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# Utilization Management Committee Meeting Minutes

## September 27, 2024, 1:30 PM – 3:00 PM

## Teams

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

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| **I. Call to Order/ Introductions** | A. Lam | The meeting was called to order by Allison Lam at **1:30 pm** | | |
| **II. Review and Approval of minutes** | A. Lam | The UM Committee Minutes from **August 30, 2024** were approved electronically by a quorum of the committee prior to the meeting. | UMC_Meeting_Minutes_8.30.24.docx.pdf | **Approved via e-vote:** 9/5/24 – 9/6/24 |
| **III. Policies and Procedures** | All | • CBAS-001<br>• UM-016<br>• UM-033<br>• UM-053<br>• UM-055 | UMC PP Summary of Changes_9.27.24.pdf | **Vote to Approve:** None opposed: The policies will be finalized as approved and moved forward to QIHEC |
| **IV. UM Committee Charter** | A. Lam | • See redline version for changes | UM Committee Charter_REDLINE.pdf<br>UM Committee Charter.pdf | **Vote to Approve:** None opposed |

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| **V. Monitoring of UM Operational Activities**<br>**A. Use of Board-Certified Consultants** | A. Lam | • New document outlining the Use of Board-Certified Consultants & AMR | Use of Board Certified Consultants.p | **Vote to Approve:**<br>None opposed |
| **B. Referral Management** | M. Findlater<br>R. Mendoza | • **Volume of Outpatient Authorizations**<br>○ Q1 2024 = 5,988<br>○ Q2 2024 = 5,411<br>▪ This represents a 9.1% decreasefrom Q1 to Q2<br>○ 2023 (Q1 & Q2) = 11,042<br>○ 2024 (Q1 & Q2) = 14,413<br>▪ This represents a 57.6% increase compared to the 2023 average<br><br>• **Alliance Network: Approvals and Denials**<br>○ Approvals in OP Authorizations (Alliance)<br>▪ Q1 2023 to Q1 2024: The approval rate decreased by -1.05%<br>▪ Q2 2023 to Q2 2024: The approval rate increased by +1.05%<br>○ Denials in OP Authorizations (Alliance)<br>▪ Q1 2023 to Q1 2024: The approval rate decreased by +21%<br>▪ Q2 2023 to Q2 2024: The approval rate increased by -17% | Referral Management.pdf | |

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| | | • **Delegate Outpatient Authorizations**<br>○ Approvals in OP Authorizations (Delegate)<br>▪ Approval Rates for CHCN and CFMG was consistent in both the first and second quarters of 2023 & 2024 with approvals rates >95%<br>○ Denials in OP Authorizations (Delegate)<br>▪ In 2024, CHCN denial rates began lower, at 3.6% in Q1, and continued to decrease more significantly to 3.1% in Q2.<br>▪ In 2024, the CFMG denial rate started lower at 0.8% in Q1 but saw a sharp rise to 1.1% in Q2 | | |
| **C. Specialty Referrals** | M. Findlater<br>R. Mendoza | • **Specialty Services Utilization Approvals (Q1 – Q2)**<br>○ Acupuncture has an average of 10 approvals<br>○ Chiropractic has an average of 5 approvals<br>○ Podiatry has an average of 71 approvals<br>○ Palliative Care has an average of 9 approvals<br>○ Transplant Evaluation has an average of 53 approvals<br><br>• **Specialty Services Utilization Denials**<br>○ Acupuncture has an average of 2 denials<br>○ Chiropractic has an average of 1 denial<br>○ Podiatry has an average of 3 denials<br>○ Transplant Evaluation has an average of 1 denial<br>○ Palliative Care has an average of 1 denial | Specialty Referrals.pdf | |

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| | | • **Specialty Services Utilization Denials by Top Diagnoses**<br>  ○ Acupuncture: Chronic pain conditions (e.g., lower back pain)<br>  ○ Chiropractic: Spinal conditions (e.g., subluxation, back pain)<br>  ○ Podiatry: Foot-related issues (e.g., diabetic foot care, bunions)<br>  ○ Transplant Evaluation: End-stage organ failure (e.g., liver, kidney)<br>  ○ Palliative Care: Advanced-stage chronic illnesses (e.g., cancer, heart failure)<br><br>• **Specialty Services Utilization Denials by Reasons**<br>• Acupuncture denials:<br>  ○ OON determination reason within the AHS and Alliance networks<br>  ○ Other EDI" within the CHCN network<br>• Chiropractic denials:<br>  ○ OON determination reason across both the AHS and Alliance networks<br>• Podiatry denials:<br>  ○ Continuity of Care determination reason within the AHS network<br>  ○ Not Medically Necessary within the Alliance network<br>  ○ Other EDI within the CHCN Network<br>• Transplant Evaluation denials:<br>  ○ OON determination reason within the AHS and CHCN networks<br>  ○ Retro > 90 determination reason within the Alliance network<br>• Palliative Care denials:<br>  ○ OON determination reason across both the CHCN and Alliance networks | | |

