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# Utilization Management Committee Meeting Minutes

## August 30, 2024, 1:30 PM – 3:00 PM

## Teams

| Member Name and Title | Present | Member Name and Title | Present |
|---|---|---|---|
| Donna Carey, Chief Medical Officer | X | Jorge Rosales, Manager, Case & Disease Management | |
| Richard Golfin, Chief Compliance Officer | | Judy Rosas, Sr. Manager, Member Services | |
| Tiffany Cheang, Chief Analytics Officer | | Karen Marin, Manager, Long Term Care | X |
| Allison Lam, Senior Director, Health Care Services | X | Katherine Goodwin, Supervisor, Health Plan Audits | |
| Alma Pena, Sr. Manager, G&A | | Kimberly Glasby, Director, Long Term Services & Supports | X |
| Amani Sattar, Executive Assistant | X | Kisha Gerena, Manager, Grievances & Appeals | |
| Andrea DeRochi, Manager, Behavioral Health | X | Laura Grossman-Hicks, Sr. Director, BH Services | |
| Annie Lam, Manager, Provider Services Call Center | | Lily Hunter, Director, Social Determinants of Health | X |
| Benita Ochoa, Lead Pharmacy Tech | | Linda Ayala, Director, Population Health & Equity | X |
| Beverly Juan, Medical Director, Community Health | X | Lisha Reamer-Robinson, Manager, Compliance Audits & Investigation | X |
| Brittany Nielsen, Executive Assistant | | Loc Tran, Manager, Access to Care | |
| Carla Healy-London, Manager, Inpatient UM | X | Marie Broadnax, Manager, Regulatory Affairs & Compliance | |
| Cecilia Gomez, Sr. Manager, Provider Services | | Michelle Findlater, Director, Utilization Management | X |
| Darryl Crowder, Director, Provider Relations and Contracting | | Michelle Stott, Senior Director, Quality | X |
| Daphne Lo, Medical Director, LTSS | X | Nancy Pun, Sr. Director, Analytics | |
| Farashta Zainal, Manager, Quality Improvement | | Peter Currie, Senior Director, Behavioral Health | X |
| Gia Degrano, Senior Director, Member Services | X | Rahel Negash, Pharmacy Supervisor | |
| Gil Duran, Manager, Population Health & Equity | | Rosalia Mendoza, Medical Director, Utilization Management | X |
| Heather Wanket, Clinical Manager, ECM | X | Sanjay Bhatt, Senior Medical Director | X |
| Hope Desrochers, Manager, Outpatient UM | X | Sanya Grewal, Healthcare Services Specialist | X |
| Jennifer Karmelich, Director, Quality Assurance | | Stephen Williams, Supervisor, OP UM | X |

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| **I. Call to Order/ Introductions** | A. Lam<br>R. Mendoza | The meeting was called to order by Allison Lam at **1:30 pm** | | |
| **II. Review and Approval of minutes** | A. Lam<br>R. Mendoza | The UM Committee Minutes from **July 26, 2024** were approved electronically by a quorum of the committee prior to the meeting. | UMC_Meeting Minutes_7.26.24.pdf | **Approved via e-vote:**<br>7/29/24 – 7/31/24 |
| **III. Policies and Procedures** | All | • CM-009<br>• CM-010<br>• CM-011<br>• CM-013<br>• CM-014<br>• CM-016<br>• CM-018<br>• UM-003<br>• UM-016<br>• UM-030<br>• UM-035<br>• UM-047<br>• UM-054 | UMC PP Summary of Changes_8.30.24.pdf | **Vote to Approve:**<br>None opposed: The policies will be finalized as approved and moved forward to QIHEC |

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| | | • UM-063<br>• UM-070 | | |
| **IV. Monitoring of UM Operational Activities**<br>**A. UMC Charter Review** | A. Lam | • UMC Charter Review | UM Committee Charter_REDLINE_8.30<br>UM Committee Charter_FINAL_8.30.20 | **Vote to Approve:**<br>Approved |
| **B. Denial System Controls Monitoring** | M. Findlater | • The Audit Period is from January 1, 2023 –December 31, 2023.<br>• Total Count of UM Denials is 4,402.<br>• Audit Result: No inappropriate modifications to receipt dates.<br>• Next annual audit will be conducted in 2025 (for date range: 1/1/2024 – 12/31/2024). | Denial Systems Controls.pdf | |
| **C. Internal Audit: IP NOA's,** | C. Healy-London | • NOA Audit Scores for Q2 2024<br>• IP NOA Audit Overall Score = 100%<br>• Timeliness Score = 100%<br>• File Review Score = 100% | NOA_IP.pdf | |
| **D. TAT: OP, IP, BH, Rx** | H. Desrochers<br>C. Healy-London<br>A. DeRochi<br>T. Tong | • **Outpatient**<br>○ OP Authorization Volume<br>▪ Q1 = 4,242<br>▪ Q2 = 4,089<br>○ OP Authorization TAT<br>▪ Q1 Overall = 100%<br>▪ Q2 Overall = 100% | TAT_OP.pdf | |

