



**Date:** February 8, 2018  
**Meeting Place:** San Francisco Health Plan, 50 Beale Street 13<sup>th</sup> floor, San Francisco, CA 94105  
**Meeting Time:** 7:30AM - 9:00AM

**Members Present:** Edwin Batonbacal; LCSW; Jeanette Cavano, PharmD; Irene Conway; Jeffrey Critchfield, MD; Lukejohn Day, MD; Edward Evans; Todd May, MD; Kenneth Tai, MD; Joseph Woo, MD; Albert Yu, MD; James Glauber, MD, MPH (Chief Medical Officer, SFHP)

**Staff Present:** Matija Cale, Interim Director, Clinical Operations; Grace Dadios, Health Services Department Specialist; Fiona Donald, MD, Medical Director; Lisa Ghotbi, PharmD, Director, Pharmacy; Jackie Hagg, Nurse Specialist, Provider Quality and Outreach; Odalis Leon, Manager, Delegation Oversight and Credentialing; Adam Sharma, Director, Health Outcomes Improvement; Jim Soos, Medical Policy Administrator

| Topic                  |   | Follow-up<br>[if Quality Issue identified,<br>Include Corrective<br>Action] | Resolution, or Closed Date<br>[for Quality Issue, add plan for<br>Tracking after Resolution] |
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| <b>Call to Order</b>   | <ul style="list-style-type: none"> <li>Meeting was called to order at 7:30AM with a quorum.</li> <li>No public comments or questions.</li> </ul>  | <ul style="list-style-type: none"> <li>No follow up needed.</li> </ul>      | <ul style="list-style-type: none"> <li>n/a</li> </ul>  |
| <b>Follow Up Items</b> | <p><u>Follow-Up Items from December 2017</u></p> <ul style="list-style-type: none"> <li>Fiona Donald asked the Medical Directors in the Local Initiative Health Plans and County Organized Health Systems (LI/COHS) distribution group if they give monetary incentives to members for completing the Health Risk Assessment Tool and did not receive a response.</li> <li>QIC requested the details for the Pharmacotherapy Management of chronic obstructive pulmonary disease (COPD) measure. Adam Sharma created a slide detailing what is being measured.</li> <li>The baseline for self-reported health is 78% and is based on San Francisco Health Plan’s (SFHP) previous CareSupport Program population. SFHP sets conservative target of 60% for year 1 due</li> </ul> | <ul style="list-style-type: none"> <li>No follow up needed.</li> </ul>      | <ul style="list-style-type: none"> <li>n/a</li> </ul>  |

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|                                | <p>to changes in SFHP’s Care Management population. Jim Glauber provided the following updates.</p> <ul style="list-style-type: none"> <li>• SFHP is officially a National Commission for Quality Assurance (NCQA) Accredited Health Plan for Medicaid. SFHP received 48.32 out of 50 points. <ul style="list-style-type: none"> <li>○ SFHP will undergo reaccreditation in October 2020 and will be based on 100 points. <ul style="list-style-type: none"> <li>▪ 50 points are based on the reaccreditation standards and the remaining 50 are based on SFHP’s Health Care Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) scores.</li> <li>▪ Adam Sharma noted that SFHP will be required to publicly report its HEDIS and CAHPS scores at this time. In addition, SFHP will be reporting on additional 25 HEDIS measures. A preliminary report on these measures will be presented in future QIC meetings.</li> </ul> </li> </ul> </li> <li>• The annual Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC) medical audits are scheduled for March and August 2018, respectively. The DMHC audit occurs every three years.</li> </ul> |   |  |
| <p><b>Consent Calendar</b></p> | <ul style="list-style-type: none"> <li>• Review of Minutes – December 14, 2017</li> <li>• UM Committee – December 2017</li> <li>• Pharmacy &amp; Therapeutics Committee Minutes – October 2017</li> <li>• Q4 2017 Grievance Report <ul style="list-style-type: none"> <li>• SFHP will explore changing the nomenclature in the Appeals Report to clarify the meaning of an overturned appeal.</li> </ul> </li> <li>• Q4 2017 Appeals Report</li> <li>• Q4 2017 Potential Quality Issue Report</li> <li>• Q4 2017 QI Scorecard</li> </ul>   | <ul style="list-style-type: none"> <li>• SFHP will explore changing the nomenclature in the Appeals Report to clarify the meaning of an overturned appeal.</li> </ul> | <p>Approved:</p> <ul style="list-style-type: none"> <li>• Review of Minutes – December 14, 2017</li> <li>• UM Committee – December 2017</li> <li>• Pharmacy &amp; Therapeutics Committee Minutes – October 2017</li> <li>• Q4 2017 Grievance Report</li> <li>• Q4 2017 Appeals Report</li> </ul> |

