SAN FRANCISCO HEALTH PLAN
Here for you

Quality Improvement Committee Minutes

Date: December 09, 2021

Meeting Place: Microsoft Teams Meeting
+1 323-475-1528 : Conference ID: 273 199 162#

Meeting Time: 7:30AM - 9:00 AM

Members Present: Fiona Donald, MD *Chief Medical Officer, SFHP*; Irene Conway *SFHP Member Advisory Committee Member*; Idell Wilson *SFHP Member Advisory Committee Member;* Ana Valdes, MD *Chief Healthcare Officer, Healthright360*; Claire Horton, MD *Chief Medical Officer, San Francisco Health Network; Albert Yu, MD, MPH, MBA Chief Health Information Officer, San Francisco Department of Public Health;* Edward Evans *SFHP Member Advisory Committee Member*

Staff Present: Se Chung *Health Services Administrative Specialist*; Suu Htaung *Policy Analyst;* José A. Méndez *Senior Program Manager, Health Services Product Management (HSPM);* Kaitie Hawkins, PharmD BCPS *Pharmacist Supervisor, Clinical Programs;* Elizabeth Sekera, RN *Manager, Population Health*; Yves Gibbons *Sr. Program Manager, Quality & Access*; Sue Chan *Program Manager, Pharmacy Compliance;* Rashid Alexander *Interim Director Population Health and Quality;* Bobby Lew *Operations Administrative Specialist*

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
Call to Order	Meeting called to order at 7:30 AM with a quorum. • Roll Call.		
Consent Calendar	All in favor to approve consent calendar.		Approved.

	- As of 1/1/22 (MediCal Rx) all SFHP MediCal members will have their Pharmacy benefits administered by the State. Authorization, payments, and grievances will be handled by the State. SFHP Pharmacy team will continue to monitor ER Rx access. - Grievances increase in Q3 may be due to increase in membership and access to services. SFHP is continuing to monitor/improve timelines, processes and questions asked in order to improve grievances resolved in 30 days.		• Review of October 2021 Minutes • Q2 ER Report • Q3 2021 Grievance Report • Q3 2021 Appeals Report • HE P&P Updates Summary October 2021 • 2021 QI Program Evaluation • 2022 QI Program Description & Work Plan
Quality Improvement	• ***2021 QI Evaluation & 2022 QI Plan*** Presented by Yves Gibbons In measure development & evaluation process, starting to integrate population data & analysis to drive quality measures. -2020 Follow Ups 10/21 integration of QI and PHM programs; due to late launch of integration of PHM, QI measures not based on population assessment; population assessment started 08/21; HEDIS disparities dashboard created; participation in disparities leadership program. -2021 Successes 22 Measures, 11 met target. Some highlights: Quality of Services & Access to care: Routine appointment availability in specialty care increased by 20%; Patient Safety or Outcomes Across setting: opioid safety increased by 7%; Managing Multiple Chronic Illnesses: Care Management client perception of health increased by 6.5%; Utilization Services: increase percentage of utilization of non-specialty mental health benefit more than 2 times increased by 1.8%		

	-2021 Opportunities / Recommendations Some Measures not met, SFHP will continue to target in 2022. In Quality of Service & Access to Care: Cultural & Linguistics Services Program- provide race/ethnicity and language spoken at practitioner level. Plans to engage more Health Services staff to implement. Keeping Members Healthy: Breast Cancer Screening- refocus on populations experiencing disparities. Prioritize COVID-19 vaccinations to reach SF levels. Patient Safety/Outcomes Across settings- trying to decrease Benzodiazepine co-prescribing, fell short by 5%. Include additional measure related to high doses opioids. Managing Members with Emerging Risk: Hep C Treatment – treatment hesitancy, fell short of target by 3%. SFHP to utilize population assessment to identity priority conditions (i.e. diabetes). Managing Multiple Chronic Illnesses: Follow up on clinical depression- barely missed target. SFHP to provide more life skills, health education and training. Retired measures: Non specialty Mental Health, Outpatient Primary Care and Telehealth. Instead focusing on aligning mental health measure with Beacon Health Services and prioritizing utilization measures set by SFHP Clinical Operations. 2022 Measures Domain: Keeping Members Healthy Measures: - Breast Cancer Screening (50-74y), target 50% *Irene Conway: Why is the target so low?*		

	Elizbeth Sekera, RN: SFHP has an expectation of a relative improvement 3-5% increase a year. Collaborating with Rafiki Coalition to have a patient navigator engage outreach. *Dr. Claire Horton: Do you need a PCP visit to get a referral for a Mammography? Concerned that it will slow that Mammography process, effect PCP appointments if required.* *Elizabeth Sekera, RN: Will include in Patient Navigator training to verify if PCP office visit is required for referral or can be made without visit.* *Dr. Fiona Donald: Looking for opportunities for improvement at the Plan level for eligible members to get screening. Considering workflow changes - providing Mammography providers a list of eligible members, e-consult opportunities. SFHP focus on lowest utilizers, Black women.* -COVID-19 Vaccinations (1st dose eligibility), % target is changing by aiming no less that 10% of SF county rate. *Dr. Albert Yu: Why measure by only 1st dose eligibility? 1 dose does not provide full immunity.* *Dr. Fiona Donald: The State requires SFHP to monitor 1st dose vaccination rates with the understanding that people are more likely complete the vaccination series once they receive their 1st dose. SFHP has a call center to reach out to members for follow up doses. SF is almost at 80%, SFHP members nearly 70% - 1st dose vaccinated.* *Dr. Albert Yu: Is there any coordination between Plan and the County for outreach?* *Dr. Fiona Donald: There is a weekly collaboration meeting. SFHP Marketing is also involved to insure correct messaging.* *Edward Evans: How do you keep track members who do not get their vaccine within the SFHP network?*		

	Dr. Fiona Donald: Data is pulled from the California Immunization Registry, Pharmacy Claims. Domain: Patient Safety or Outcomes Across Settings Measures: MTM: 90% target; Opioid Safety – Buprenorphine Rx: 30% target; Opioid Safety – Co-prescribing: 7% target; High Dose Opioid Rx: 6% target; Transition members in RX transition: 80% target. Domain: Managing Members with Emerging Risk Measures: % of Members completing Hep C treatment: 40% target; decreasing HbA1c in poor control: 35.05% target; Project Open Hand satisfaction- focusing on members with and pre-diabetes: 85% target. Domain: Managing Multiple Chronic Illnesses – SFHP Care Management Program – maintaining same measures as last year. Measures: Client perception of Health: 63% target; Follow up on clinical depression: 90% target: Client Satisfaction: 90% target. Domain: Quality of Service and Access to Care – maintaining same measures as last year. Measures: HP-CAHPS: 61.3% target; PAAS: 82.9% target; CLS: 10% target. Domain: Utilization of Services – retired measures around Primary Care, Telehealth and Non-Specialty Mental Health – 2 visits. Clinical Operations has prioritized new measures. Measures: Decrease inpatient hospital admissions and effective continuation phase of treatment for antidepressant medication.		

	This is also part of Beacon's QI program. Also, one of SFHP's lowest performing HEDIS measure in the mental health area. Quality Oversight Activities continuing such as: QIC, P&T Committee, PAC, Annual Evaluation, DHCS performance improvement projects. SFHP to integrate QI and Population Health management programs to better serve members by prioritizing measures and interventions based on population assessment. Call for Approval for : • 2021 QI Program Evaluation • 2022 QI Program Description & Work Plan Approved. • Meeting adjourned at: 8:54 AM.		

QI Committee Chair's Signature & Date _____

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

Emergency Room Visit / Prescription Access Report
3rd Quarter 2021
San Francisco Health Plan Medi-Cal LOB

Goal:
Evaluate access to medications prescribed pursuant to an emergency room visit and determine whether any barriers to care exist.

Methodology:
All claim and encounter records for an emergency room visit (without an admission) during a calendar quarter are evaluated and consolidated into a unique record of each emergency room (ER) visit date by member. These unique ER visits are analyzed by ER facility site and member count (see Tables 1A & 1B). Top diagnoses were evaluated for reason of ER visit (see Table 2). Selected key diagnoses with a high likelihood for ER discharge prescription are analyzed (see Table 3). A review of the pharmacy locations where members filled their prescriptions within 72 hours of discharge was assessed to reflect any medication barriers (see Table 4).

Findings:

Section 1 - ER Visits

In 3Q2021, 10,212 members had 15,752 ER visits, averaging 1.54 ER visits per member, which is slightly higher from the previous quarter (1.52). This reflects an ER visit by approximately 8.2% of the SFHP Medi-Cal membership within the quarter, which increased from 7.5% previously. Visits by ER facility and the number of Member ER visits increased compared to the previous quarter (14,027 and 9,255 respectively).

Table 1A: Visits by ER Facility

ER Facility	ER Visits
ZSFG – ACUTE CARE	5,826
UCSF MEDICAL CENTER	2,757
ST FRANCIS MEMORIAL	1,769
CPMC MISSION BERNAL CAMPUS-ACUTE CARE	1,413
CPMC VAN NESS CAMPUS-ACUTE CARE	844
CPMC PACIFIC CAMPUS-OUTPATIENT AND ER	729
ST MARYS MEDICAL CENTER	507
CHINESE HOSPITAL	451
CPMC DAVIES CAMPUS-ACUTE	406
KAISER HOSPITAL SF	268
Other ED Facilities	782
TOTAL	**15,752**

Table 1B: Member ER Visits

# ER Visits	Member
1	6,839
2	1,977
3	629
4	311
5	143
6	100
7	63
8	41
9	26
10	18
11+	65
TOTAL	**10,212**

Section 2 - Top Diagnoses

Of the 15,752 ER visits in 3Q2021 6,835 visits (43%) resulted in a medication (from ER or pharmacy) within 72 hours of the ER Visit and 8,058 (57%) did not. Not all ER visits warranted medication treatment (i.e. chest pain, abdominal pain or altered mental status). Overall, the distribution of top ER visits by diagnoses category is shown in Table 2. COVID-19 related ER visits returned as a top diagnosis. Compared to previous quarters, COVID-19 visits increased by 88% in 2Q2021 (38 visits) and 50% in 1Q2021 (156 visits). This may be due to the increased spread of the COVID-19 variants like Delta. Suicidal ideation diagnosis continues to be a top diagnosis during pandemic 3Q2020 (135 visits) compared to pre-pandemic 3Q2019 (77 visits).

Table 2: Percent ER Visits by Diagnoses (3Q2021)

Top Diagnoses Categories	ICD10	ER Visits	% of Visits
Chest pain	R07.xx	1,126	7.1%
Abdominal pain	R10.xx	670	4.3%
COVID-19	U07.1	311	2.0%
Shortness of breath	R06.02	259	1.6%
Acute Upper Respiratory Infection Unspecified	J06.9	225	1.4%
Headache	R51.9	189	1.2%
Cough	R05	188	1.2%
Fever Unspecified	R50.9	178	1.1%
Head Injury Unspecified	S09.90	161	1.0%
Altered mental status	R41.82	138	0.9%
Dizziness and Giddiness	R42	136	0.9%
Abnormal Electrocardiogram	R94.31	121	0.8%
Nausea with Vomiting	R11.2	119	0.8%
Encounter Screening Malignant Neoplasm of Colon	Z12.11	117	0.7%
Urinary Tract Infection	N39	112	0.7%
Suicidal Ideations	R45.851	109	0.7%
All Other Diagnoses		11,593	73.6%
TOTAL		**15,752**	**100.00%**

Section 3 - Key Diagnoses Category

Selected key diagnoses with a high likelihood for ER discharge prescription are reported in Table 3. In 3Q2021, greater than 90% of ER visits for all key diagnoses received medication treatment within 72 hours of the visit.

Table 3: ER Visit – Key Diagnoses Category

Diagnoses Category	ICD10	RX Filled	ER Treated	No Rxs	ER Visit Total	% Treatment
Asthma Exacerbation	J45.901, J45.909, J45.902	31	28	4	63	94%
COPD	J44, J44.1, J44.9	26	25	3	54	94%
UTI	N39.0	46	24	6	76	92%
Pneumonia	J18.9	13	5	2	20	90%

Section 4 - Pharmacy Location

For the members filling a prescription from a Pharmacy within 72 hours of their ER visit date, a further analysis evaluated the location of the pharmacy relative to where the member received emergency care and the hours of operation for these pharmacies. Of the 5,811 member visits to a pharmacy after an ER discharge, the top 16 most utilized pharmacies are reported in Table 4. Two 24-hour pharmacies in San Francisco and Daly City were top utilized. Access to a pharmacy after an ER visit can occur throughout the day and would not be limited to only after-hours. In this analysis, member visits are defined as unique days that prescriptions are filled for a member per unique pharmacy.

Table 4. Pharmacies where Members obtained Rx within 72 hours of an ER Visit

Pharmacy	Hours of Operation	Mbr Visits	% of Visits
SF General (1001 Potrero Ave)	9AM – 8PM M-F, 9AM-1PM Sat	586	10.08%
Walgreens 3711 (1189 Potrero Ave)	8AM – 10PM M-F,8AM – 9PM Sat-Sun	417	7.18%
Walgreens 5487 (5300 3rd St)	8AM – 9PM	330	5.68%
Walgreens 1327 (498 Castro St)	24 Hours	268	4.61%
Walgreens 4609 (1301 Market St)	8AM – 9PM	234	4.03%
Chinese Hospital (845 Jackson St)	8AM – 7PM M-F, 9AM-5PM Sat-Sun	224	3.85%
Daniels Pharmacy	9AM-6:30PM	179	3.08%
Walgreens 4231 (2690 Mission St)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	164	2.82%
Walgreens 3185 (825 Market St)	8AM – 9PM M-F, 9AM – 5PM Sat,10AM – 6PM Sun	154	2.65%
Walgreens 7150 (965 Geneva Ave)	9AM – 9PM	152	2.62%
Walgreens 1626(2494 San Bruno Ave)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	148	2.55%
Walgreens 4558 (300 Gough St)	8AM – 9PM M-F, 9AM – 5PM Sat,10AM – 6PM Sun	123	2.12%
Scriptsite Pharmacy (870 Market St)	9:30AM-5:30PM M-F	116	2.00%
Walgreens 324 (216 Westlake Ctr)	24 hours	115	1.98%
Walgreens 9886 (3400 Cesar Chavez)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	113	1.94%
Walgreens 1120 (4645 Mission St)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	106	1.82%
All Other Pharmacy Locations		2,382	41%
TOTAL		**5,811**	**100.00%**

Summary:

No barrier to pharmacy access during after-hours was identified in this quarter. ER utilization was higher in 3Q2021 compared to 2Q2021 (15,752 visits versus 14,027) with each member utilizing the ER at 1.54 visits. About 43% of ER visits received a medication (from ER or pharmacy) within 72 hours of the ER visit, lower than last quarter (44%). Appropriate prescription fills were seen in all four key diagnoses category. Monitoring of member access to medication treatment after an ER visit will continue.

SAN FRANCISCO HEALTH PLAN
Here for you

P.O. Box 194247
San Francisco, CA 94119
1(415) 547-7800
1(415) 547-7821 FAX
www.sfhp.org

MEMO

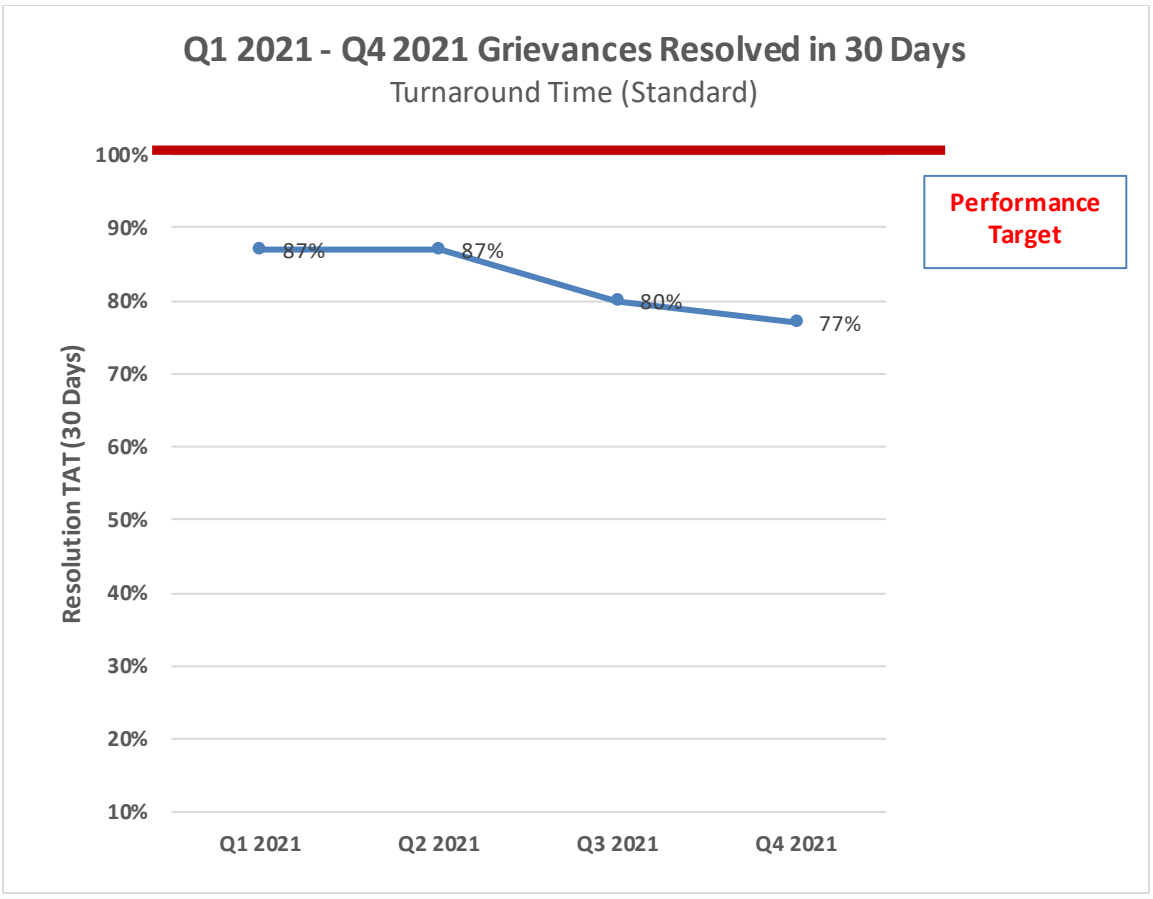
Date: February 3, 2022

To	**Quality Improvement Committee**
From	**Bill Mace** **Sr. Manager, Appeals & Grievances**
Regarding	**Q4 2021 Grievance Report**

- SFHP received a total of 120 grievances in Q4 2021. Overall grievance volume increased by 1.7% from 118 total grievances in Q3 2021.
- In Q4 2021, 82 of 120 grievances were closed within the required timeframe of 30 calendar days, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).
- 97% of acknowledgement letters were sent out within five calendar days, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).