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| | | • **Inpatient**<br>○ IP Authorization Volume<br>▪ Q1 = 2,682<br>▪ Q2 = 2,125<br>○ IP Authorization TAT<br>▪ Q1 Overall = 97%<br>▪ Q2 Overall = 97%<br><br>• **Behavioral Health**<br>○ BH Authorization Volume<br>▪ Q1 = 1,401<br>▪ Q2 = 1,391<br>○ BH TAT<br>▪ On April 16, 2024, the IT department automated letter generation for approved authorizations in the Provider Portal, resolving a previous delay. This change resulted in a 22% increase in timely notifications from April to May, with continued improvement.<br>• **Rx**<br>○ Medi-Cal TAT<br>▪ April 2024 = 99.7%<br>▪ May 2024 = 98.6%<br>▪ June 2024 = 98.6%<br>○ IHSS TAT<br>▪ April 2024 = 100%<br>▪ May 2024 = 100%<br>▪ June 2024 = 100% | TAT_BH.pdf<br><br>TAT_IP.pdf<br><br>Rx.pdf | |

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| **E. Long Term Care** | K. Glasby | • **Membership**<br>○ Q1 = 2,692<br>○ Q2 = 2,604<br>▪ A census clean up and intense CM/SW management occurred in Q1, therefore Q2 is showing a decrease in membership compared to Q1.<br>• **TAT**<br>○ Q1 = 96%<br>○ Q2 = 97%<br>▪ April 2024 recorded the highest TAT at 98%, showcasing the peak of performance within the observed period.<br>• **Admissions Q2**<br>○ The ALOS continued to decrease with a quarterly average of 6.6days<br>○ The admits also showed a decreasing trend with a quarterly average of 122admits.<br>○ The days continued to decrease with a quarterly average of 816days.<br>○ Although data shows a decrease overall in admissions, ALOS and days; there is a 180 day data lag as well as the inability to capture duals that admit to an acute facility.<br>• **INN vs OON**<br>○ Both Q1 and Q2 2024 show a decreasing trend in INN admissions<br>○ OON admissions also show a consistent decrease from January to June 2024 | LTC Metrics.pdf | |

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| | | • **Emergency Room**<br>• Overall, there is a decreasing trend in ER visits from Q1 2024 (186) to Q2 2024 (152).<br><br>• **LTC Discharge to LLC**<br>  ○ The discharges to Assisted Living have remained stable over both quarters<br>  ○ The number of discharges to Board & Care fluctuated more in Q1, peaking in February, and then stabilized at a lower level in Q2.<br>  ○ Home Discharges to Home showed significant month-to-month variability in both quarters, with a notable drop in June.<br>  ○ There was a peak in March (12) followed by a decrease in June (4) for Home w/ Home Health. | | |
| **V. Activities to Improve Member Experience**<br>**A. Case Management Report** | L. Hunter | • Complex case decreases as TCS volume increases.<br>• Care coordination cases are at baseline.<br>• Increase in Transitional Care Services Cases<br>• CCM audit results showing improvement.<br><br>• Quarterly Evaluation Update<br>  ○ Referral sources at baseline.<br>  ○ Majority of referrals are from internal report (ADT) feed related to TCS.<br>  ▪ Unable to Reach<br>  • Overall UTR Rate Decrease for Care Coordination Cases<br>  • UTR Rate Increase for TCS Cases | CM.pdf | |

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| | | | | |
| **VI. Adjournment** | A. Lam | The meeting was adjourned at **2:32 pm** | | **Next Meeting:** September 27, 2024 at 1:30 PM |

**Meeting Minutes submitted by:** DocuSigned by: Amani Sattar 1515265B2F7F4DC... **Date:** 09/05/2024 | 12:05 PM PDT
Amani Sattar,
EA to the CMO

**Approved by:** DocuSigned by: Allison Lam 8E7713C4669F403... **Date:** 09/05/2024 | 12:58 PM PDT
Allison Lam,
Sr. Director, Health Care Services

**Approved by:** DocuSigned by: Rosalia Allan Mendoza, MD 39B79088420042E... **Date:** 09/05/2024 | 1:27 PM PDT
Rosalia Mendoza, MD
Medical Director, Utilization Management

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