



Regular Meeting of the

## **Santa Clara County Health Authority Utilization Management Committee**

Thursday, April 15, 2020 6:00 PM – 7:30 PM

Santa Clara Family Health Plan

# **MINUTES - Approved**

### **Members Present**

Ali Alkoraishi, MD, Psychiatry  
 Dung Van Cai, MD, OB/GYN  
 Ngon Hoang Dinh, DO, Head & Neck  
 Jimmy Lin, MD, Internal Medicine, Chairperson  
 Laurie Nakahira, DO, Chief Medical Officer  
 Indira Vemuri, Pediatric Specialist

### **Members Absent**

Dr. Habib Tobbagi, PCP, Nephrology

### **Staff Present**

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

## **1. Introduction**

Dr. Jimmy Lin, Chair, called the meeting to order at 6:00 p.m. Roll call was taken, and a quorum was established.

## **2. Public Comment**

There were no public comments.

## **3. Review and Approval of January 15, 2020 Meeting Minutes**

The minutes of the January 15, 2020 Utilization Management Committee meeting were reviewed.

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

**Motion:** Dr. Lin

**Second:** Dr. Cai

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

## **4. Chief Executive Officer Update**

Ms. Tomcala provided an update on the SCFHP response to COVID-19. To date, 96% of the SCFHP staff are working from home. Staff that remains onsite is only there to perform work that cannot be done from home. For contracted providers and covered healthcare services, the Prior Authorizations were suspended until April 30, 2020. We provided this break in order to decrease the administrative burden on our contracted

provider community (hospitals, doctors, and other required services). SCFHP continues to assess the number of providers seeing patients in their office in-person and via telehealth appointments. The primary focus of SCFHP is to ensure there is access to care for our members. Ms. Tomcala further advised that CalAIM has been delayed, although the Plan has no additional specifics to offer at this time.

## 5. Chief Medical Officer Update

### a. General Update

There is no general update to discuss this evening.

### b. COVID-19 Update

Dr. Nakahira began with a statement that both patients and staff members can access either the SCFHP crisis line or the behavioral health crisis line for assistance to cope with the stress of COVID-19. Dr. Nakahira summarized SCFHP's COVID-19 responses. As of April 15, 55 members were hospitalized with COVID-19 and 3 members are deceased. Call volume is down. The Nurse Advice Line now has a direct handoff to a telemedicine physician vendor for call transfer and consultations. SCFHP has also conducted outreach to our high-risk populations via outbound calls, robo-calls, and/or direct mail. Outreach efforts have been coordinated with our community-based case management or providers, including long-term support services and behavioral health. Dr. Nakahira summarized the Plan's efforts to respond to members' needs during this time. Dr. Nakahira also discussed the results of the Plan's outreach to SNF's and the number of diagnosed patients. Dr. Lin inquired about the impact of COVID on our SNF population. Dr. Nakahira advised that, in addition to COVID positive patients, there are also a few SNF staff members who have been diagnosed with COVID. Dr. Nakahira also shared the fact that HEDIS medical record review outreach has been temporarily suspended. For the Medi-Cal line of business, the vendor is only reviewing electronic records. Dr. Cai inquired as to how doctors handle patients and meet all the requirements if they are not in the office? Dr. Boris explained that the requirements are not defined by service type. Dr. Lin also shared that many requirements have been waived, such as the requirements for vaccines. Dr. Nakahira advised that, to date, there has been no guidance from the state on how to handle childhood immunizations during the outbreak. Dr. Alkoraishi directed the committee to the public health website for further data on the actual number of cases, hospitalizations, and deaths.

## 6. Old Business/Follow-Up Items

a. There is no old business to discuss this evening.

## 7. UM Program Evaluation

Dr. Boris presented the annual review of the UM Program Evaluation for 2020 to the Committee. The UM Program Evaluation is part of the requirements of the state, as well as NCQA. It is divided into Quality of Clinical Care and Quality of Service. The UM department successfully completed quality of clinical care related issues such as: current reporting; quality of inpatient care; readmissions; the UM Program Description; medical necessity criteria policy; and prior authorizations. The UM department successfully completed quality of service related issues such as prior authorizations and member and provider experiences.

