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Utilization Management Committee Meeting Minutes

August 25, 2023, 1:30 PM – 3:00 PM

Teams

Member Name and Title	Present	Member Name and Title	Present
Steve O'Brien, Chief Medical Officer	X	Jaymelee Chambers-Skondin, Manager, UM LTC	
Richard Golfin, Chief Compliance Officer		Jennifer Karmelich, Director, Quality Assurance	X
Tiffany Cheang, Chief Analytics Officer	X	Jorge Rosales, Manager, Case & Disease Management	X
Alma Pena, Sr. Manager, G&A	X	Judy Rosas, Sr. Manager, Member Services	
Amani Sattar, Executive Assistant	X	Julie Anne Miller, Senior Director, Health Care Services	X
Amy Stevenson, Clinical Manager, Enhanced Care Management	X	Kisha Gerena, Manager, Grievances & Appeals	
Annie Lam, Manager, Provider Services Call Center		Laura Grossman-Hicks, Sr. Director, BH Services	
Beverly Juan, Medical Director, Community Health	X	Lily Hunter, Director, Social Determinants of Health	
Brittany Nielsen, Executive Assistant		Linda Ayala, Director, Population Health & Equity	X
Carla Healy-London, Manager, Inpatient UM	X	Loc Tran, Manager, Access to Care	X
Cecilia Gomez, Sr. Manager, Provider Services		Marie Broadnax, Manager, Regulatory Affairs & Compliance	
Darryl Crowder, Director, Provider Relations and Contracting		Michelle Stott, Senior Director, Quality	X
Donna Carey, Medical Director, CM	X	Michelle Findlater, Director, Utilization Management	X
Farashta Zainal, Manager, Quality Improvement		Nancy Pun, Sr. Director, Analytics	a
Gia Degrano, Senior Director, Member Services		Peter Currie, Senior Director, Behavioral Health	X
Gil Duran, Manager, Population Health & Equity		Rosalia Mendoza, Medical Director, Utilization Management	
Grace St. Clair, Director, Compliance	X	Sanjay Bhatt, Senior Medical Director	
Helen Lee, Senior Director, Pharmacy Services	X	Sanja Bedi, Healthcare Services Specialist	X
Hope Desrochers, Manager, Outpatient UM	X	Stephen Williams, Supervisor, OP UM	X

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I. Call to Order/ Introductions	M. Findlater	The meeting was called to order by J. Miller at **1:30 pm**		
II. Review and Approval of minutes	M. Findlater	The UM Committee Minutes from **July 28, 2023,** were approved electronically by a quorum of the committee prior to the meeting.		**Approved via e-vote:** 7/31/23 – 8/4/23
III. Policies and Procedures	J. Miller	• CBAS-002 • CBAS-004 • UM-050 • UM-056	UMC PP Summary of Changes.pdf	
IV. Monitoring of UM Operational Activities **A. UM Program Metrics**	J. Miller	• **Inpatient Metrics** (data is for approved days, not paid days) ○ Admits/1000. ▪ April 2023 = 54.0 ▪ May 2023 = 51.8 ▪ June 2023 = 49.8	UM Metrics.pdf	

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		○ ALOS is steady ▪ April 2023 = 5.3 ▪ May 2023 = 5.7 ▪ June 2023 = 5.0 ○ Days/1000 ▪ April 2023 = 283.7 ▪ May 2023 = 297.1 ▪ June 2023 = 250.2 ○ Inpatient Denial Rates ▪ Alliance • Med/Sur, Maternity, SNF ▪ CHCN • Med/Sur, Maternity, Rehab ▪ CFMH • Med/Surg ○ Inpatient Denial Reasons ▪ Not Medically Necessary • Highland • ABSMC • San Leandro Hospital ▪ Member Not Eligible • Highland • UCSF • San Leandro Hospital		

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		○ Outpatient Denial Rates ▪ Alliance • Consultation, Diagnostic Xray, Hospital OP ▪ CHCN • Hospital OP, Professional Services, Consultation ▪ CFMG • Orthotics & Prosthetics, DME/Supplies, Hospital OP ○ Outpatient Denial Reasons ▪ OON • Stanford Health • Sutter West Bay • Bay Childrens Physicians ▪ Not Medically Necessary • Silicon Valley • Apollo Home • NorCal Imaging		
i.Case Management Report **a. HRA / HIFMET**	J. Rosales	• CM Case Volume ○ Decrease in Complex Cases ○ Increase in Care Coordination Cases ○ Decrease in Transitions of Care (TOC) Cases	CM Report.pdf	

