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Utilization Management Committee Meeting Minutes

January 26, 2023, 1:30 PM – 3:00 PM

Teams

Member Name and Title	Present	Member Name and Title	Present
Steve O'Brien, Chief Medical Officer		Hope Desrochers, Manager, Outpatient UM	X
Richard Golfin, Chief Compliance Officer		Jaymelee Chambers-Skondin, Manager, UM LTC	X
Tiffany Cheang, Chief Analytics Officer		Jennifer Karmelich, Director, Quality Assurance	
Allison Lam, Senior Director, Health Care Services	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	Katherine Goodwin, Supervisor, Health Plan Audits	X
Amy Stevenson, Clinical Manager, Enhanced Care Management		Kimberly Glasby, Director, Long Term Services & Supports	X
Andrea DeRochi, Manager, Behavioral Health	X	Kisha Gerena, Manager, Grievances & Appeals	X
Annie Lam, Manager, Provider Services Call Center	X	Laura Grossman-Hicks, Sr. Director, BH Services	X
Beverly Juan, Medical Director, Community Health	X	Lily Hunter, Director, Social Determinants of Health	X
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	
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	X
Heather Wanket, Clinical Manager, ECM	X	Sanja Bedi, Healthcare Services Specialist	
Helen Lee, Senior Director, Pharmacy Services	X	Stephen Williams, Supervisor, OP UM	

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I. Call to Order/ Introductions	A. Lam R. Mendoza	The meeting was called to order by Allison Lam at **1:30 pm**		
II. Policies and Procedures	All	• UM-002 • UM-010 • UM-024 • UM-032 • UM-045 • UM-052 • UM-060 • UM-063 • UM-068 • LTC-001 • LTC-002 • LTC-004	P&P 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. Internal Audit: NOA's**	H. Desrochers C. Healy-London	• **Outpatient** ○ Overall scores ▪ UM Overall Score = 99% ▪ Routine Timeliness = 97% ▪ Expedited Timeliness = 100% ▪ Review Elements = 100% ▪ NOA Review = 100%	NOA_UM_OP_Q4.pdf	

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		▪ Next Steps: • Continue with current quality departmental process to identify patterns and adjust process as necessary. • **Inpatient** ○ Overall scores ▪ IP NOA Audit = 99% ▪ Timeliness = 96% ▪ File Review = 100% ▪ Next Steps: • Direct communication with staff regarding letters sent out of compliance for timeliness • Re-education with frontline staff on TAT for compliance with regulatory standards • Validating letter sent successfully	NOA_UM_IP_Q4.pdf	
B. UM Metrics	M. Findlater	• **Year Over Year Summary** ○ ALOS is trending downward to 5.6 (-0.4) ○ Admits/1000 decreasing downward 58.0 (-2.5) ○ Paid Days/1000 decreasing downward 303.3 (-35.1) • **Inpatient Denial Rates by Network** ○ All IP Denial rates were steady until late Q4, with rises seen in Partial and Full Denials ○ The rise in Denials in Nov/ Dec is due to "Not Eligible" <u>and</u> "Not Medically Necessary".	UM Metrics.pdf	

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		• **Denial Reasons by Alliance** ○ Among the Alliance network, "Member not Eligible" is the highest contribution to IP authorization denials followed by "Not Medically Necessary" in 2023. • **Outpatient Denial Rates by Network** ○ Among the Alliance network, OP denials fluctuated between 100-160 denials monthly. ○ Highest denials based on LOC: Consultation, Diagnostic X-Ray/Radiology, & TQ Specialty Care. • **Denial Reasons by Alliance** ○ "OON" is the highest contributor to OP authorization denials.		
C. Inter-Rater Reliability (IRR)	M. Findlater A. DeRochi	• **Utilization Management** ○ IRR Modules ▪ A total of 5 IRR Modules with 3 allowed attempts per modules ▪ Overall Passing Rate ≥ *90%* ○ IRR Testing groups ▪ A total of 32 individuals took the IRR modules • IP = 12 • OP = 9 • MD = 5 • LTC = 4 • G & A = 2 • Overall passing scores of ≥ 90%	IRR Scores 2023.pdf IRR_BH_BHT.pdf IRR_BH_MH.pdf	

