San Francisco Health Plan
2020 Quality Improvement Program Description & Work Plan
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1. Introduction

San Francisco Health Plan (SFHP) is a community health plan that provides affordable health care coverage. As of July 2019, membership included 139,605 low and moderate-income individuals and families. Members have access to a range of medical benefits including preventive care, specialty care, hospitalization, prescription medicines, behavioral health and family planning services. SFHP was designed by and for the residents it serves and takes great pride in its ability to serve a diverse population that includes children, young adults, and seniors and persons with disabilities (SPDs).

SFHP is a unique public-private partnership established by the San Francisco Health Authority as a public agency distinct from the county and city governments. A nineteen-member Governing Board directs SFHP. The Governing Board includes physicians and other health care providers, members, health and government officials, and labor representatives. The Board is responsible for the overall direction of SFHP, including its Quality Improvement (QI) Program. The Governing Board meetings are open for public participation.

To ensure high quality care and service, SFHP embarked on a journey to be accredited with the National Center for Quality Assurance (NCQA) in 2015. SFHP received interim accreditation status in 2016 and first survey accreditation in 2017, earning 48.3 of 50 possible points. SFHP will have to renew its accreditation in 2020.

SFHP’s products include Medi-Cal, Healthy Kids, and Healthy Workers:

- **Medi-Cal**
  Medi-Cal is California’s Medicaid program, which is a federal and state-funded public health insurance program for low-income individuals. As a managed care plan, SFHP manages the funding and delivery of health services for Medi-Cal members. As of June 2019, SFHP retained 87% (126,621 members) of the managed care market share in San Francisco County. ¹

- **Healthy Workers**
  Healthy Workers is a health insurance program offered to providers of In-Home Supportive Services or temporary exempt employees of the City and County of San Francisco. As of July 2019, 11,609 members are enrolled in this program.

2. QI Program Purpose, Scope and Goals

SFHP is committed to continuous quality improvement for both the health plan and its health care delivery system. The purpose of the SFHP QI Program is to establish comprehensive methods for systematically monitoring, evaluating, and improving the quality of the care and services provided to San Francisco Health Plan members. The QI Program is designed to ensure that members have access to quality medical and behavioral health care services that are safe, effective, accessible, equitable, and meet their unique needs and expectations. Delivery of these services must be in a culturally competent manner to all beneficiaries, including those with limited English proficiency, diverse cultural and ethnic backgrounds, disabilities, and regardless of gender, sexual orientation, or gender identity.

¹ Medi-Cal Managed Care Enrollment Report – June 2019, https://data.chhs.ca.gov/dataset/c6cccf54-e7a9-4ebd-b79a-850b72c4dd8c/resource/95358a7a-2c9d-41c6-a0e0-405a7e5e5f18/download/mcod-mc-mc-enrollment-report-june-2019.csv
SFHP contracts with medical and behavioral health care providers, including medical groups, clinics, independent physicians and their associated hospitals, ancillary providers, behavioral health clinicians, and pharmacies to provide care. SFHP maintains responsibility for communicating regulatory and contractual requirements as well as policies and procedures to participating network providers. SFHP retains full responsibility for its QI Program and does not delegate quality improvement oversight. In certain instances, SFHP may delegate some or all QI functions to accredited provider organizations.

Under the leadership of SFHP’s Governing Board, the QI Program is developed and implemented through the Quality Improvement Committee (QIC). The QIC structure, under the leadership of the SFHP Chief Medical Officer, ensures ongoing and systematic collaboration between SFHP and its key stakeholders: members, provider groups, and practitioners. The QI Program is also part of a broader SFHP improvement strategy that includes a Population Health Management Program. The Population Health Management Program develops SFHP’s strategic targets for addressing the needs of its members across the continuum and manages the effective execution of that strategy. Strategic targets from Population Health Management are incorporated into the QI program. A shared leadership team ensures accountability and collaboration between both programs.

The QI Program’s objectives and outcomes are detailed in the QI Work Plan (see Appendix A). Each program objective is monitored at least quarterly and evaluated at least once per year. Measures and targets are selected based on volume, opportunities for improvement, risk, organizational priorities, and evidence of disparities.

The scope and goals of the QI Program are comprehensive and encompass major aspects of care and services in the SFHP delivery system, as well as the clinical and non-clinical issues that affect its membership. These include:

- Improving members’ health status, including reducing health disparities and addressing, where possible, the social determinants of health that adversely impact our members
- Ensuring continuity and coordination of care
- Ensuring access and availability of care and services, including parity between medical and behavioral health care services
- Ensuring member knowledge of rights and responsibilities
- Providing culturally and linguistically appropriate services
- Ensuring that health care practitioners are appropriately credentialled and re-credentialled
- Ensuring timely communication of Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS) standards and requirements to participating medical groups and organizational providers
- Ensuring effective and appropriate utilization management of health care services, including medical, pharmaceutical, and behavioral health care services
- Providing health education resources
- Ensuring clinical quality and safety in all health care settings
- Ensuring excellent member care experience
- Ensuring that responsibilities delegated to medical groups meet plan standards
- Evaluating the overall effectiveness of the QI Program through an annual comprehensive program evaluation
- Using the annual evaluation to update the QI Program and develop an annual QI Work Plan
3. **QI Program Structure**

The following section describes the quality committees and staff of SFHP. Appendix B - Quality Improvement Committee Structure, includes details on committee reporting structure.

**A. Quality Committees**

The Quality Committees listed below report either to the Quality Improvement Committee (QIC), the Governing Board, or the Chief Medical Officer (CMO).

- **i. The Quality Improvement Committee**
  
  The SFHP QIC is comprised of network clinicians (physicians, behavioral health, and pharmacists) and two members of the Member Advisory Committee. The QIC is chaired by SFHP’s CMO. The QIC is a standing committee of the San Francisco Health Authority Governing Board that meets six times a year. It is the main forum for member and provider oversight, ensuring the quality of the healthcare delivery system. The committee is responsible for reviewing and approving the annual QI Program and QI Evaluation, and for providing oversight of the Plan’s quality improvement activities. SFHP brings new quality improvement programs to the QIC to ensure the committee members provide input into program planning, design, and implementation. SFHP maintains an annual calendar to ensure that key SFHP QI activities are brought to the QIC for ongoing review. This includes review and approval of policies and procedures related to quality improvement, utilization management, and delegation oversight. SFHP maintains minutes of each QIC meeting, submits them to the Governing Board for review and approval, and submits these to DHCS on a quarterly basis. The QIC meetings are open to the public and agendas and minutes are published on SFHP’s website.

- **ii. The Pharmacy and Therapeutics Committee**
  
  The Pharmacy and Therapeutics (P&T) Committee is comprised of network physicians, including a psychiatrist, and pharmacists along with the SFHP Pharmacy Director and is chaired by SFHP’s CMO. The P&T Committee convenes at least quarterly to review, evaluate, and approve the SFHP Formulary revisions based on safety, comparable efficacy and cost and to adopt pharmaceutical management procedures including prior authorization criteria, quantity limits, and step therapy protocol for covered outpatient prescription medications. The P&T Committee is responsible for pharmaceutical and therapeutic treatment guidelines and an annual approval of the pharmacy clinical policies and procedures for formulary, prior authorization, monitoring of utilization rates, timeliness of reviews, and drug utilization review (DUR) processes. The committee meets quarterly and on an ad hoc basis, and meetings are open to the public. The P&T Committee reports to the QIC.

