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Utilization Management Committee Meeting Minutes
October 27, 2023, 1:30 PM – 3:00 PM
Teams

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

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I. Call to Order/ Introductions	R. Mendoza, MD J. Miller	The meeting was called to order by J. Miller at **1:30 pm**		
II. Policies and Procedures	R. Mendoza	• UM-069	PP Summary of Changes.pdf	**Vote to Approve:** None opposed: The policies will be finalized as approved and moved forward to QIHEC
III. Monitoring of UM Operational Activities **A. LTC Program Description**	M. Findlater	• Reviewed changed made to the LTC Program Description	LTC Program Description Update.pdf	CMO to review before sending to QIHEC
B. Internal Audit: NOAs	H. Desrochers C. Healy-London	• **Outpatient** ○ Overall Scores ▪ Q2 2023 • UM Overall Score = 99% • Routine Timeliness Score = 100% • Expedited Timeliness Score = 100%	NOA_OP UM_Q2.pdf	

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		• Review Elements Score = 98%
		• NOA Review Score = 100%
		
		• **Inpatient**
		  ○ Overall Scores
		  ▪ Q2 2023
		  • IP NOA Audit = 94%
		  • Timeliness Score = 100%
		  • File Review Score = 93%
		  ▪ Q3 2023
		  • IP NOA Audit = 96%
		  • Timeliness Score = 93%
		  • File Review Score = 97%
			NOA_IP UM_Q3.pdf	

C. Referral Management	H. Desrochers	• Total Number of OP Authorization in 2023 = 34,543
		  ○ The highest number of authorizations occurred in March = 4,408
		
		  ○ Top three OP Authorization services
		  ▪ Radiology = 8,479
		  ▪ OP Rehabilitation = 7,078
		  ▪ Home Health Care = 2,760
		
		  ○ Referrals Approved = 97%
		  ▪ 9,949 vs 10,302
		
		  ○ Referrals Denied = 3%
		  ▪ 353 vs 10,302
			Referral Management.pdf	

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D. CBAS	H. Desrochers	• Q3 2023 ○ There were 30 CBAS Requests with 86% of the members eligible to receive CBAS ▪ TAT remains at 100% ▪ Members that left CBAS = 17 ○ CBAS ERS ▪ Total cases for Q3 = 47 • Members who stopped ERS = 29 • Reasons why members stopped ERS ○ Member chose to leave CBAS = 23 ○ Member deceased = 4 ○ LTC Placement = 3 ○ CBAS Reassessments are up by 23% from Q2 ▪ Q2 Total Reassessments = 130 ▪ Q3 Total Reassessments = 168	CBAS.pdf	
E. Standing Referrals	H. Desrochers	• DHCS Requirement ○ The Alliance is required to provide standing referrals to specialists for enrollees who require continuing specialized medical care over a prolonged period of time as part of ongoing ambulatory care or due to a life-threatening, degenerative, or disabling condition. • DHCS CAP ○ The Standing Referral CAP issued by DHCS in 2021 was because Alliance did not successfully ensure standing referral determinations and processing were made within the required timeframes.	Standing Referral_DHCS.pdf	

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		• As of now, for August and September 2023, Alliance has had no standing referrals.		
F. ER Metrics	R. Mendoza	• Top 3 Diagnosis from ER visits ○ Acute UP Respiratory Infection ○ Chest Pain (unspecified) ○ Headached (unspecified) • Top 3 ER Visits by Aid Category ○ MC ACA OE-MCAL Only ○ MC SPD ○ MC Adult • Next Steps ○ Review SDOH and PCP ○ Understand how higher ED Utilizers differ by SDOH, PCP and conditions. ○ Explore ED Diversion CM/ PHM strategies underway	ER Metrics.pdf	
G. High Utilizer	R. Mendoza	• The top 9.9% of Members contribute to 87% of costs ○ 25.0% of members are SPDs (30.7% of costs) ○ 33.3% of members are ACA OE (33.3% of costs) ○ 5.4% of members disenrolled as of June 2023 (9.0% of cost) • Top 3 Hight Utilizer costs for the top 5% of Members ○ Inpatient Costs ○ Pharmacy Costs ○ Outpatient Costs	UMC High Utilizer.pdf	

