

Special Meeting of the
Santa Clara County Health Authority
Utilization Management Committee

Wednesday, March 13, 2019, 12:00-12:30 PM
Santa Clara Family Health Plan, Sycamore Conference Room
6201 San Ignacio Ave., San Jose, CA 95119

Via Telephone at:

2411 Forest Ave, San Jose, CA 95128

200 Jose Figueres Ave # 290, San Jose, CA 95116

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AGENDA

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|---|--------------|-------|---------|
| 1. Introduction | Dr. Lin | 12:00 | 5 min. |
| 2. Public Comment
Members of the public may speak to any item not on the agenda; two minutes per speaker. The committee reserves the right to limit the duration of public comment to 30 minutes. | Dr. Lin | 12:05 | 5 min. |
| 3. CMO Update
CHME Contract change | Dr. Nakahira | 12:10 | 5 min. |
| 4. Action Items
a. UM Medical Prior Authorization Grid 2019 | Ms. Castillo | 12:15 | 10 min. |

Possible Action: Approve UM Medical Prior Authorization Grid 2019

5. **Adjournment**

Next meeting: Wednesday, April 17, 2019 6:30 p.m.

Dr. Lin

12:30

Notice to the Public—Meeting Procedures

- Persons wishing to address the Committee on any item on the agenda are requested to advise the Recorder so that the Chairperson can call on them when the item comes up for discussion.
- The Committee may take other actions relating to the issues as may be determined following consideration of the matter and discussion of the possible action.
- In compliance with the Americans with Disabilities Act, those requiring accommodations in this meeting should notify Nancy Aguirre 48 hours prior to the meeting at 408-874-1835.
- To obtain a copy of any supporting document that is available, contact Nancy Aguirre at 408-874-1835. Agenda materials distributed less than 72 hours before a meeting can be inspected at the Santa Clara Family Health Plan offices at 6201 San Ignacio Ave, San Jose, CA 95119.
- This agenda and meeting documents are available at www.scfhp.com



This Prior Authorization Grid contains services that require prior authorization only and is not intended to be a comprehensive list of covered services. Providers should refer to the appropriate Evidence of Coverage (EOC) for a complete list of covered services.

SCFHP Utilization Management Department:

Telephone: 408-874-1821

Prior Authorization Request Submission Fax Lines: 408-874-1957 or
408-376-3548

When faxing a request to SCFHP, please:

1. Use the SCFHP Prior Authorization Request – Medical Services Form found at www.scfhp.com
2. Attach pertinent medical records, treatment plans, test results and evidence of conservative treatment to support medical necessity.

Other Contact Information:

SCFHP Eligibility: 1-800-720-3455

SCFHP Customer Service:

Medi-Cal & Health Kids: 1-800-260-2055

Cal MediConnect: 1-877-723-4795

For Non-Emergency Medical Transportation & Non-Emergency Transportation contact SCFHP Customer Service

Benefits Authorized by Vendors:

Dental Services:

Medi-Cal & Cal MediConnect: Contact Denti-Cal at 1-800-322-6384

Healthy Kids: Contact Liberty Dental at 1-888-902-0403

Vision Services: Contact Vision Service Plan (VSP) at 1-844-613-4479

~~Durable Medical Equipment (DME) for Medi-Cal & Healthy Kids: Fax CHME at 650-931-8928~~