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| | | • **Professional Services: INN vs. OON**<br>○ In Network Professional Services (52%) > Out of Network Professional Services (47%) | | |
| **D. Clinical Decision Making / Inter-Rater Reliability (IRR)** | M. Findlater<br>R. Mendoza | • **IRR Modules = 5**<br><br>• **IRR Testing Groups**<br>○ Medical Director = 6<br>○ Inpatient = 15<br>○ Outpatient = 12<br>○ Long Term Care = 6<br>○ Grievances & Appeals = 2<br><br>• **IRR Passing Rates**<br>○ 41 out of 41 associates passed with a ≥ 90%<br><br>• **Overall Passing Rates**<br>○ Overall, average passing rate among all department was 97% | IRR Scores.pdf | |
| **VI. Activities to Improve Member Experience**<br>**A. Member Satisfaction Survey Results** | A. Lam | • Commercial Adult = 17.6% response rate<br>• Medi-Cal Adult = 13.6% response rate<br>• Medi-Cal Child = 15.8% response rate | Member Satisfaction Survey Results.pdf | |
| **B. Case Management Report** | J. Rosales | • **Transportation DHCS**<br>○ Lyft Ride Share<br>▪ Transitioning from recovery pilot to standard network option by end of 2024 pending contract update. | CM Report.pdf | |

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| | | ○ Delegation Audits<br>▪ Modivcare annual delegate/subcontractor audit in progress.<br>○ Contract with subcontractor<br>▪ Vendor Management working on updated contract with subcontractor Modivcare<br><br>• **EPSDT Referral for Care Coordination DHCS 2.1.2**<br>○ OPUM Staff receiving ongoing refreshers to refer to CM | | |
| **C. CalAIM ECM** | H. Wanket | • **ECM Authorization Volume**<br>○ Approvals<br>▪ The average approved authorizations in Q1 2024 was 324<br>▪ The average approved authorizations in Q2 2024 was 316<br>• Overall, Q1 and Q2 showed consistent growth in approval volumes<br>○ Partial Approvals<br>▪ The average partial-approval authorizations in Q1 2024 was 1<br>▪ The average partial-approval authorizations in Q2 2024 was 3<br>○ Denials<br>▪ Near-zero denial rate across both quarters<br><br>• **ECM Member Volume**<br>○ There is an increase in the number of enrolled members from Q1 (2,566) to Q2 (3,266),<br>○ Outreach efforts dramatically declined in Q2 (2,301), reaching almost half the average level compared to Q1 (1,084).<br>○ Number of completed members has consistently decreased across both quarters. Q2's (56 members) average completion rate was 44% lower than in Q1 (100 members) | CalAIM ECM.pdf | |

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| | | • **Grandfathered Member**<br>○ There is a consistent decline in the number of enrolled grandfather members across both Q1 (362) and Q2 (334)<br>○ Outreaching was minimal in Q1 (0), with a slight increase observed in Q2 (2), peaking in May with 4 members outreached.<br>○ The completion rate for enrollments steadily decreased throughout the first half of the year, with Q2 (11) from Q1 (23)<br><br>• **ECM Impact Analysis**<br>○ Admits/1000<br>▪ 7.2% decrease in hospital admissions following the completion of the ECM program<br>○ BedDays/1000<br>▪ 51.2% reduction in bed days suggests that even when hospitalizations occurred<br>○ ALOS<br>▪ The ALOS slightly decreased by 3.9%, reflecting more effective and timely care that reduces the need for extended hospital stays.<br>○ Readmits/1000<br>▪ There was a 41% reduction in readmissions<br>○ ER Visits/1000<br>▪ Number of emergency room visits decreased by 40% post-ECM, reflecting improved management of urgent health issues and access to primary and preventive care | | |
| **D. CalAIM CS** | L. Hunter | • **11 Programs** | CalAIM CS.pdf | |