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		• Utilizer vs Non-Utilizers
		  ○ High Utilizers make up 66% of total utilization compared to non-utilizers
		  ○ Non-Utilizers are predominantly among CHCN (33%), AHS (25%) and Alliance (22%) members
		
		• Complex Case Members = 63
		  ○ ECM Members = 4,245
		  ○ Since May, CCM has increased 9+ and ECM has increased by 2,767+		

H. Under Utilization	R. Mendoza	• There were no authorizations for MidCycle
		
		• Total of Unused Authorization = 449
		
		• Top 3 Unused Authorization by Specialty in Q3
		  ○ Urologist
		  ○ Otolaryngologist
		  ○ Orthopaedic Specialist
		
		• UCSF has the highest unused authorizations by affiliations in Q3
		
		• No Cost Utilization
		  ○ Greatest contribution to no cost utilization is from CHCN, where 53% are males and 47% are females.
		  ○ Greatest population with No Cost Utilization are members between the ages 30-44 years old.
			UMC Under Utilization.pdf	

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I. Compliance Activity: FWA, Audits and APL Updates	G. St Clair	• FWA ○ Total Cases in Q3 = 19 ▪ Member Fraud = 13 ▪ Provider Billing = 6 • HIPAA / Privacy Incidents ○ Total Cases in Q3 = 59 ▪ This is a 64% increase from Q2 ▪ Two referrals required reporting to DHCS • HIPAA Cases by Type ○ Unsecured Emails = 16 ○ Paper = 4 ○ Other electronic = 6 ○ Other format = 33 • Referrals to Compliance ○ Total = 59 ▪ Within 24 hrs = 36 ▪ Outside 24 hrs = 23 • Discrimination and Special Cases ○ Total for Q3 = 38 ▪ The caseload is higher than this time last year (we had five KP cases in the third quarter)	Compliance Report.pdf	
J. Long Term Care	J. Chambers-Skondin	• Member Volume and Demographics ○ Total members = 1,760 ▪ The greatest contribution of members are from the 65+ category where 53% are females. ▪ Most members from from Oakland, Hayward and Fremont	LTC.pdf	

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		▪ The majority of these members fall in the Black, Other and Other Asian ethnicity group. • LTC Facilities ○ In Networks = 1,638 ○ Out of Network = 122 • Inpatient Utilization ○ Admissions = 554 ○ Days = 3,834 ○ Readmissions = 129 • ED Utilization ○ ER Visits = 515 ▪ There has been an overall increases in OON ER visits from May 2023 ▪ The highest ER visits are driven by Alliance members = 98% ▪ The facility with the highest ER visits is Eden = 116 • Admission Type (Level of Urgency for LTC Authrozations) ○ Total = 2,188 ▪ Elective = 1,645 ▪ Routine = 468 ▪ Urgent = 41 ▪ Retro = 34 • Bedholds ○ Total number of members = 308 ▪ There is a steady increase in the number of members with bed holds between 60 – 70 per month.		

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IV. Activities to Improve Member Experience **A. Case Management Report**	J. Rosales	• Quarterly Evaluation Update ○ There is an increase in internal report due to upgrade of high-risk stratification algorithm • Unable to Reach ○ Transition of Care ○ Range of UATR: 21-25% ○ Complex Range of UATR: 0% ○ Care Coordination Range of UATR 19-20%	Case Management Report.pdf	
B. DUR Report	H. Lee	• Q3 Total ○ July = 223 ○ August = 228 ○ September = 203	DUR Report_Q3.pdf	
V. Adjournment	J. Miller	The meeting was adjourned at **3:00 pm**		**Next Meeting:** December 8, 2023 at 2:00 PM

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Meeting Minutes submitted by: DocuSigned by: Amani Sattar 1515265B2F7F4DC... **Date:** 11/02/2023

Amani Sattar,
EA to the CMO

Approved by: DocuSigned by: Julie Anne Miller 84CC3EB71064405... **Date:** 11/02/2023

Julie Anne Miller,
Director, Health Care Services

Approved by: DocuSigned by: Rosalia Allan Mendoza, MD 39B79088420042E... **Date:** 11/03/2023

Rosalia Mendoza, MD
Medical Director, Utilization Management

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