</a>		



**Santa Clara Family  
Health Plan™**

**Membership Report**

# Membership

Source: iCat (10/1/2020)

Mbr Ct Sum										
LOB	Network Name	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
<b>CMC</b>		<b>8,401</b>	<b>8,486</b>	<b>8,601</b>	<b>8,725</b>	<b>8,837</b>	<b>8,987</b>	<b>9,029</b>	<b>9,266</b>	<b>9,428</b>
	Santa Clara Family Health Plan	8,401	8,486	8,601	8,725	8,837	8,987	9,029	9,266	9,428
<b>MC</b>		<b>231,435</b>	<b>231,548</b>	<b>233,229</b>	<b>235,049</b>	<b>240,656</b>	<b>244,888</b>	<b>248,007</b>	<b>251,004</b>	<b>253,252</b>
	INDEPENDENT PHYSICIANS	15,021	14,744	14,709	14,781	15,216	15,610	15,844	16,113	16,358
	KAISER PERMANENTE	24,743	24,764	25,097	25,300	25,985	26,541	27,212	27,844	28,232
	MEDICARE PRIMARY	15,422	15,455	15,460	15,463	15,649	15,653	15,696	15,684	15,698
	PALO ALTO MEDICAL FOUNDATION	6,536	6,473	6,481	6,448	6,583	6,633	6,696	6,759	6,823
	PHYSICIANS MEDICAL GROUP	40,820	40,860	41,050	41,212	42,040	42,632	43,036	43,436	43,695
	PREMIER CARE	14,485	14,407	14,467	14,487	14,802	15,011	15,144	15,274	15,344
	VHP NETWORK	114,408	114,845	115,965	117,358	120,381	122,808	124,379	125,894	127,102
<b>HK</b>										
	INDEPENDENT PHYSICIANS									
	PALO ALTO MEDICAL FOUNDATION									
	PHYSICIANS MEDICAL GROUP									
	PREMIER CARE									
	VHP NETWORK									
<b>Grand Total</b>		<b>239,836</b>	<b>240,034</b>	<b>241,830</b>	<b>243,774</b>	<b>249,493</b>	<b>253,875</b>	<b>257,036</b>	<b>260,270</b>	<b>262,680</b>



**Santa Clara Family  
Health Plan™**

**Over/Under Utilization**

# 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 (9/10/2020)

Year-Month	2020-04	2020-05	2020-06	2020-07	2020-08	2020-09
Medi-Cal	235,049	240,656	244,888	248,007	251,004	253,252
Cal MediConnect	8,725	8,837	8,987	9,029	9,266	9,428
<b>Total</b>	<b>243,774</b>	<b>249,493</b>	<b>253,875</b>	<b>257,036</b>	<b>260,270</b>	<b>262,680</b>

# Inpatient Utilization: Medi-Cal –SPD

## DOS 10/1/2019 – 9/30/2020

Source: Medi-Cal Enrollment & QNXT Claims and Encounter Data (Run Date:10/4/2020)

Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2019-Q4	1,041	15.76	5,189	4.98
2020-Q1	1,033	15.68	5,663	5.48
2020-Q2	777	11.69	4,197	5.40
2020-Q3	514	7.74	2,349	4.57
Total	3,365	12.71	17,398	5.17

Note: Data are less complete for more recent quarters due submission lag.

# Inpatient Utilization: Medi-Cal – Non-SPD

## DOS 10/1/2019 – 9/30/2020

Source: Medi-Cal Enrollment & QNXT Claims and Encounter Data (Run Date:10/4/2020)

Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2019-Q4	2,239	3.92	8,441	3.76
2020-Q1	2,402	4.27	10,021	4.17
2020-Q2	1,929	3.31	6,777	3.51
2020-Q3	1,604	2.63	5,931	3.69
Total	8,174	3.51	31,170	3.81

Note: Data are less complete for more recent quarters due submission lag.

# Inpatient Utilization: Cal MediConnect (CMC)

## DOS 10/1/2019 – 9/30/2020

Source: CMC Enrollment & QNXT Claims Data (Run Date:10/4/2020)

Quarter	Discharges	Discharges / 1,000 Member Months	Days	Average Length of Stay
2019-Q4	422	17.65	2,380	5.63
2020-Q1	473	19.26	3,057	6.46
2020-Q2	313	12.17	1,822	5.82
2020-Q3	234	8.61	1,285	5.49
Total	1,442	14.23	8,544	5.93

Note: Data are less complete for more recent quarters due submission lag.

# Medi-Cal Inpatient Utilization DOS 10/1/2019 – 9/30/2020

Measure	Medi-Cal Population		
	Non-SPD	SPD	Total
Discharges / 1,000 Member Months	3.51	12.71	4.45
ALOS	3.81	5.17	4.20

# Inpatient Readmissions: Medi-Cal

Source: HEDIS Plan All-Cause Readmissions (PCR) data for 1/1/2020 – 8/31/2020 measurement period (Run Date: 9/16/2020)

LOB	Count of Index Stays (Denominator)	Count of 30-Day Readmissions (Numerator)	Actual Readmission Rate <sup>1,2,3</sup>
MC - All	3,513	597	16.99%

<sup>1</sup> A lower rate indicates better performance.