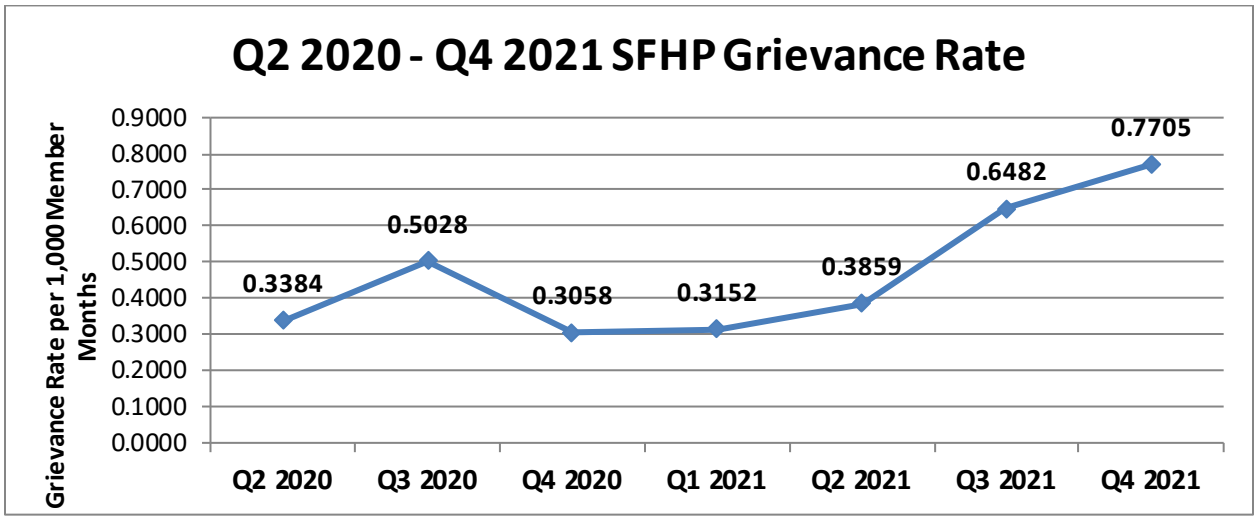
SFHP's performance threshold for closing grievances within the required timeframe of 30 days is 99%. In Q4 2021, the percentage of grievances resolved within 30 calendar days was 77%. SFHP was unable to close 28 cases within the 30-calendar day timeframe because of the following reasons:

- SFHP did not receive timely grievance investigation responses from providers.
- SFHP needed to obtain additional information in order to adequately address the member's concerns.
- The recent transition in the department left open positions
- SFHP and provider staff were severely impacted by COVID
- Our largest provider SFHN, deployed staff to the SFDPH COVID response initiative and the Tenderloin state of emergency as declared by the SF mayor.


Q1 2021 - Q4 2021 Grievances Resolved in 30 Days
Turnaround Time (Standard)
Resolution TAT (30 Days)
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
87%
87%
80%
77%
Q1 2021
Q2 2021
Q3 2021
Q4 2021
Performance Target

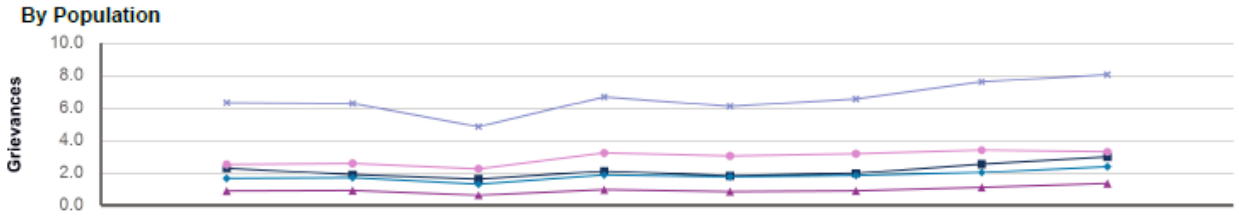
SFHP Grievance Rate

SFHP's grievance rate significantly decreased in Q1 2020 and Q2 2020 due to the COVID-19 pandemic. SFHP's grievance rate then increased in Q3 2020, decreased in Q4 2020 and Q1 2021, then increased again in Q2 2021. The grievance rate in Q3 & Q4 2021 shows the increase of newly enrolled Medi-Cal members. SFHP can expect the grievance rate to increase with more newly enrolled Medi-Cal members.



SFHP's grievance rate continues to be lower than the DHCS grievance rate. Please see the graph below titled "DHCS Grievance Rates per 1,000 Member Months" for DHCS' grievance rates. Please note DHCS data is one quarter behind.

DHCS Grievance Rates per 1,000 Member Months



	2019Q4	2020Q1	2020Q2	2020Q3	2020Q4	2021Q1	2021Q2	2021Q3
Dual	2.3	1.9	1.6	2.1	1.8	2.0	2.6	3.0
MO-ACA	2.5	2.6	2.3	3.2	3.0	3.2	3.4	3.3
MO-OTLIC	0.9	0.9	0.6	1.0	0.9	0.9	1.1	1.4
MO-SPD	6.3	6.3	4.9	6.7	6.1	6.6	7.6	8.1
MO-Other	1.7	1.7	1.3	1.9	1.8	1.8	2.0	2.4
Total	2.2	2.2	1.8	2.5	2.3	2.4	2.7	2.9

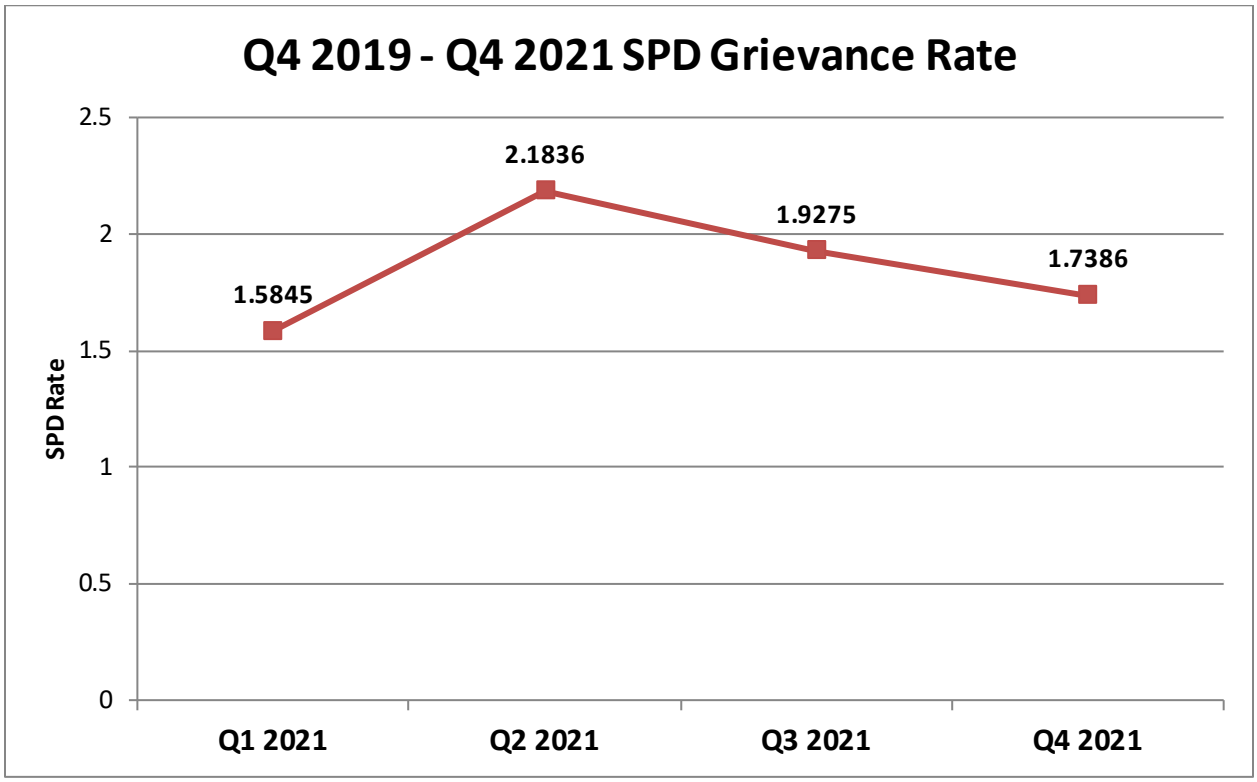
*MO-ACA: Medi-Cal Only Affordable Care Act
*MO-OTLIC: Medi-Cal Only Optional Targeted Low-Income Children
*MO-SPD: Medi-Cal Only Seniors and Persons with Disabilities

Grievances Filed by Seniors and Persons with Disabilities (SPD):

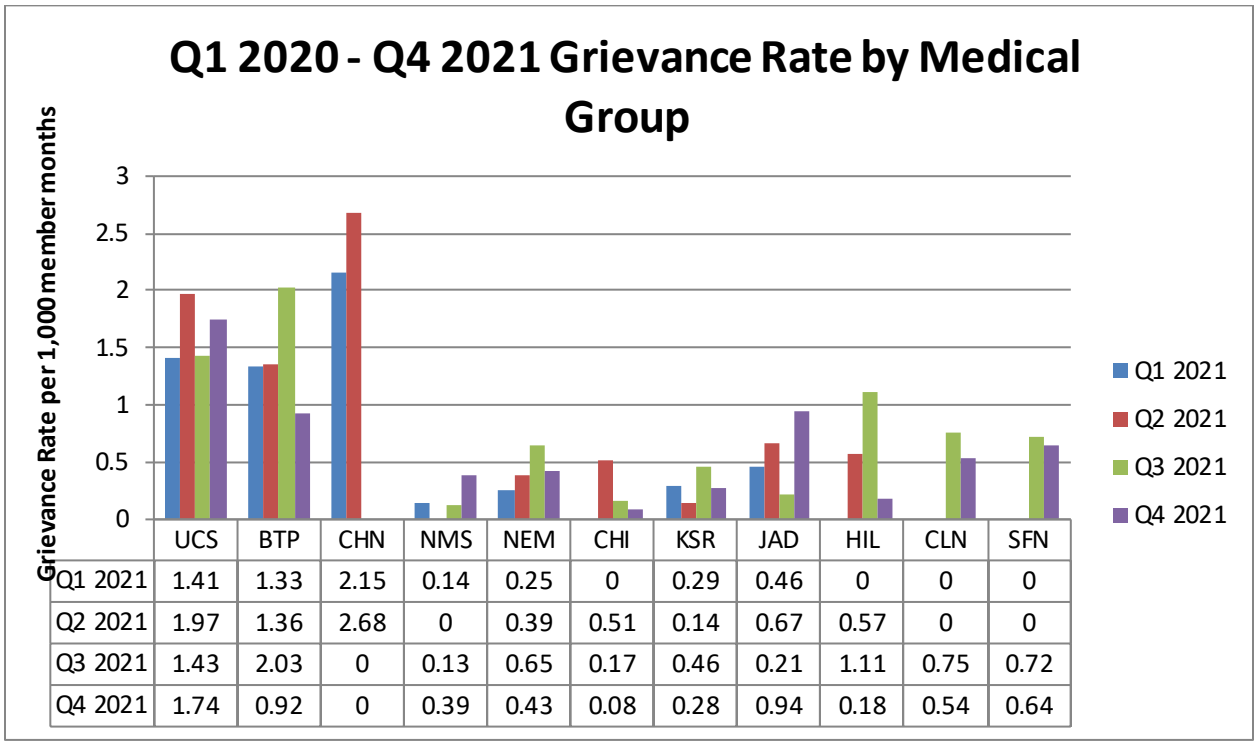
SFHP monitors grievances filed by members who are part of the SPD population.

- In Q4 2021, 48 grievances were filed by SPD members. The number of grievances filed by SPDs increased by 2% compared to Q3 2021 when a total of 47 grievances were filed by SPD members.
- Grievances involving quality of service and quality of care continue to be the most common grievance categories for SPD members. This is similar for grievances filed by non-SPD members.

In comparison, SFHP's SPD grievance rate remains lower than DHCS' SPD grievance rate. Please see the graph above for DHCS' SPD grievance rate.



Grievance Rate by Medical Group:



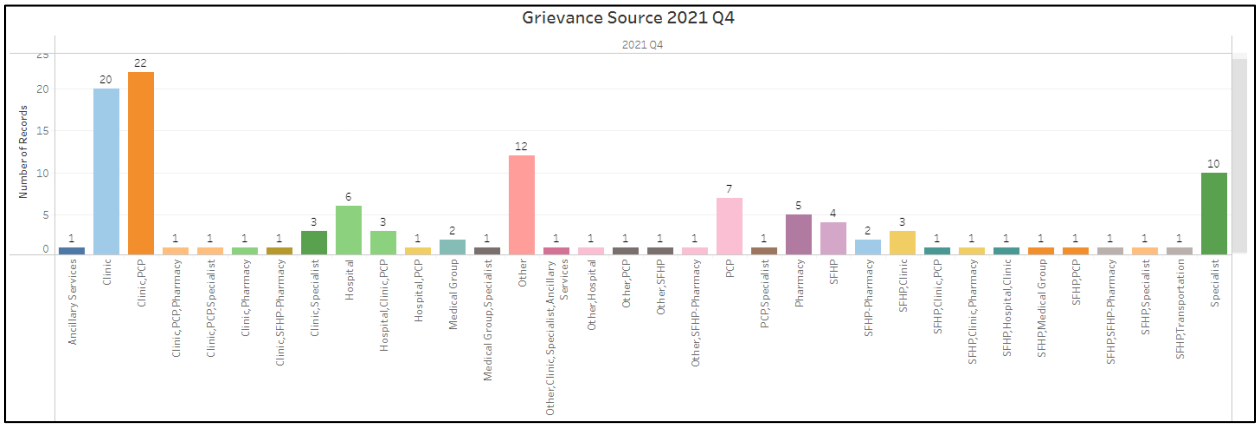
	UCS	BTP	CHN	NMS	NEM	CHI	KSR	JAD	HIL	CLN	SFN
Q1 2021	1.41	1.33	2.15	0.14	0.25	0	0.29	0.46	0	0	0
Q2 2021	1.97	1.36	2.68	0	0.39	0.51	0.14	0.67	0.57	0	0
Q3 2021	1.43	2.03	0	0.13	0.65	0.17	0.46	0.21	1.11	0.75	0.72
Q4 2021	1.74	0.92	0	0.39	0.43	0.08	0.28	0.94	0.18	0.54	0.64

*Includes clinical and non-clinical grievances only.
*Please note CHN split into two new medical groups called San Francisco Health Network (SFN) and Community Clinic Network (CLN) as of July 2021. The next QIC Report will reflect this change.

In Q4 2021, three of the medical group grievance rates increased whereas the remaining seven decreased compared to Q3 2021.

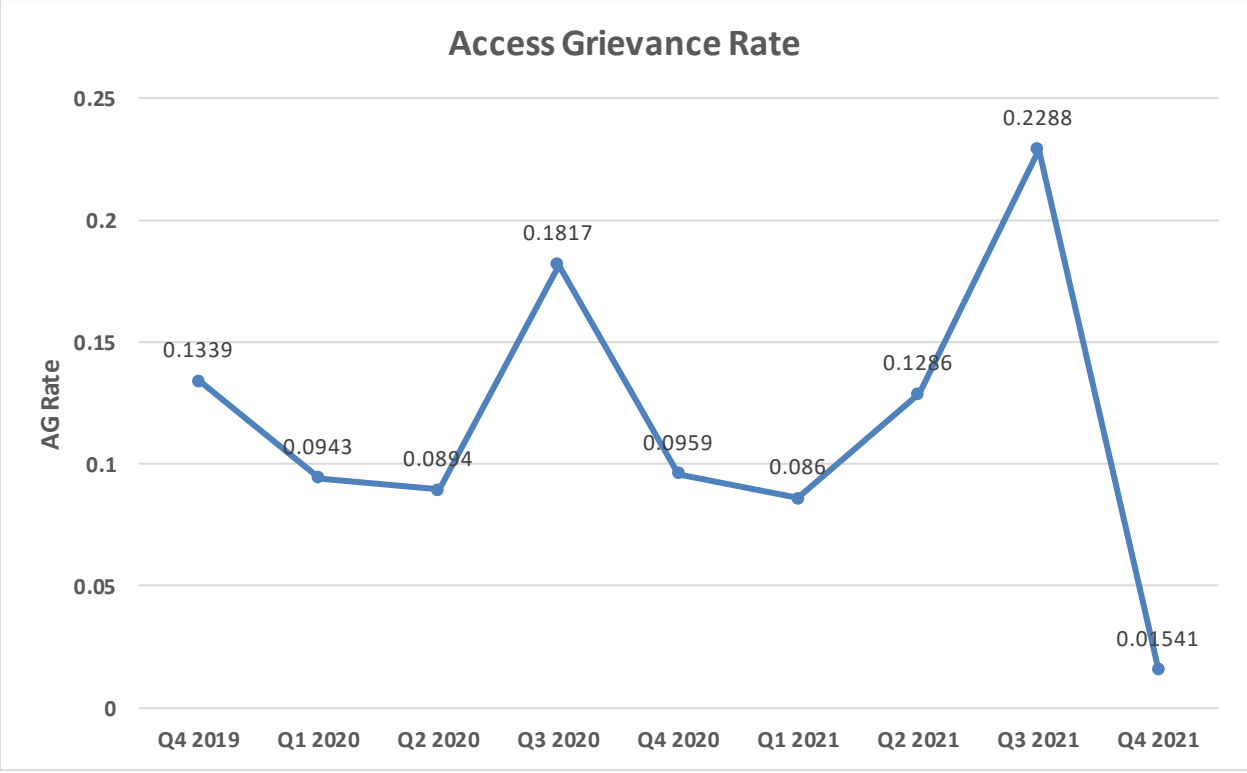
Source of the grievances:

The graph below shows who was involved in the grievance e.g. member's Primary Care Provider (PCP), clinic staff, or specialist. The source of most grievances received in Q4 2021 were those involving services provided by SFHP followed by the member's PCP and clinic.



Access to Care Grievances:

From Q2 2019 to Q4 2019, the access grievance rate increased and then decreased in Q1 2020 and Q2 2020. In Q3 2020, the rate increased significantly. It then decreased in Q4 2020 and Q1 2021 and increased from Q2 2021 – Q3 2021. In Q4 2021 the rate once again decreased.