- **iii. The Physician Advisory/Peer Review/Credentialing Committee**
  
  The Physician Advisory/Peer Review/Credentialing Committee (PAC) provides comments and recommendations to SFHP on standards of care and peer review. The PAC Committee is chaired by SFHP’s CMO and consists of providers in SFHP’s network. The PAC Committee serves to review and provide recommendations regarding substantive quality of care concerns, in particular those related to credentialled provider performance. The Sanctions Monitoring Report is reviewed by SFHP monthly to ensure that any identified providers with investigations or actions are brought to the PAC Committee for review, including confirmed Potential Quality Issues and Facility Site Reviews. The PAC Committee also reviews credentials and approves practitioners for participation in the SFHP network as appropriate. The PAC Committee meets every two months and reports to the QIC in closed session.
iv. The Member Advisory Committee

The Member Advisory Committee (MAC) serves as the Public Policy Committee of SFHP as defined and required by the Knox-Keene Act. The MAC advises the Plan on issues of concern to SFHP’s service beneficiaries. The committee is made up of SFHP members and health care advocates. In this forum, members can voice concerns and give advice about what health services are offered and how services are delivered to members. It consists of at least 10 to no more than 30 members and is led by an SFHP member. The Committee meets monthly and reports to the Governing Board.

v. The Practice Improvement Program Advisory Committee

The Practice Improvement Program (PIP) Advisory Committee provides guidance to SFHP on pay-for-performance program development, implementation, and evaluation. Committee members review prior and current year PIP network performance, identify and predict barriers to success for participants, and problem-solve solutions. Membership is made up of representatives from all PIP-participating organizations. Meetings are held at least three times a year. The PIP Advisory Committee reports to the CMO.

B. Committees with Internal Membership Only

The Committees with Internal Membership Only listed below report either to the CMO, or the Compliance and Regulatory Affairs Officer, which in turn provide updates to the QIC or the Governing Board through minutes or representation as appropriate.

i. The Policy & Compliance Committee

The Policy and Compliance Committee (PCC) is comprised of SFHP staff and led by SFHP’s Compliance and Regulatory Affairs Officer. The PCC reviews and approves all new policies and procedures and changes to existing policies and procedures. Policies and procedures with clinical implications must be approved by the QIC before review by the PCC. The PCC also communicates regulatory updates and compliance issues to SFHP management. The PCC meets at least 11 times per year, and is chaired by the Compliance Programs Supervisor. Members include representatives from Health Services, Operations, Finance, Information Technology Services, Human Resources, and Marketing departments. PCC members include:

- Supervisor, Compliance Programs (Chair)
- Officer, Compliance and Regulatory Affairs
- Director, Policy Development and Coverage, or a delegate
- Director, Finance, or a delegate
- Director, Pharmacy, or a delegate
- Director, Clinical Operations, or a delegate
- Director, Human Resources, or a delegate
- Director, Systems Development Infrastructure, or a delegate
- Director, Claims and Customer Service, or a delegate
- Director, Marketing & Communications, or a delegate
- Director, Business Solutions, or a delegate
- Director, Provider Network Operations, or a delegate
- Director, Care Management, or a delegate
- Director, Health Outcomes Improvement, or a delegate
ii. The Provider Network Oversight Committee

The Provider Network Oversight Committee (PNOC) is comprised of SFHP staff and led by SFHP’s Compliance and Regulatory Affairs Officer. The PNOC provides a forum for evaluating providers’ compliance with DHCS, DMHC, and NCQA requirements and standards. This committee identifies issues and addresses concerns related to provider performance of their administrative responsibilities. The committee is responsible for making penalty recommendations when providers do not consistently meet performance standards according to federal and state requirements. The PNOC is chaired by the Manager of Delegate Oversight and is comprised of members from the following departments: Compliance and Regulatory Affairs, Operations, and Health Services. PNOC voting members include:

- Manager, Delegate Oversight (Chair)
- Officer, Compliance and Regulatory Affairs
- Provider Network Operations Director
- Director, Clinical Operations
- Director, Health Outcomes Improvement
- Director of Pharmacy
- Director, Care Management
- Supervisor, Compliance Programs

iii. The Grievance Review Committee

The Grievance Review Committee (GRC) is an internal SFHP committee that reviews all grievances and serves as an escalation point for trends identified from member grievances. If a grievance trend is identified or there is a particularly concerning grievance, the committee will recommend a Corrective Action Plan (CAP) or a notification to the Medical Group. The GRC also reviews individual member grievances through a collaborative process to ensure that all the components of the grievances have been resolved. The committee is led by the CMO with cross functional representation from Member Services, Provider Relations, Health Outcomes Improvement, Behavioral Health, and Compliance and Regulatory Affairs departments. The committee meets twice weekly. GRC members include:

- Chief Medical Officer (Chair)
- Officer, Compliance and Regulatory Affairs
- Associate Medical Director
- Manager, Customer Service
- Account Manager, Provider Network Operations
- Quality Review Nurse
- Manager, Access and Care Experience
- Supervisor, Regulatory Affairs Program
- Grievance Staff
- Pharmacy, Utilization Management, Care Management, and Cultural & Linguistics staff participate as needed.

iv. The Grievance Program Leadership Team

The Grievance PLT is an internal SFHP committee that provides oversight and monitoring of all grievance program functions such as process improvement opportunities, audits, reporting, regulatory requirements, operations, and grievance trends. Grievance PLT also ensures follow through of Grievance Review Committee recommendations for grievance trends and reviews for system issues. The Grievance PLT is led by the Manager of Access and Care Experience with cross functional representation from
v. The Access Compliance Committee

The Access Compliance Committee (ACC) coordinates the monitoring and improvement activities for the accessibility and availability of medical and behavioral health care services. The committee meets at least quarterly to review access data, monitor progress of access-related corrective action plans, and recommend and review actions based on non-compliance with timely access standards. The committee is cross-functional and comprised of representatives from Operations, Health Services, Compliance and Regulatory Affairs, and Business Analytics departments. The committee reports to the QIC. ACC members include:

- Supervisor, Regulatory Affairs Program (Chair)
- Manager, Access and Care Experience
- Manager, Provider Relations
- Clinical Pharmacist
- Manager, Delegation Oversight
- Network Manager, Provider Relations
- Program Manager, Access and Care Experience
- Program Manager, Credentialing
- Specialist, Access and Care Experience

vi. The Utilization Management Committee

The Utilization Management Committee (UMC) provides oversight to ensure effective and compliant implementation of SFHP’s Utilization Management Program and to support compliance with requirements from SFHP’s policies, the Medi-Cal contract, NCQA accreditation criteria, and DHCS/DMHC regulations. Discussions result in changes to medical policy and criteria, Prior Authorization requirements, and/or UM Process enhancements. The UMC reports to the QIC. The UMC meets monthly and provides monthly minutes, quarterly trend reports and annual reports to the QIC. UMC members include:

- Director, Clinical Operations (Chair)
- Chief Medical Officer
- Medical Director
- Senior Manager, Prior Authorization Nurses
- Manager, Care Transitions & Concurrent Review
• Manager, UM Authorizations
• Program Manager, Clinical Operations
• Director of Pharmacy

C. Quality Improvement Communications

i. Communication to members
SFHP updates members regularly regarding key QI activities. A summary of the QI work plan and evaluation is published and distributed to members annually by mail in the member newsletter “Your Health Matters,” and on SFHP’s website.

ii. Communication to providers
SFHP updates providers regularly regarding key QI activities, including:

- Disseminating the QI work plan and evaluation to providers via the SFHP Provider Newsletter and by posting on SFHP’s website
- Informing providers of new and revised policies and procedures, and legislative and regulatory requirements as they occur through the SFHP Provider Newsletter and the Network Operations Manual (NOM)
- Sharing preventive care and other clinical practice guidelines
- Distributing results of quality monitoring activities, audits and studies, including grievances that identify potential system issues and member experience and provider satisfaction survey results
- Providing training for new providers on SFHP’s NOM

D. Quality Improvement Staff

The Health Outcomes Improvement (HOI) department within Health Services has primary accountability for implementing the QI Program and corresponding QI Work Plan. The department is organized to provide interdisciplinary involvement in ensuring the quality of health care and services provided to SFHP’s membership. HOI staff monitors quality indicators and implements and evaluates the Plan’s quality improvement activities. HOI staff develop and comply with policies and procedures describing SFHP standards, legislative and regulatory mandates, contractual obligations and, as applicable, NCQA standards. HOI staff support management of QI studies and reports, including statistical analysis and interpretation of data. Based on the QI Work Plan activities, HOI staff provides summary data, analysis, and recommendations to the QIC.

i. Health Services Staffing Structure
The Health Services Leadership that supports the QI program are:

Chief Medical Officer – responsible for leading the Quality Improvement Committee, Physician Advisory/Peer Review/Credentialing Committee, and the Pharmacy and Therapeutics Committee, and for all quality improvement studies and activities. The CMO provides guidance and oversight for development of policies, programs, and projects that support all activities identified in the QI Program. The CMO carries out these responsibilities with support from direct reports, including Medical Director, Associate Medical Director, and Directors of Health Outcomes Improvement, Pharmacy, Clinical Operations, and Care Management. In addition, the CMO partners with the Officer of Compliance and Regulatory Affairs.
Medical Director and Associate Medical Director – report to the CMO and provide physician leadership to key quality activities, including complex case management, utilization management, grievances, potential quality issues, and clinical improvement programs.

ii. Health Outcomes Improvement Staffing Structure

Director, Health Outcomes Improvement – reports to the Chief Medical Officer, ensures the completion of the QI Program (including work plan and evaluation), and directs the execution of QI activities identified in the QI Work Plan. The Director, Health Outcomes Improvement, oversees teams focused on fostering quality for our members: Population Health, Access & Care Experience, and Health Services Product Management.

