



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

Wednesday, April 20, 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, D.O., Head & Neck Surgeon
 Laurie Nakahira, D.O., Chief Medical Officer
 Habib Tobbagi, MD, PCP, Nephrology
 Indira Vemuri, MD, Pediatric Specialist

Staff Present

Christine Tomcala, Chief Executive Officer
 Dang Huynh, PharmD, Director, Pharmacy
 and Utilization Management
 Jessica Bautista, Manager, Community Based
 Case Management
 Luis Perez, Supervisor, Utilization
 Management
 Ashley Kerner, Manager, Administrative
 Services
 Robyn Esparza, Administrative Assistant
 Amy O'Brien, Administrative Assistant

1. Roll Call

Jimmy Lin, MD, Chair, called the meeting to order at 6:02 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 January 20, 2022 Utilization Management Committee (UMC) meeting were reviewed.

It was moved, seconded, and the minutes of the January 20, 2022 UMC meeting were unanimously approved.

Motion: Dr. Alkoraishi
Second: Dr. Nakahira
Ayes: Dr. Alkoraishi, Dr. Lin, Dr. Nakahira
Abstain: Dr. Tobbagi
Absent: Dr. Vemuri

4. CEO Update

Christine Tomcala, Chief Executive Officer, announced that the Plan successfully completed its National Committee for Quality Assurance (NCQA) accreditation renewal survey for the Cal MediConnect (CMC) Medicare product. Congratulations were offered to the medical management team and all staff members who ensured the audit was a success.

It was noted the Plan is actively preparing for implementation of a Dual Eligible Special Needs Plan (D-SNP). The D-SNP is a requirement of California Advancing and Innovating Medi-Cal (CalAIM), and it will replace the current CMC plan in 2023. The Plan's preparation includes, among other things, re-contracting with our provider network.

5. Chief Medical Officer Update

Dr. Laurie Nakahira, Chief Medical Officer, began with an update on the Department of Health Care Services (DHCS) audit. The audit took place over a 2 week period in March 2022. The Plan currently awaits the results of the audit. In addition, the Plan has begun preparation for next year's NCQA interim accreditation audit for our Medi-Cal (MC) line of business.

6. Old Business/Follow-Up Items

a. NCQA Cardiovascular Monitoring of People with Cardiovascular Disease and Schizophrenia

Dr. Huynh presented the summary of changes from Healthcare Effectiveness Data and Information Set (HEDIS) for Measure Year (MY) 2022. Dr. Huynh noted that members who receive hospice care anytime during the measurement year are excluded. The full data set will be reported to the NCQA. Please refer to the complete UMC agenda packet for the handout that outlines these changes.

7. UM Program Evaluation - 2021

Dr. Nakahira presented an overview of the UM Program Evaluation for 2021. The Program Evaluation pertains to both the Plan's CMC and MC lines of business. It is also necessary for NCQA MC accreditation purposes.

It was moved, seconded, and the UM Program Evaluation - 2021 was unanimously approved.

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

8. UM Work Plan - 2022

Dr. Nakahira presented an overview of the UM Work Plan for 2022. Dr. Nakahira advised that lines one through twenty-two are the standard measures used for prior years, and lines twenty-three and twenty-four were added to meet regulatory requirements.

It was moved, seconded, and the UM Work Plan - 2022 was unanimously approved.

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

9. Prior Authorization Grid for Medi-Cal and Dual SNP - 2023

Dr. Huynh presented an overview of the Prior Authorization Grid for Medi-Cal and Dual SNP for 2023. Currently, there are no changes for 2022. The UM department is in the process of updating the grid to reflect the implementation of the D-SNP in 2023. Revisions to the Prior Authorization Grid will be brought to either the July 2022 or October 2022 UMC meetings. The current grid was approved by the Pharmacy and Therapeutics committee during the January 2022 meeting.

It was moved, seconded, and the Prior Authorization Grid for Medi-Cal and Dual SNP - 2023 was unanimously approved.

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

10. UM 1B Annual Assessment of Senior Level Practitioners for NCQA - 2021

Dr. Nakahira presented an overview of the UM 1B Annual Assessment of Senior Level Practitioners for NCQA 2021 to the committee. This annual review occurs as a result of NCQA requirements. The assessment illustrates the Plan's activities related to oversight of senior level practitioners within their provider networks.