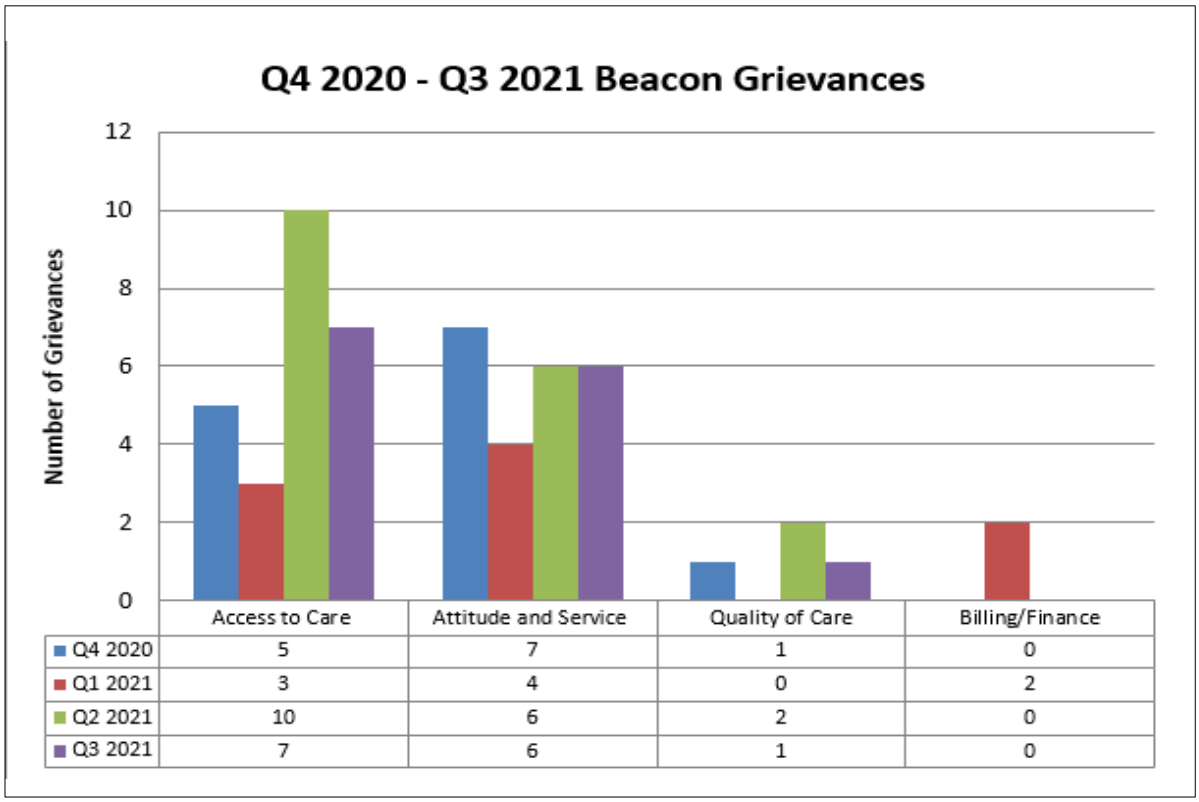
Access Grievances per 1,000 Member Months

Access Grievance Rate By Medical Group

	Quarter Year				
	2020 Q4	2021 Q1	2021 Q2	2021 Q3	2021 Q4
BTP	0.00	0.00	0.00	1.36	3.47
CHI			0.00	0.17	0.00
CHN	0.46	0.64	0.63		
CLN			0.06	0.29	0.18
HIL	0.59		0.57	0.00	0.00
JAD	0.25	0.23	0.00	0.00	0.00
KSR	0.16	0.00	0.00	0.07	0.00
NEM	0.10	0.12	0.17	0.38	0.27
NMS		0.00		0.00	0.00
SFN			0.00	0.14	0.21
UCS	0.16	0.00	0.34	0.58	0.39

Beacon:

Beacon Health Options is SFHP's non-specialty mental health provider. Beacon is partially delegated to process grievances. Most grievances received in Q4 2021 involved Access to Care followed by Attitude and Service. SFHP is currently working with Beacon to improve their services.



	Access to Care	Attitude and Service	Quality of Care	Billing/Finance
Q4 2020	5	7	1	0
Q1 2021	3	4	0	2
Q2 2021	10	6	2	0
Q3 2021	7	6	1	0

Kaiser:

Kaiser is fully delegated to investigate and resolve grievances. At the creation of this report the information for Q3 2021 had not been received. This information will be available in the QIC Q1 2022 report.

SAN FRANCISCO HEALTH PLAN
Here for you

P.O. Box 194247
San Francisco, CA 94119
1(415) 547-7800
1(415) 547-7821 FAX
www.sfhp.org

MEMO

Date:

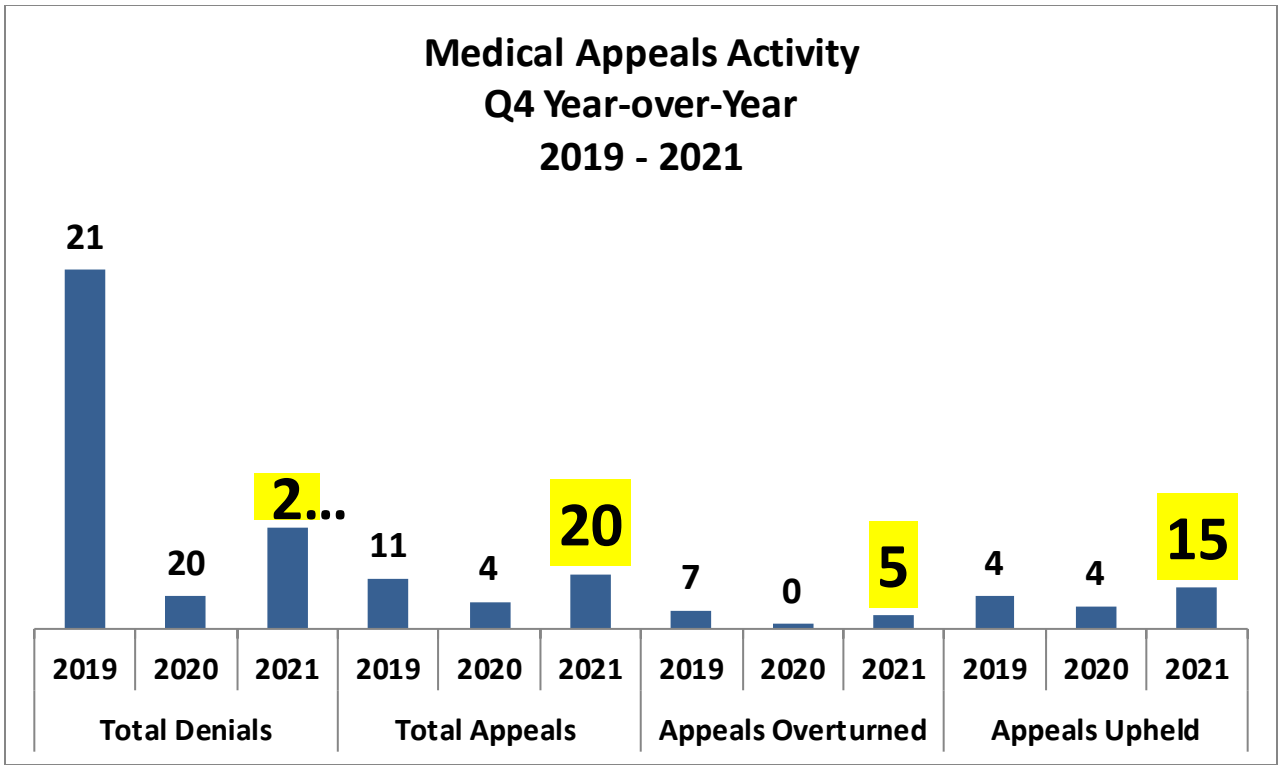
To	**Quality Improvement Committee**
From	**Bill Mace** **Senior Program Manager, Appeals & Grievances** **K. M. McDonald** **Program Manager, Clinical Operations**
Regarding	**Q4-2021 UM Medical and Pharmacy Appeals Activity**

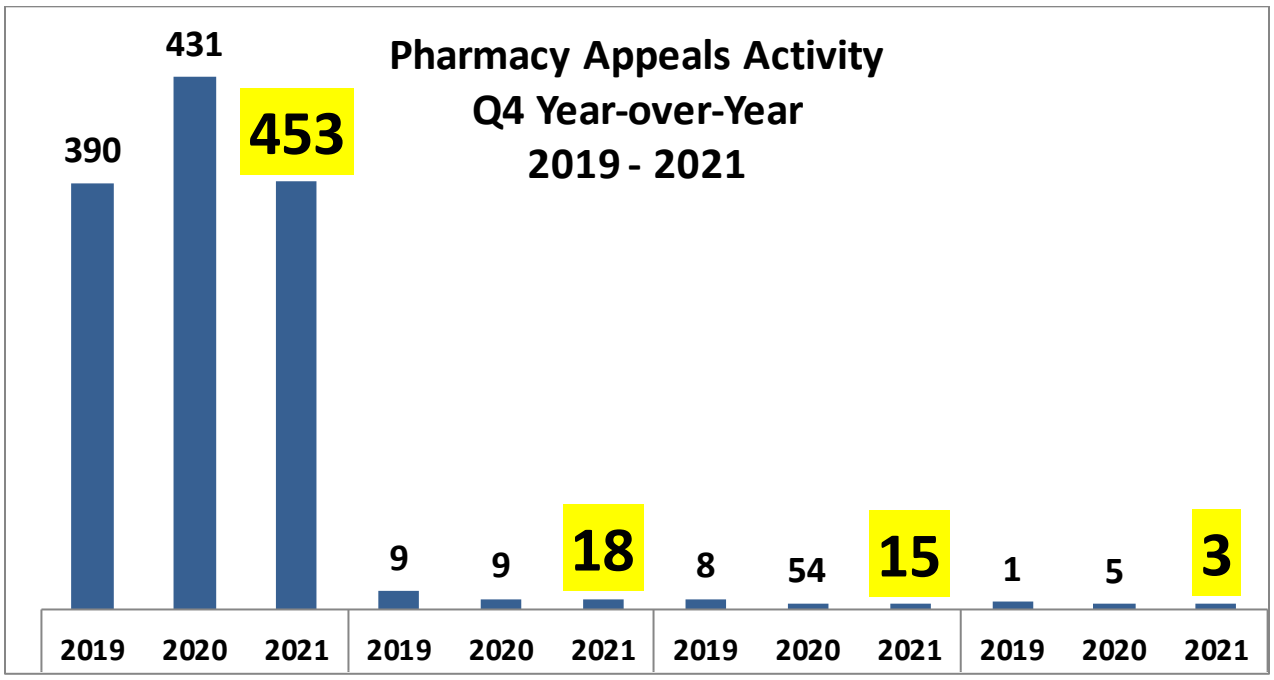
Q4-2021 Appeals Activity – Overview
During Q4-2021, there were a total of 38 appeals filed (medical 20/pharmacy 18)[i]. In Q4-2021, there were a total of 5,952 authorization[ii] requests (medical 3,762/pharmacy 1,856) and a total of 479 denials (medical 26/ pharmacy 453).

On a per 1,000 total authorization basis:
- 6.76 total appeals per 1,000 total authorizations
- 3.56 medical appeals per 1,000 total authorizations
- 3.20 pharmacy appeals per 1,000 total authorizations

Comparing appeal activity in Q4-2021 to Q3-2021:
- 38 appeals in Q4-2021 vs. 21 appeals in Q3-2021
- 6.76 appeals/1000 in Q4-2021 vs. 3.53 appeals/1000 in Q3-2021

Of the 38 appeals in Q4-2021, 20 appeals were overturned (medical 5/pharmacy 15), which is a 52% overturn rate. This compares to a 54 % overturn rate in Q3-2021 (13 overturned out of 24 appeals)





Q4-2019 – Q4-2020 Medical Denial Rates
Between Q1-2021 and Q4-2021, the medical denial rates ranged from 0.32% (Q1-2021) to 0.69% (Q4-2021):

	Medical Authorizations	Medical Denials	Medical Denial Rate
Q1-2021	3,762	12	0.32%
Q2-2021	3,801	13	0.34%
Q3-2021	3,989	22	0.55%
Q4-2021	3,759	26	0.69%

Analysis

Q4-2020 – Q4-2021 Medical Denial Rates

Between Q4-2020 and Q4-2021, the medical denial rates ranged from 2.22% (Q4-2020) to 0.69% (Q4-2021):

	Medical Authorizations	Medical Denials	Medical Denial Rate
Q4-2020	4,373	97	2.22%
Q1 2021	3,762	12	0.32%
Q2 2021	3,801	13	0.34%
Q3-2021	3,989	22	0.55%
Q4-2021	3,759	26	0.69%

Q4-2020 – Q4-2021 Pharmacy Denial Rates

Between Q4-2020 and Q4-2021, the denial rates ranged from 25.52% (Q4-2020) to 24.41% (Q4-2021):

	Pharmacy Authorizations	Pharmacy Denials	Pharmacy Denial Rate
Q4-2020	1,689	431	25.52%
Q1-2021	1,798	498	27.70%
Q2-2021	2,151	543	25.24%
Q3-2021	1,979	360	18.19%
Q4-2021	1,856	453	24.41%

Q4-2020- Q4-2021 Collective Medical & Pharmacy Appeal Rates per 1000 Denials

Between Q4-2020 and Q4-2021, the collective medical and pharmacy appeal rates per 1000 denials ranged from 29.2 (Q4-2020) to 57.4 (Q4-2021):

	Q4-19 - New Methdology		
	Medical + Pharmacy Denials	Medical + Pharmacy Appeals	Medical + Pharmacy Appeals / 1000 Denials
Q4-2020	445	13	29.2
Q1-2021	510	20	39.2
Q2-2021	556	22	39.6
Q3-2021	556	21	37.8
Q4-2021	453	26	57.4

Q4-2021 Collective Medical & Pharmacy Appeal Adjudication Turn-Around-Time

79% of the medical and pharmacy appeals were adjudicated within 30-days in Q4-2021, compared to 100% in Q4 2020 and 100% in Q3 2021.

- The TAT for medical appeals in Q42021 is noted to be significantly lower than target. During Q4 2021, SFHP experienced a loss of staffing resources in all areas of the G&A unit: G&A coordinators, Quality Review RN and G&A Management staff. SFHP acted immediately in Q4 to 1) Initiate daily cross department huddles with Compliance, Provider Network Operations and Customer service to address ongoing needs around grievance and appeals cases and 2) SFHP engaged external consultant resources to cover all of the open positions and will continue to engage consulting resources until such time as unit is fully staffed.
- We will continue to monitor both the Grievance and Appeals TAT and adjust processes, staffing as required to meet the needs in this high priority area

	Q4-2021		
	Total (Med + Pharm)	**Medical**	**Pharmacy**
Number (#) of Appeals	38	20	18
Percentage (%) of Appeals Adjudicated within 30-days	79%	42%	83%

Q4-2021 Member and Provider Appeal Activity

Of 38 appeals filed in Q4-2021, 97% were member (37) initiated and 3% were provider (1) initiated.

Of all appeals filed in Q4-2021, 3 appeals were expedited.

		Q4-2021		
		Total (Med + Pharm)	**Medical**	**Pharmacy**
Member	**# of Initiated Appeals**	34	12	11
	% of Total Appeals	89%	32%	29%
	# of Initiated Appeals	4	8	7

Provider	**% of Total Appeals**	10%	21%	18%
Member	**# of Expedited Appeals**	3	1	2
	% of Initiated Appeals	40%	3%	53%
Provider	**# of Expedited Appeals**	0	0	0
	% of Initiated Appeals	0%	0%	0%

Q4-2021 Basis for Overturned Appeals

Of the 19 overturned appeals in Q4-2021 4 were Medical 15 Pharmacy appeals.
:

	Q4-2021		
	Total (Med + Pharm)	**Medical**	**Pharmacy**
# of Overturned Appeals	19	4	15
% of Total Appeals	50%	11%	39%

Actions

The Utilization Management Committee's (UMC) standing agenda item is to review and discuss upheld and overturned medical and pharmacy utilization management appeals. The discussion and decision highlights are reflected in the UMC minutes.

---

[i].

ii Source for Medical data:, the following data classes are no longer counted in the authorization (auth) total:

- D Class auths - created in error.
- I Class auths - closed cases.
- O Class auths: Authorization Not Required; Duplicate Authorization; Medi-Medi Members; Other Payer; QNXT Failure; Created in Error.
- Additionally, any A Class auths (medical) and pharmacy auths associated with the following statuses were not counted: voids, retrospective, approved by PDRs, closed, pending, received, and early closed.

Source for Pharmacy data: email from (2/3/2022).