<sup>2</sup> Only for members aged 18-64 in Medi-Cal.

<sup>3</sup> HEDIS PCR 2019 used. This includes outliers in comparison to PCR 2020.

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

Source: HEDIS Plan All-Cause Readmissions (PCR) data for 1/1/2020 – 8/31/2020 measurement period  
(Run Date: 9/16/2020)

Rate Description	PCR
Count of Index Hospital Stays	864
Count of 30-Day Readmissions	139
Actual Readmission Rate	16.09%
NCQA Medicare 50 <sup>th</sup> Percentile	16.39%
SCFHP Percentile Ranking	>50 <sup>th</sup>

<sup>1</sup> A lower rate indicates better performance.

<sup>2</sup> The PCR rate applies only to SCFHP's CMC line of business and includes members 18 years of age and older.

# ADHD Medi-Cal Behavioral Health Metrics

Source: HEDIS data for 1/1/2020 – 8/31/2020 measurement period (Run Date: 9/16/2020)

Measure	Rate	NCQA Medicaid 50 <sup>th</sup> Percentile	SCFHP Percentile Rank
Follow-Up Care for Children Prescribed ADHD Medication			
Initiation Phase	42.57%	43.41%	<50 <sup>th</sup>
Continuation & Maintenance Phase	34.88%	55.5%	<50 <sup>th</sup>
Antidepressant Medication Management			
Acute Phase Treatment	63.44%	52.35%	>75 <sup>th</sup>
Continuation Phase Treatment	47.88%	36.51%	>75 <sup>th</sup>
Cardiovascular Monitoring for People with Cardiovascular Disease & Schizophrenia	28.57%	77.63%	<10 <sup>th</sup>



**Santa Clara Family  
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**Dashboard Metrics**



	Jul	Aug	Sept
<b>MEDICAL AUTHORIZATIONS - HS COMBINED</b>			
<b>Routine Authorizations</b>			
# of Routine Prior Authorization Requests Received	944	952	945
# of Routine Prior Authorization Requests Completed within 5 Business Days	943	950	943
% of Timely Decisions made within 5 Business Days of request	99.9%	99.8%	99.8%
# of Prior Authorization Notification Sent	944	952	945
# of Prior Authorization Notification Sent Within 2 Business Days of Decision Date	937	940	939
% timely notification of HS decision	99.3%	98.7%	99.4%
<b>Expedited Authorizations</b>			
# of Expedited Prior Authorization Requests Received	162	171	160
# of Expedited Prior Authorization Requests Completed within 72 Hours	161	171	159
% of Timely Decisions made within 72 Hours of request	99.4%	100.0%	99.4%
# of Prior Authorization Notification Sent	162	171	160
# of Prior Authorization Notification Sent Within 2 Business Days of Decision Date	161	169	159
% timely notification of HS decision	99.4%	98.8%	99.4%
<b>Urgent Concurrent Review</b>			
# of Urgent Concurrent Requests Received	10	12	8
# of Urgent Concurrent Requests Completed within 72 Hours of request	10	12	8
% of Timely Decisions made within 72 Hours of request	100.0%	100.0%	100.0%
# of Prior Authorization Notification Sent	10	12	8
# of Prior Authorization Notification Sent Within 2 Business Days of Decision Date	10	12	8
% timely notification of HS decision	100.0%	100.0%	100.0%
<b>Retrospective Review</b>			
# of Retrospective Requests Received	279	336	234
# of Retrospective Requests completed within 30 Calendar Days of request	278	336	234
% of Retrospective Reviews completed within 30 Calendar Days of request	99.6%	100.0%	100.0%
# of Prior Authorization Notification Sent	279	336	234
# of Prior Authorization Notification Sent Within 2 Business Days of Decision Date	268	328	230
% timely notification of HS decision	96.1%	97.6%	98.3%