11. Delegation Oversight

Dr. Huynh gave an overview of the Plan's Delegation Oversight Program Description. Kaiser Permanente is excluded from this Program Description. Dr. Huynh's summary included some of the changes pending from North East Medical Services (NEMS), Valley Health Plan (VHP), Physicians' Medical Group of San Jose, and Premier Care of Northern California. Dr. Huynh explained that the Program Description is approximately 350 pages in length, and includes all of the UM Program Descriptions. During the annual review, the UM department will take a deeper dive into the Program Description and bring their findings and recommendations to the UMC at the end of the year. Please refer to the complete UMC agenda packet for the handouts that outline these Program Descriptions.

It was moved, seconded, and Delegation Oversight was unanimously approved.

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

12. Enhanced Care Management (ECM)

a. ECM Denial and Disenrollment Policy

Dr. Huynh gave a brief summary of the ECM Denial and Disenrollment Policy. The purpose of the policy is to clearly define the Plan's ECM Denial and Disenrollment process. The policy falls under the Quality Improvement department, but it is a UM function. Dr. Huynh explained that this process is similar to the prior authorization process. The main difference is that when an ECM member or beneficiary no longer meets the requirements, disenrollment occurs and the member or beneficiary is sent a notice of action.

b. ECM Care Coordinator Guidelines

Dr. Huynh next provided an overview of the ECM Care Coordinator Guidelines. These guidelines outline how members or beneficiaries meet the eligibility requirements for ECM. These guidelines are utilized by non-medical clinical staff members. In cases where it is deemed that a member or beneficiary no longer meets the criteria, a medical director reviews the case to determine if medical necessity still exists and they can remain in the ECM program.

It was moved, seconded, and the ECM Denial and Disenrollment Policy and the ECM Care Coordinator Guidelines were unanimously approved.

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

13. Reports

a. Membership

Dr. Nakahira gave a summary of the Membership Report from April 2021 through April 2022. The Plan's current CMC membership includes 10,333 members. The Plan's total MC membership includes 288,485 members. As of April 2022, our total membership includes 298,818 members.

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

Dr. Nakahira gave an overview of the UM objectives and goals. Dr. Nakahira advised that these metrics cover the period from April 1, 2021 through March 31, 2022. Dr. Nakahira gave a summary of the data for the Plan's MC SPD line of business. Dr. Nakahira then gave a summary of the data for the Plan's MC non-SPD line of business. She continued with her summary of the data for the Plan's CMC line of business.

Dr. Nakahira continued with a comparison of the inpatient and outpatient utilization rates for the Plan's MC non-SPD and SPD populations. Her summarization included the outpatient utilization rates for our MC SPD and non-SPD populations, and for our CMC population.

Dr. Nakahira discussed the inpatient readmissions rates for the MC line of business, and she included a comparison of the data from 2020 versus 2021. Next, she discussed the inpatient readmissions rates for our CMC line of business.

Dr. Tobbagi asked for a more detailed breakdown of the specific types of readmissions and their causes. Dr. Huynh replied that there could be several diagnoses that could lead to patients' readmissions. The UM department is developing a process which enables staff to share all hospitalization discharges and transfers with our provider networks on a timely basis. Dr. Huynh agreed that there should be a transparent process in place to notify providers when a patient is admitted to the hospital, along with the cause of admission. The UM department can put together some additional metrics, and/or conduct a random sampling of the causes of patients' readmissions, and bring these results to either the July 2022 or October 2022 UMC meeting.

Dr. Nakahira gave an overview of the ADHD MC BH metrics. The UM department hopes to increase the rankings in the category of 'Follow-up Care for Children Prescribed ADHD Medication' through increased follow-up measures and services, such as telehealth, primary care, and behavioral health care visits. The category of 'Antidepressant Medication Management' was on track for 2021. In the category of 'Cardiovascular Monitoring for People with Cardiovascular Disease & Schizophrenia' the 2021 ranking has shown improvement.