SAN FRANCISCO HEALTH PLAN
Here for you

P.O. Box 194247
San Francisco, CA 94119
1(415) 547-7800
1(415) 547-7821 FAX
www.sfhp.org

Date: February 3, 2022

To	**Quality Improvement Committee**
From	**Bill Mace** **Senior Manager,** **Appeals & Grievances**
Regarding	**Q4, 2021** **Potential Quality Issue Report**

Case Reviews

Q4 2021 - Case types reviewed	**Count**
Total cases reviewed for PQI	**224**
Appeals	38
Decline to File Grievances (Clinical)	61
Grievances (Clinical)	122
Internal referrals (not including grievances)	4**
External referrals	0
Provider Preventable Condition (PPC)	0

Outcomes	**Count**
Opened for PQI investigation	4**
Formal PQI investigation (PQI letter)	1**
Cases requiring external physician review or peer review	0**
Confirmed Quality Issue	0**
PQI cases resulting in Corrective Action Plan (CAP)	0**
Confirmed Provider Preventable Condition (PPC)	0**
PQI cases closed within 60-day turnaround time	2**
PQI cases closed outside 60-day turnaround time	2**

*Data retrieved from Ramp 937 and 0390ES PQI Case Reports

PQI Final Determination
PRACTIONER PERFORMANCE AND SYSTEM RANKING

Severity Level (P= Provider Issue S= System Issue)	Definition	Action/Follow-up	Final case status notes in Essette
P0/S0	Care appropriate.	No action required. Resolution notification sent to provider as applicable.	P0/S0 - No confirmed quality issue
P1/S1	Minor opportunity for improvement. No actual adverse outcome to member.	Notification to provider confirming quality issue. Notification may include Improvement Opportunity recommendation.	P1/S1- Confirmed Minor Quality Issue (CQI)
P2/S2	Moderate improvement opportunity and/or care deemed inappropriate. Potential/actual minor or moderate adverse outcome to member.	Notification to provider confirming quality issue. Medical Director/designee may request peer review, offer Improvement Opportunity recommendation, and/or corrective action. Peer review outcome documented in case notes.	P2/S2–Confirmed Moderate Quality Issue (CQI)
P3/S3	Significant opportunity for improvement and/or care deemed inappropriate. Potential/actual significant adverse outcome to member.	Notification to provider confirming quality issue. Medical Director/designee may request peer review, offer Improvement Opportunity recommendation, and/or corrective action. Peer review outcome documented in case notes. Referral to Physician Advisory Committee (PAC) for review and/or recommendations.	P3/S3– Confirmed Significant Quality Issue (CQI)

Analysis: No trends identified during Q4 2021

` 	**Utilization Management Committee (UMC)** **3 November 2021** **2PM – 3:30PM (Special 1.5 hr. session)** **Meeting Invite / Conference connection through Microsoft Teams**	
Meeting called by:	Matija Cale	
Type of meeting:	Mandatory – Monthly Recurring	**Recorder:** K. M. McDonald
Present:	**Clinical Operations** Matija Cale, Monica Baldzikowski; SeDessie Harris, Tamsen Staniford; Kirk McDonald; April Tarpey; Morgan Kerr; Tony Tai; Fiona Donald **Pharmacy** Lisa Ghotbi, Li Roseland, ~~Tammy Chau~~, Jessica Shost	**Compliance** Betty DeLos Reyes Clark; Crystal Garcia **Access and Care Experience** Jesse Chairez, Grace Carino, Nicole Ylagan, ~~Ralph Custodio~~ **Guest** Courtney Spalding; Debra Hagemann (ClearLink Partners)
Not Present: Ravid Abraham (as of 10.21 is no longer with SFHP) Ralph Crowder (as of 10.21 is no longer with SFHP).	Ralph Custodio (OOO); Tammy Chau (OOO)	
Quorum (details after the *Action Items* section below)	• Chief Medical Officer, MD (Fiona) • Senior Medical Director: (vacant as of 10.28.21) • Director, Clinical Operations, RN (Matija) • Senior Manager, Prior Authorization, RN (Monica) • Manager, Concurrent Review and Care Transitions, RN (SeDessie) • UM Nurse Manager, Prior Authorizations, RN (Tamsen) • Program Manager, Clinical Operations, PhD (Kirk) • Director, Pharmacy, Pharm. D. (Lisa)	

	• Manager, Pharmacy: (vacant as of 10.21) Not Present:
Documents Presented:	DRAFT_Agenda_UMC_Nov_v11.3.21 09_Final_MInutes_UMC_Sept_v9.30.21 Jesse_Appeals_November_v11.03.21 Betty_SFH.IMR.CC_UMC Report_2021.11.03 **Metrics** (There was no UMC meeting in October 2021, so the metrics reflect activity from 9.2 – 10.29.) • CMO HS Dashboard Jul 2021_08 31 21 • UM Director Dashboard_Aug 2021_09 14 21 • UM Director Dashboard_Sep 2021_10 15 21 • ClinicalOperations_KPI-Dashboard_August2021_Inaugural-Tableau_v9.16.21 • Tableau_Version_Clinical Operations Dashboard_v10.18.21 • TonyTai_UM Phone Metrics - September 2021_v10.5.21 • Pharmacy_Dashboard_Aug 2021_09_27_21 • Pharmacy_Dashboard_Sep 2021_10_26_21 • EssetteAuths_August 2021_9 15 2021 • EssetteAuths_September 2021_10 18 2021 **Policies/Criteria** • Non-Genital_Gender_Criteria_MK edits • Genital_Gender_Criteria_MK edits • PP_CO_(CO-22)_Authorization_Requests_2021.10.21 • PP_CO_(CO-57)_UM Clinical Criteria_2021.10.21 **MCG Materials** • MCG 25 edition SOC notes • MCG 25th Edition Summary of Changes Slides • MCG 25th_Edition_Summary of Changes Document **Pharmacy – Enteral Related Documents** • Enteral • List_of_Covered_Enteral_Nutrition_Products_v0.1_ (1)

	• Medi-Cal-Rx-Scope-09-04-2020 **DMG Report** • April_DMG_Quality_Tracking_v11.02.21

Consent Calendar

ITEM #	Document	Review Schedule	Outcome
1.	UM Program Description UM1_ElemA_Factors1,3,5,6_2020_UMProgDescrip_v9.17.20	• Annual (Q1) • Evote (2.26.21)	• Approved by quorum.
2.	UM Program Evaluation 1.1.A.1_DHCS_UMProgEval-2020_v1.14.21a	• Annual (Q1) • Evote (2.26.21)	• Approved by quorum.
3.	Specialty Referral Report Q2/Q3 – 2020	• April 2021 UMC Meeting	• Reviewed by UMC; will need to provide a metric improvement (details below).
4.	Internal Audit of Authorization Requests Report Q1-2021	• August 2021 UMC Meeting	• Approved by quorum.
5.	Specialty Referral Report Q4-2020	• August 2021 UMC Meeting	• Approved by quorum
6.	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing	• August 2021 UMC Meeting	• All three criteria documents were approved by quorum.
7.	• MCG, the 25^{the} edition • MCG Upgrade/changes	• Nov 2021 UMC Meeting	• Approved by quorum
8.	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services	• Nov 2021 UMC Meeting	• Both documents were updated to align with Senate Bill SB-855. A requirement of DHCS/DMHC. • Approved by quorum.
9.	CO-57 – UM Clinical Criteria CO-22 – Authorization Requests		• .

10	Annual benchmark updates for the utilization trending tableau report	• Dec 2021 UMC Meeting	•
11	Internal Audit of Authorization Requests Report Q2-2021		•
12	Specialty Referral Report Q1-2020		•
13	2021 Utilization Management Program Description Annual Review and Approval		•
14	2021 Utilization Program Evaluation Annual Review and Approval	• Jan 2022 UMC Meeting	•

Agenda

	Topic	Brought By	Time	MINUTES
1.	Standing Items: • Approval of minutes • Action Items review • Parking lot review • Medical/Pharmacy Directors' Dashboards	Matija	2:00 – 2:10	• November Agenda reviewed. • September Minutes o (No UMC meeting in October 2021.) o Approved by quorum. • Director Dashboard o The following metrics (9.21 set) were reviewed: ▪ Daily Inpatient Census • Trending down ▪ Maternity Kick • Trending up ▪ Claim Edits • Trending down given the configuration adjustments made. • Monica is still working on further adjustments. o Tableau Report - Clinical Operations KPI [Key Performance Indictors) Dashboard - September 2021 ▪ Authorizations increase by 25%. ▪ Denial rates continue to remain low. ▪ Membership has increased. ▪ Total admissions increase due to the takeover of the CLN membership. • Pharmacy Dashboard

Commented [MK1]: This is the inaugural review of this new dashboard.

				○ With the transition of the pharmacy services to the State, will begin including Healthy Workers data. ○ Reviewed the following tables (9.21 set): ▪ On review of the dashboard's tables, the Pharmacy team shared the metrics are universally stable. • Action Items ○ See Updates below
	• Medical/Pharmacy Appeals: Upheld and Overturned • Independent Medical Review (IMR) • State Fair Hearings (SFH) • Consumer Complaints	• April – DMG appeal cases • Tamsen – CHN/UCSF cases • Jessica – Pharmacy Appeals • Kandice/Betty	2:10 – 2:25	• Appeals – No change to either UM or Pharmacy processes or policies. ○ UM – Appeals – 6 ▪ Upheld appeals – 5 ▪ Overturned appeals – 1 ○ Pharmacy – Appeals - 10 ▪ Upheld appeals – 7 ▪ Overturned appeals – 3 • Compliance –.10 ○ IMR – 1 ○ SFH – 2 ○ Consumer Complaints – 7
2.	GAFS criteria alignment with WPATH (DMHC SB-855)	Monica	2:25-2:40	• UMC voted approve the inclusion of the SB-855 requirement updates. ○ This will allow Clin Ops GAFS criteria to be in step with WPATH. ○ Clin Ops has been practicing these requirements prior, so there is no audit issue when files are retrospectively reviewed. ○ The redline versions are posted in the UMC SharePoint folder. • The updates are a stop-gap measure until the draft GAFS criteria is approved. • The updated versions are posted on SFHP's website.
3.	MCG Criteria	Courtney	2:40 – 2:50	• MCG went live on 9.24.21. • The 25^{the} edition MCG Upgrade/changes ○ Details of the changes are in the following documents: ○ MCG 25 edition SOC notes ○ MCG 25th Edition Summary of Changes Slides

				○ MCG 25th_Edition_Summary of Changes Document • There is a new NCQA requirement that physicians practicing in our network need to be involved in our criteria development/approval process, so we will need to present at QIC annually as an agenda item vs. being a consent item.
4.	• CO-57 PP (UM Clinical Criteria) • CO-22 PP (Authorization Requests) Tabled December 2021 UMC Meting	Morgan	2:50–2:55	• Need to vote to approve PP updates.
5.	• NCQA Mock Audit Update	Kirk/Matija	2:55-3:05	• High-level review of Diane's feedback • The October mock audit was limited in scope: ○ UM-2 (Criteria): updated CO-57; will begin the annual QIC agenda review in February 2022. ○ UM5, element G (TAT): the table has been updated to only include denials. ○ UM-12, elements A &B: Clin Ops is on track with the DTP, the metric table, and the report. ○ File reviews of DMGs showed some areas of improvement required and will be addressed. • Overall, Clin Ops is well positioned to pass the required points for accreditation in the UM standards.
6.	• Facial feminization - DMG education – update • Was tabled from September 2021 UMC meeting	April	3:05 – 3:20	• Preparing the first DMG workgroup agenda. • Proposed topics: ○ UM reporting updates (ensuring DMGs are reporting correct denial reasons aka Benefit vs Medical Necessity). ○ -APL Updates including Letter 20-018 (Ensuring Access to Transgender Services) and how this applies to approving facial feminization surgery as medically necessary in the presence of gender dysphoria. ○ -Quarterly file reviews and areas of improvement in denial files.

				• Delegation Oversight Team is working on scheduling the first round of the DMG workgroup meetings.
				• Update on what where DMGs are now with Quarterly audit.
				  ○ Held Zoom meetings during Q1-21 and Q2-21 and show major improvements.
				  ▪ Refer to the document *April_DMG_Quality_Tracking_v11.02.21.*
				  ○ The Q3-21 meeting will focus on prepping for the formal upcoming audits.

7.	CPAP follow-up	Tamsen	3:20–3:25	• Need to provide a 6-month impact analysis of the PA removal and report to UMC 11.03.21 • Pondera over-billing alerts confirm no increased billing of CPAP and supplies after PA removal. ○ Alert is still in place for continued review by program integrity group. • Propose closing item given Pondera alert is working as intended and identified no increased billing.
8.	Recap / Action Item Review	Kirk	3:25 – 3:30	•

11.03.21 – Action Items

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Monica	• Meet with Fiona, Betty regarding the case where a Member received approval for 7 in-office visits at Stanford and received a skin tag removal (12/9 visit), which is considered a cosmetic procedure, but we approved payment.	•
2.	Lisa	• To research if Dexcom is market available.	•
3.	Lisa / Jessica	• Appeal MA211019001 for TACROLIMUS 0.1% • Is this medication covered by Medicaid/Medi-Cal?	•
4.	Betty / SeDessie (?)	• Expedited consumer complaint (8.21.21) re. disenrollment. • Will discuss with the CCR Team further. ○ Better decision tree for handling disenrollments.	•

		○ Need to handle on a case-by-case basis.	

9.01.21 – Action Items

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Lisa Ghotbi	• Address the Enteral nutritional products in the Medicaid Pharmacy Project	We have conflicting documents from DHCS. • The Medi-Cal Rx Scope document lists enteral nutrition as 'partial' meaning that it can be dispensed either in the medical benefit OR the pharmacy benefit. This is good news because this maintaining is our current state that we fought for with DHCS. • The actual DHCS Enteral policy (enteral.pdf) still states that enteral nutrition can only be a pharmacy benefit. • The list of covered enteral nutrition products was updated in May 2021 and seems to be come complete and more aligned with our most commonly utilized products. This is good news because members won't have to switch products. • In summary, I think we are in good shape with regard to enteral

			nutrition access through the transition however, I would feel better about it if the actual policy was updated to reflect that medical billing and medical providers can supply enteral nutrition along with tubing and supplies.
2.	Betty	• Following up on SFH request regarding Stanford and whether an in-office procedure was medically necessary or a cosmetic procedure.	(email - Sun 10/31/2021 6:05 PM) • Member received approval for 7 in-office visits at Stanford. • Though the skin tag removal (12/9 visit) is a cosmetic procedure, Stanford should have known this requires a separate authorization and submitted a PA for us to make a determination (regardless of whether Stanford thought that we would cover this). Would recommend following up with Stanford about this. • It is recommend (by the Senior Medical Director / Ravid) we reimburse the member this one time for the additional $200 paid for the skin tag removal (12/9 visit) as…it seems unfair to expect the member to

			know she needed a second auth for the skin tag removal if she already received a letter stating that the follow up visits would be covered. We should, however, make it clear to the member that this is a one-time exception and that any further procedures at Stanford require a PA.

3.	Jesse	• To be further investigate:
		  ○ Slide 3, *Who Submitted?*
		  ▪ What are possible reasons for the increase in members submitting appeals?
		  ○ Slide 5, *Member Appeal – UM vs. Pharmacy vs. Other*
		  ▪ What are the possible reasons for the increase in UM member appeals vs. Pharmacy member appeals?
			• I was unable to find a possible reason for the increase in UM appeals vs Pharmacy Appeals
			• There were about 20 appeal cases submitted in Q1 2021.
			  ○ There were 24 cases in Q2 2021

Legend

1	= Need Update
2	= In progress
3	= Completed
4	= On Hold

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
3.17.20	Monica / Jim	Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers.	On hold to further notice.	4
1.19.21	Monica	> PA TAT Tables: formally requesting IT Team to assist in correcting this issue	11.3.21 – still in process.	2
12.15.20	Tamsen	> CPAP follow-up > Working w/ Katy Shaffer to dive deeper into the utilization data. > Need to provide a 6-month impact analysis of the PA removal and report to UMC.	11.03.21 Completed	3
2.16.21	Monica	> No prior authorization will be required for BPM. > Work with the Configuration Team to set BPM benefit limits. > Work with the Fraud, Waste Abuse Team (Compliance) regarding ability for Pondera software to monitor BPM claims. > Work with PNO	11.3.21 • Identified provides who can provide BPM services through the medical benefits. • Working with the Pharmacy Team about costs and whether an authorization will be required for non-par providers. • Discussed whether to include a note in a member's Essette 360 file.	2

		regarding access to quality BPMs at Medi-Cal prices.		
2.16.21	Matija	> Will track the Governor's budget to confirm CGMs are a confirmed Medi-Cal benefit. and if coverage date remains	11.3.21: • No SF pharmacies carry DME licenses. • State has created draft documents for covering CGMs through Medi-Cal Rx. • CGMs will continue to be available through medical benefit via Advanced Diabetes Supply and Mini Pharmacy, now both contracted with SFHP. • Home BP monitors will be available through contracted DME vendors identified by PNO.	2
2.16.21	Tamsen	> Will follow-up with the Pharmacy/PNO for potential of local pharmacies having/obtaining licenses to supply DME in order to provide DME like CGMs after Medi-CalRx go-live	11.3.21 • CGMs will be available through the Medi-Cal Rx benefit. • Discussed whether Dexcom CGMs are market available. o Lisa will follow-up; see action item below.	2
2.16.21	April	> Update CO-57 and the Provider Manual to reflect the delegate clinical criteria hierarchy monitoring process and state SFHP's criteria hierarchy will be applied to appeals	11.2.21 Sean (Provider Relations) confirmed this language was added to the provider manual back in June 2021. Completed	3

6.2.21	Lisa Ghotbi	Follow-up was for the appeal - MA210426003: > Do more requests for ENTERAL NUTRITION PRODUCTS come through the pharmacy auth process or the clin op process? > What is the auth split? > The need to align the Rx/Med criteria as an opportunity for improvement. > The ESPDT challenge of supplements is the need to include a tapering criteria requirement, transition plans to move off the enteral nutrition product. > Something to consider placing in criteria	11.3.21 - completed	3
6.2.21	Angie / Monica / Tamsen	> GAFS Hair reduction criteria are missing from the MGC gap analysis.	11.3.21 – On Hold	4
6.2.21	Pharmacy Team	> Requested to have access to all the GAFS Workgroup materials when the Workgroup is launched.	11.01.21 - Completed	3

6.16.20	Monica	Will review the Private Duty Nursing EPSDT criteria at the June 2021 UMC meeting	11.1.21 – completed. Reviewed with Senior Medical Director and CMO, decided not to move forward with MCG criteria at this time.	3
7.7.21	April	• Appeal MA210602001 • Work with NEMS to reeducate about facial feminization surgical services and benefits.	11.1.21 - Completed	3
7.7.21	Kirk	• To handle the follow-up questions about the Benchmark draft report: o ALOS metrics § Are these ONLY for DMGs who are delegated UM, or for all of the DMGS? o Inpatient Acute Days metrics § Do these figures include acute rehab, SFNF data? o ER metrics § The lower the benchmark (reverse) is better, therefore, the lower HEDIS percentiles	10.28.31 - will be on the December 2021 UMC agenda. Will vote.	2

		are the ideal benchmarks.		
8.04.21	Matija	• Appeals MA210624001 and MA210629001 • Will follow up with the MCG representative regarding the original denials, based on the current MCG algorithms, and being overturned based on input from MRIoA.	11/1/21- Ravid unable to provide additional samples. Will table this and ask appeals team to track and see if we need to reach out to MCG if we continue to overturn their criteria based on MRIoA.	2
8.04.21	Monica	• Regarding the overturned UM appeal (MA210706002) • Need to ask PNO who is the in-network provider for orthopedic (joint) consultation.	11.3.21 – CCHN/DMG related issue; redirected to Ralph/April (11.4.21).	2
8.04.21	Monica/Matija	• Evaluating on whether to continue the current Specialty Referral follow-up process or to modify the process.	11.3.21 - Completed. Starting with the Q2/Q3-2021 outreach, the strategy is changed to: > An eFax list of members whose auths are still open (not attached to a claim) will be sent to the CHN clinics. > The Program Manager, Clinical Operations (Kirk) will be responsible for the outreach moving forward. > Maxine has collated a list of the CHN clinics fax numbers. >Kirk will be meeting w/ Maxine on Friday (11.12.21) to test run the eFax outreach strategy.	2
9.15.20	Monica	> Will work with PNO about the GAFS	11.3.21 – on hold	4

		surgeons' proposal for increasing their ownership role in surgery coordination.		

Parking Lot

ITEM #	OWNER	ACTION ITEMS	STATUS
1.		•	•
2.		•	•
3.		•	•

Membership and Voting Rights	The UMC membership, with voting rights on all motions, consists of: • Chief Medical Officer, MD • Associate Medical Director, MD • Senior Manager, Prior Authorization, RN • UM Nurse Manager, Prior Authorizations, RN • Manager, Concurrent Review and Care Transitions, RN • Program Manager, Utilization Management, PhD • Director, Pharmacy, Pharm.D. • Manager, Pharmacy, RPh. The UMC membership, with voting rights limited to behavioral health and mental health motions, consists of: • Director of Clinical Services – Beacon Health Options (ad hoc) ○ Valid State Clinical License required (RN, LCSW, LMFT, PhD or PsyD) • Medical Director (MD/ Psychiatry) – College Health IPA (Beacon Health Options) (ad hoc)
Quorum	• A quorum of the UMC is five members with at least one representative from Clinical Operations, Pharmacy, and the Medical Director staff. • At least one behavioral health representative must also be in attendance to conduct any business related to behavioral health benefits.