	CAL MEDICONNECT	Jul	Aug	Sept
<b>PRE-SERVICE ORGANIZATION DETERMINATIONS - HS COMBINED</b>				
<b>Standard Part C</b>				
# Approved		501	554	533
# Denied		29	30	26
% Approved		94.5%	94.9%	95.3%
# of Prior Authorization Requests Received		530	584	559
# of Prior Auth Requests Completed within 14 days		530	584	559
% of Timely Decisions made within 14 days		100.0%	100.0%	100.0%
# of Prior Authorization Notification Sent		530	584	559
# of Prior Authorization Notification Sent Within 14 Days		525	581	555
% Timely Notification of HS decision		99.1%	99.5%	99.3%
<b>Expedited Part C</b>				
# Approved		293	252	266
# Denied		19	29	28
% Approved		93.9%	89.7%	90.5%
# of Prior Authorization Requests Received		312	281	294
# of Prior Auth Requests Completed within 72 Hours		312	279	294
% of Timely Decisions made within 72 Hours		100.0%	99.3%	100.0%
# of Prior Authorization Notification Sent		312	281	294
# of Prior Authorization Notification Sent Within 72 hours		308	276	291
% timely notification of HS decision		98.7%	98.2%	99.0%
<b>URGENT CONCURRENT ORGANIZATION DETERMINATIONS - HS COMBINED</b>				
# Approved		10	6	10
# Denied		0	0	0
% Approved		100.0%	100.0%	100.0%
# of Urgent Concurrent Requests Received		10	6	10
# of Urgent Concurrent Requests Completed within 72 Hours		10	6	10
% of Timely Decisions made within 72 Hours		100.0%	100.0%	100.0%
# of Prior Authorization Notification Sent		10	6	10
# of Prior Authorization Notification Sent Within 24 hours		8	3	10
% timely notification of HS decision		80.0%	50.0%	100.0%
<b>POST SERVICE ORGANIZATION DETERMINATIONS - HS COMBINED</b>				
# Approved		51	54	48
# Denied		2	1	0
% Approved		96.2%	98.2%	100.0%
# of Requests Received		53	55	48

# of Post Service Requests Completed within 30 Days	53	54	48
% of Timely Decisions made within 30 days	100.0%	98.2%	100.0%
# of Prior Authorization Notification Sent	53	55	48
# of Prior Authorization Notification Sent Within 30 Days	52	54	48
% timely notification of HS decision	98.1%	98.2%	100.0%



**Santa Clara Family  
Health Plan™**

**Call Metrics**

<b>MEDI-CAL</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Average</b>
# Calls Presented	1,554	1,462	1,459	1,492
Provider Average Speed of Answer in Seconds	0:00:23	0:00:20	0:00:17	0:00:20
Provider Average Hold Time in Seconds	0:00:08	0:00:16	0:00:15	0:00:13
# of Abandoned Provider Calls	41	29	29	33
Provider Abandonment Rate	3%	2%	2%	2%
Provider Service Level	87%	89%	93%	90%
Average Talk Time	0:02:00	0:02:23	0:02:32	0:02:18
<b>CAL MEDICONNECT</b>	<b>Jul</b>	<b>Aug</b>	<b>Sept</b>	<b>Average</b>
# Calls Presented	973	927	933	944
Provider Average Speed of Answer in Seconds	0:00:21	0:00:20	0:00:16	0:00:19
Provider Average Hold Time in Seconds	0:00:08	0:00:16	0:00:15	0:00:13
# of Abandoned Provider Calls	19	20	20	20
Provider Abandonment Rate	2%	2%	2%	2%
Total Provider Calls Handled	952	906	911	923
# of Provider Calls Handled in ≤ 30 seconds	862	826	867	852
Provider Service Level	89%	89%	93%	90%
Average Talk Time	0:02:00	0:02:23	0:02:32	0:02:18