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| | | • **Housing Programs**<br>○ All 3 Housing Programs have a total of 4165 unique authorizations in both Q1 and Q2 2024<br>○ Top CS Provider for the Housing Programs is Alameda County HCS (4080)<br>○ Q2 (264) showed a more significant rise, with a 29.4% increase in the average number of deposits compared to Q1 (204).<br>○ The number of members accessing housing transition services remained stable across both quarters, with a slight increase in Q2 (1189)<br><br>• **Asthma Remediation Analysis**<br>○ The Asthma Remediation Program has a total of 135 unique authorizations in both Q1 and Q2 2024<br>○ Top CS Provider for Asthma Remediation Program: Alameda County Public Health Asthma Start (119)<br>○ Asthma Remediation Program showed a significant positive trend from Q1 (77) to Q2 (98), with a 27.3% increase in the average number of cases<br>○ Providers are approaching capacity, which is why Asthma Remediation network will be further expanded 1/1/25<br><br>• **Meals / Food Program Analysis**<br>○ The Meals/Food Program has a total of 2051 unique authorizations in both Q1 and Q2 2024<br>○ Top CS Provider for Meals/Food Program: Alameda County Public HCS (1021)<br>○ The Medically Supportive Food/Medically Tailored Meals program showed an upward trend from Q1 (1156) to Q2 (1284) of 2024, with an 11.1% increase | | |

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| | | • **Medical Respite Analysis**<br>○ The Medical Respite Program has a total of 260 unique authorizations in both Q1 and Q2 2024<br>○ Top CS Provider for the Medical Respite Program: Cardea Health Fairmont (158)<br>○ The Recuperative Care (Medical Respite) Program demonstrated an increase trend from Q1 (104) to Q2 (126) of 2024, with a 21.2% increase in the average number of cases<br><br>• **Nursing Facility Transition Program Analysis**<br>○ The Nursing Facility Transition Program has a total of 41 unique authorizations in both Q1 and Q2 2024<br>○ Top CS Provider for the Nursing Facility Transition: East Bay Innovation (35)<br>○ The Nursing Facility Transition/Diversity to Assisted Living Facilities Program demonstrated an increased trend from Q1 (26) to Q2 (32) of 2024, with a 23.1% increase<br><br>• **Personal Care / Homemaker Services Analysis**<br>○ The Personal Care Program has a total of 449 unique authorizations in both Q1 and Q2 2024<br>○ Top CS Provider for the Personal Care Program: 24HR Home (422)<br>○ The Personal Care/Homemaker Services Program showed a modest upward trend from Q1 (232) to Q2 (250) of 2024, with a 7.8% increase | | |

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| | | • **Respite Services Analysis**<br>○ The Respite Services Program has a total of 11 unique authorizationsin both Q1 and Q2 2024<br>○ Top CS Provider for the Personal Care Program: 24HR Home (7)<br>○ The Respite Services Program exhibited a strong upward trend from Q1 (5) to Q2 (9) 2024, with an 80% increase in the average number of services provided<br><br>• **Environmental Accessibility Adaptations Analysis**<br>○ The Environmental Accessibility Adaptations Program has a total of 13 unique authorizations in both Q1 and Q2 2024<br>○ Top CS Provider for the Personal Care Program: East Bay Innovations (12)<br>○ The Environmental Accessibility Adaptations Program showed a positive trend from Q1 (4) to Q2 of 2024 (5), with a 25% increase<br>• | | |
| **VII. Adjournment** | A. Lam | The meeting was adjourned at **2:50 pm** | | **Next Meeting:** October 25, 2024 at 1:30 PM |

**Meeting Minutes submitted by:** DocuSigned by: Amani Sattar 1515265B2F7F4DC... **Date:** 10/03/2024 | 11:49 AM PDT

Amani Sattar,
EA to the CMO

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**Approved by:** DocuSigned by: Allison Lam 8E7713C4669F403... **Date:** 10/03/2024 | 12:26 PM PDT

Allison Lam,
Sr. Director, Health Care Services

**Approved by:** DocuSigned by: Rosalia Allan Mendoza, MD 39B79088420042E... **Date:** 10/04/2024 | 11:07 AM PDT

Rosalia Mendoza, MD
Medical Director, Utilization Management

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