Appendix

AuthSubClass: September 2021

AuthSubClass	Total Count
Acute Inpatient	463
Acute Rehab	1
Chemotherapy	29
Diagnostics and Procedures	186
Dialysis	16
Durable Medical Equipment	117
ED to IP	2
Home Health Care	23
Home Hospice	3
Home Infusion	9
Maternity	90
Medical Supplies	100
Office Visits	599
Orthotics & Prosthetics	37
Outpatient Services	135
Pediatric/Neonatal	40
Portal DME/Med Supplies	4
PT, OT, ST	67
Radiation Oncology	14
Radiology	139
Skilled Nursing Facility	40
Surgeries with Anesthesia	50
Transgender Services	57
Transportation	21

Authorizations by Type: September 2020 to September 2021

Month	Year	Inpatient Auth Count	Outpatient Auth Count
September	2020	502	1220
October	2020	584	1348
November	2020	577	1118
December	2020	540	1195
January	2021	545	1314
February	2021	526	1335
March	2021	545	1314
April	2021	567	1519
May	2021	574	1543
June	2021	590	1472
July	2021	693	1562
August	2021	701	1708
September	2021	545	1314

AuthSubClass per 1000: September 2020 to September 2021

AuthSubClass	Per 1000
Acute Inpatient	202.742
Acute Rehab	1.413
Carve-Out	0.878
Chemotherapy	11.611
Diagnostics and Procedures	63.901
Dialysis	1.719
Durable Medical Equipment	70.013
Home Health Care	12.414
Home Hospice	0.573
Home Infusion	5.271
Maternity	45.033
Medical Supplies	54.085
Office Visits	261.526
Orthotics & Prosthetics	14.094
Outpatient Services	38.463
Pediatric/Neonatal	18.945
Portal DME/Med Supplies	2.597
PT, OT, ST	31.626
Radiation Oncology	8.136
Radiology	72.075
Skilled Nursing Facility	19.289
Surgeries with Anesthesia	22.917
Transgender Services	28.723
Transportation	11.955

` 	**Utilization Management Committee (UMC)** **16 December 2021** **9AM – 10:00AM** **Meeting Invite / Conference connection through Microsoft Teams**	
Meeting called by:	Matija Cale	
Type of meeting:	Mandatory – Monthly Recurring	**Recorder:** K. M. McDonald
Present:	**Clinical Operations** Matija Cale, Monica Baldzikowski; SeDessie Harris, Tamsen Staniford; Kirk McDonald; April Tarpey; Morgan Kerr; Tony Tai; Fiona Donald **Pharmacy** Lisa Ghotbi, Li Roseland, Tammy Chau, Jessica Shost	**Compliance** Betty DeLos Reyes Clark; Crystal Garcia **Access and Care Experience** Nicole Ylagan **Guest** Debra Hagemann (ClearLink Partners)
Not Present: Ravid Abraham (as of 10.21 is no longer with SFHP) Ralph Crowder (as of 10.21 is no longer with SFHP).	Grace Carino (OOO)	
Quorum (details after the *Action Items* section below)	• Chief Medical Officer, MD (Fiona) • Senior Medical Director: (vacant as of 10.28.21) • Director, Clinical Operations, RN (Matija) • Senior Manager, Prior Authorization, RN (Monica) • Manager, Concurrent Review and Care Transitions, RN (SeDessie) • UM Nurse Manager, Prior Authorizations, RN (Tamsen) • Program Manager, Clinical Operations, PhD (Kirk) • Director, Pharmacy, Pharm. D. (Lisa) • Manager, Pharmacy: (vacant as of 10.21)	

	Not Present:
Documents Presented:	DRAFT_Agenda_UMC_Dec_v12.15.21 DRAFT_Minutes_UMC_Nov_v11.3.21 **Metrics** UM Director Dashboard_Oct 2021_11 12 21 UM Director Dashboard_Nov 2021_12 15 21 Tableau_Clinical Operations Dashboard_Nov-2021_v12.15 Tony_UM-Phone-Metrics - October 2021_v11.5.21 Tony_UM Phone Metrics - November 2021_v12.15.21 Betty_SFH.IMR.CC_UMC Report_2021.12.16 **Policies/Criteria** PP_CO_(CO-22)_Authorization_Requests_2021.10.21 PP_CO_(CO-57)_UM Clinical Criteria_2021.10.21 **Consent Calendar** FINAL_UMAdverseDecisionAuditReport_Q2-2021_v9.16.21 DRAFT_Proposed_Benchmark_Updates_2021_v11.11.21 FINAL_Draft_2021-UMProgDescrip_v12.15.21

Consent Calendar

ITEM #	Document	Review Schedule	Outcome
1.	UM Program Description UM1_ElemA_Factors1,3,5,6_2020_UMProgDescrip_v9.17.20	• Annual (Q1) • Evote (2.26.21)	• Approved by quorum.
2.	UM Program Evaluation 1.1.A.1_DHCS_UMProgEval-2020_v1.14.21a	• Annual (Q1) • Evote (2.26.21)	• Approved by quorum.
3.	Specialty Referral Report Q2/Q3 – 2020	• April 2021 UMC Meeting	• Reviewed by UMC; will need to provide a metric improvement (details below).

4.	Internal Audit of Authorization Requests Report Q1-2021	• August 2021 UMC Meeting	• Approved by quorum.
5.	Specialty Referral Report Q4-2020 / Q1-2021	• August 2021 UMC Meeting	• Approved by quorum
6.	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing	• August 2021 UMC Meeting	• All three criteria documents were approved by quorum.
7.	• MCG, the 25^{the} edition • MCG Upgrade/changes	• Nov 2021 UMC Meeting	• Approved by quorum
8.	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services	• Nov 2021 UMC Meeting	• Both documents were updated to align with Senate Bill SB-855. A requirement of DHCS/DMHC. • Approved by quorum.
9.	CO-57 – UM Clinical Criteria CO-22 – Authorization Requests	• Dec 2021 UMC Meeting	• Approved by quorum
10	Annual benchmark updates for the utilization trending tableau report		• Vote limited to 2022 QI Measure: Utilization of Service – Inpatient Admissions. o Quorum approved the QI Measure • Balance of benchmarks on hold pending Business Analytics final review.
11	Internal Audit of Authorization Requests Report Q2-2021		• No vote required. • Documenting review and discussion by the UMC.
12	2021 Utilization Management Program Description Annual Review and Approval		• Approved by quorum
13	Specialty Referral Report Q2/Q3-2021	• Feb 2022 UMC Meeting	•
14	2021 Utilization Program Evaluation Annual Review and Approval	• Feb 2022 UMC Meeting	•

Agenda

	Topic	Brought By	Time	MINUTES

1.	Standing Items:
	• Approval of minutes
	• Action Items review
	• Parking lot review
	• Medical/Pharmacy Directors' Dashboards
		Matija	9:00 – 9:10	• Agenda reviewed.
				• Director Dashboard
				  ○ Reviewed metrics
				• Pharmacy Dashboard
				  ○ The Pharmacy Team is currently updating the dashboard given the new pharmacy structure starting in 2022.
				  ○ Will tentatively present a dashboard at the January 2022 UMC meeting.
				  ○ Lisa provided the update - Dexcom CGMs now covered under Pharm Carve-out.
				• Action Items
				  ○ See Updates below

	• Medical/Pharmacy Appeals: Upheld and Overturned
	• Independent Medical Review (IMR)
	• State Fair Hearings (SFH)
	• Consumer Complaints
		• April – DMG appeal cases
		• Tamsen – CHN/UCSF cases
		• Jessica – Pharmacy Appeals
		• Betty
			9:10 – 9:15	• Appeals
				  ○ Due to resource constraints, there will be no appeals review for December. At the 1.2022 UMC meeting, will resume the normal updates.
				• Compliance
				  ○ Discussion points:
				  ▪ CBAS case—member now eligible
				  ▪ GenVisc IMR from NEMS denial
				  ▪ Hyperbaric Oxygen Therapy requests are being reviewed by Compliance for potential harm to patients.
				  ○ IMR – 6
				  ○ SFH – 1
				  ○ Consumer Complaints – 1

2.	• CO-57 PP (UM Clinical Criteria) • CO-22 PP (Authorization Requests)	Morgan	9.15– 9:20	• Consent Calendar vote • Need to vote to approve PP updates. • Was approved by quorum vote.
3.	• Internal Audit of Authorization Requests Report Q2-2021	Kirk	9:20 – 9:30	• On consent calendar. • Report approved. • No outliers, full compliance.

4.	• Annual benchmark updates for the utilization trending tableau report	Kirk / Matija	9:30 – 9:40	• Consent Calendar vote • IP / 2022 Quality Measure (see details in the appendix) was approved by quorum vote.
5.	• 2021 Utilization Management Program Description	Kirk / Matija	9:40 – 9:45	• Consent Calendar vote • Annual Review and Approval • Was approved by quorum vote.
6.	• Overview of What the UM and Pharmacy Teams are collaborating on for smooth Rx transition	Tamsen (in-person) / Kaitlin Hawkins (email update)	9:45 – 9:50	• The main concern is the potential for providers to game the claims system (DHCS / SFHP) by billing simultaneously DHCS/SFHP to obtain maximum payment. ○ This issue creates problems for capitation arrangements. ○ E.g., some potential services for this to occur home health, dialysis centers, • CGM discussion ○ DHCS and SFHP CGM criteria do vary and potentially might create an issue for members/providers. ○ Feedback has been given to DHCS.
7.	• Recap / Action Item Review	Kirk	9:50 – 9:55	• Will send action items by email.

12.16.21 – Action Items

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Fiona / Betty	• Assist Betty with a State Fair Hearing on Monday 12.20.21.	•
2.	Wayne Pan	• Review auth requests for Hypoborate Oxygen for potential PQIs. • Compliance to reach out to Wayne (Betty?)	•
3.	Tamsen	• Develop a consistent msg. to DMGs about the criteria difference between SFHP and Medical RX for CGMs to address potential confusion about whether to bill SFHP or DHCS.	•

4.	Fiona	• A backup plan for Appeals and Grievance coverage for last week in December.	•

11.03.21 – Action Items

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Monica	• Meet with Fiona, Betty regarding the case where a Member received approval for 7 in-office visits at Stanford and received a skin tag removal (12/9 visit), which is considered a cosmetic procedure, but we approved payment.	• In progress
2.	Lisa	• To research if Dexcom is market available.	Email - Tue 12/14/2021 4:08 PM • Dexcom is available at Pharmacies. The member should check with their pharmacy to determine if stock is available.
3.	Lisa / Jessica	• Appeal MA211019001 for TACROLIMUS 0.1% • Is this medication covered by Medicaid/Medi-Cal?	Email - Tue 12/14/2021 4:08 PM • Medi-Cal Coverage: TACROLIMUS 0.1 % • OINT. (G) GENERIC - PA required

4.	Betty / SeDessie (?)	• Expedited consumer complaint (8.21.21) re. disenrollment.
		• Will discuss with the CCR Team further.
		  ○ Better decision tree for handling disenrollments.
		  ○ Need to handle on a case-by-case basis.
			•

Legend

1	= Need Update
2	= In progress
3	= Completed
4	= On Hold

Owner(s)	Action Item(s)	Comments	Status
Monica	> PA TAT Tables: formally requesting IT Team to assist in correcting this issue	11.3.21 - still in progress.	2
Monica	> No prior authorization will be required for BPM. > Work with the Configuration Team to set BPM benefit limits. > Work with the Fraud, Waste Abuse Team (Compliance) regarding ability for Pondera software to monitor BPM claims. > Work with PNO regarding access to quality BPMs at Medi-Cal prices.	11.3.21 • Identified provides who can provide BPM services through the medical benefits. • Working with the Pharmacy Team about costs and whether an authorization will be required for non-par providers.	2
Matija	> Will track the Governor's budget to confirm CGMs are a confirmed Medi-Cal benefit. and if coverage date remains	11.3.21: • No SF pharmacies carry DME licenses. • State has created draft documents for covering CGMs through Medi-Cal Rx. • CGMs will continue to be available through medical benefit via Advanced Diabetes Supply and Mini Pharmacy, now both contracted with SFHP. • Home BP monitors will be available through contracted DME vendors identified by PNO.	3
Kirk	• To handle the follow-up questions about the Benchmark draft report: o ALOS metrics § Are these ONLY for DMGs who are delegated UM, or for all of the DMGS? o Inpatient Acute Days metrics § Do these figures include acute rehab, SFNF data? o ER metrics § The lower the benchmark (reverse) is better, therefore, the lower HEDIS percentiles are the ideal benchmarks.	11.15.21 (Priya email - Mon 11/15/2021 10:11 AM) • • ALOS metrics o Are these ONLY for DMGs who are delegated UM, or for all the DMGS? ▪ **All DMGs** • Inpatient Acute Days metrics o Do these figures include acute rehab, SFNF data? ▪ **No those go to non-acute**	3

April	• Regarding the overturned UM appeal (MA210706002) • Need to ask PNO who is the in-network provider for orthopedic (joint) consultation.	12.16.21: Still gathering information. Will revisit this due to resource constraints in A&G (email Thu 12/16/2021 7:33 AM).	2

Parking Lot

ITEM #	OWNER	ACTION ITEMS	STATUS
1.		•	•
2.		•	•
3.		•	•

Membership and Voting Rights	The UMC membership, with voting rights on all motions, consists of: • Chief Medical Officer, MD • Senior Medical Director, MD • Associate Medical Director, MD • Director, Clinical Operations, RN • Senior Manager, Prior Authorization, RN • Manager, Concurrent Review and Care Transitions, RN • UM Nurse Manager, Prior Authorizations, RN • Program Manager, Clinical Operations, PhD • Director, Pharmacy, Pharm. D • Manager, Pharmacy, RPh. The UMC membership, with voting rights limited to behavioral health and mental health motions, consists of: • Director of Clinical Services – Beacon Health Options (ad hoc) ○ Valid State Clinical License required (RN, LCSW, LMFT, PhD or PsyD) • Medical Director (MD/ Psychiatry) – College Health IPA (Beacon Health Options) (ad hoc)

Quorum	• A quorum of the UMC is five members with at least one representative from Clinical Operations, Pharmacy, and the Clinical staff. • A senior-level physician (a medical director, associate medical director or equivalent) is required to be included in a quorum to demonstrate active involvement in UM activities, including implementation, supervision, oversight and evaluation of the UM program (NCQA, UM1, Element A, Factor 3). • At least one behavioral health representative must also be in attendance to conduct any business related to behavioral health benefits (NCQA, UM1, Element A, Factor 4).

Appendix

2022 QI Measure: Utilization of Service – Inpatient Admissions

Measure Title	Measure Definition	Numerator	Denominator	Baseline	Target	Time Period	Activities	Measure Owner
Inpatient Admissions	Decrease the amount of inpatient admissions	Sum of acute inpatient admissions	Sum of member months (rate will be annualized)	96.72	82.8	7/1/2021 – 6/30/2022	• Review diagnostic related groups that are driving utilization in Utilization Management Committee • Recommend care management programs to look address driver population	Matija Cale, Director, Clinical Operations

AuthSubClass: November 2021

AuthSubClass	Total Count
Acute Inpatient	467
Acute Rehab	2
Carve-Out	1
Chemotherapy	27
Diagnostics and Procedures	160
Dialysis	1
Durable Medical Equipment	164
ED to IP	4
Home Health Care	32
Home Infusion	13
Maternity	88
Medical Supplies	102
Office Visits	507
Orthotics & Prosthetics	16
Outpatient Services	78
Pediatric/Neonatal	44
Portal DME/Med Supplies	4
PT, OT, ST	77
Radiation Oncology	15
Radiology	153
Skilled Nursing Facility	42
Surgeries with Anesthesia	55
Transgender Services	70
Transportation	20

Authorizations by Type: November 2020 to November 2021

Month	Year	Inpatient Auth Count	Outpatient Auth Count
November	2020	577	1118
December	2020	540	1195
January	2021	545	1314
February	2021	526	1335
March	2021	545	1314
April	2021	567	1519
May	2021	574	1543
June	2021	590	1472
July	2021	693	1562
August	2021	701	1708
September	2021	545	1314
October	2021	626	1605
November	2021	649	1493

AuthSubClass per 1000: November 2020 to November 2021

AuthSubClass	Per 1000
Acute Inpatient	203.440
Acute Rehab	1.300
Carve-Out	0.706
Chemotherapy	12.483
Diagnostics and Procedures	65.163
Dialysis	1.449
Durable Medical Equipment	66.947
Home Health Care	12.223
Home Hospice	0.483
Home Infusion	5.350
Maternity	43.504
Medical Supplies	53.498
Office Visits	256.938
Orthotics & Prosthetics	13.969
Outpatient Services	43.281
Pediatric/Neonatal	19.170
Portal DME/Med Supplies	2.712
PT, OT, ST	33.696
Radiation Oncology	7.690
Radiology	71.256
Skilled Nursing Facility	19.802
Surgeries with Anesthesia	23.442
Transgender Services	28.829
Transportation	12.669

AuthSubClass Ranked	Per 1000
Home Hospice	0.483
Carve-Out	0.706
Acute Rehab	1.300
Dialysis	1.449
Portal DME/Med Supplies	2.712
Home Infusion	5.350
Radiation Oncology	7.690
Home Health Care	12.223
Chemotherapy	12.483
Transportation	12.669
Orthotics & Prosthetics	13.969
Pediatric/Neonatal	19.170
Skilled Nursing Facility	19.802
Surgeries with Anesthesia	23.442
Transgender Services	28.829
PT, OT, ST	33.696
Outpatient Services	43.281
Maternity	43.504
Medical Supplies	53.498
Diagnostics and Procedures	65.163
Durable Medical Equipment	66.947
Radiology	71.256
Acute Inpatient	203.440
Office Visits	256.938

Policies and Procedures (P&Ps) Updates and Monitoring

November 2021 through January 2022

Below are all of the new and recently revised Policies and Procedures that have been approved and uploaded to Square1. The summary of changes describes the latest version of the P&P. Current versions of P&Ps, desktop procedures, process maps, and supporting documents are all on Square1.