- Manager, Population Health – reports to the Director, Health Outcomes Improvement, and oversees activities related to the improvement and auditing of clinical HEDIS measures, health education & promotion programs, and pay-for-performance. Reporting to the Manager, Population Health, the following positions support SFHP’s QI efforts:
  - Program Managers, Population Health – project managers interventions to improve HEDIS measures, including pay-for-performance program, member incentives, medical record review, health disparities, and cultural linguistic services.
  - Program Manager, Population Health (Qualified Health Educator) – designs and implements interventions to improve HEDIS rates, ensures that members have access to low-literacy health education materials/classes, and ensures that members have access to services in their preferred language.
  - Lead Population Health Nurse – provides technical assistance to clinical practice sites to improve gaps in care and documentation opportunities.
  - Specialists – provide support to the above staff to execute their responsibilities, including HEDIS chart review, developing marketing materials, pay-for-performance data management, and coordinating with providers to report pay-for-performance data.

- Manager, Access & Care Experience – reports to the Director, Health Outcomes Improvement, and oversees grievance management, access monitoring, and Consumer Assessment of Healthcare Providers and Systems (CAHPS) improvement (i.e. patient experience). Reporting to the Manager of Access & Care Experience, the following positions support SFHP’s QI efforts:
  - Program Managers, Access & Care Experience – project manages SFHP’s access monitoring requirements, measures CAHPS performance, develops and implements interventions to improve the care experience of SFHP members.
  - Grievance Analyst – manages member grievances, and ensures that grievances are appropriately classified and resolved, in conjunction with the Grievance Review Committee.
- **Specialists**—provide support to the above staff to execute their responsibilities, including grievance management, processing incentives, and event management.

- **Manager, Health Services Product Management**—reports to the Director, Health Outcomes Improvement and oversees internal applications supporting SFHP processes that impact member care. Reporting to the Manager of Health Services Business Relationships, the following positions support SFHP’s QI efforts:
  
  - **Program Managers**—responsible for operating quality improvement oversight and overseeing systems and applications affecting multiple departments within Health Services. Examples include Essette (care management software), PIPBase (Pay-for-Performance database), Cotiviti (HEDIS software), MARA (member risk measurement), and PreManage ED (Hospital Information Exchange).
  
  - **Specialist**—Provides support to the above staff to execute their responsibilities, including system support requests and processing incentives.

 iii. **Health Services Departments that contribute to the QI Program**

**Clinical Operations Department**
SFHP’s Clinical Operations Department conducts Utilization Management (UM) for both inpatient and outpatient referrals. In addition, they oversee delegated UM activities within the provider network to comply with all regulatory UM requirements. Activities are comprised of the following functional areas: Care Transitions, Inpatient Concurrent Review, Outpatient Prior Authorization, UM Delegation Oversight, and Provider Dispute Resolutions.

**Pharmacy Department**
SFHP’s Pharmacy Department coordinates and monitors all aspects of the pharmacy benefit for SFHP members. SFHP Pharmacy staff carry out daily pharmacy program operations including formulary management, oversight of the contracted Pharmacy Benefits Manager and the specialty pharmacy vendors. In addition, the Pharmacy Department leads initiatives to improve quality of care, including medication reconciliation and drug utilization reviews.

**Care Management Department**
SFHP’s Care Management Department supports high-risk members with navigating the health care system. The primary focus is to improve health status, medical and behavioral health care system access, and decrease hospitalization and emergency department use. Members are enrolled in various case management programs including Health Homes, NCQA, and Time Limited Coordination based on acuity, clinical criteria, and utilization of services.

 iv. **External Agency that contributes to the QI program**

**Beacon Health Options**
Beacon Health Options is delegated to provide non-specialty mental health care to SFHP’s members. Beacon’s Quality Director presents annually on their QI plan and participates in QIC meetings as needed. SFHP’s CMO provides oversight and strategic guidance of the NSMH benefit to Beacon Health Options. Beacon’s on-site clinical staff participates in Care Management rounds to ensure a smooth connection of our member to Beacon services. SFHP collaborates with Beacon’s Clinical Management Director on QI initiatives as needed.
4. Quality Improvement Method and Data Sources

A. Identification of Important Aspects of Care

SFHP identifies priorities for improvement based on regulatory requirements, NCQA standards, data review, and provider- and member- identified opportunities in the key domains of Clinical Quality & Safety, Quality of Service & Access to Care, Utilization Management, and Care Coordination & Services. Particular attention is paid to those areas that are high risk, high volume, high cost, or problem prone.

The QI Program employs a systematic method for identifying opportunities for improvement and evaluating the results of interventions. The QI Program uses the following methods to improve performance:

- Establish targets and/or benchmarks for key indicators within each domain
- Systematically collect data
- Analyze and interpret data at least annually
- Identify opportunities for improvement
- Identify barriers to improvement
- Prioritize opportunities
- Establish improvement objectives in support of priorities
- Design interventions based on best practices or previous interventions
- Implement and track progress of interventions
- Measure effectiveness of interventions based on progress toward standards or benchmarks

B. Data Systems and Sources

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<th>Member Data:</th>
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<tbody>
<tr>
<td>• Grievances</td>
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<tr>
<td>• Consumer Assessment of Healthcare Providers and Systems</td>
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<td>• Health Information Form/Member Evaluation Tool</td>
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<td>• Health Appraisal</td>
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<td>• Member Advisory Committee</td>
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<td>• Focus Groups</td>
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<td>• Health Risk Assessment</td>
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<td>• Eligibility</td>
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<td>• Member Predictive</td>
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<td>Risk Score (MARA)</td>
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<th>Provider Data:</th>
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<td>• Claims/Encounters</td>
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<td>• Authorizations</td>
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<td>• Pharmacy</td>
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<td>• Credentialing/Rosters</td>
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<td>• Surveys/Audits</td>
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<td>• Medical Records</td>
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<td>• Labs</td>
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<th>Databases and Data Systems:</th>
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<tr>
<td>• Enterprise Data Warehouse</td>
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<td>• Essette (Care Management System)</td>
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<tr>
<td>• QNXT (Claims Processing System)</td>
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<tr>
<td>• Cotiviti (HEDIS Vendor)</td>
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<tr>
<td>• PreManage (Information Exchange)</td>
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<tr>
<td>• Health Trio (Member and Provider Portal)</td>
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i. Data Monitoring and Reporting

SFHP monitors and improves data quality via the following mechanisms:

- **Data Governance Committee** - The Data Governance Committee consists of directors and managers from across the organization that oversees the creation and maintenance of high quality data. The committee is the deciding body for data definitions, establishing data quality procedures/guidelines and standards for the appropriate use of information.

- **Data Stewards** - The Data Stewards are a cross-functional team working to support San Francisco Health Plan’s vision of becoming an Analytical Organization. The team directly supports Data Governance by focusing on critical data-related topics. Data Stewards strive to identify, understand, standardize, and communicate key organizational business definitions and identify and correct data quality issues.

- **Encounter Data Monitoring** – SFHP measures the quality of encounter data monthly for completeness, accuracy, reasonability, and timeliness using methodology published in the DHCS Quality Measures for Encounter Data (QMED) document. SFHP works with its Trading Partners to ensure timely encounter submissions by reviewing error reports, reconciling and resubmitting rejected encounters.