**Santa Clara Family  
Health Plan™**

**Cal MediConnect and Medi-Cal  
Quarterly Referral Tracking**

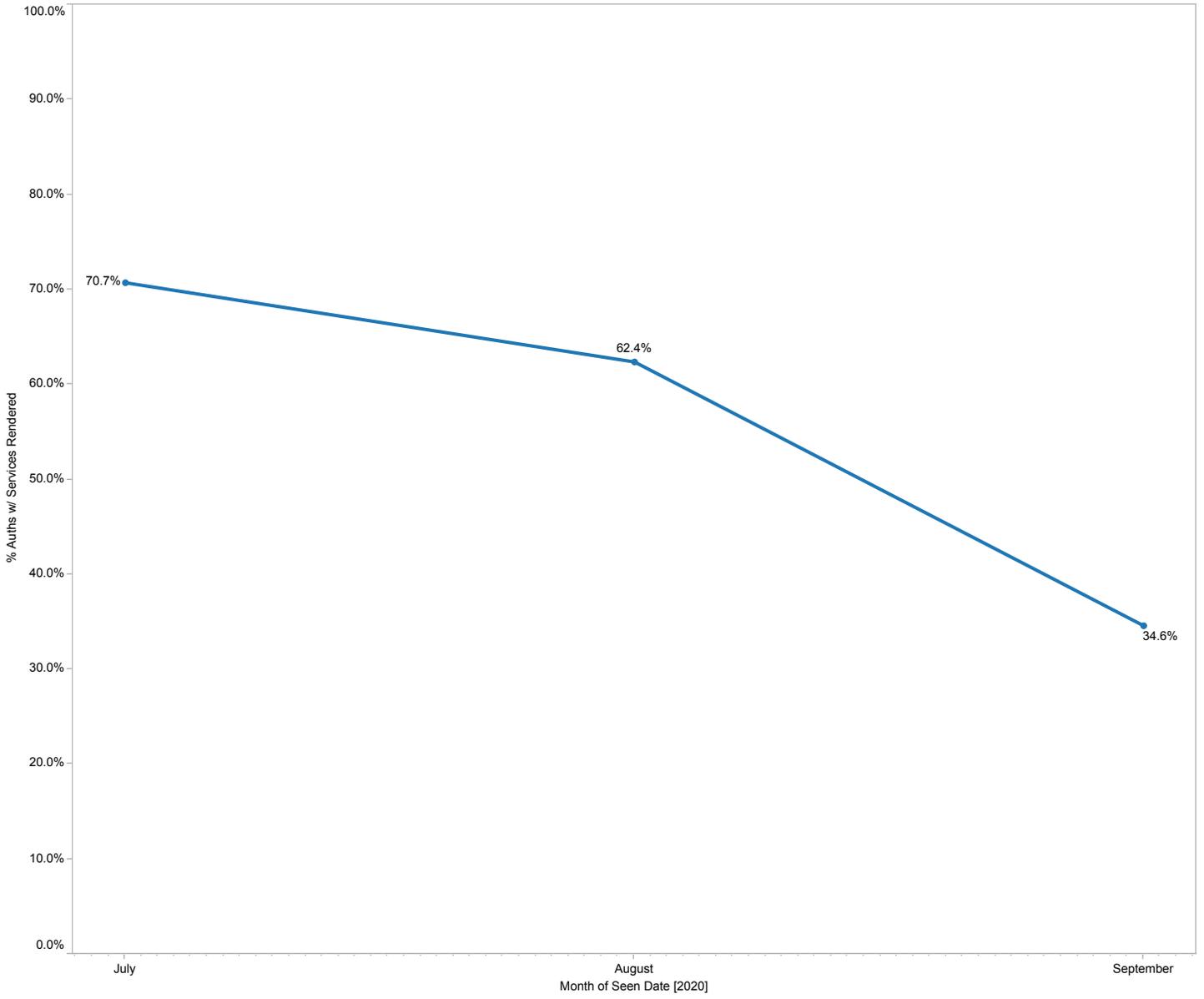
### Referral Tracking Report

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	8	7	0	1	12.5%
		Routine - Extended Service	18	16	0	2	11.1%
		Routine - Initial Request	1	0	0	1	100.0%
	CONT OF CARE	Member Rep Initiated Org Det..	1	0	0	1	100.0%
	CUSTODIAL	Retro Request	104	100	0	4	3.8%
		Routine - Initial Request	30	24	0	6	20.0%
	CUSTODIAL COVID	Routine - Initial Request	1	1	0	0	0.0%
	DME	Member Initiated Org Determi..	3	1	0	2	66.7%
		Member Initiated Org Determi..	1	0	0	1	100.0%
		Member Rep Initiated Org Det..	2	0	0	2	100.0%
		Member Rep Initiated Org Det..	1	1	0	0	0.0%
		Non Contracted Provider - Ro..	6	4	0	2	33.3%
		Non Contracted Provider - Urg..	1	0	0	1	100.0%
		Retro Request	19	7	0	12	63.2%
		Routine - Extended Service	2	1	0	1	50.0%
		Routine - Initial Request	234	141	0	93	39.7%
		Urgent - Extended Service	1	0	0	1	100.0%
		Urgent - Initial Request	28	10	0	18	64.3%
	HomeHealth	Member Initiated Org Determi..	2	0	0	2	100.0%
Member Rep Initiated Org Det..		1	1	0	0	0.0%	
Member Rep Initiated Org Det..		1	1	0	0	0.0%	
Non Contracted Provider - Urg..		17	3	0	14	82.4%	
Retro Request		18	10	0	8	44.4%	
Routine - Extended Service		8	3	0	5	62.5%	
Routine - Initial Request		6	4	0	2	33.3%	
Urgent - Extended Service		146	49	0	97	66.4%	
Urgent - Initial Request		185	90	0	95	51.4%	
HomeHealthGr	Retro Request	1	0	0	1	100.0%	
HOSPICE	Non Contracted Provider - Ret..	7	4	0	3	42.9%	
	Non Contracted Provider - Urg..	6	0	0	6	100.0%	
	Retro Request	1	1	0	0	0.0%	
Inpatient			3	3	0	0	0.0%
	Care Coordinator Initiated Org..	3	3	0	0	0.0%	
	Non Contracted Provider - Ro..	2	2	0	0	0.0%	
	Non Contracted Provider - Urg..	1	0	0	1	100.0%	
	Retro Request	3	2	0	1	33.3%	
	Routine - Extended Service	1	1	0	0	0.0%	