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|                                   | <ul style="list-style-type: none"> <li>• Q3 2017 Emergency Room Visit/Prescription Access Report</li> </ul>  |  | <ul style="list-style-type: none"> <li>• Q4 2017 Potential Quality Issue Report</li> <li>• Q4 2017 QI Scorecard</li> <li>• Q3 2017 Emergency Room Visit/Prescription Access Report</li> </ul> |
| <p><b>Quality Improvement</b></p> | <p><u>Policy and Procedure HE-06: Alcohol Misuse Screening and Counseling (AMSC)</u><br/> Jim Soos presented Policy and Procedure HE-06: Alcohol Misuse Screening and Counseling (AMSC).</p> <ul style="list-style-type: none"> <li>• Providers in primary care settings must offer and document AMSC services for any member 18 years of age and older who answers “yes” to the alcohol question in the Staying Healthy Assessment (SHA) or at any time the primary care provider (PCP) identifies a potential alcohol misuse problem.</li> <li>• In 2017, SFHP received 81 total claims for AMSC from the provider network. Utilization may be higher but providers may be coding this benefit incorrectly.</li> </ul> <p><u>Palliative Care Benefit</u><br/> Matija Cale and Jim Soos presented on the Palliative Care Benefit and UM-58, respectively.</p> <ul style="list-style-type: none"> <li>• Medi-Cal Managed Care plans are required to provide palliative care services per SB 1004. <ul style="list-style-type: none"> <li>○ DHCS released the Palliative Care and Medi-Cal Managed Care All Plan Letter in October 2017 and defined requirements including: <ul style="list-style-type: none"> <li>▪ Member eligibility <ul style="list-style-type: none"> <li>• Member is likely to or has begun using hospitals or emergency departments as a means of managing his/her advanced disease.</li> </ul> </li> <li>▪ Disease-specific eligibility <ul style="list-style-type: none"> <li>• Member must meet the disease specific</li> </ul> </li> </ul> </li> </ul> </li> </ul> |  | <ul style="list-style-type: none"> <li>• Approved: Policy and Procedure HE-06: Alcohol Misuse Screening and Counseling (AMSC)</li> <li>• Approved: UM-58: Palliative Care</li> </ul>          |

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|  | <p>criteria for at least one of the following conditions:</p> <ul style="list-style-type: none"> <li>○ Congestive heart failure (CHF)</li> <li>○ Chronic Obstructive Pulmonary Disease (COPD)</li> <li>○ Advanced cancer</li> <li>○ End Stage Liver disease</li> </ul> <ul style="list-style-type: none"> <li>▪ SFHP assures that the following seven services are provided at minimum when medically necessary: <ul style="list-style-type: none"> <li>● Advanced care planning</li> <li>● Palliative care assessment</li> <li>● Plan of care</li> <li>● Palliative care team</li> <li>● Care coordination</li> <li>● Pain and symptom management</li> <li>● Mental health and medical social services</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>● SFHP contracted with Hospice by the Bay to provide palliative care services. Hospice by the Bay is a nonprofit organization and the first hospice in California and the second in the United States.</li> <li>● SFHP identified 1,265 potentially eligible members based on diagnosis codes, emergency room (ER) and inpatient utilization patterns and the four qualifying diseases. Of the 1,265 members: <ul style="list-style-type: none"> <li>○ 28.2% were identified with COPD</li> <li>○ 19.6% were identified CHF</li> <li>○ 9.6% were identified with liver cancer</li> <li>○ 5.4% had advanced cancer <ul style="list-style-type: none"> <li>▪ 27% of members have more than one qualifying condition.</li> </ul> </li> <li>○ 30.43% and 23.4% of eligible members are Black and Hispanic, respectively.</li> <li>○ 54% of hospitalizations and 72% of ER rates were for CHF.</li> <li>○ 54% of members are potentially Health Homes eligible.</li> </ul> </li> </ul> |  |  |
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- QIC discussed the issue of members not understanding the concept of palliative care and how it is different from hospice care.
  - Members may consider “hospice” to be a negative term and will not consider these types of services. Hospice by the Bay and the San Francisco Health Network call their palliative care clinics By the Bay Health and the Plus Clinic, respectively.
- Information on the palliative care benefit was included in the provider newsletter and Your Health Matters (SFHP’s member newsletter).
- Jim Soos will edit the CHF criteria language as it is not clear if a member must be in the hospital at the time they are approved.

2017 Facility Site Review Results

Jackie Hagg presented the 2017 Facility Site Review (FSR) Results.