- **HEDIS Data Quality Workgroup** – The HEDIS Data Quality Workgroup is an internal SFHP workgroup that sets the overall direction for HEDIS data quality improvement and monitoring efforts. The workgroup’s goals include improvement of data quality (lab, encounter/claim, pharmacy, and member data), regular and recurring monitoring of data quality, and vetting of new data sources (carve out, lab, EHR feeds, Medicare, etc.). The workgroup supports improvement of data that impacts NCQA Accreditation and the California Managed Care Accountability Set quality indicators.

C. Policies and Procedures

SFHP reviews and updates all of its quality and clinical policies and procedures (Utilization Management, Care Coordination, Pharmacy, Quality Improvement, Health Education, Cultural and Linguistic Services) biennially at a minimum. Clinical policies and procedures are also updated on an as-needed basis to reflect changes in federal and state statutory and regulatory requirements and/or NCQA standards. QIC and SFHP’s internal Policy and Compliance Committee approve new and updated policies and procedures.

5. QI Program

San Francisco Health Plan evaluates the overall effectiveness of the Quality Improvement Program through an annual evaluation process that results in a written report which is approved by the CMO, QIC, and Governing Board and then submitted to DHCS.

A. QI Work Plan

Results of the annual evaluation described above, in combination with information and priorities determined by the Health Services leadership and staff, are reviewed and analyzed in order to develop an annual QI Work Plan (see Appendix A). This comprehensive set of measures and indicators is divided into four domains:
1. Clinical Quality and Safety
2. Quality of Service and Access to Care
3. Utilization of Services
4. Care Coordination and Services

The QI Work Plan also includes a summary of Quality Improvement Committee Activities and updates are communicated to QIC via a scorecard each quarter.

B. QI Program Evaluation

Measures completed within the evaluation timeline are included in the evaluation for that calendar year. Measure completion is determined by the staff responsible for the measure and is indicated by either completion of planned activities, achievement of the stated target, or receipt of the required data for evaluation. Measure timelines are determined by the activities and the data frequency, and can be longer than a single calendar year. Each measure’s timeline is indicated in the Work Plan found in Appendix A. The evaluation includes an executive summary and a summary of quality indicators, identifying significant trends and areas for improvement. Each measure included in the evaluation includes the following elements:

- Brief description of the QI activity/intervention and how it aims to improve the domain in which it is included
- Measure target of the QI activity/intervention
- Measure definition
- Measure results, trended over at least three years when available
- Barriers that affected the effectiveness of the activity/intervention
- Recommended interventions/actions to overcome barriers in the following year

6. QI Activities

A. Clinical Quality and Safety

The domain of Clinical Quality and Safety involves QI activities related to clinical outcomes, including disease prevention, chronic condition care management, and preventing adverse health outcomes.

   i. Preventive Care

SFHP monitors and reports on a subset of U.S. Preventive Services Task Force (USPSTF) clinical recommendations and preventive service guidelines as well as other preventive service HEDIS measures. These include:

- Adolescent Immunization Status
- Adolescent Well-Care Visits
- Adult BMI Assessment
- Ambulatory Care
- Appropriate Testing for Children with Pharyngitis
- Appropriate Treatment for Children with Upper Respiratory Infection
- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
• Breast Cancer Screening
• Cervical Cancer Screening
• Childhood Immunization Status
• Children and Adolescents Access to Primary Care
• Chlamydia Screening in Women
• Contraceptive Care: All Women Ages 15-44
• Contraceptive Care: Postpartum Women Ages 15-44
• Depression Screening and Follow-Up for Adolescents and Adults
• Developmental Screening
• Prenatal and Postpartum Care
• Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents
• Well-Child Visits in the 3rd, 4th, 5th & 6th Years of Life
• Well-Child Visits in the First 15 Months of Life

SFHP promotes pediatric and adult preventative health care guidelines to providers through the monthly provider newsletter and by publishing links to established guidelines on SFHP’s public website. These guidelines include:

• Recommended immunization schedules (e.g. HPV, Influenza)
• Required screenings (e.g. Initial Health Assessment, Colon Cancer)
• Pediatric laboratory/diagnostic studies (e.g. Newborn Blood Screening)
• Recommended counseling (e.g. violence, tobacco use/cessation)

To encourage members to receive high priority services, SFHP offers incentives for completing the following preventative care services: a $50 gift card for childhood immunizations and a $25 gift card for a prenatal screening, postpartum visit, and well-child visit.

ii. **DHCS Performance Improvement Projects (PIP)**

SFHP implements DHCS PIPs at any given time. PIP measures aim to understand key drivers of poor performance and conduct improvement activities based on the key drivers. One of SFHP’s PIPs for 2019-2021 targets the large disparities in breast cancer screening rates seen among the SFHP member population by race/ethnicity. SFHP aims to improve the rate of African American members who receive a breast cancer screening within the HEDIS timeframe. The second PIP aims to improve the rate of well-child visits for infants up to the age of fifteen months. This is a new measure for SFHP so there is significant improvement opportunity for the entire SFHP member population.

iii. **Chronic Condition Management**

SFHP monitors and reports on a variety of HEDIS measures focused on recommended interventions for members with chronic conditions. These include:

• Antidepressant Medication Management
• Asthma Medication Ratio
• Comprehensive Diabetes Care
• Concurrent Use of Opioids and Benzodiazepines
• Controlling High Blood Pressure
• Depression Screening and Follow-Up for Adolescents and Adults Annual Monitoring for Patients on Persistent Medications
• Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medications
• HIV Viral Load Suppression
• Medical Assistance with Smoking and Tobacco Use Cessation
• Pharmacotherapy Management of COPD Exacerbation
• Statin Therapy for Patients with Cardiovascular Disease
• Statin Therapy for Patients with Diabetes
• Use of Opioids at High Dosage in Persons Without Cancer

SFHP promotes chronic condition management guidelines to providers through the quarterly provider newsletter and by publishing guidelines on SFHP’s public website. These guidelines include:

• American Diabetes Association: Clinical Practice Guidelines
• National Institutes of Health (NIH) Guidelines for the Diagnosis and Management of Asthma
• Joint National Committee Guidelines for Hypertension
• American College of Cardiology Guidelines for Hypercholesterolemia

SFHP offers incentives to encourage members to manage their chronic conditions. Members with diabetes receive a $25 gift card for completing screenings (HbA1C, nephropathy, and blood pressure screenings) and a $25 gift card for completing retinopathy screening. Members with asthma receive a $25 gift card for completing the Asthma Control Test and reviewing it with a provider. Members with hypertension receive a $25 gift card for completing a blood pressure check and heart healthy action plan.

iv. Health Education

SFHP ensures that members have access to low-literacy health education and self-management resources in all threshold languages mandated by DMHC and DHCS. These resources are available on the SFHP website, and through SFHP providers. Select materials are also mailed to members as part of SFHP’s population health campaigns.

Health topics covered by these tools and fact sheets include smoking and tobacco use cessation, encouraging physical activity, healthy eating, managing stress, asthma and diabetes control, parenting, and perinatal care, among others. SFHP’s member newsletter, “Your Health Matters,” features emerging health education topics prioritized by SFHP’s clinical leadership. In addition, the SFHP website includes a sortable listing of free group wellness classes offered by SFHP’s provider network on a variety of topics.

SFHP’s member portal prompts members to complete the Health Trio Health Appraisal tool to identify risk factors and health concerns. Based on the Health Appraisal results, members are provided with a risk and wellness profile, along with prevention strategies. In addition, the Health Trio online platform provides members with access to dynamic and evidence-based self-management tools based on their individual areas of risk or interest. These include topics such as healthy weight, healthy eating, promotion of physical activity, managing stress, tobacco use cessation, avoiding at-risk drinking, and identifying symptoms of depression.

v. Patient Safety

SFHP is committed to the safety of its members. Current patient safety initiatives include the following:

Medication Therapy Management (MTM) Program – SFHP Clinical Pharmacists review medication needs for members identified by the Care Management program. The goal is to optimize medication
regimen by promoting safe and effective use of medications. Achieving the goal and completing interventions is a multidisciplinary effort between Pharmacy services, the Care Management team, Medical Director, and primary care providers. Educational medication resources for targeted members will also increase adherence and knowledge of their drug regimen.