P&P Updates:

Policy	Summary of New Policy and Updates
CARE-05: Coordination of Care	**Policy Updates (SB855 updates):** • Specified LOB for Basic Case Management, Complex Case Management, and Out-of-Plan Case Management and Coordination of Care • Updated HOI to HSP
CLS-02: Use of Interpreters and Bilingual Staff	**Policy Updates (DHCS-Approved; Changes from DHCS APL 21-004 Threshold Languages):** PROCEDURE • II. C updated to reflect process for when SFHP providers are unable to meet their contractual obligation to provide interpreter services to members. REFERENCES • Adds new APL to list of references.
CO-26: Discharge Planning	**Policy Updates (DHCS approved 11/23/21 for APL 21-015, MOT6):** • Updated to new template and active verb tense PROCEDURE • Under A, specified Medi-Cal Seniors & SPD, "who is admitted for a major organ transplant…" • Under A2, added "This also includes medically necessary services for living donors for members who are admitted for a major organ transplant."
CO-54: Evaluation of New Technology	**Policy Updates (Biennial Review):** POLICY STATEMENT • Revised into active verb • Moved Pharm P&P references to end of policy statement PROCEDURE • Under I. Guidelines for Coverage, added NCQA criteria for use that must be informed by well-conducted investigations • Under II.B Behavioral Health, renamed Beacon "CRIP" to "SRC" and renamed SFBHS "MQIC" to "MUIC" • Under III.C, specified "Recommendations to cover new technologies that are non-covered services on an ongoing basis may be provided to ET for review and approval."

	• Under III.D, added "CMO and/or Medical Director may approve the non-covered new technology…" MONITORING • Updated monitoring to align with standard language for CO P&Ps monitoring activities DEFINITIONS • Updated Medical Necessity definition to include EPSDT services AFFECTED DEPARTMENTS/PARTIES • Updated HOI to HSO- Compliance/G&A REFERENCES • Updated NCQA reference from 2020 to 2022 Standard UM 10 • Updated BHS manual number reference
CO-57: UM Clinical Criteria	**Policy Updates (Biennial Review):** • Under Policy Statement, removed "Procedures for mental health" for SB855 and to be included in "R2 grid" and Delegation agreement for criteria detail?
QI-06: Clinical Member Grievances	**Policy Updates (DHCS-Approved; Updates from DHCS APL 21-004 Threshold Languages):** PROCEDURE • II. G. 2. Adds that SFHP sends a delay letter to members if grievances are not able to be resolved within 30 calendar days. • III. G. Adds that SFHP reports clinical grievances to DHCS on a monthly basis. • VII. C. 3. Adds SFHP's process for investigating grievances that allege discrimination. MONITORING • Adds that SFHP submits a quarterly report to ensure members are notified in writing of delayed grievance resolutions. ADDITIONAL CHANGES: • Minor grammar corrections • Updates list of related documents • Updates references to include DHCS APL 20-017 and APL 21-004

QI-17: Member Appeals	**Policy Updates (DMHC approved 10/31/21, DHCS APL 20-017 approved 3/17/2021, still pending for MRX deliverable):**
	• Updated to active verb tense
	PROCEDURE
	• Under section III. Requirements for Expedited Appeals, removed exception on appeals about non-formulary drugs for HW LOB
	• Under section IV. added specific requirements for HW HMO grievances seeking an external exception request review
	  ○ Section IV. A, added SFHP reviews exception requests as detailed in PHARM-02
	  ○ Section IV. B-C, clarified how HW HMO NOA provides members with information on filing grievance from external

	Exception Request review. ○ Section IV. D, specifies how an external Exception Request review does not affect a HW member's right to submit a Grievance/Appeal or request an IMR from DMHC. ○ Section IV. E-G, specifies job functions within SFHP cross-functional teams (QR RN, Pharmacist, and Grievance Coordinator) to coordinate applicable documentation to the IRO within specified timeframes ○ Section IV. H-I, clarified Grievance Coordinator/Specialist's role to provide IRO decision to the member/representative in a written NAR along with member's preferred language as applicable. • Under section VI. State External Review of an Appeal part I. added appeals are reported to DHCS on a monthly basis. DEFINITION • Defined "Exception Request" & "Exigent Circumstances" REFERENCES • Added DHCS APL 20-017 and CFR, Title 45, Section 156.122(c)

SAN FRANCISCO HEALTH PLAN
Here for you

P.O. Box 194247
San Francisco, CA 94119
1(415) 547-7800
1(415) 547-7821 FAX
sfhp.org

MEMO

To	Quality Improvement Committee
From	Fiona Donald, MD Chief Medical Officer, SFHP
Regarding	Summary of HE P&Ps Updates (November 2021- January 2022)

02/22/22

Please review the following summary of updates of HE P&Ps from November 2021 thru January 2022. This is a FYI for the committee.

There are no significant changes to bring to the committee for review at this time.

If the committee has any questions/comments or would like a detailed review of a policy; the policy will be included for review at the next QIC meeting.

SFHP EPSDT Private Duty Nursing Medical Necessity Criteria

San Francisco Health Plan (SFHP) uses the following Private Duty Nursing (PDN) Acuity Grid to determine the medical necessity of PDN prior authorization requests for EPSDT services for Medi-Cal beneficiaries under the age of 21.

Instructions:

The Private Duty Nursing Acuity Grid indicates the average amount of skilled nursing treatment or services as documented by concurrent health records for each of the services listed below:

- For the first certification period, these skilled nursing services are estimated by the nurse per shift.
- For the recertification period(s), the average amount of skilled nursing services performed by the nurse per shift

ASSESSMENT NEEDS	POINTS	SCORE
This is based on the severity of illness and the stability of the patient's condition(s).		
(Choose one)		
Initial physical assessment per shift	0	
Second documented complete physical assessment per shift	2.0	
Three or more complete physical assessments per shift	3.0	
(Choose one if at least 2 of the 4 assessment types are orederd and documented as medically necessary)		
Note: These assessments are incorporated in the physical assessment above. Select only if completed in addition to the physical assessment.		
VS/GLU/NEURO/RESP (Assess less often than daily)	0	
VS/GLU/NEURO/RESP (Assess less often than Q4, at least once per shift	1.0	
VS/GLU/NEURO/RESP (Assess Q 4 hr or more often per shift)	2.0	
VS/GLU/NEURO/RESP (Assess Q 2 hr or more often per shift)	3.0	
	TOTAL:	

MEDICATION / IV DELIVERY NEEDS	POINTS	SCORE
(Choose one describing the medications provided by the nurse: Oral, Inhaler, Rectal, NJ, NG, G Tube. Does not include nebulizer or over-the-counter medications.)		
Documented medication delivery less than 1 dose per shift	0	
Documented medication delivery 1 to 3 doses per shift	1	
Documented medication delivery 4 to 6 doses per shift	2	
Documented medication delivery 7 or more doses per shift	4	
Critical Medication (i.e. anticonvulsant, cardiac with hold parameters, etc)	2	

(Choose one)	
No IV access	0
Peripheral IV access	1
Central line of port, PICC Line, Hickman, etc.	2.5
(Choose one)	
No IV Medication Delivery	0
Transfusion of IV medication less than daily but at least weekly	2.5
IV medication less often than Q 4 hrs (does not include hep flush)	4.5
IV medication Q 4 hrs or more often	6
(Choose one)	
No regular blood draws, or regular blood draws less than twice per week	0
Regular blood draws / IV Peripheral Site - at least twice per week	4.5
Regular blood draws / IV Central line - at least twice per week	6
Routine diagnostics - fingersticks, urine, stool, sputum, etc. (per days needed)	0.5
Complicated routine diagnostics - fingersticks, urine, stool, sputum, etc. (complications must be documented.)(per day needed)	1
	TOTAL:

FEEDING NEEDS	POINTS	SCORE
(Choose one)		
No parenteral	0	
Partial parenteral nutrition	3	
Total parenteral nutrition (TPN)	6	
(Choose one)		
Routine oral feeding or no tube-feeding required	0	
Documented difficult prolonged oral feeding by nurse	2	
Tube feeding (routine bolus or continuous)	2	
Tube feeding (combination bolus and continuous, does not include clearing tubing)	2.5	
Complicated tube feeding (complications must be documented)	3	
(Choose any that apply)		
Documented occasional reflux and/or aspiration precautions by a nurse	0.5	
G-Tube, or Mic-key button	1	
J-tube, GJ-tube, or tract < 90 days old for any tube	4	
	TOTAL:	

RESPIRATORY NEEDS	POINTS	SCORE
(Choose one)		
No trach, patent airway	0	
No trach, unstable airway with desaturations and airway clearance issues	4	
Trach (routine care)	1	
Trach special care (wound or breakdown treatment, pull-out or replacement, stoma less than 90 days old) at least two documented events during shift	4	
(Choose one: instilling normal saline and resuctioning to break up secretions count as one suctioning session.)		
No suctioning	0	
Nasal and oral pharyngeal suctioning by a nurse > 10 times per shift	4	
Infrequent tracheal suctioning by a nurse during shift, less than Q 3 hrs but at least daily	1	
Tracheal suctioning session by a nurse during shift, Q 3 hrs	4	
Tracheal suctioning session by a nurse during shift, Q 2 hrs or more frequently	6	
(Choose one)		
None of the following three options apply	0	
Oxygen - daily use	0.5	
Oxygen PRN based on pulse oximetry, oxygen needed at least weekly	1	
Humidification and oxygen - direct (via mask or tracheostomy tube but not with ventilator)	3	
(Choose one)		
No ventilator, BiPap, or CPAP	0	
Ventilator: rehab transition / active weaning; documented	9	
Ventilator: weaning achieved, required monitoring, documented	6	
Ventilator: at night, 1-6 hrs during shift, documented	8	
Ventilator: 7-12 hours per day, documented	10	
Ventilator: > 12 hrs per day but not continuous, documented	12	
Ventilator: no respiratory effort or 24 hr/day in assist mode, documented	14	
BiPAP or CPAP by nurse during shift, up to 8 hours per day	4	
BiPAP or CPAP by nurse during shift, > 8 hrs per day	6	
BiPAP ST by nurse during shift, spontaneous timed with rate used to ventilate at night	7	
(Choose one)		
No nebulizer treatments	0	
Nebulizer treatments by nurse during shift, less than daily but at least Q week	1	
Nebulizer treatments by nurse during shift, Q 4hrs or less frequently but at least daily	1.5	
Nebulizer treatments by nurse during shift, Q 3 hrs	2	
Nebulizer treatments by nurse during shift, Q 2 hrs or more frequently	3	

(Choose one: must be physician ordered, medically necessary, by nurse during shift, and documented)	
No Chest PT (Physical Therapy), HFCWO (High Frequency Chest Wall Oscillation) vest, or Cough Assist Device	0
Chest PT, HFCWO vest or Cough Assist Device at least Q week	0.5
Chest PT, HFCWO vest or Cough Assist Device / Q 4 hrs or less, but at least daily	1.5
Chest PT, HFCWO vest or Cough Assist Device / Q 3 hrs	2
Chest PT, HFCWO vest or Cough Assist Device / Q 2 hrs or more	3
	TOTAL

ELIMINATION NEEDS	POINTS	SCORE
(Choose one that best applies to care nurse provided during the previous 60 days)		
Continent of bowel and bladder	0	
Uncontrolled incontience < 3 yrs of age	0	
Uncontrolled incontience, either bowel or bladder > 3yrs of age	1	
Uncontrolled incontience, both bowel and bladder, > 3 yrs of age	2	
Incontinence and intermittent straight catheterization, indwelling, suprapubic, or condom catheter	3.5	
BOWEL OR BLADDER		
Ostomy Care - at least daily	3	
Ostomy Care - at least daily: complex or at risk, Documented	6	
	TOTAL	

SEIZURES	POINTS	SCORE
(Choose One)		
No seizure activity	0	
Mild seizures - at least daily, no intervention	0	
Mild seizures - at least 4 per week, each requiring minimal intervention	1	
Mod seizures - at least daily, each requiring minimal intervention	2	
Mod seizures - 2 to 4 times per day, each requiring minimal intervention	4	
Mod seizures - at least 5 times per day, each requiring minimal intervention	4.5	
Severe seizures - up to 10 per month, each requiring intervention	4.5	
Severe seizures (requiring IM/IV/Rectal med administration - at least daily)	5	
Severe seizures (requiring IM/IV/Rectal med administration - 2 to 4 times per day)	8	
	TOTAL	

THERAPIES / ORTHOTICS / CASTING	POINTS	SCORE
(Choose one)		
None		
Fractured or casted limb	2	
Passive ROM (at least Q shift)	2	
Torso cast, torso splint, or torso brace	2	
(Choose one)		
None	0	
No splinting schedule or splint removed and replaced less frequently than once per shift	0	
Splinting schedule requires nurse to remove and replace at least once per shift	1	
Splinting schedule requires nurse to remove and replace at least twice per shift	2	
	TOTAL	

WOUND CARE	POINTS	SCORE
(Choose one)		
None of the options below apply	0	
Wound Vac, JP drain, per site	2	
Stage 1-2, wound care at least daily (does not include trach, PEG, IV site, J-tube, G-tube.	2	
Stage 3-4, or multiple wound sites	3	
Complex wound care, or multiple Stage 3-4, documented	6	
	TOTAL	

ISSUES THAT INTERFERE WITH CARE	POINTS	SCORE
(Choose all that apply)		
None of the issues below interfere with care	0	
2 or more parents/caregivers in home	0	
1 or fewer parents/caregivers in home	4	
2 or more children in home with special health care needs	6	
Complications with parent/caregiver participation in care (documentation needed)	2	
Weight >100 pounds or immobility increases care difficulty	1	
Mobility limitations: Ambulation (>3yo)	2	
Mobility limitation: Bed Mobility or total self-care deficit, documented (>3yo)	6	
Unable to express needs and wants creating a safety issue	2	
	TOTAL	

OTHER ISSUES	POINTS	SCORE
Requires isolation for infectious disease (i.e. tuberculosis, wound drainage) or protective isolation (nursing care activities for creating and maintaining isolation must be documented)	3	
Any positive Score in three or more sections	6	
Other issues or complications - documentation required	3	
	TOTAL	

Total Score from All Sections:	

▪ Medically appropriate skilled nursing shift care for clients up to age 21 years old, may be covered where it has been determined that skilled management by a licensed nurse is required

▪ The number of hours of private duty nursing a member may receive may be determined by the score on the Private Duty Nursing Acuity Grid. Family / Guardian / Caregivers are required to provide some of the nursing care. 20 to 22 hour care is only covered in certain circumstances described below. The banking, saving or accumulated of unused prior authorization hours to be used later for the convenience of the family or the home health agency is not covered.

▪ The scoring applies as follows:

20 points or less: if the individual is being transitioned from 8 hrs/day, then 832 hours will be approved to the home health agency for the certification period. Otherwise, no Private Duty Nursing hours will be approved.

Note: when the member is decannulated up to 4 hours of nursing per day may be expected during the first 24-27 hours for the weaning process.

21 - 35 points: up to 8 hours per day for shift care
36 - 45 points: up to 10 hours per day for shift care
46 - 55 points: up to 12 hours per day for shift care
56 points and over: up to 14 hours per day for shift care

Client may receive up to 2-3 days of 20-22 hr shift care only under the following conditions:

▪ After initial hospitalization discharge - family / caregiver(s) need supervision or training in home care procedures.
▪ After subsequent hospitalization discharge - family / caregiver(s) need training in home care changes
▪ Due to caregiver illness or temporary incapacity, an episode of supportive nursing care is needed.
▪

Note: The Private Duty Nursing Grid may not accurately reflect the requirements of the member who remains in stable condition. Once 8 hours is reached, an increase in hours of service will require a change in the member's condition which meets the above criteria

REVIEW HISTORY

Effective Date: June 2020
Approval Date: June 2020
Review Date(s): April 2021, August 2021

SAN FRANCISCO HEALTH PLAN
Here for you

UM CRITERIA FOR NON-GENITAL GENDER CONFIRMATION SERVICES

Note: criteria pertains to adults members of SFHP and not those under the age of 18

GENDER CONFIRMATION MAMMOPLASTY AND MASTECTOMY

1. SURGICAL CONSULTATION:

Mammoplasty and Mastectomy with Male Chest reconstruction require:

- For SF Health Network (SFN) and SF Community Clinic Consortium (CLN) members:
  a. Send consultation request and supporting documents to Transgender Health Services via eReferral
- Prior authorization from SFHP Utilization Management Department
- Documentation of Medical Evaluation
- Documentation of Behavioral Health Evaluation

Documentation of Medical Evaluation

- Comprehensive history and physical dated within 3 months of request date
- No medical contraindications to surgery
- Capacity to make a fully informed decision and to consent for treatment
- If significant medical or mental health concerns are present, they must be reasonably well controlled.
- Substance use well-controlled for at least 6 months prior to request date

- For gender confirmation mammoplasty, it is recommended that patients undergo feminizing hormone therapy (minimum 12 months) prior to breast augmentation surgery. The purpose is to maximize breast growth in order to obtain better surgical (aesthetic) results.

Documentation of Behavioral Health Evaluation

- Referral for surgery from one qualified behavioral health professional who has assessed the member for mammoplasty/mastectomy
- Referral must include a statement that
  a. Informed consent has been obtained from the patient
  b. Behavioral health professional is available for coordination of care
  c. Welcomes phone calls to establish care-coordination
- Evaluation dated within one year of prior authorization request

Note: gender confirmation surgery can have long wait times. SFHP requires updated medical and behavioral health documentation for surgical clearance prior to surgery.

2. SURGICAL PROCEDURE:

Mammoplasty and Mastectomy with Male Chest reconstruction require:

- Prior authorization from SFHP Utilization Management Department
- Completion of surgical consult
- List of requested procedure(s)
- Statement from the surgeon recommending surgery

GENDER CONFIRMATION FACIAL RECONSTRUCTIVE PROCEDURES

SFHP will review requests of this type when the medical referral and behavioral health evaluation support medical necessity.

1. SURGICAL CONSULTATION:

Facial reconstruction requests require:

- For SF Health Network (SFN) and SF Community Clinic Consortium (CLN) members:
  a. Send consultation request and supporting documents to Transgender Health Services via eReferral
- Prior authorization from SFHP Utilization Management Department
- Documentation of Medical Evaluation
- Documentation of Behavioral Health Evaluation

Documentation of Medical Evaluation

- Comprehensive history and physical dated within 3 months of request date
- 12 continuous months of hormonal therapy; **OR**
- Viable medical contraindication to hormonal therapy
- Member has lived as the preferred gender for 12 continuous months
- Substance use well-controlled for at least 6 months prior to request date
- No medical contraindications to surgery

Documentation of Behavioral Health Evaluation

- Referral for surgery from a qualified behavioral health professional who has assessed the member for facial reconstruction and includes:
    a. Evaluation of facial feature(s) that cause persistent gender dysphoria
    b. How the presence of stated feature(s) impair function in relation to activities of daily living
    c. How the reconstruction of said features will improve quality of life and daily function
    d. Must include statement that:

        1. Informed consent has been obtained from the patient
        2. Behavioral health provider is available for coordination of care
        3. Welcomes phone calls to establish care-coordination

- Evaluation dated within one year of prior authorization request

2. SURGICAL PROCEDURE:

Facial reconstruction requests require:

- Prior authorization from SFHP Utilization Management Department
- Completion of surgical consult
- List of requested procedure(s)
- Statement from the surgeon recommending surgery as part of the treatment for gender dysphoria
- Documentation of signed Patient Education

REVISIONS OF NON-GENITAL GENDER CONFIRMATION SURGERY

SFHP authorizes requests for surgical revisions on a case-by-case basis consistent with Medi-Cal guidelines for medical necessity. SFHP does not cover cosmetic surgery. Clinical documentation must support medical necessity.