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		○ IRR Passing Rates ▪ 29 out of 32 associates passed with a ≥ 90% ▪ 3 out of 32 associates did not pass with a ≥ 90% ○ By Department: Passing Rates ▪ 100% of all OP, LTC, and G&A nurses passed with a ≥ 90% overall score. ○ Next Steps ▪ Respective managers will educate staff on the missed MCG medical necessity criteria by module. ▪ 2. For those staff who did not pass all individual modules at 90% score by the 3rd attempt, they will receive additional MCG training and repeat IRR testing within 1 mo. ▪ 3. Will develop training opportunities for expanded UM services. ▪ 4. New and Temporary Hires will receive MCG education, case auditing, & assigned MCG learning modules for the onboarding process by respective team managers prior to completing independent medical reviews. ▪ 5. Continue with ≥ 90% threshold level for IRR passing rates consistent with the Quality IRR Policy. • **Behavioral Health** ○ The case agreement percentage is 100%, and 8 cases were reviewed. The remaining 22 standby cases were not revisited. All physicians and clinical reviewers agreed on the case level and decision-making.		

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D. CBAS Metrics	H. Desrochers	• **Volume of CBAS Requests and Members** ○ 18 Requests; 20 assessed ○ TAT remains at 100% ○ Total members provided CBAS = 371 across 6 providers • **Member Disenrollment of CBAS** ○ Health Deterioration = 5 ○ Family issues = 2 ○ Moved in with family = 2 ○ Unknown reason = 1 ○ Members referred for CM = 10 • **CBAS Emergency Remote Services (ERS)** ○ New ERS Cases for Q4 = 6 ○ Members who stopped ERS = 30	CBAS_Q4.pdf	
E. Compliance Activity: FWA, Audits and APL Updates, Regulatory Updates	G. St. Clair	• **FWA Trends** ○ There were 16 provider billing cases in Q4 of 2023. This is high but reflects our deeper analysis of Covid billing practices. • **HIPAA / Privacy Incidents in Q4 of 2023** ○ Total Referrals in Q2 of 2023 = 29 ▪ This is an average of 31 cases per quarter. ▪ There is a 50% decrease from Q3-2023 to Q4-2023. ○ Two referrals required reporting to DHCS. Neither was found to be a breach for the Alliance.	Compliance Report.pdf	

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		○ 59 HIPAA Cases: ▪ 6 – Unsecured Emails ▪ 3 – Paper / Mail ▪ 8 – Other Electronic ▪ 12 – Other format ○ Two (2) incidents were reported to DHCS. Both were closed as non-breach. • Compliance Audit Updates ○ 2023 DHCS Routine Medical Survey ▪ An exit interview took place on September 26th, 2023. There were 15 findings and 4 identified repeat findings. ▪ As of January 18, 2024, the DHCS has accepted the response for 4 out of the 15 findings.		
F. Standing Referral DHCS 3.4.1	H. Desrochers	• **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. • For Q4 2023, Alliance has had no standing referrals.	Standing Referral.pdf	
G. Dental Anesthesia DHCS 1.2.2	H. Desrochers	• **Q3 2023** ○ Non-DD Adults ▪ Requests = 9 ▪ Approvals = 8	Dental Anesthesia.pdf	

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		○ Non-DD Children ▪ Requests = 176 ▪ Approvals = 176 ○ DD-Adults & DD-Children = 0 • **Q4 2023** ○ Non-DD Adults ▪ Requests = 18 ▪ Approvals = 18 ○ Non-DD Children ▪ Requests = 193 ▪ Approvals = 193 ○ DD-Adults = 0 ○ DD-Children = 2		
H. NCQA	K. Gerena	• January ○ Mock Audit ▪ UM Denials: BH ▪ UM Appeals ▪ Credentialing • February ○ Mock Audits ▪ UM Denials: Medical ▪ UM Denials: Rx ▪ CCM	NCQA.pdf	
IV. Activities to Improve Member Experience **A. DUR**	H. Lee	• **Q4 2023** ○ October = 244 ○ November = 227 ○ December = 236	DUR_Q4.pdf	

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V. Adjournment	A. Lam	The meeting was adjourned at **2:35 pm**		**Next Meeting:** February 23, 2024 at 1:30 PM

Meeting Minutes submitted by: DocuSigned by: Amani Sattar 1515265B2F7F4DC... **Date:** 01/30/2024
Amani Sattar,
EA to the CMO

Approved by: DocuSigned by: Allison Lam 8E7713C4669F403... **Date:** 01/30/2024
Allison Lam,
Sr. Director, Health Care Services

Approved by: DocuSigned by: Rosalia Allan Mendoza, MD 39B79088420042E... **Date:** 01/30/2024
Rosalia Mendoza, MD
Medical Director, Utilization Management

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