**SFHP Pain Management Program** – SFHP conducts trainings for providers and clinic staff on multiple aspects of pain management, including safe opiate prescribing. SFHP works with external and internal experts to provide clinical and non-clinical pain management resources to the community. SFHP’s pay-for-performance program (PIP) also supports best practices in opiate prescribing and pain management. SFHP co-leads the San Francisco Safety Net Pain Management Workgroup and has pain management as a standing topic on the SFHP Pharmacy & Therapeutics Committee.

**Potential Quality Issues (PQIs)** – SFHP Clinical Operations, Care Management, and Pharmacy staff are trained to identify PQIs and refer them to the Quality Review Nurse. PQIs are incidents outside the standard of care that put member safety at risk of harm, or when medical errors cause harm. SFHP ensures that PQIs are evaluated first by the Quality Review Nurse for initial review and investigation and then reviewed with an SFHP Medical Director. Confirmed PQIs involving individual provider departures from care standards are brought to the Provider Advisory Committee (PAC) for peer review and next step recommendations.

**Drug Utilization Review (DUR):** The DUR program consists of a Prospective DUR Program, a Retrospective DUR Program, and an Educational Program promoting optimal medication use to prescribers, pharmacists, and members. The SFHP DUR Program coordinates with the Medi-Cal DUR Board on retrospective DUR and educational activities for the Med-Cal line of business. The Pharmacy DUR Program activities may focus on identifying medication use patterns to reduce fraud, abuse, waste, inappropriate, unsafe or unnecessary care and develop education programs to optimize medication use.

**B. Quality of Service and Access to Care**
The domain of Quality of Service and Access to Care incorporates all aspects of the services provided to members including customer service, language access, appointment access, and wait times.

i. **Monitoring Member Access**
SFHP monitors members’ access to care, following regulations delineated by DMHC and DHCS as well as accreditation standards set by NCQA. DMHC monitoring requirements are met by the annual Timely Access Regulations submission in March. DHCS monitoring requirements are met via the annual contract oversight audit performed by DHCS. These access monitoring measures, among others, are reviewed quarterly by SFHP’s Access Compliance Committee. Based on monitoring and survey results, the committee identifies issues and requests a response when performance thresholds are not met. Data are comprehensive, addressing core areas such as member and provider experience with access, appointment availability, after hours care, wait times, as well as indicators of network adequacy to meet members’ needs.

ii. **Financial Incentives to Support Improvement**
The Practice Improvement Program (PIP) is SFHP’s pay-for-performance program. PIP incentive funds are sourced from approximately an 18.5% withholding of provider payments. Providers are eligible to earn 100% of these funds back if they meet program requirements. Supporting the goals of the triple aim, PIP has four domains: Clinical Quality, Patient Experience, Systems Improvement, and Data Quality. Participants have opportunities to gain incentive funds both from meeting benchmarks and from relative
improvement. Unearned funds are reserved to support improvement of performance measures via technical assistance and provider-level grants.

In addition to the pay-for-performance program, SFHP’s governing board caps financial reserves equal to two months of member capitation. Reserves in excess of these amounts are allocated to the Strategic Use of Reserves (SUR). SFHP then reviews quality indicators (HEDIS, CAHPS, utilization, etc.) and recommends projects to improve quality for SFHP members, using funds from SUR.

### iii. Customer Service Trainings

SFHP collaborates with the Studer Group, a patient experience consulting firm, to offer trainings to provider network staff on improving customer service to patients. Trainings either occur at the clinic site or a centralized location. This year’s trainings include the following evidence-based practices for improving customer service for SFHP members:

- AIDET (Acknowledge, Introduce, Duration, Explanation, and Thank you)
- Patient Rounding
- Service Recovery

### iv. Provider Satisfaction

On an annual basis, SFHP conducts a Provider Satisfaction Survey to gather information about network-wide provider issues and concerns with SFHP’s services. The survey is administered by an outside vendor, and targets primary care and high-volume specialty care providers and office staff. It measures their satisfaction with the following SFHP functions:

- Finance Processes
- Utilization Management and Care Support
- Network/Coordination of Care
- Timely Access to Non-Emergency Health Care Services
- Pharmacy
- Health Plan Customer Service Staff
- Provider Relations
- Ancillary Provider Network
- Member Incentives

Results are distributed to the impacted SFHP departments and the QIC to identify and implement improvement activities. Applicable improvements are integrated into QI Program activities.

### v. Provider Credentialing

SFHP ensures that health care practitioners are qualified to perform the services for which they are contracted by credentialing, re-credentialing all network providers. This process includes:

- Bi-annual review of credentialing policies and procedures for compliance with legislative and regulatory mandates, contractual obligations, and NCQA standards
- Peer review of credentialing and re-credentialing recommendations, potential quality of care issues, and disciplinary actions through the Physician Advisory Committee (PAC)
- Providing a mechanism for due process for practitioners who are subject to adverse actions
- Reviewing licensing and accreditation documentation of organizational providers, or reviewing for compliance with industry standards
• Conducting frequent provider monitoring through the Medical Board of California, List of Excluded Individuals/Entities (LEIE), DHCS’ Suspend & Ineligible List (S&I), the System for Award Management (SAM), National Plan and Provider Enumeration System (NPPES), and the Social Security Death Master File (SSADMF).

vi. Member Grievances and Appeals
SFHP ensures that member grievances and appeals are managed in accordance with Managed Care and Medi-Cal guidelines. SFHP manages and tracks complaints and grievances and provides a quarterly analysis, identifying trends and addressing patterns when evident, to the QIC. To identify patterns and trends in grievances, grievance reports are generated to report rates by line of business, medical group, and grievance category. When a grievance pattern has been identified, SFHP works with clinics or medical groups to develop strategies for improvement or request corrective action as appropriate. SFHP’s Utilization Management Committee (UMC) reviews all member appeals for issues and trends.

vii. Member Rights and Responsibilities
SFHP works to ensure that members are aware of their rights and responsibilities. This includes the annual review, revision, and distribution of SFHP’s statement of member rights and responsibilities to all members and providers for compliance with SFHP standards and legislative mandates. SFHP also implements specific policies that address the member rights to confidentiality and minor’s rights. On at least a semi-annual basis, SFHP conducts a review of grievance and appeal policies and procedures to ensure compliance with SFHP standards, legislative mandates, DHCS contractual obligations, and NCQA standards. In addition, SFHP analyzes member grievances and appeals that specifically concern member rights and responsibilities.

viii. Cultural and Linguistically-Appropriate Services and Anti-Discrimination Procedures
SFHP’s Cultural and Linguistic Services program is informed by regular assessment of the cultural and linguistic needs of its members via the Medi-Cal Group Needs Assessment (GNA). All SFHP member materials are available in Medi-Cal threshold languages. All SFHP health education materials are written at a sixth-grade reading level. Alternative formats for member materials, such as large text and braille, are available to members upon request.

All non-English monolingual and Limited English Proficient (LEP) SFHP members have access to confidential, no-cost linguistic services at all SFHP and medical points of contact. SFHP informs members about the availability of linguistic services through its Member Handbook, Evidence of Coverage, member newsletters and through other member contacts. The SFHP identification card also indicates the right to interpreter services. Linguistic services may be provided by bilingual providers and staff, or via interpreter services. Interpreter services are provided by a face-to-face interpreter, telephone language line, or Video Monitoring Interpretation (VMI). Interpreter services include sign language interpreters and/or TTY/TDD.

Most SFHP members have the option to select a primary care provider that speaks their preferred language. The SFHP Provider Directory indicates languages spoken by providers and at clinic sites. SFHP conducts member and provider language concordance studies each year.

SFHP contracts the responsibility for providing interpreter services at all medical points of contact to its medical groups. All medical groups must have language access policies and procedures that are consistent with SFHP’s policy and meet all legal and regulatory requirements. The SFHP Program Manager, Population Health, conducts an audit of linguistic services and anti-discrimination policies as
part of the annual Medical Group Compliance Audit. The Program Manager, Population Health, also assists in addressing grievances related to cultural and linguistic issues and discrimination at both medical and non-medical points of contact, systemically investigating and intervening as needed. In addition, SFHP publishes anti-discrimination notices on member and provider-facing materials, including Evidence of Coverage and Provider Network Operations Manual.