Surgical revisions require:

- Medical and/or functional complications of prior gender confirmation procedure
- Measurements and/or photographs of deformity/asymmetry (if applicable)
- Statement from the performing surgeon recommending the procedure

HAIR REDUCTION PROCEDURES

1. SURGICAL SITE HAIR REDUCTION

SFHP will cover electrolysis or laser hair reduction prior to gender confirmation surgery in order to prepare the surgical site

Surgical hair reduction requests require:

- Prior authorization from SFHP Utilization Management Department
- Completion of surgical consult
- Surgeon indicates member as an appropriate surgical candidate
- Authorization requests must come from the office of the consulting surgeon

2. FACIAL HAIR REDUCTION

SFHP will review requests of this type when the medical referral and behavioral health evaluation support medical necessity for MtF transgender individuals on a case-by-case basis.

Facial hair reduction requests require:

- Prior authorization from SFHP Utilization Management Department
- Documentation of Medical Evaluation
- Documentation of Behavioral Health Evaluation

<u>Documentation of Medical Evaluation</u>

- 12 continuous months of hormonal therapy; **OR**
- Viable medical contraindication to hormonal therapy
- Member has lived as the preferred gender for 12 continuous months

Documentation of Behavioral Health Evaluation

- Referral for procedure from a qualified behavioral health professional who has independently assessed the member and includes:
    a. Evaluation of gender dysphoria related to the presence of facial hair
    b. How the presence of facial hair impairs function in relation to activities of daily living
    c. How the reduction of facial hair will improve quality of life and daily function
    d. List of alternative methods of hair reduction and their results
    e. Ability to give informed consent

DEFINITIONS

MEDICAL NECESSITY

Services reasonable and necessary to protect life; prevent significant illness and/or disability, or to alleviate severe pain through the diagnosis and treatment of disease, illness, or injury

GENDER DYSPHORIA

Distress caused by conflict between a person's sex assigned at birth and the gender he/she/they currently identifies with

FEMALE TO MALE (FtM)

A person assigned female sex at birth and later adopts the identity, appearance, and gender role of a male, especially after gender confirmation surgery

MALE TO FEMALE (MtF)

A person assigned male at birth and later adopts the identity, appearance, and gender role of a female, especially after gender confirmation surgery

QUALIFIED MEDICAL PROFESSIONAL

The medical professional must have appropriate training (MD, DO, NP, PA):

- Up-to-date clinical license in the State of California
- Training, continuing education, and experience working with the diagnosis and treatment of Gender Dysphoria

QUALIFIED BEHAVIORAL HEALTH PROFESSIONAL

The behavioral health professional must have appropriate training:

- Master's degree or its equivalent in a clinical behavioral science field by an accredited institution
- Doctor of medicine or osteopathy, specializing in psychiatry and/or PhD in clinical behavioral science field by an accredited institution
- Licensed Psychiatrist
- Up-to-date clinical license
- Training, continuing education, and experience working with the diagnosis and treatment of Gender Dysphoria

GENDER CONFIRMATION SURGERY

Surgical procedure that changes a person's physical appearance and function from his/her existing sex characteristics, including secondary sex characteristics, to resemble that of the opposite sex in order to affirm his/her gender identity. Gender confirmation surgery can meet medical necessity as an important part of treating gender dysphoria

TRANSGENDER

Diverse group of individuals who cross or transcend culturally-defined categories of gender. Gender identity of transgender people differs to varying degrees from their sex or physical gender assigned at birth

WORLD PROFESSIONAL ASSOCIATION OF TRANSGENDER HEALTH (WPATH)

Organization founded in 1979 and formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIGDA). It devotes its resources to understanding the treatment of Gender Dysphoria and has developed internationally accepted Standards of Care (SOC)

REVISION AND REVIEW HISTORY

Effective Date:	April 10, 2014
Approval Date:	April 10, 2014
Revision Date(s):	June 2013, January 2014, March 2014, May 2014, February 2015, October 2015, February 2016, April 2016; November 2021
Review Date(s):	August 2021, November 2021

REFERENCES

Criteria based on the following:

- 7th edition of the World Professional Association of Transgender Health, WPATH, Standards of Care
- Medi-Cal Provider Manual “Surgeries”

SAN FRANCISCO HEALTH PLAN
Here for you

UM CRITERIA FOR GENITAL GENDER CONFIRMATION SERVICES

Note: criteria pertains to adults members of SFHP and not those under the age of 18

COVERED GENITAL GENDER CONFIRMATION SURGERY PROCEDURES

Surgical procedures may include but not limited to the following:

1. MALE TO FEMALE (MtF)

- Clitoroplasty
- Orchiectomy
- Penectomy
- Vaginoplasty

2. FEMALE TO MALE (FtM)

- Hysterectomy/salpingo-oophorectomy
- Metoidioplasty
- Phalloplasty
- Scrotoplasty
- Urethroplasty
- Vaginectomy

GENDER CONFIRMATION GENITAL SURGERY

1. SURGICAL CONSULTATION:

All types of genital surgery require:

- For SF Health Network (SFN) and SF Community Clinic Consortium (CLN) members:
    a. Send consultation request and supporting documents to Transgender Health Services via eReferral
- Prior authorization from SFHP Utilization Management Department
- Documentation of Medical Evaluation
- Documentation of Behavioral Health Evaluation

Documentation of Medical Evaluation

- Comprehensive history and physical
    a. Dated within 3 months of the initial request for consult
    b. List of medical and psychiatric medications
    c. Lived as preferred gender for 12 continuous months is required for Metoidioplasty or Phalloplasty and for Vaginoplasty surgeries. This is not a requirement for Orchiectomy and Hysterectomy/Salpingo-Oophorectomy surgeries.
    d. Capacity to make a fully informed decision and to consent for treatment
    e. If significant medical or mental health concerns are present, they must be reasonably well controlled.
    f. Substance use well-controlled for at least 6 months prior to request date
    g. Received 12 continuous months of hormonal therapy; **OR**
    h. Viable medical contraindication to hormonal therapy
- Primary care provider states:
    a. Available for coordination of care
    b. Welcomes phone calls to establish care-coordination
    c. Recommendation for surgery
- List of significant medical and/or behavioral health conditions:
    a. Managed for at least 6 months preceding request for prior authorization
- Established care with Primary Care Provider and/or clinic for 12 months

Documentation of Behavioral Health Evaluation

- Two referrals for surgery by qualified behavioral health professionals:
    a. Behavioral health professionals must perform independent assessments
    b. Both dated within one year of prior authorization request
    c. Each assessment must include a statement that:
        1. Informed consent has been obtained from the patient
        2. Behavioral health professional is available for coordination of care
        3. Welcomes phone calls to establish care-coordination

Note: gender confirmation surgery can have long waiting times. SFHP requires updated medical and behavioral health documentation for surgical clearance prior to surgery.

2. SURGICAL PROCEDURE:

All types of genital surgery require:

- Prior authorization from SFHP Utilization Management Department
- Completion of surgical consult
- Submission of request no sooner than 3 months prior to planned surgery date
- List of requested procedure(s)
- Updated medical and behavioral health clearance for surgery
- Statement from the surgeon recommending surgery

Updated Medical and Behavioral Health Clearance

- Updated H&P within 3 months of scheduled surgery date:
    a. No medical contraindications to surgery
- Behavioral Health attestation dated within 3 months of scheduled surgery:
    a. No behavioral contraindications to surgery
    b. The following providers can provide this statement:
        1. Primary care provider
        2. Behavioral Health Professional
        3. Transgender Health Services (THS)

GENDER CONFIRAMTION PENILE PROSTHESIS

Medi-Cal does not cover penile prosthesis as a benefit; however, SFHP will review requests on a case-by-case basis consistent with Medi-Cal guidelines for medical necessity.

Penile prosthesis requests require:

- Completion of genital surgical consult
- Status of phalloplasty:
    a. Approved request for phalloplasty surgical procedure: **OR**
    b. Completion of phalloplasty surgical procedure
- Statement from either the primary care provider or performing surgeon:
    a. Cannot achieve insertive coitus
    b. Tried and failed external penile rigidity device (e.g. penile splint)
- Statement from the surgeon recommending surgery

REVISIONS OF GENITAL GENDER CONFIRMATION SURGERY

SFHP authorizes requests for surgical revisions on a case-by-case basis consistent with Medi-Cal guidelines for medical necessity. SFHP does not cover cosmetic surgery. Clinical documentation must support medical necessity.

Surgical revisions require:

- Medical and/or functional complications of prior gender confirmation procedure
- Measurements and/or photographs of deformity/asymmetry (if applicable)
- Statement from the performing surgeon recommending the procedure

DEFINITIONS

MEDICAL NECESSITY

Services reasonable and necessary to protect life, prevent significant illness and/or disability, or to alleviate severe pain through the diagnosis and treatment of disease, illness, or injury

GENDER DYSPHORIA

Distress caused by conflict between a person's sex assigned at birth and the gender he/she/they currently identifies with

FEMALE TO MALE (FtM)

A person assigned female sex at birth and later adopts the identity, appearance, and gender role of a male, especially after gender confirmation surgery

MALE TO FEMALE (MtF)

A person assigned male at birth and later adopts the identity, appearance, and gender role of a female, especially after gender confirmation surgery

QUALIFIED MEDICAL PROFESSIONAL

The medical professional must have appropriate training (MD, DO, NP, PA):

- Up-to-date clinical license in the State of California
- Training, continuing education, and experience working with the diagnosis and treatment of Gender Dysphoria

QUALIFIED BEHAVIORAL HEALTH PROFESSIONAL

The behavioral health professional must have appropriate training:

- Master’s degree or its equivalent in a clinical behavioral science field by an accredited institution
- Doctor of medicine or osteopathy, specializing in psychiatry and/or PhD in clinical behavioral science field by an accredited institution
- Licensed Psychiatrist
- Up-to-date clinical license
- Training, continuing education, and experience working with the diagnosis and treatment of Gender Dysphoria

GENDER CONFIRMATION SURGERY

Surgical procedure that changes a person's physical appearance and function from his/her existing sex characteristics, including secondary sex characteristics, to resemble that of the opposite sex in order to affirm his/her gender identity. Gender confirmation surgery can meet medical necessity as an important part of treating gender dysphoria

TRANSGENDER

Diverse group of individuals who cross or transcend culturally-defined categories of gender. Gender identity of transgender people differs to varying degrees from their sex or physical gender assigned at birth

WORLD PROFESSIONAL ASSOCIATION OF TRANSGENDER HEALTH (WPATH)

Organization founded in 1979 and formerly known as the Harry Benjamin International Gender Dysphoria Association (HBIGDA). It devotes its resources to understanding the treatment of Gender Dysphoria and has developed internationally accepted Standards of Care (SOC)

REVISION AND REVIEW HISTORY

Effective Date:	April 10, 2014
Approval Date:	April 10, 2014
Revision Date(s):	June 2013; January 2014, March 2014, May 2014, February 2015, October 2015, February 2016, April 2016, November 2021
Review Date(s):	August 2021, November 2021

REFERENCES

Criteria based on the following:

- 7th edition of the World Professional Association of Transgender Health, WPATH, Standards of Care
- Medi-Cal Provider Manual “Surgeries”

SAN FRANCISCO HEALTH PLAN

CO-57: UM Clinical Criteria

APPROVAL/REVIEW/REVISION HISTORY			
Signature	**Title**	**Date**	**Action**
DocuSigned by: Nina Maruyama 9D4617B1400D431...	CCO	10/26/2021	Bienniel
DocuSigned by: Fiona Donald 035AB0CA8D5A41E...	CMO	10/26/2021	

SFHP POLICY AND PROCEDURE

Utilization Management Clinical Criteria

Policy and Procedure Number:	CO-57
Department Owner:	Clinical Operations
Lines of Business and Coverage Programs Affected:	☒Medi-Cal ☒Healthy Workers HMO ☐Healthy SF ☐City Option ☐ All lines of business and coverage programs as listed above

POLICY STATEMENT

San Francisco Health Plan (SFHP) conducts utilization management (UM) to manage covered benefits through the consistent application of medical necessity criteria used in a systematic hierarchy. For services subject to Clinical Operations' medical benefit, UM review is performed through the evaluation of a member's relevant clinical information against established clinical criteria that meet professional standards of care.

SFHP uses external criteria MCG care guidelines, State/Federal (Medi-Cal/CMS) and when available and, in limited circumstances, internally developed and approved criteria.

SFHP internally reviews and recommends changes to its clinical and level of care criteria through the UM Committee (UMC) to ensure they continue meeting professional standards of care. Annually, the UMC approves each set of clinical criteria with an annual review and discussion from the Quality Improvement Committee (QIC).

Procedures for pharmacy criteria are addressed in Pharm-01 Pharmacy and Therapeutics Committee, Pharm-02 Pharmacy Prior Authorization, and Pharm-08 Pharmacy Formulary, Prior Authorization Criteria, and Policy Review. Procedures for mental health (excluding medical services related to the health of transsexual, transgender, and gender nonconforming people) and substance use disorder (SUD) criteria are delegated to SF Behavioral Health Services and are addressed in policy: BHS Services for Healthy Workers.

PROCEDURE

I. Criteria Hierarchy

Resources are used to assist the Clinical Operations Nurse and Medical Director staff (hereafter referred as UM staff) in determining the medical necessity of requested services. SFHP's clinical criteria hierarchy in order includes:

A. SFHP internally developed and approved criteria
    1. Genital Gender Confirmation Services
    2. Non-Genital Gender Confirmation Services
    3. EPSDT Private Duty Nursing
B. MCG Care Guidelines
C. State/Federal (Medi-Cal/CMS) criteria – (Medi-Cal only)
    1. If no Medi-Cal Criteria is available, Medicare/CMS criteria can be consulted on a case by case basis.
D. Chief Medical Officer (CMO) or physician designee (MD) review of the evidence in consultation with relevant external, independent specialty expertise obtained from SFHP's Independent Review Organization when there are no available external or internally developed and approved criteria.

II. Application of Criteria

A. SFHP and its Delegated Medical Group (DMG) UM staff, including Beacon for non-specialty mental health services, must use professionally accepted evidence-based criteria. UM staff is required to apply criteria in the order of the hierarchy. If a service is not addressed in the primary criteria, UM staff consults subsequent criteria in order until finding the relevant criteria.
B. Clinical information evaluated with reference to these criteria may include, but are not limited to:
    i. Office and hospital records
    ii. History of the presenting problem
    iii. Physical examination results
    iv. Diagnostic testing results
    v. Treatment plans and progress notes
    vi. Information on consultations with the treating practitioner
    vii. Evaluations from any other health care practitioners and providers
    viii. Any operative and pathological reports
    ix. Rehabilitation evaluations
    x. Patient characteristics and information
    xi. Treating physician statements of medical necessity
C. Criteria must be applied in conjunction with consideration of the individual member needs and characteristics such as age, cultural and linguistic needs, comorbidities, complications, progress of treatment, psychosocial needs, and the home and/or work environment. In addition, characteristics of the local delivery system available to the individual, including aspects such as the availability of alternative levels of care, timely accessibility of covered services, cultural preferences for treatment modalities, availability of specialty providers, access to community resources, familial influences and supports, benefit coverage for the available alternatives, and ability of local providers to provide all

recommended services within the required access standards must also be considered.

III. Review and Approval of Criteria

A. The UMC review clinical criteria as needed, but at least annually to ensure that they are current. Information sources to gather data on potential changes to clinical criteria include, but are not limited to:
   1. Evaluation of member complaints, grievances, and appeals.
   2. Frequent and consistent overturns of SFHP denials through Independent Medical Review (IMR).
   3. New and/or revised statutory or regulatory requirements, including DHCS directives and All Plan Letter or Policy Letters.
   4. Changes to guidelines or practice protocols.
   5. Increased volume or rate of denied authorization requests.
   6. Availability of new technologies and/or treatments.
   7. Addition of new benefits or services.
   8. Concerns raised through the Member Advisory Committee (MAC), Pharmacy and Therapeutics Committee (P&T), or QIC.
   9. Provider or member input/feedback.

B. In considering the development of and/or changes to clinical criteria, the UMC considers the following:
   1. New technologies (See CO-54 Evaluation of New Technology).
   2. Other health plans' criteria – reflecting community standards of care.
   3. Evidence-based clinical practice guidelines produced by specialist associations, U.S. government agencies, and health care organizations.
   4. Medicare and Medicaid (Medi-Cal) guidelines.
   5. Benefit changes.
   6. Statutory and regulatory changes.

C. Annually, the UMC and the QIC review and approve the criteria hierarchy; review and approve the adopted SFHP-developed criteria; and review and approve the vendor purchased criteria. The intent of the annual reviews is to assess SFHP's UM criteria and procedures against current clinical and medical evidence, and when appropriate, update the criteria. The annual QIC review ensures:
   a. The UM criteria is distributed, reviewed, and approved by applicable practitioners.
   b. Practitioners with clinical expertise in the area being reviewed have the opportunity to advise or comment on development or adoption of UM criteria, and on instructions for applying criteria.
   c. Non-staff network practitioners are involved in developing, adopting, and reviewing criteria, because they are subject to application of the criteria.

IV. Communication of UM Criteria

Practitioners and enrollees are informed how they may obtain copies of UM criteria utilized for decision-making, and are provided upon on request. SFHP also communicates with practitioners through the Network Operations Manual

(NOM) and the SFHP website to ensure their awareness of prior authorization procedures and timeframes. The public, including providers and members, may obtain the relevant UM criteria for specific medical procedures or conditions on request at no cost. When disclosed to the public, the notice that accompanies the criteria says, "The materials provided to you are criteria used by this plan to authorize, modify or deny care for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract."

MONITORING

a. SFHP's Clinical Operations Department performs inter-rater reliability (IRR) audits at least annually for both physicians and nurse reviewers to evaluate the consistency and accuracy with which its reviewers apply UM criteria.
    a. For gender affirmation services, SFHP utilizes an internally developed IRR assessment tool, developed by SFHP's UM Managers, using hypothetical case scenarios to assess the accurate and consistent application of patient clinical presentations against SFHP's Gender Affirmation (Genital and Non-Genital) medical necessity criteria. Reviewers are allowed two opportunities to reach the passing threshold of 90 percent. For new staff, IRR testing will be completed before the new hire conducts unsupervised utilization reviews.
    b. For all other inpatient and outpatient services, the assessment is a standard IRR tool created by MCG using hypothetical case scenarios and multiple choice answers to assess the accurate and consistent application of patient clinical presentations against medical necessity criteria. Reviewers are allowed two opportunities to reach the passing threshold of 80 percent.

   Reviewers who are unable to reach the IRR percent threshold are immediately placed on an educational corrective action, which may include but is not limited to attendance of an internal training session, more frequent case review, supervisor feedback, and IRR reassessment.