**It was moved, seconded, and the UM Program Evaluation for 2020 was unanimously approved.**

**Motion:** Dr. Lin  
**Second:** Dr. Cai  
**Ayes:** Dr. Alkoraishi, Dr. Cai, Dr. Dinh, Dr. Lin, Dr. Nakahira, Dr. Vemuri

## 8. UM Work Plan

Dr. Boris presented the UM Work Plan which reflects requirements SCFHP will work to achieve by next year. The requirements are divided by quarter. Dr. Boris highlighted item #16 in the UM Work Plan: Monitor member and provider experience with the UM process through survey. This is an annual NCQA requirement. SCFHP will be conducting a member and provider satisfaction survey, specific to the UM process.

**It was moved, seconded, and the UM Work Plan for 2020 was unanimously approved.**

**Motion:** Dr. Lin  
**Second:** Dr. Cai  
**Ayes:** Dr. Alkoraishi, Dr. Cai, Dr. Dinh, Dr. Lin, Dr. Nakahira, Dr. Vemuri

## 9. Care Coordinator Guidelines

Mr. Perez presented an overview of the Care Coordinator Guidelines (CCG). Mr. Perez explained that Care Coordinators regularly select and review a number of prior authorization requests based upon these established guidelines. Care Coordinators can then approve covered medical services when all criteria are met. To that effect, Mr. Perez outlined the various categories of prior authorizations subject to review and approval. At this time, Dr. Lin inquired as to how many long-term care cases fall within the guidelines for review. Dr. Boris advised there are approximately 1,400 Medi-Cal members and approximately 400 Cal Medi-Connect members. Dr. Lin asked if there is any data available on the homeless population. Dr. Boris advised this data is not available at this time, and she will highlight LTC as a follow-up item in time for the next UM meeting. As Mr. Perez continued with his presentation, Dr. Lin inquired as to how often hearing aids can be replaced. Dr. Boris replied that members are eligible for hearing aid replacement every 2 years. Ms. McKelvey was then introduced, and she summarized the Behavioral Health Treatment (BHT) Care Coordinator guidelines.

Prior to approval of the CCG guidelines, Dr. Lin requested that the plan review all other local health plans in regards to the number of approved Home Health Initial requests (18 for SCFHP). Dr. Boris will bring this info to the next UM meeting. Dr. Boris asked Dr. Lin if he still wants to make a motion to approve the Care Coordinator Guidelines as they are, or defer this item to the next UM meeting. Dr. Lin stated he wants the Plan to follow-up on this issue and report on it during the July meeting, but he will also motion to approve the current Care Coordinator guidelines as presented.

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

**Motion:** Dr. Lin  
**Second:** Dr. Alkoraishi  
**Ayes:** Dr. Alkoraishi, Dr. Cai, Dr. Dinh, Dr. Lin, Dr. Nakahira, Dr. Vemuri

## 10. Reports

### a. Membership

Dr. Boris presented the membership report for April 2020. The Plan has 235,049 Medi-Cal members, and the Cal MediConnect line-of-business continues to grow with 8,725 members. The Plan has a total of 243,774 members. Dr. Boris gave a breakdown of the membership numbers per individual network plans, with the largest proportion of Medi-Cal members residing in the Valley Health Plan Network at 115,965 members.

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

Dr. Boris presented the Standard Utilization Metrics for the Committee for the period from January 1, 2019 through December 31, 2019. The purpose is to measure and compare the Plan's utilization levels against relevant industry benchmarks, and to monitor utilization trends amongst the Plan's membership. As a result, the Plan can analyze potential barriers and recognize opportunities for improvement to ensure high-quality care. Dr. Boris notified the committee that the UM metrics she presents will be implemented in the new HEDIS data platform towards the end of April, by which time all the numbers will be available. Dr. Boris reported the Medi-Cal inpatient readmissions rate and the Cal MediConnect inpatient readmissions rates as compared to the NCQA Medicare benchmarks. Dr. Boris gave an overview of the Frequency of Selected Procedures. Ms. McKelvey gave an overview of the ADHD Medi-Cal Behavioral Health Metrics, and she advised that there has been no significant change from the last meeting.