C. Utilization of Services

The domain of Utilization of Services addresses quality of care through the lens of appropriate utilization (i.e. monitoring and improving both overused and underused services).

i. Over and Under Utilization of Services

SFHP monitors service utilization, including inpatient, outpatient, Emergency Department, non-specialty mental health, and ancillary services, to identify patterns of under or overutilization of services and create actionable steps to promote medically appropriate utilization of services. Inpatient and Emergency Department Utilization data are compared to HEDIS and NCQA benchmarks as appropriate. Overutilization is identified through monthly inpatient and emergency room trend reporting. Underutilization is reported through post-discharge follow-up visit reports. Outpatient and ancillary service utilization is trended over time and compared to internal network performance. In addition, utilization patterns are shared with senior leadership in the network. Adverse patterns are discussed for root-cause identification and corrective action as needed.

ii. Pharmacy Services Drug Utilization Review (DUR)

The DUR program consists of a Prospective DUR Program, a Retrospective DUR Program, and an Educational Program promoting optimal medication use to prescribers, pharmacists, and members. The SFHP DUR Program coordinates with the Medi-Cal DUR Board on retrospective DUR and educational activities for the Med-Cal line of business. The Pharmacy DUR Program activities may focus on identifying medication use patterns to reduce fraud, abuse, and waste, inappropriate, unsafe or unnecessary care and develop education programs to optimize medication use.

- **Prospective DUR Program** consists of claim system screens, audits, edits, and messaging conducting before each prescription is filled or delivered to the member at the point-of-sale (POS) or point of distribution. Prospective DUR includes screening and audits for drug-disease contraindications, drug-drug interactions, appropriate dosing and duration of treatment, therapeutic duplication and other safety and formulary management requirements used to determine formulary and prior authorization criteria and treatment algorithms.

- **Retrospective DUR Program** consists of reporting and analysis for prescription claims data and other records to identify patterns of fraud, abuse, gross overuse, inappropriate or medically unnecessary care and other formulary management requirements. Regularly reviews drug utilization reports for trends in prescription over and under use and potential outlier cases. Utilization reports include member compliance reports, controlled substance overutilization reports, doctor-drug reports, asthma drug utilization reports, pharmacy outlier reports, etc.

- **Educational Program** consists of verbal and written communication outreach activities developed by the Medi-Cal DUR team and by SFHP to educate prescribers, pharmacists and members on common drug therapy problems with the aim of improving prescribing and dispensing practices.
iii. Care Transitions

SFHP manages members from the Community Health Network (CHN) who are admitted at an out of medical group hospital setting and assists in creating a plan of action to create a medically safe and effective transition to an alternate level of care. The SFHP Utilization Management Nurses and Coordinators collaborate internally and with the acute care and SNF facilities to ensure that safe transitions are completed. These include medically necessary services and supportive services in the community for the member upon discharge. SFHP also conducts pre and post discharge calls or in-person visits with the member and coordinates timely post-discharge follow-up appointments as part of the discharge planning process. These activities help to coordinate care with the goal of reducing avoidable admissions or emergency department visits by ensuring the member’s discharge needs are met and the appropriate follow-up through the continuum of care is in place.

D. Care Coordination and Services

The Care Coordination and Services domain encompasses QI activities that improve coordination across multiple providers and facilities and focuses on members with more complex medical and psychosocial needs.

i. Care Management Programs

SFHP’s Care Management department administers case management programs aimed at improving care for members who may be high risk, high-utilizing, and/or experiencing challenges when trying to effectively engage the health care system. Care Management provides a wide range of services from basic telephonic care coordination to intensive, in-person case management. The goals of Care Management’s programs are to improve member health, support members’ self-management of chronic conditions, improve connection with and utilization of primary care, and reduce inpatient admissions and ED visits. As part of these goals, the program works to address psychosocial stability (e.g. housing, access to healthy food, clothing, and in-home supportive services) when needed. All programs include comprehensive assessments and member-driven care plans. Through a collaborative process with primary care providers, behavioral health providers, community agencies, and the member, Care Management staff work to improve coordination of services. Staff identify and address barriers to care and enhance and support members’ self-care knowledge and skills.

ii. Care Coordination with External Agencies

SFHP’s Care Management and Utilization Management teams ensure coordination of care for members per Medi-Cal contractual requirements. These coordination activities include executed MOUs with key agencies such as California Children Services (CCS), Golden Gate Regional Services (GGRC), Early Start (ES) and Community Behavioral Health Services (BHS) that outline coordination activities. These coordination activities are designed to ensure members are aware of non-plan benefits and programs available to them and confirm coordination of care across agencies and services. As part of the Health Homes Program, SFHP addresses the needs of members living in supportive housing and those experiencing homelessness. Through collaboration with the Department of Homelessness and Supportive Housing, supportive housing providers, and various community partners, SFHP enhances the scope of care coordination to create a more unified and effective service system.

iii. Children and Transitional Aged Youth

The Children and Transitional Aged Youth (CATY) care coordination program is designed to serve SFHP members aged 0-21 and their families and/or caregivers. Evidence-based assessment tools, consent documents, and care plan goals and interventions have been developed to meet the needs of this population. This program has specific workflows outlining program eligibility, policies, procedures, and
outcome metrics. Dedicated Care Management staff have been hired and trained on workflows and California consent laws and policies pertaining to case management with children and transitional aged youth.

iv. Health Risk Assessment (HRA)

All new Seniors and Persons with Disabilities (SPDs) members complete Health Risk Assessments. Members are then reassessed annually. Members are stratified as either high or low risk based on their responses to the HRA questionnaire or the reassessment report data. Members who are high risk receive outreach both by phone and mail, while low risk members receive outreach by mail. HRA telephonic care management is provided for 30 days to members who receive services within the non-delegated medical groups (CHN and UCSF). Members receiving care within delegated medical groups in the network receive follow-up from their assigned medical group.

E. Delegation Oversight

i. Standards and Process for Delegated Medical Groups

SFHP oversees functions and responsibilities delegated to subcontracted medical groups, health plans and behavioral health organizations (Delegated Entities). These Delegated Entities must comply with laws and regulations stated in 42 CFR 438.230 and Title 22 CCR § 53867, the DHCS contract, and NCQA Health Plan Standards. SFHP ensures that delegated functions are in compliance with these laws, regulations, and standards through an annual audit process and monthly and quarterly monitoring activities.

As a prerequisite to enter into a delegation agreement, SFHP conducts a pre-delegation audit of the prospect’s delegated functions. Subject to approval from the Provider Network Oversight Committee, SFHP may waive the pre-delegation audit in lieu of current and in good standing documented evidence of NCQA Accreditation or Certification.

Once the pre-delegation audit is complete, a Delegation Agreement and Responsibilities and Reporting Requirements (R3) Grid is executed. The R3 Grid describes the specific responsibilities that are being delegated, and provides the basis for oversight. The R3 Grid indicates which activities are to be evaluated through annual audits, and which activities are to be evaluated through more frequent monitoring.

Six to twelve months past execution of the Delegation Agreement, SFHP conducts an audit of all delegated functions. The audit scope and review period are determined by the Provider Network Oversight Committee.

Delegated Entities are required to demonstrate compliance with applicable requirements and standards by achieving a passing score of 95%. A Corrective Action Plan (CAP) is required if:

- A critical element is missed.
- The overall audit score is lower than 95%.
- There are inappropriate UM denials.
- There are incorrectly paid or denied claims.

Audit results are communicated to the Delegated Entity within 60 days from the completion of the audit. When a CAP is submitted by the Delegated Entity, the SFHP Delegate Oversight team will evaluate the response and issue either an approval or a request for additional information.
Annually, the Provider Network Oversight Committee, the UM Committee, and the Quality Improvement Committee review a summary of delegated groups audit results, provide feedback or request additional information or corrections from the delegate as needed.

ii. Delegated Functions

Credentialing – The following groups are delegated to conduct credentialing activities on behalf of the plan:

- American Specialty Health
- Beacon Health Options
- Brown and Toland
- Chinese Community Health Care Association
- Hill Physicians Medical Group
- Jade HealthCare Medical Group
- Kaiser Foundation Health Plan
- North East Medical Services
- San Francisco Health Network
- University of California, San Francisco Medical Center (UCSF)
- Teladoc

Utilization Management – The following groups are delegated to conduct UM activities on behalf of the Plan:

- American Specialty Health
- Beacon Health Options
- Brown and Toland
- Chinese Community Health Care Association
- Hill Physicians Medical Group
- Jade HealthCare Medical Group
- Kaiser Foundation Health Plan
- North East Medical Services.