	Routine - Initial Request	522	492	0	30	5.7%	
	Urgent - Initial Request	25	20	0	5	20.0%	
InpatientAdmin	Routine - Initial Request	2	1	0	1	50.0%	
OP-BehavioralGr	Care Coordinator Initiated Org..	3	3	0	0	0.0%	
	Non Contracted Provider - Ro..	1	0	0	1	100.0%	
	Retro Request	2	2	0	0	0.0%	
OP-Behavioral	Care Coordinator Initiated Org..	3	1	0	2	66.7%	
	Member Initiated Org Determi..	1	0	0	1	100.0%	
	Retro Request	2	0	0	2	100.0%	
	Urgent – RN review; Expedite..	2	0	0	2	100.0%	
OPHospital	Member Initiated Org Determi..	9	3	0	6	66.7%	
	Member Initiated Org Determi..	6	4	0	2	33.3%	
	Member Rep Initiated Org Det..	4	0	0	4	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
Cal MediConnect	OPHospital	Non Contracted Provider - Ro..	14	6	0	8	57.1%
		Non Contracted Provider - Urg..	14	5	0	9	64.3%
		Retro Request	18	9	0	9	50.0%
		Routine - Extended Service	15	3	0	12	80.0%
		Routine - Initial Request	602	171	0	431	71.6%
		Urgent - Extended Service	3	0	0	3	100.0%
		Urgent - Initial Request	261	132	0	129	49.4%
OPHospitalGr	OPHospitalGr	Member Initiated Org Determi..	2	2	0	0	0.0%
		Member Rep Initiated Org Det..	2	0	0	2	100.0%
		Retro Request	6	1	0	5	83.3%
		Routine - Extended Service	11	6	0	5	45.5%
		Routine - Initial Request	145	61	0	84	57.9%
		Urgent - Extended Service	2	1	0	1	50.0%
		Urgent - Initial Request	44	33	0	11	25.0%
SkilledNursing	SkilledNursing	Member Rep Initiated Org Det..	1	0	0	1	100.0%
		Retro Request	5	4	0	1	20.0%
		Routine - Initial Request	17	12	0	5	29.4%
		Urgent - Initial Request	105	84	0	21	20.0%
Transportation	Transportation	Member Initiated Org Determi..	2	0	0	2	100.0%
		Member Rep Initiated Org Det..	4	0	0	4	100.0%
		Non Contracted Provider - Ro..	1	1	0	0	0.0%
		Routine - Extended Service	1	0	0	1	100.0%
		Routine - Initial Request	50	4	0	46	92.0%
<b>Grand Total</b>			<b>2,780</b>	<b>1,551</b>	<b>0</b>	<b>1,229</b>	<b>44.2%</b>