### **c. Dashboard Metrics**

- Turn-Around Time Q1 2020 – Mr. Perez summarized the turn-around times for Medi-Cal and Cal MediConnect. Mr. Perez advised the Committee that the UM team's turn-around times for authorizations, expedited authorizations, and decisions are timely and fall within at least the 97<sup>th</sup> percentile or better. Mr. Perez pointed out that in the area of Urgent Concurrent Review, where decisions must be rendered within 72 hours (new NCQA change), the UM team achieved a 100%. For the area of Retrospective Review, where a decision must be rendered within 30 calendar days, the UM team also achieved a 100%. Dr. Boris advised the Committee that, as of March 16, 2020, all UM staff moved offsite to continue operations and work from home. At the same time, all prior authorization requirements were suspended. The UM team continues to be as productive working from home as they were when working in the office. The Plan met its' goals for April, and Dr. Boris congratulated the UM staff.
- Call Center – Q1 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, there was less call volume in March, compared to January and February. For the Cal MediConnect line of business, there was less call volume in February and March, compared to January. The statistics show that the UM department has been able to increase the number of calls they take, with a higher rate of response and a lower rate of call abandonment. The average talk time continues to be approximately 2 minutes long.

### **d. Cal MediConnect and Medi-Cal Quarterly Referral Tracking – Q1 2020**

Dr. Boris next discussed the 'Q1 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. Cai inquired as to why the payment rate for transportation was so low. Dr. Boris replied that of the 275 authorizations the Plan approved, only 194 Claims were actually paid. Dr. Boris explained that the most likely reasons are either that the ride was cancelled, or the Claim is pending payment.

### **e. Quality Monitoring of Plan Authorizations and Denial Letters (HS.04.01) – Q1 2020**

Ms. Chen reviewed the results of the standard quarterly report on Quality Monitoring of Plan Authorizations and Denial Letters for the 1st quarter of 2020. Ms. Chen advised the Committee that the Plan analyzes a random sample of 30 total denial letters per quarter, which includes examination of all the elements the Plan is audited on. During this review process, 15 letters that were examined pertained to the Medi-Cal line of business, and the other 15 letters that were examined pertained to the Cal MediConnect line of business,

and 100% are denials. Ms. Chen gave a breakdown of the Plan's results with an emphasis on both member and provider notification. Dr. Lin inquired as to how many of these denial letters are in English versus multiple languages. Ms. Chen explained that the provider letters are in English, while members receive their denial letters in their threshold language.

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

Dr. Boris informed the Committee that, due to the current COVID-19 pandemic and the shelter-in-place order, the UM IRR testing was delayed; however, it will be completed in the upcoming quarter. The results will then be presented at the next UMC meeting held on July 15, 2020.

**g. Behavioral Health Utilization Management Reports**

Ms. McKelvey presented the Behavioral Health UM Reports to the Committee. Ms. McKelvey began with the Developmental Screening numbers for Q4 of 2019 and Q1 of 2020. She explained that the goal is to hit 5,000 screenings for the year. So far the number of screenings for Q4 of 2019 and Q1 2020 totals 1,903 screenings. Ms. McKelvey anticipates this number will increase as more Claims come in and are paid. Ms. McKelvey gave the Committee a breakdown of the number of members who are currently receiving Behavioral Health Services, and the number of members on the waiting list for services. Ms. McKelvey also gave the Committee members a breakdown of the Q1 Cal MediConnect psychiatric admissions and the number of transitions of care completed. For Medi-Cal Q1, Ms. McKelvey gave a breakdown of the number of mild to moderate referrals, and the number of members not connected to services. Ms. McKelvey's presentation to the Committee also included the number of Cal MediConnect members assigned to Case Management, and the number of Medi-Cal SPD members assigned/referred to Behavioral Health. Dr. Lin inquired as to whether or not most mild to moderate cases which require medication management are handled by family physicians. Ms. McKelvey responded that oftentimes this is true, especially for talk therapy.

**11. Adjournment**

The meeting adjourned at 7:12 p.m. The next UMC meeting is scheduled for Wednesday, July 15, 2020 at 6:00 p.m.

DocuSigned by:



12/30/2020

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Jimmy Lin, MD, Utilization Management Committee Chairperson