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		• Internal CCM Audit ○ Results of DCHS audit from 2021 ▪ Monitoring frequency continues weekly ▪ Quarterly audits align better with case timelines ▪ Direct and specific concurrent feedback continues ○ Q2 Audit Results ▪ Assessment Factors = 91% ▪ Care Plan Factors = 85% ▪ Incorporate refresher on including barriers and goal prioritization in care plans. • HRA / HIFMET ○ Productivity is on target and monitoring will continue to ensure that TATs are met ○ HRA (SPD annual questionnaire) ▪ Outreach • Low-Risk calls are 100% completed • High Risk calls are 100% completed ▪ TruCare • April = 87 total • May = 114 total • June = 497 total		

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		○ HIF/MET (questionnaire for new enrollees) ▪ Outreach • 100% complete ▪ Input of HIF/MET into TruCare • April = 477 total • May = 371 total • June = 281 total		
ii.Out of Network	M. Findlater	• Authorization Volume ○ Total Volume 1,408 Authorizations ○ Highest OON use is Acute Inpatient Hospitals ▪ Total = 508 ▪ Kaiser = 135 ▪ Sutter Facilities = 127 ○ CHCN is using an incorrect NPI for the AHS Radiology which accounts for 236 auths • There is a higher utilization of urgent auths than routine • Total Denials = 131	OON.pdf	
B. Specialty Referrals	H. Desrochers	• Specialty Services Utilization ○ Approved Auths = 277 ○ Denied Auths = 12 ○ Partial Approval = 2 • Top three providers ○ UCSF ○ Stanford ○ AHS	Specialty Referrals.pdf	

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		• Professional Services Denials Reasons ○ Non-contracted ○ TQ not met ○ OON ○ Eligibility		
C. Standing Referral DHCS 3.4.1	H. Desrochers	• DHCS CAP ○ The Standing Referral CAP issues in 2021 was because Alliance did not successfully ensure standing referral determinations and processing were made within the required timeframes. • Criteria for Standing Referral ○ Enrollees require specialized medical care over a prolonged period ○ Have life-threatening, degenerative or disabling condition requiring a specialist or specialty care center ○ Only pertains to professional services that require PA ○ Must be part of a defined treatment plan outlining diagnosis, proposed treatment, frequency and duration ○ SR may be up to one year maximum • For 2023, Alliance has had one standing referral in July 2023. The SR was in BH for autism	Standing Referral DHCS.pdf	
D. Dental Anesthesia DHCS 1.2.2	H. Desrochers	• Number of requests for Non-DD Adults = 14 • Number of approvals for Non-DD Adults = 14 • Number of requests for Non-DD Children = 126 • Number of approvals for Non-DD Children = 126	Dental Anesthesia DHCS_Q2.pdf	

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		• Number of requests for DD Adults = 0 • Number of approvals for DD Adults = 0 • Number of requests for DD Children = 2 • Number of approvals for DD Children = 2		
V. Activities to Improve Member Experience **A. G&A Report**	J. Karmelich	• IHSS ○ Total Appeal Cases Q2 = 12 ▪ There were 10 appeals initially denied for medical necessity • 5 Overturned/Approved • 4 Upheld/Denied • 1 Partial Overturned/Approved ▪ There was 1 appeal initially denied for Coverage Disputes • 1 Upheld/Denied ▪ There was 1 appeal initially denied for Out-of-Network • 1 Overturned/Approved ▪ The overall overturn rate was 50% which is NOT within our goal of 25.0% or below	GA Report_IHSS_Q2.pdf GA Report_MCAL_Q2.pdf	

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		• MCAL
		  • Total Appeal Cases Q2 = 79
		  ○ There were 41 appeals initially denied for medical necessity
		  ▪ 1 partially overturned/approved
		  ▪ 9 overturned/approved all based on medical necessity
		  ▪ 31 Upheld/Denied
		  ○ There were 35 appeals initially denied for out-of-network request
		  ▪ 1 partially overturned/approved
		  ▪ 3 overturned/approved
		  ▪ 31 Upheld/Denied
		  ○ There were 3 appeals initially denied for not being a covered benefit
		  ▪ 1 overturned/approved
		  ▪ 2 Upheld/Denied
		  ○ Overturn Rate
		  ▪ Appeals - 13 out of 79 were overturned resulting in a 17.0% overturn rate.
		  ▪ The overall overturn rate was within our goal of 25.0% or below.
		  ○ Recommendation: overturned appeals are presented during our bi-weekly medical director meeting for review and discussion.		

VI. Adjournment	M. Findlater	The meeting was adjourned at **2:40 pm**		**Next Meeting:** September 29, 2023 at 1:30 PM

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Meeting Minutes submitted by: DocuSigned by: Amani Sattar 1515265B2F7F4DC... **Date:** 08/31/2023

Amani Sattar,
EA to the CMO

Approved by: DocuSigned by: Julie Anne Miller 84CC3EB71064405... **Date:** 08/31/2023

Julie Anne Miller,
Director, Health Care Services

Approved by: DocuSigned by: Michelle Findlater 2805A9F688BD4C4... **Date:** 08/31/2023

Michelle Findlater
Senior Director, Utilization Management

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