Category of Service	Services Requiring Prior Authorization	
Behavioral Health Treatment	All Behavioral Health Treatment Services (<u>21 years and under for behavioral health, developmental diagnosis that may or may not include autism spectrum diagnosis</u>)	
Durable Medical Equipment <u>*benefit and frequency limit applies. Refer to CMS, Noridian or Medi-Cal Provider Manual</u>	Cal MediConnect <ul style="list-style-type: none"> • Custom made items • Any other DME or medical supply item exceeding \$1000 allowable • <u>Prosthetics & customized orthotics exceeding \$1000 allowable</u> • <u>Hearing Aids</u> • <u>Other Specialty Devices</u> 	Medi-Cal & Healthy Kids HMO <ul style="list-style-type: none"> • <u>CPAP and BIPAP</u> • <u>Enteral formula and supplies</u> • <u>Hospital bed and Mattress</u> • <u>Oxygen</u> • <u>Overage items (over the benefit limit)</u> • <u>Power Wheelchairs, Scooters and Manual wheelchairs (except standard adult and pediatric), including accessories</u> • <u>Prosthetics & Orthotics (except off the shelf covered items)</u> • <u>Hearing Aids</u> • <u>Other Specialty Devices</u> <p>Most DME is capitated to CHME for authorization review including the following:</p> <ul style="list-style-type: none"> • <u>Enteral nutrition</u> <p><u>Specialty DME for Medi-Cal, Healthy Kids and Cal MediConnect:</u></p> <ul style="list-style-type: none"> • <u>All Prosthetics & Orthotics</u> • <u>Hearing Aids</u> • <u>Other Specialty Devices</u>
Experimental Procedure	<ul style="list-style-type: none"> • Experimental Procedures • Investigational Procedures • New Technologies 	
Home Health	<ul style="list-style-type: none"> • All Home Health Services • Home IV Infusion Services 	
Inpatient Admissions	All elective medical and surgical inpatient admissions to: <ul style="list-style-type: none"> • Acute Hospital • Long Term Acute Care (LTAC) All admissions for: <ul style="list-style-type: none"> • Acute Inpatient Psychiatric • Partial Hospital Psychiatric Treatment • Substance Use Disorder including Detoxification Rehabilitation and Therapy Services <ul style="list-style-type: none"> • Acute Rehabilitation Facilities • Skilled Nursing Facilities (SNF) 	



Long-Term Services and Supports (LTSS)	<ul style="list-style-type: none"> • Community-Based Adult Services (CBAS) • Long-Term Care
Medications	<ul style="list-style-type: none"> • Refer to the 2019 Medical Benefit Drug Prior Authorization Grid • Drugs administered in the doctor’s office or in an outpatient setting
Non-Contracted Providers	All non-urgent/emergent services provided by non-contracted providers
Organ Transplant	All Organ Transplants

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Category of Service	Services Requiring Prior Authorization
Outpatient Services and Procedures	<ul style="list-style-type: none"> • Abdominoplasty/Panniculectomy • Bariatric Surgery • Breast Reduction and Augmentation Surgery • Cataract Surgery • Cochlear Auditory Implant • Dental Surgery, Jaw Surgery and Orthognathic Procedures • Dermatology: <ul style="list-style-type: none"> • Laser treatment • Skin Injections • Implants • All types of Endoscopy, except Colonoscopy • Gender Reassignment Surgery • Genetic Testing and Counseling • Hyperbaric Oxygen Therapy • Intensive Outpatient Palliative Care (IOPC) • Neuro and Spinal Cord Stimulators • Outpatient Diagnostic Imaging: <ul style="list-style-type: none"> • Magnetic Resonance Imaging (MRI) • Magnetic Resonance Angiography (MRA) • Nuclear Cardiology Procedures • Single-Photon Emission Computerized Tomography (SPECT) • Positron-Emission Tomography (PET/PET-CT) • Outpatient Therapies <ul style="list-style-type: none"> • Occupational Therapy (OT) • Physical Therapy (PT) • Speech Therapy (ST) • All Plastic Surgery and Reconstructive Procedures • All Podiatric procedures and surgery • Radiation Therapy: <ul style="list-style-type: none"> • Intensity Modulated Radiation Therapy (IMRT) • Proton Beam Therapy • Stereotactic Radiation Treatment (SBRT) • Sleep studies • Spinal Procedures, except Epidural Injections • Surgery for Obstructive Sleep Apnea • Temporomandibular Disorder (TMJ) Treatment • Transplant-related services (EXCEPT Cornea transplant): Prior to surgery • Unclassified Procedures • Varicose Vein Treatment
Transportation	Non-Emergency Medical Transportation for ground and air except ground transportation from facility to facility and hospital to home.