Pharmacy Services – Kaiser Health Plan Foundation and PerformRx are delegated to manage pharmaceutical services on SFHP’s behalf.

Complex Case Management – The following groups are delegated to conduct Complex Case Management on behalf of the plan:

- Brown and Toland
- Chinese Community Health Care Association
- Hill Physicians Medical Group
- Jade HealthCare Medical Group
- North East Medical Services
- Kaiser Foundation Health Plan

Non-Specialty Mental Health – Kaiser Foundation Health Plan is delegated to provide behavioral health services to all of its SFHP Medi-Cal members. Beacon Health Options provides non-specialty mental health services to all other SFHP Medi-Cal members. Community Behavioral Health Services (BHS) provides all non-specialty and specialty behavioral services to SFHP Healthy Workers members.
**Quality Management** – Kaiser Foundation Health Plan and Beacon Health Options are delegated for QI.

**Member Appeals and Grievances** – Kaiser Foundation Health Plan and Beacon Health Options are delegated for Appeals and Grievances.
## Appendix A: Work Plan

### Care Coordination and Services

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<thead>
<tr>
<th>Measure Name</th>
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<th>Denominator</th>
<th>Target</th>
<th>Title</th>
<th>Activities</th>
</tr>
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<tbody>
<tr>
<td>Screening For Clinical Depression</td>
<td>Total clients 18 years or older screened positive for clinical depression with Patient Health Questionnaire-2 and, if positive, Patient Health Questionnaire-9 screening is conducted</td>
<td>Total clients 18 years or older screened positive for clinical depression with Patient Health Questionnaire-2</td>
<td>70%</td>
<td>Quality Program Manager, Care Management</td>
<td>• Staff coaching and role-playing activities to reduce the rate of members declining Patient Health Questionnaire-9 screening. • Mental health training for staff to ensure that staff is equipped to identify signs and symptoms of clinical depression and address client safety. • Monthly report indicating depression screening rates by Care Management staff. Follow-up coaching as necessary. • Monitor the rate of members declining the Patient Health Questionnaire-9 screening.</td>
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<p>| Date Activities to be Completed | 6/30/2020 |</p>
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</table>
| Follow Up On Clinical Depression   | Total clients 18 years or older screened positive for clinical depression with Patient Health Questionnaire-9 with a "Connect to Behavioral Health" care plan goal | Total clients 18 years or older screened positive for clinical depression with Patient Health Questionnaire-9 | 80%    | Quality Program Manager, Care Management  | • Mental Health training for staff, particularly on severe mental illness (SMI), in order to ensure that staff is equipped to identify signs and symptoms of major depressive disorder and address client safety.  
• Updates to Care Management workflow to provide guidance to staff for triaging members with Patient Health Questionnaire-9 scores indicating moderately severe or severe depression who are not connected to behavioral health and who decline a referral.  
• Monthly report indicating depression screening rates by Care Management staff. Follow-up coaching as necessary. | 6/30/2020                       |
| Care Management Client Perception Of Health | Total clients who responded to self-reported health question of SF-12 on both the intake and closing assessments and:  
- Increased at least one box in rating their health if "Poor" or "Fair" indicated  
- Maintained or increased at least one | Total clients who responded to self-reported health question of SF-12 on both the intake and closing assessments | 55%    | Quality Program Manager, Care Management  | • Coaching from Clinical Supervisors and Medical Director with the RNs and Community Coordinators to assess for client barriers and gaps in health education and connection to PCP.  
• Review of self-management goal report with RNs to ensure that members have chronic condition self-management goals as part of their care plans as indicated. | 6/30/2020                       |
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<tr>
<td>box in rating their health if &quot;Good&quot;, &quot;Very Good&quot;, or &quot;Excellent&quot; indicated</td>
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**Clinical Quality and Safety**

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<th>Measure Name</th>
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</thead>
</table>
| % of Members who completed Hepatitis C Treatment | Total number of members with any past history of Hepatitis C infection who have completed the Hepatitis C treatment regimen | Total number of members with any past history of Hepatitis C diagnosis | 35% | Clinical Pharmacist, Pharmacy | • Developing both a member-focused awareness campaign and provider education outreach campaign in the target clinics and offices.  
• Addressing stigma for Hepatitis C treatment with providers and members through dissemination of health education materials and clinic site “roadshows”.  
• Providing treatment support through Care Transitions or Care Management.  
• Identifying and addressing potential data quality concerns to ensure an accurate denominator population count. | 1/25/2020 |
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<tr>
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<tbody>
<tr>
<td>Chlamydia Screening (CHL)</td>
<td>Total number of members 16-24 years of age with a female gender marker identified as sexually active and had at least one screening test for chlamydia during the measurement year</td>
<td>Total number of members 16-24 years of age with a female gender marker identified as sexually active</td>
<td>40.5%</td>
<td>Associate Program Manager, Health Services Product Management</td>
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<td></td>
<td>• Include pay-for-performance measure in SFHP's Practice Improvement Program (PIP).&lt;br&gt;• Meetings with medical groups to review 2017 data and identify improvement opportunities.&lt;br&gt;• Complete a root cause analysis to identify potential data and clinical quality issues; make recommendations for improvement; implement at least one recommendation.</td>
</tr>
<tr>
<td>Medication Therapy Management (MTM)</td>
<td>Total number of SFHP members engaged in SFHP's Care Management and Care Transitions programs with a pharmacist recommendation for medication reconciliation to be completed</td>
<td>Total number of SFHP members engaged in SFHP's Care Management and Care Transitions programs with a pharmacist recommendation for medication reconciliation to be completed</td>
<td>80%</td>
<td>Clinical Pharmacist, Pharmacy</td>
<td>• Develop specialized intervention plans designed around the member’s preferences to prevent lost to follow-up.&lt;br&gt;• Update Pharmacy workflow for Health Homes Program to improve efficiency.&lt;br&gt;• Add configurations to the Care Management module to improve workflow including pharmacy technician support for some of the MTM activities.</td>
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<tr>
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| Opioid Safety - Buprenorphine Prescription       | Total number of SFHP members with Opioid Use Disorder with at least one buprenorphine prescription in the last year | Total number of SFHP members with Opioid Use Disorder                        | 12.0%  | Medical Director            | • Create educational materials for providers and members on the risks of concomitant opioid and benzodiazepine prescribing.  
  • Maintain the soft edit on members’ concomitantly prescribed opioid and benzodiazepine medications.  
  • Outreach to providers with members concomitantly on opioid and benzodiazepine medications | 12/31/2021                                                                  |
| Opioid Safety - Opioid and Benzodiazepine Co-prescribing | Total number of SFHP members with opioid prescription                      | Total number of SFHP members prescribed opioids                               | 8%     | Medical Director            | • Analysis of benzodiazepine prescribing for all SFHP Medi-Cal members in order to create a more complete picture of trends for Central Nervous System suppressant use.  
  • Create educational materials for providers on the risks of benzodiazepine and opioid co-prescribing and long-term benzodiazepine use.  
  • Outreach to primary care providers through joint meetings to address utilization and concerns. | 12/31/2021                                                                  |
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</table>
| Well-Child Visits in the First 15 Months of Life (W15)                      | Total number of members who turned 15 months of age during the measurement year and who had six or more well-child visits with a PCP during their first 15 months of life                                                                                                                                                                                                                                                                                                                                                                          | Total number of members who turned 15 months of age during the measurement year                                                                                                                                                                                                                                                                                                                                                                   | 15.8%  | Manager, Population Health                                                                  | • Participate in the 0-5 year developmental screening and referral workgroup.  
• Identify opportunities to improve or expand the Well-Child member incentive.  
• Include pay-for-performance measure in DHCS or SFHP Practice Improvement Program (PIP).  
• Provider funding via DHCS value-based payment disbursement program.                                                                                                                   | 6/30/2021                                                                                           |
| Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34) | Total members 3–6 years of age who had one or more well-child visits with a PCP during the measurement year.                                                                                                                                                                                                                                                                                                                                                                                  | Total number of members 3–6 years of age                                                                                                                                                                                                                                                                                                                                                                                               | 85.8%  | Manager, Population Health                                                                  | • Participate in the 0-5 year developmental screening and referral workgroup with other network providers.  
• Identify opportunities to improve or expand the Well-Child member incentive.  
• Include pay-for-performance measure in DHCS or SFHP Practice Improvement Program (PIP).  
• Provider funding via DHCS value-based payment disbursement program.                                                                                                                   | 6/30/2021                                                                                           |
<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Numerator</th>
<th>Denominator</th>
<th>Target</th>
<th>Title</th>
<th>Activities</th>
<th>Date Activities to be Completed</th>
</tr>
</thead>
</table>
| Adolescent Well-Care Visits (AWC)                | Total number of members 12–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year | Total number of members 12–21 years of age                                                   | 56.1%  | Manager, Population Health          | • Develop Adolescent Well-Care member incentive.  
• Include pay-for-performance measure in DHCS or SFHP Practice Improvement Program (PIP). | 6/30/2021                           |
| Diabetes Prevention Program - Weight Loss         | Total number of members 18 years or older at high risk for developing diabetes completing the program and achieving a 5% weight loss | Total number of members 18 years or older at high risk for developing diabetes completing the program | 25%    | Associate Program Manager, Population Health | • Identify eligible members via lab data, self-referral, or PCP referral.  
• Develop targeted marketing materials to inform members of their eligibility. | 6/30/2020                           |
# Quality of Service and Access to Care