Auth Services Rendered by Month



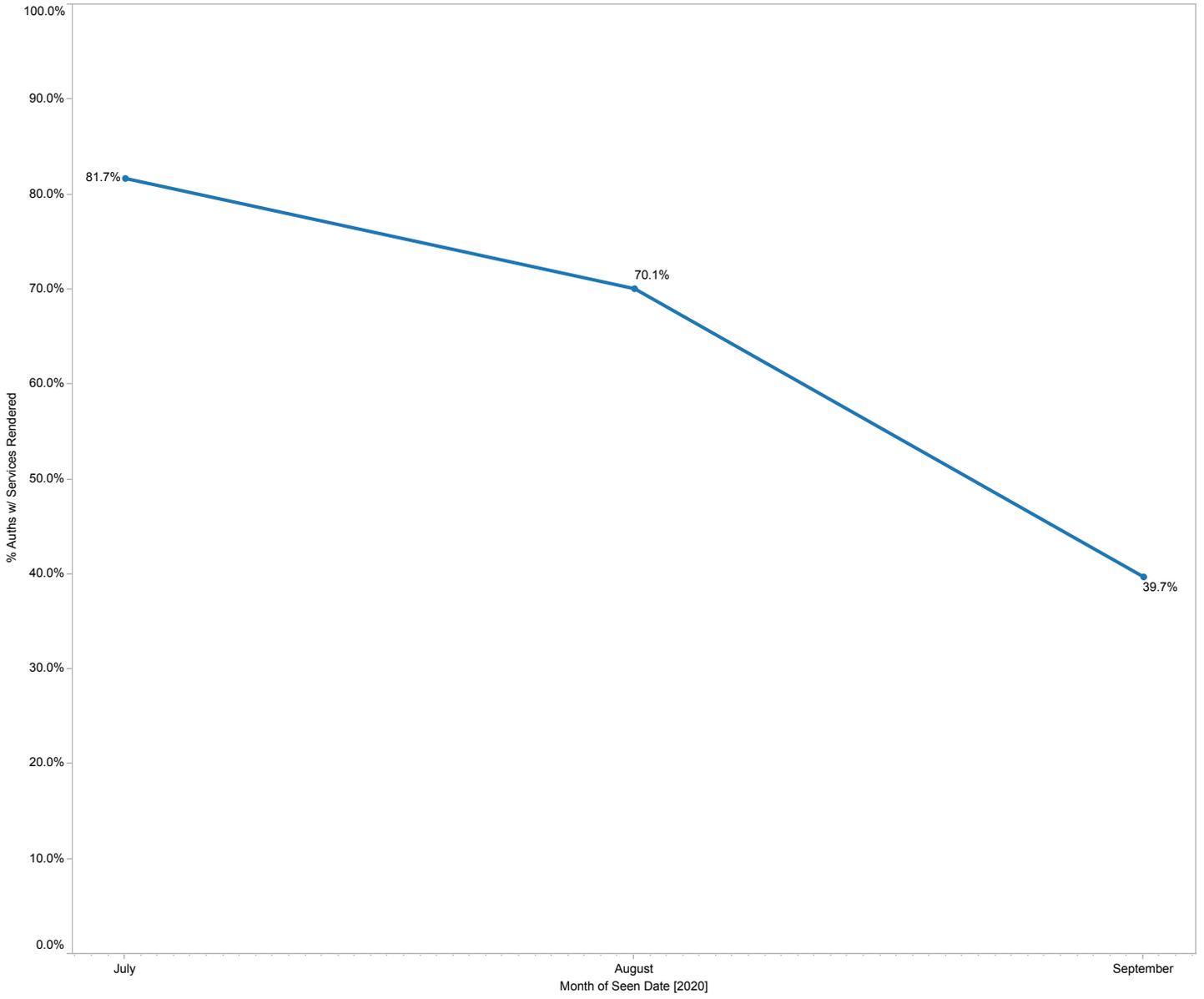
### Referral Tracking Report

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		1	0	0	1	100.0%
		Retro Request	99	89	0	10	10.1%
		Routine - Extended Service	64	56	0	8	12.5%
		Routine - Initial Request	4	4	0	0	0.0%
	CUSTODIAL	Retro Request	671	617	0	54	8.0%
		Routine - Initial Request	210	145	0	65	31.0%
	CUSTODIAL COVID	Retro Request	1	0	0	1	100.0%
	Dental	Routine - Initial Request	23	18	0	5	21.7%
		Urgent - Initial Request	7	2	0	5	71.4%
	DME	Non Contracted Provider - Ret..	23	18	0	5	21.7%
		Non Contracted Provider - Ro..	6	3	0	3	50.0%
		Retro Request	11	3	0	8	72.7%
		Routine - Extended Service	3	2	0	1	33.3%
		Routine - Initial Request	306	178	0	128	41.8%
		Urgent - Initial Request	30	25	0	5	16.7%
	HomeHealth	Non Contracted Provider - Ro..	1	1	0	0	0.0%
Non Contracted Provider - Urg..		2	1	0	1	50.0%	
Retro Request		6	2	0	4	66.7%	
Routine - Extended Service		4	0	0	4	100.0%	
Routine - Initial Request		2	0	0	2	100.0%	
Urgent - Extended Service		25	1	0	24	96.0%	
Urgent - Initial Request		38	9	0	29	76.3%	
HOSPICE	Non Contracted Provider - Ret..	14	9	0	5	35.7%	
	Non Contracted Provider - Ro..	4	2	0	2	50.0%	
	Non Contracted Provider - Urg..	7	1	0	6	85.7%	
	Retro Request	3	1	0	2	66.7%	
	Routine - Initial Request	1	1	0	0	0.0%	
Inpatient	Non Contracted Provider - Ro..	3	3	0	0	0.0%	
	Non Contracted Provider - Urg..	1	1	0	0	0.0%	
	Retro Request	6	6	0	0	0.0%	
	Routine - Initial Request	606	557	0	49	8.1%	
	Urgent - Initial Request	27	24	0	3	11.1%	
InpatientAdmin	Routine - Initial Request	2	1	0	1	50.0%	
OP-BehavioralGr	Non Contracted Provider - Ro..	25	16	0	9	36.0%	
	Retro Request	20	8	0	12	60.0%	
	Routine - Extended Service	159	108	0	51	32.1%	
	Routine - Initial Request	3	1	0	2	66.7%	
OP-Behavioral	Non Contracted Provider - Ro..	8	5	0	3	37.5%	
	Routine - Extended Service	7	3	0	4	57.1%	
	Routine - Initial Request	42	10	0	32	76.2%	
OPHospital		1	1	0	0	0.0%	
	Non Contracted Provider - Ret..	3	0	0	3	100.0%	
	Non Contracted Provider - Ro..	8	1	0	7	87.5%	
	Non Contracted Provider - Urg..	6	1	0	5	83.3%	
	Retro Request	35	20	0	15	42.9%	
	Routine - Extended Service	63	17	0	46	73.0%	
	Routine - Initial Request	392	142	0	250	63.8%	
	Urgent - Extended Service	9	4	0	5	55.6%	
	Urgent - Initial Request	187	96	0	91	48.7%	
OPHospitalGr	Retro Request	6	6	0	0	0.0%	