- DHCS requires Medi-Cal Managed Care Plans to conduct Full Scope FSR for every PCP as part of the initial credentialing process and at least every 36 months thereafter.
  - The Site Review Survey (SRS) evaluates 139 criteria.
  - The Medical Record Review (MRR) evaluates 32 criteria.
- SFHP conducted 49 site review surveys, 47 MRRs, and 77 Interim Monitoring /Focused (IM) reviews.
  - All but one medical group/health plan scored 90-100% in the SRS.
  - Seven providers scored 80 – 89% while three providers scored less than 80% in the MRR. DHCS standards do not pass a provider/clinic with scores below 80%.
    - The Corrective Action Plans (CAP) were closed for two of the providers (CCHCA and HPMG) who received less than 80%.
    - Jackie provided considerable support to the third provider (SFHP affiliated with HPMG).
  - The committee discussed if comparative data on failure

- Jim Soos to edit the CHF criteria language as it is not clear if a member must be in the hospital at the time they are approved.

- Approved: 2017 Facility Site Review Results

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|  | <p>rates across Medi-Cal plans were available.</p> <ul style="list-style-type: none"> <li>▪ Health Plans in Southern California also use Healthy Data Systems to conduct FSRs so SFHP is able to make this comparison.</li> </ul> <ul style="list-style-type: none"> <li>• All four of SFHP’s certified nurse reviewers passed the Northern California DHCS Inter-Rater Reliability chart review process recertification.</li> <li>• Jackie is assisting Lyon Martin Health Services (part of HealthRight 360), who works with a large transgender population, with an Alternative Individual Health Education Behavior Assessment (IHEBA) Request form so the clinic can tailor their behavioral assessments to this unique population.</li> </ul> <p><u>Delegated Groups 2017 Audit Results</u></p> <p>Odalis Leon presented the Delegated Groups 2017 Audit Results. The delegated groups that were audited include:</p> <ul style="list-style-type: none"> <li>• Brown and Toland Physicians (BTP) <ul style="list-style-type: none"> <li>○ BTP passed in Utilization Management; however, SFHP identified two deficiencies in their Notice of Action (NOA) letters: <ul style="list-style-type: none"> <li>▪ The letters did not include a reference and the non-English NOAs did not include a statement indicating that the member can obtain a copy of the actual benefit provision.</li> </ul> </li> <li>○ BTP’s Language Accessibility Survey results were not favorable and were asked to submit a CAP. The response submitted was insufficient and the CAP remains open.</li> </ul> </li> <li>• CCHCA <ul style="list-style-type: none"> <li>○ Although CCHCA received a 99% score in the UM audit, few severe irregularities have been identified with the group’s application of UM criteria.</li> <li>○ CCHCA did not pass the Quality Improvement (QI), Credentialing, Claims and Provider Dispute</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Jackie to present the comparative data on failure rates across Medi-Cal plans to QIC.</li> </ul> | <ul style="list-style-type: none"> <li>• Approved: Delegated Groups 2017 Audit Results</li> </ul> |
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|  | <p>Resolution (PDRs), Health Education Cultural and Linguistic Services, (HECLS) and Care Management areas and have open CAPs.</p> <ul style="list-style-type: none"> <li>• HPMG <ul style="list-style-type: none"> <li>○ HPMG passed the Claims audit, but failed the PDR audit. The CAP remains open.</li> <li>○ HPMG's Language Accessibility Survey results were not favorable and thus are required to submit a CAP. . The CAP remains open until evidence of implementation is provided.</li> </ul> </li> <li>• Northeast Medical Services (NEMS) <ul style="list-style-type: none"> <li>○ NEMS passed all of its audits.</li> </ul> </li> <li>• Beacon Health Options <ul style="list-style-type: none"> <li>○ Beacon passed all areas reviewed except Provider Training. The CAP will remain open until the training attestations are received.</li> </ul> </li> <li>• Kaiser <ul style="list-style-type: none"> <li>○ In 2017 San Francisco Bay Area health plans (Partner Plans) participated in the Kaiser Shared-Audit. SFHP conducted the UM and HECLS audits.</li> <li>○ Kaiser received a passing score for Compliance, Pharmacy, and Mental Health; however the Partner Plans discovered a few deficiencies in these areas.</li> <li>○ Kaiser did not receive a passing score in Credentialing because they did not provide a complete set of credentialing policies and procedures.</li> </ul> </li> <li>• University of California, San Francisco (UCSF) <ul style="list-style-type: none"> <li>○ UCSF passed all areas reviewed.</li> </ul> </li> <li>• San Francisco Health Network (SFHN) <ul style="list-style-type: none"> <li>○ SFHN passed all areas reviewed.</li> </ul> </li> </ul> |  |  |
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QI Committee Chair's Signature & Date  2/28/18

Minutes are considered final only with approval by the QIC at its next meeting.