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Numerator</th>
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<th>Target</th>
<th>Title</th>
<th>Activities</th>
<th>Date Activities to be Completed</th>
</tr>
</thead>
</table>
| Health Plan Consumer Assessment of Healthcare Providers and Systems (HP-CAHPS) | *N/A - Plans are given a rating on a scale from 0 – 5 for CAHPS overall performance | *N/A - Plans are given a rating on a scale from 0 – 5 for CAHPS overall performance | 3.5 | Program Manager, Access & Care Experience | • Identify access-related issues via the Access Compliance Committee and develop plans to address found issues.  
• Develop a member-facing grid to support easier navigation of Medi-Cal benefits.  
• Include pay-for-performance measures in Clinic and Group CAHPS and implement improvement projects in SFHP's Practice Improvement Program (PIP).  
• Invest Strategic Use of Reserves Grant funds into improvements in appointment scheduling and specialty care coordination.  
• Improve readability of letters sent to members for approvals, denials, and appeal resolution.  
• Maintain or improve CAHPS response rate through alternative survey methods and reminders.  
• Conduct member focus groups. | 5/31/2020 |
<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| Provider Appointment Availability Survey (PAAS) - Routine Appointment Availability In Specialty And Primary Care | Total PCPs and non-behavioral health specialists surveyed in PAAS with eligible survey responses that indicate routine appointment availability compliant with Department of Managed Health Care standards | Total PCPs and non-behavioral health specialists surveyed in PAAS with eligible survey responses | 71.9%   | Program Manager, Access & Care Experience                                                      | • Develop communication plan for survey fielding.  
• Request Corrective Action Plans of provider groups performing under 80%.  
• Provide technical assistance with Corrective Action Plans. | 3/31/2020 |
| Cultural and Linguistic Services (CLS)                                    | Total number of SFHP provider sites surveyed in the SFHP Daytime Survey who pass the linguistic services portion | Total number of SFHP provider sites surveyed in the SFHP Daytime Survey | 90%     | Program Manager, Population Health                                                             | • Issuing and approving Corrective Action Plans to medical groups performing under 80% in the linguistic services portion of the previous survey year (2018).  
• Launching a Cultural and Linguistic Services Program to leverage all of SFHP’s CLS resources and develop a coordinated strategy to address SFHP’s CLS priorities.  
• Completing review of related grievances and quarterly trending reports. | 12/31/2019 |
<table>
<thead>
<tr>
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<th>Target</th>
<th>Title</th>
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</tr>
</thead>
</table>
| Members With a Primary Care Visit in Last 12 Months                        | Medi-Cal members continuously enrolled for 12 months who have at least one primary care or urgent care visit in the reporting period | Medi-Cal members continuously enrolled for 12 months                                                                        | 70.0%  | Program Manager, Access & Care Experience                              | • Promote tele-health services to members and provide incentives for registration of tele-health services.  
• Inform members of the importance of primary care visits through marketing to members.  
• Continue inclusion of the PCP visit rate in SFHP’s Practice Improvement Program (PIP).  
• Provide grant funds to medical groups who improve appointment scheduling options for patients.  
• Administer member incentive to encourage members to seek preventive care. | 6/30/2020                                                                                                                                   |
| Percentage Of Members Utilizing The Non Specialty Mental Health (NSMH) Benefit With More Than Two NSMH Visits | Total unique non-dual members who utilize the NSMH benefit with more than two NSMH services                                            | Total unique non-dual members who utilize the NSMH benefit                                                                          | 46.8%  | Chief Medical Officer                                                 | • Survey engaged members who have not received more than two NSMH visits regarding their barriers to receiving care.  
• Explore provider incentives to provide timely follow-up with members who do not attend scheduled appointments.                                                                                     | 6/20/2020                                                                                                                                   |
### iii. Quality Oversight Activities

<table>
<thead>
<tr>
<th>Oversight</th>
<th>Summary</th>
<th>Resp. Staff</th>
<th>Activities</th>
<th>Due Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality Improvement Committee</td>
<td>Ensure Quality Improvement Committee (QIC) oversight of QI activities outlined in the QI Plan</td>
<td>CMO</td>
<td>• Six meetings to be held in 2020</td>
<td>12/30/2020</td>
</tr>
<tr>
<td>Pharmacy and Therapeutics Committee</td>
<td>Ensure oversight and management of the SFHP formulary and DUR initiatives</td>
<td>CMO</td>
<td>• Quarterly and ad hoc P&amp;T Committee meetings</td>
<td>12/30/2020</td>
</tr>
<tr>
<td>Provider Advisory, Peer Review, and Credentialing Committee</td>
<td>Ensure oversight of credentialing and peer review by the Provider Advisory Committee</td>
<td>CMO</td>
<td>• Six meetings to be held in 2019</td>
<td>12/30/2020</td>
</tr>
</tbody>
</table>
| Annual Evaluation of the QI Program                 | Review Quality Improvement plan and determine efficacy of implemented plan based on outcomes | Director, Health Outcomes Improvement | • Evaluate each measure in the QI work plan  
• QIC review of QI evaluation  
• Governing Board review of QI Evaluation | 3/1/2020    |
| QI Plan Approval for Calendar Year                   | Review and approve proposed Quality Improvement work plan               | Director, Health Outcomes Improvement | • QIC review of QI work plan  
• Governing Board review of QI Work Plan                                                                 | 3/1/2020    |
| Delegation Oversight for QI                          | Ensure oversight of QI for all delegated entities                       | Director, Health Outcomes Improvement | • Follow delegation oversight procedures  
• QIC review of Delegated Oversight Audits for QI                                                     | 12/30/2020  |
| DHCS Performance Improvement Projects                | Ensure oversight and follow through on required DHCS Performance Improvement Projects (PIPs) | Director, Health Outcomes Improvement | • Attend DHCS-led PIP calls.  
• Adhere to process delineated by DHCS.                                                                 | 12/30/2020  |
Appendix B: Quality Improvement Committee Structure

Quality Committees Reporting to Governing Board

- SFHP Governing Board (GB)
  - Quality Improvement Committee (QIC)
  - Member Advisory Committee (MAC)
    - Physician Advisory/Peer Review/Credentialing Committee (PAC)
    - Pharmacy and Therapeutics Committee (P&T)
    - Utilization Management Committee (UMC)
Operational Quality Committees Reporting to Chief Medical Officer

- Grievance Program Leadership Team (PLT)
- Access Compliance Committee (ACC)
- Practice Improvement Program (PIP) Advisory Committee
- Grievance Review Committee (GRC)
Quality Committees Reporting to Officer, Compliance and Regulatory Affairs

- Compliance and Regulatory Affairs Officer
  - Policy & Compliance Committee (PCC)
  - Provider Network Oversight Committee (PNOC)