Dr. Huynh presented a summary of the discussion points from the UM department's medical deep dive meeting on April 7, 2022. Dr. Lin asked for the eligibility requirements for Community-Based Adult Services (CBAS). Dr. Huynh advised he will discuss the Department of Managed Health Care (DMHC) eligibility requirements with Dr. Lin in a separate discussion outside of this meeting. Dr. Huynh then gave an overview of the California Children's Services (CCS) Utilization Review, which was also a part of the deep dive discussion. Please refer to the complete UMC agenda packet for the handouts that address the specifics pertaining to these two topics.

c. Dashboard Metrics

- **Turn-Around Time – Q1 2022**

Dr. Huynh summarized the CMC and MC Turn-Around Time metrics for Q1 2022. The turn-around times in almost all categories are compliant at 98% or better, with many categories at 100%. Due to an IT glitch, however, approximately 750 letters were not mailed out on a timely basis and member notification was non-compliant. This is not reflected on the CMC and MC dashboards. Dr. Huynh advised that the updated numbers will be reviewed and brought to the July 2022 meeting.

d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q1 2022

Mr. Perez summarized the data from the Q1 2022 CMC and MC Quarterly Referral Tracking reports. Mr. Perez 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. Mr. Perez explained that these numbers are affected by claims lag times. The UM department regularly reviews authorizations where no services were rendered to determine why the members did not receive the services.



Dr. Lin asked why only 43.8% of authorized services were received in March 2022. Mr. Perez replied that the UM department will conduct some research and bring the results to the July 2022 meeting.

e. Cal MediConnect and Medi-Cal Annual Referral Tracking – 2021 Annual Assessment

Mr. Perez summarized the results of the CMC and MC Annual Referral Tracking Assessments for 2021. Mr. Perez explained the purpose of the annual 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. Mr. Perez explained that these numbers are affected by claims lag times.

f. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q1 2022

Dr. Huynh presented the results of the Quality Monitoring of Plan Authorizations and Denial Letters for Q1 2022. Dr. Huynh reported that 96% of the standard authorizations were compliant with regulatory turnaround times. There was one case that was completed on the 15th day rather than the 14th day, and the UM department is working to identify if this was due to user error or increased volume during that timeframe. All findings are reviewed on a quarterly basis, with oversight by the Plan's medical directors.

g. Behavioral Health (BH) UM

Dr. Huynh presented the BHT (Behavioral Health Treatment) program overview to the committee. Dr. Huynh highlighted the developmental and trauma screenings that were completed in 2021 and, so far, in Q1 2022. These screening numbers may be affected by a data lag. Dr. Huynh highlighted the CMC and MC BHT utilization rates for members in 2019, 2020, 2021, and currently for 2022. The number of BHT services for 2022 will increase as we progress through the year. These utilization rates include our CMC Unique Members. Kaiser Permanente and Palo Alto Medical Foundation (PAMF) continue to lead among our provider networks for the highest utilization rates from 2019 through Q1 2022.

Ms. Tomcala asked if the numbers for the MC Outpatient Mild to Moderate Unique Members would be better reflected as percentages. Dr. Huynh agreed, and a discussion ensued in regards to tracking the data for any members who have progressed from the mild to moderate stage to the severe stage. In addition, information on patients' actual diagnoses would help determine who should receive mild to moderate services versus who might qualify for more intensive services.

Dr. Huynh continued with his presentation. Dr. Lin would like to see the UM department take a deeper dive into why Valley Health Plan's numbers are so much higher than Kaiser's in the MC Outpatient Mild to Moderate Unique Members category. Dr. Huynh will do some research and bring the results to our July 2022 meeting.

Dr. Huynh concluded with his summary of the data for BHT per/1000 and BHT Unique Members for 2019, 2020, 2021, and thus far for 2022. Dr. Huynh will ensure all BHT data will be presented in a more digestible format for future UMC meetings.

14. Adjournment

The meeting adjourned at 7:40 p.m. The next meeting of the Utilization Management Commitment is on July 20, 2022 at 6:00 p.m.

DocuSigned by:

Dr. Jimmy Lin

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Jimmy Lin, M.D, Chair
Utilization Management Committee