## Referral Tracking Report

LOB Rollup N..	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	OPHospitalGr	Routine - Extended Service	41	19	0	22	53.7%
		Routine - Initial Request	387	181	0	206	53.2%
		Urgent - Extended Service	8	3	0	5	62.5%
		Urgent - Initial Request	69	41	0	28	40.6%
	SkilledNursing	Retro Request	6	3	0	3	50.0%
		Routine - Initial Request	21	15	0	6	28.6%
		Urgent - Initial Request	61	55	0	6	9.8%
	Transportation	Non Contracted Provider - Ret..	1	1	0	0	0.0%
		Retro Request	42	39	0	3	7.1%
		Routine - Initial Request	324	89	0	235	72.5%
<b>Grand Total</b>			<b>4,145</b>	<b>2,665</b>	<b>0</b>	<b>1,480</b>	<b>35.7%</b>

Auth Services Rendered by Month





**Santa Clara Family  
Health Plan™**

**Quality Monitoring of Plan  
Authorizations and Denial Letters**

## Quality Monitoring of Denial Letters for HS.04.01 3rd 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 quarterly 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 3rd quarter of 2020 in order to assess for the following elements.

#### A. Quality Monitoring

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

### III. Findings

- A. For Q3, 2020, the dates of service and denials were pulled in October 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. 27% or 8/30 were expedited requests
      - 100% of the expedited authorizations are compliant with regulatory turnaround time of 72 calendar hours
      - 100% of the standard authorizations are compliant with regulatory turnaround time (5 business days for Medi-Cal LOB and 14 calendar days for CMC LOB / or 30 calendar days for retro)
    - d. 100% were medical denials.
    - e. 100% were denied by a Medical Director or Pharmacist
    - f. 100% or 30/30 were provided both member and provider notification.
    - g. 100% of the 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. 90% or 27/30 of the letters were readable and rationale for denial was provided.
      - The remaining three has issues of "too wordy, lacking detail, omission of type of request in denial (although avail in auth detail)".
    - 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 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 regular basis including these quarterly audits. Findings were reviewed by the Medical Director. The current process meets 90-100% of elements.



**Santa Clara Family  
Health Plan™**

**Behavioral Health**

# BEHAVIORAL HEALTH TREATMENT

## AUTHORIZATION STATUS\*

- 224 APPROVED AND CURRENTLY IN TREATMENT
- 21 APPROVED FOR TREATMENT, WAITING FOR PREFERRED TIME
- 5 APPROVED FOR TREATMENT BUT HAVE UNABLE TO REACH
- 35 IN TREATMENT IN 2020 UNDER LOA FOR NON-CONTRACTED PROVIDER

\*AS OF 9/24/2020

# BEHAVIORAL HEALTH TREATMENT

## NEW and PENDING PROVIDERS

Non-Contracted Providers	
Maxim Health Care Services	Contracted as of 7/1/2020
CARD	Contracted as of 7/1/2020
Roman Empire ABA	Contract pending credentialing
Center for Social Dynamics	Contract pending
Badoni Behavioral Services, LLC	Contract pending
Autism Interventionists	Contract pending

# BEHAVIORAL HEALTH

## UTILIZATION\*

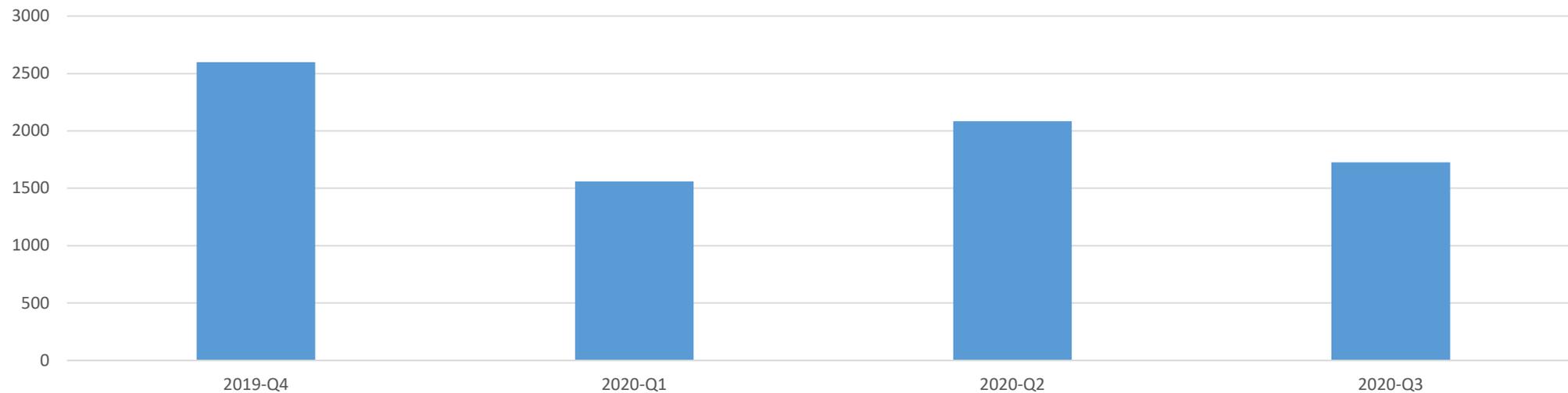
- 12 PSYCHIATRIC ADMISSIONS in Q3 (CMC ONLY)
- 12 TRANSITION OF CARE ASSESSMENTS COMPLETED

- \*AS OF 9/24/2020

# DEVELOPMENTAL SCREENS

COMPLETED SCREENS BY QUARTER: **7968**  
as of 10/5/2020

MCL Development Screening by Quarter



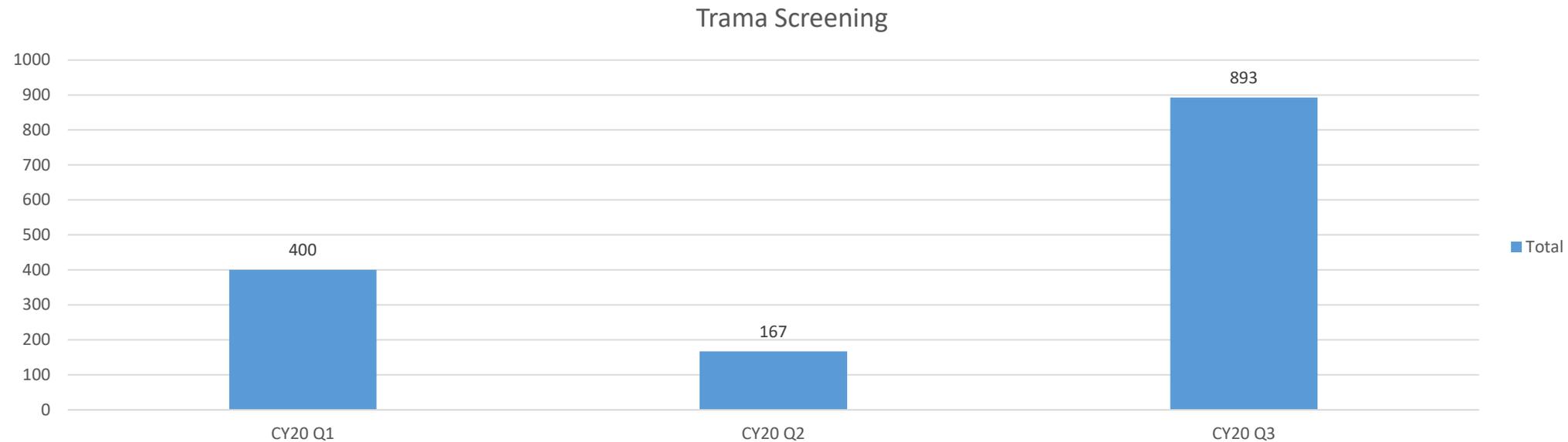
# DEVELOPMENTAL SCREENS

## SCREENS BY QUARTER as of 10/5/2020

<b>2019-Q4</b>	<b>2598</b>
<b>2019-Q1</b>	<b>1560</b>
<b>2020-Q2</b>	<b>2084</b>
<b>2020-Q3</b>	<b>1726</b>
<b>Grand Total</b>	<b>7968</b>

# TRAUMA SCREENS

COMPLETED SCREENS BY QUARTER: **1460**  
as of 10/5/2020





**Santa Clara Family  
Health Plan™**

**2021 Committee Calendar**

## JANUARY

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## APRIL

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

## JULY

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

## OCTOBER

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

## FEBRUARY

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28						

## MAY

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

## AUGUST

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

## NOVEMBER

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

## MARCH

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

## JUNE

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

## SEPTEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

## DECEMBER

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

Governing Board 12:00pm – 2:30pm	Quality Improvement Committee 6:30pm – 8:00pm
March 25	February 9
June 24	April 14
September 23	June 9
December 16	August 11
Executive/Finance Committee 11:30am – 1:30pm	October 13
	December 8
	Utilization Management Committee 6:00pm – 8:00pm
January 28	
February 25	
April 22	January 20
May 27	April 21
July 22	July 21
August 26	October 20
October 28	Credentialing Committee 12:15pm – 1:30pm
November 18	
Compliance Committee 1:30pm – 3:30pm	February 3
	April 7
February 25	June 2
May 27	August 4
August 26	October 6
November 18	December 1
Provider Advisory Council 12:15pm – 1:45 pm	Pharmacy & Therapeutics Committee 6:00pm-8:00pm
	March 18
February 10	June 17
May 12	September 16
August 10	December 16
November 10	
Consumer Advisory Committee (Medi-Cal) 6:00pm – 7:00pm	Consumer Advisory Board (CMC) 11:30am – 1:00pm
	March 4
March 9	June 3
June 8	September 2
September 14	September 2
December 14	December 2



**Santa Clara Family  
Health Plan™**

**Adjournment**