   SFHP's Clinical Operations Department also audits ten randomly selected medical necessity denials per quarter utilizing a proprietary audit tool, which includes NCQA, DHCS, and DMHC requirements. These include administrative requirements (turnaround time, Notice of Action readability, inclusion of appropriate appeal and grievance rights language) and clinical requirements (accurate criteria selection, accurate application of clinical information).

   Results of the IRR assessment and denial audit are presented to the UMC and discussed for potential improvements. Final versions are submitted to QIC for review and comment.

b. SFHP's Clinical Operations Department reviews this policy and procedure to evaluate the utilization management guidelines at least annually and more frequently

if necessary. Any changes to the guidelines are reviewed by SFHP's Utilization Management Committee (UMC) for consistency with sound clinical principles. UMC approves each set of clinical criteria with an annual review and discussion from the Quality Improvement Committee (QIC).

c. SFHP employs the following monitoring mechanisms to reevaluate an existing or identify the need to develop new UM criteria:
    1. Medical record audits by SFHP's Clinical Operations Department.
    2. Reports of cases sent for external medical review due to no criteria available
    3. Review of Clinical Operations utilization reports by SFHP's UMC
    4. Review of member and provider satisfaction surveys, complaints, grievances, and member appeals by SFHP's Health Service Programs Department. All member appeals, including those of delegated groups not authorized to conduct appeals oversight, are reviewed against SFHP's criteria hierarchy.
    5. Overturns of medical necessity denials, especially overturns in which additional clinical information was not needed to reach the alternative determination by SFHP.

d. On a monthly basis, the UMC reviews Appeals, IMRs, and State Fair Hearings resulting in authorization decision made by SFHP or one of its delegated medical groups. The UMC recommends corrective action and/or identifies where the Clinical Operations Department can revise the authorization process, if necessary, to improve the member experience, to address any barriers, and ensure the utilization management criteria are consistent with current industry and evidence-based practices. The Quality Improvement Committee reviews an Appeals Report (overturned and upheld appeals) every quarter regarding the activity of medical authorizations.

e. When SFHP delegates UM to a contracted medical group, SFHP is accountable for assuring that the delegated medical group conducts UM according to SFHP's standards, which incorporate applicable DMHC, DHCS, and NCQA requirements. For each delegated medical group, SFHP's Clinical Operations and Compliance and Regulatory Affairs:
    1. Review the UM program to identify if the medical group is following the standards of application, approval, and evaluation of medical necessity criteria.
    2. Review a sample of UM denial files to evaluate compliance with the use of relevant criteria and clinical information, as well as, the availability of criteria to practitioners.

DEFINITIONS

Medical Necessity: The Medi-Cal definition of Medical Necessity is reasonable and necessary services to protect life, to prevent significant illness or significant disability, or to alleviate severe pain through the diagnosis or treatment of disease, illness or injury. For members who are eligible for EPSDT services, services are determined to be

medically necessary when needed to correct or ameliorate defects and physical and mental illnesses or conditions.

AFFECTED DEPARTMENTS/PARTIES

Compliance and Regulatory Affairs
Health Services -- Health Services Programs
Medical Directors
Quality Improvement Committee (QIC)
Utilization Management Committee (UMC)

RELATED POLICIES & PROCEDURES, DESKTOP PROCESS & PROCESS MAPS

1. CO-22: Authorization Requests
2. CO-33: EPSDT and EPSDT Supplemental Services
3. CO-54: Evaluation of New Technology
4. CO-61 Gender Affirmation Services
5. DO-02: Oversight of Delegated Functions
6. Pharm-08: Pharmacy Formulary, Prior Authorization Criteria, and Policy Annual Review
7. UM Criteria for EPSDT Private Duty Nursing
8. UM Criteria for Genital Gender Confirmation Services
9. UM Criteria for Non-Genital Gender Confirmation Services

REVISION HISTORY

Original Date of Issue:	August 20, 2015
Revision Date(s):	February 17, 2017; April 20, 2017; September 21, 2017; April 19, 2018; November 21, 2019; December 12, 2019; May 21, 2020, November 19, 2020; April 19, 2020; October 21, 2021

REFERENCES

1. DHCS/SFHP Contract Exhibit A, Attachment 5, Provisions 1, 2
2. H&S Code §§1363.3, 1367.01
3. W&I Code §14059.5
4. DMHC APL 21-002 - Implementation of Senate Bill 855, Mental Health and Substance Use Disorder Coverage

SAN FRANCISCO HEALTH PLAN
Here for you

P.O. Box 194247
San Francisco, CA 94119
1(415) 547-7800
1(415) 547-7821 FAX
sfhp.org

Date

FirstName LastName

1234 Address Street
San Francisco, CA 94110

RE: Request for Criteria

Dear [member or provider],

This letter is in response to your request for the criteria used to make our authorization decision for [requested procedure or service.]

The materials provided to you are criteria used by this plan to authorize, modify or deny care for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered for [Medi-Cal HMO or Healthy Workers HMO].

If you have any questions, please contact xxx at (415) xxxx

Sincerely,

San Francisco Health Plan

Clinical Operations

MCG 25th Edition Summary of Changes

General for all:

- Upgrade to 25th edition went live 09/24
- No major changes requiring training
- All staff have reviewed changes
- New guidelines/assessments – see sections below for specific examples
- Renamed and moved guidelines to better reflect content of guideline
- Content changes based on evidence review
- Deleted guidelines i.e. overlapped with more specific guidelines

Highlights:

ISC

- Goal LOS changes - increase/decrease in GLOS; removal of "ambulatory" to prevent confusion when referencing inpatient GLOS (for diagnosis more appropriate for observation care)
- New social determinants of health assessment to help identify patients at higher risk for an unmet health-related social need at point of hospital admission
- New guidelines i.e. viral illness acute guidelines in response to covid-19

Chronic care

- New quality measures section and identifiers to support quality initiatives
- New guidelines/assessments i.e. viral illness acute guidelines in response to covid-19, long term services and support

Recovery Facility care

- New benchmarks for hospital readmissions from SNF facilities

Ambulatory care

- Guidelines moved from current role remains uncertain to having clinical indications based on latest available evidence i.e. genetic testing
- 21 new guidelines added for procedures/ tests and new specialty medications
- New evidence grade recommendation for specialty medications for government approved drugs with limited evidence

Summary of Changes

MCG Health
Summary of Changes
25th Edition

- General Content Enhancements and Changes
  - Number of Guidelines in the Content
  - Acute Viral Illness Guidelines Developed to Respond to COVID-19
- Benchmarks and Data
- Inpatient & Surgical Care
  - New Features and Changes
    - New Social Determinants of Health Assessment
    - Removal of "Ambulatory" from Goal Length of Stay (GLOS) Display in Medical Guidelines
    - Standardization of a Subset of Discharge Milestones in Optimal Recovery Course (ORC)
    - Inpatient & Surgical Care GLOS Changes
  - Guideline Name Changes
  - Moved Guidelines
  - Deleted Guidelines
- General Recovery Care
  - New Features and Changes
    - Change in Search by Diagnosis Codes
    - New Social Determinants of Health Assessment
- Ambulatory Care
  - New Features and Changes
    - Changes to Evidence Summary Recommendation Grades
    - New Guidelines in Procedures and Diagnostic Tests
    - New Guidelines in Specialty Medications
  - New Guidelines
  - Guideline Name Changes
  - Moved Guidelines
  - Guidelines Changed From "Current Role Remains Uncertain" Designation
  - Deleted Guidelines
- Chronic Care
  - New Features and Changes
    - Table of Contents Updated
    - New Assessment Added
    - New Quality Measures Section
  - New Guidelines
  - Guideline Name Changes
  - Moved Guidelines
  - Deleted Guidelines
- Home Care
  - New Features and Changes
    - Therapy Referral Definition Added
    - New Definition For Rehabilitation Completed for Safe Transfer
  - New Guidelines
  - Guideline Name Changes
  - Deleted Guidelines
- Behavioral Health Care
  - New Features and Changes
    - Changes to Evidence Summary Recommendation Grades for Medications
    - New Social Determinants of Health Assessment
    - Behavioral Health Care GLOS Changes
  - New Guidelines
  - Deleted Guidelines
- Recovery Facility Care
  - New Guidelines
  - Guideline Name Changes
  - Deleted Guidelines
- Transitions of Care
  - New Features and Changes
    - New Quality Measures Section
  - Guideline Name Changes
- Patient Information
  - New Patient Handouts

- Handout Name Changes
- Deleted Handouts

General Content Enhancements and Changes

Number of Guidelines in the Content

Content Area	Guideline Type Description	MCG Type	24th Edition	25th Edition
Ambulatory Care	Ambulatory Care Guideline	ACG	815	794
Ambulatory Care	Referral Management Guideline	RMG	120	120
Behavioral Health Care	Home Care Guideline	HC	6	6
Behavioral Health Care	Level of Care Guideline	LOC	43	42
Behavioral Health Care	Optimal Recovery Guideline	ORG	90	95
Behavioral Health Care	Recovery Facility Care Guideline	RFC	8	8
Behavioral Health Care	Therapeutic, Testing, and Community Service Guideline	TTP	19	20
Chronic Care	High Intensity Disease Management Guideline	HIDM	162	162
Chronic Care	High Intensity Disease Management Guideline, Self-Management	HIDM-SM	52	52
Chronic Care	Low Intensity Disease Management Guideline	LIDM	51	51
General Recovery Care	Case Management Guideline	CM	4	4
General Recovery Care	General Recovery Guideline	GRG	29	29
General Recovery Care	Home Care Guideline	HC	5	5
General Recovery Care	Level of Care Guideline	LOC	11	11
General Recovery Care	Long Term Acute Care Hospital Guideline	LTACH	2	2
General Recovery Care	Recovery Facility Care Guideline	RFC	4	4
Home Care	General Recovery Guideline	GRG	5	5
Home Care	Optimal Recovery Guideline	ORG	272	267
Inpatient & Surgical Care	Common Complication and Condition Guideline	CCC	27	27
Inpatient & Surgical Care	Level of Care Guideline	LOC	11	11
Inpatient & Surgical Care	Observation Care Guideline	OCG	58	59
Inpatient & Surgical Care	Optimal Recovery Guideline	ORG	320	321
Inpatient & Surgical Care	Rapid Review Guideline	RRG	317	318
Multiple Condition Management	Optimal Recovery Guideline	ORG	60	60
Recovery Facility Care	General Recovery Guideline	GRG	4	4
Recovery Facility Care	Inpatient Rehabilitation Facility Guideline	IRF	20	20
Recovery Facility Care	Optimal Recovery Guideline	ORG	134	136
Transitions of Care	Case Management Guideline	CM	49	49
Transitions of Care	Self-Management Guideline	SM	46	46

Acute Viral Illness Guidelines Developed to Respond to COVID-19

In response to the COVID-19 pandemic, MCG issued a set of Viral Illness, Acute guidelines in a special release of our 24th edition in April 2020. Therefore, this set of guidelines is technically not new for the 25th edition but also was not part of the 24th edition Summary of Changes. There are a total of 6 primary guidelines across Inpatient & Surgical Care (adult, pediatric, and Observation Care), Home Care (adult and pediatric), and Recovery Facility Care, along with 2 corresponding Rapid Review Guidelines (adult and pediatric), 2 Patient Education for Clinicians guidelines (adult and pediatric), and 2 Discharge Information handouts.

Content Area	Body System	Group	Guideline Title	MCG Code
Home Care	Thoracic Surgery and Pulmonary Disease		Viral Illness, Acute	M-2280
Home Care	Pediatrics		Viral Illness, Acute, Pediatric	P-2280
Inpatient & Surgical Care	Observation Care Guidelines		Viral Illness, Acute: Observation Care	OC-064
Inpatient & Surgical Care	Pediatrics		Viral Illness, Acute, Pediatric	P-280
Inpatient & Surgical Care	Thoracic Surgery and Pulmonary Disease		Viral Illness, Acute	M-280
Patient Education for Clinicians	Pediatrics		Viral Illness, Acute, Pediatrics: Patient Education for Clinicians	N/A
Patient Education for Clinicians	Thoracic Surgery and Pulmonary Disease		Viral Illness, Acute: Patient Education for Clinicians	N/A
Patient Information, Discharge Information	Pediatrics		Viral Illness, Acute, Pediatric: Discharge Information	N/A
Patient Information, Discharge Information	Thoracic Surgery and Pulmonary Disease		Viral Illness, Acute: Discharge Information	N/A
Recovery Facility Care	Thoracic Surgery and Pulmonary Disease		Viral Illness, Acute	M-5280
Rapid Review Guidelines	Adult	Thoracic Surgery and Pulmonary Disease	Viral Illness, Acute RRG	M-280-RRG
Rapid Review Guidelines	Pediatric	Thoracic Surgery and Pulmonary Disease	Viral Illness, Acute, Pediatric RRG	P-280-RRG

Benchmarks and Data

Behavioral Health Care Utilization Models and Level of Care Statistics: Statistics for the new Withdrawal Management guidelines can be found in the 25th edition for each level of care.

Home Care Utilization Models: The Home Care Utilization Models now have commercial visit statistics by days in the 25th edition. In addition to the Medicare visit statistics (added in the 24th edition), the Home Care Utilization Models will have commercial data-based statistics on average number of home care visits by guideline, visit type (eg, RN, PT, OT, etc.), and days since start of care (SOC). Also new for the 25th edition, this table will display the average minutes per day by visit type and include therapy assistant visits (eg, PTA, OTA) when appropriate.

Statistical Companion to Recovery Facility Care: The Statistical Companion to Recovery Facility Care now has skilled nursing facility (SNF) readmission rates. The SNF all-cause readmission rate measures the percent of SNF admissions (occurring within 1 day of hospital discharge) that result in a readmission to the hospital within 30 days of prior hospital discharge.

Inpatient & Surgical Care

New Features and Changes

New Social Determinants of Health Assessment

A new Social Determinants of Health Assessment has been added to Inpatient & Surgical Care and Multiple Condition Management in the 25th edition. Use of this assessment will help identify, upon admission (or soon thereafter), patients at higher risk for an unmet health-related social need. There is a growing body of evidence that unmet health-related social needs can have a negative impact on quality of life and health outcomes, and results from this social determinants of health assessment should inform individual treatment plans and identify potential interventions to facilitate discharge planning and transitions of care. The assessment is available in all inpatient guidelines (as well as in guidelines for other levels of care in the Behavioral Health Care guidelines) and may be answered by the patient or a parent or caregiver. The assessment covers housing insecurity, food insecurity, insufficient transportation, insufficient utilities, personal safety risk, insufficient dependent care, and depression risk. The assessment can be accessed from a pop-up bullet on Day 1 in the Optimal Recovery Course.

Removal of "Ambulatory" from Goal Length of Stay (GLOS) Display in Medical Guidelines

Through the 24th edition, medical Optimal Recovery Guidelines and Multiple Condition Management guidelines with a companion Observation Care guideline (eg, Heart Failure, Chronic Obstructive Pulmonary Disease, Asthma) had a GLOS displayed as "Ambulatory or X days," with "X" being the GLOS for patients admitted to inpatient care and "Ambulatory" (alternatively, "Amb" or "A" depending on the location) alerting the user that a companion Observation Care guideline may be considered for that diagnosis.

To minimize confusion regarding use of the designation "Ambulatory" when referencing the inpatient GLOS, we have removed "Ambulatory" from the GLOS display from these medical guidelines in the 25th edition. However, we have added a note at the top of these Optimal Recovery Guidelines with a link to the pertinent Observation Care guidelines that reads: "Note: Some patients may be appropriate for observation care. For consideration of observation care, see [Condition]: Observation Care." This change has no bearing on surgical/procedural guidelines where the GLOS will still reference "Ambulatory," as it carries a different meaning and Observation Care guidelines are not involved. A list of all the GLOS changes for the 25th edition can be reviewed in the Inpatient & Surgical Care GLOS Changes table below.

Standardization of a Subset of Discharge Milestones in Optimal Recovery Course (ORC)

In order to standardize assessment of discharge readiness, items that are universal (ie, milestones have to be met in all or nearly all guidelines) have been standardized to read the same in all guidelines. They all appear in the last day in the ORC as follows:

- **Ambulatory or acceptable for next level of care**
- **Oral hydration** (with a footnote attached)
- **Oral medications or regimen acceptable for next level of care**
- **Oral diet or acceptable for next level of care**

The footnote attached to the "Oral hydration" milestone says: "Some patients may have their hydration needs met via alternative means (eg, percutaneous endoscopic gastrostomy tube)."

These milestones join the already ubiquitous and standardized:

- **Discharge plans and education understood**

Inpatient & Surgical Care GLOS Changes

Goal Length of Stay has changed in a total of 106 Optimal Recovery Guidelines in the 25th edition of Inpatient & Surgical Care, including those described above in "Removal of 'Ambulatory' from Goal Length of Stay (GLOS) Display in Medical Guidelines."

Some GLOS changes listed in the table below warrant some detail, and an explanation can be found after the table.

Body System	Guideline	MCG Code	24th Edition GLOS	25th Edition GLOS
Cardiology	Angina	M-40	Ambulatory or 1 day	1 day
Cardiology	Atrial Fibrillation	M-505	Ambulatory or 1 day	1 day
Cardiology	Chest Pain	M-89	Ambulatory or 1 day	1 day
Cardiology	Heart Failure	M-190	Ambulatory or 2 days	2 days
Cardiology	Myocarditis	M-240	Ambulatory or 2 days	2 days
Cardiology	Pericarditis	M-270	Ambulatory or 2 days	2 days
Cardiology	Supraventricular Arrhythmias	M-510	Ambulatory or 1 day	1 day
Cardiology	Syncope	M-340	Ambulatory or 1 day	1 day
Cardiology	Ventricular Arrhythmias	M-575	Ambulatory or 2 days	2 days
Cardiovascular Surgery	Aortic Coarctation, Angioplasty	S-152	Ambulatory or 1 day postoperative	Ambulatory
Cardiovascular Surgery	Cardiac Septal Defect: Atrial, Transcatheter Closure	S-282	Ambulatory or 1 day postoperative	Ambulatory
Endocrinology	Diabetes	M-130	Ambulatory or 2 days	2 days

Endocrinology	Diabetes, Hypoglycemia	M-134	Ambulatory or 1 day	1 day
Gastroenterology	Abdominal Pain, Undiagnosed	M-05	Ambulatory or 1 day	1 day
Gastroenterology	Dehydration	M-123	Ambulatory or 1 day	1 day
Gastroenterology	Diverticulitis, Acute	M-150	Ambulatory or 2 days	2 days
Gastroenterology	Esophageal Disease	M-550	Ambulatory or 1 day	1 day
Gastroenterology	Gallbladder or Bile Duct Inflammation or Stone	M-555	Ambulatory or 2 days	2 days
Gastroenterology	Gastritis and Duodenitis	M-560	Ambulatory or 1 day	1 day
Gastroenterology	Gastroenteritis	M-170	Ambulatory or 2 days	2 days
Gastroenterology	Gastrointestinal Bleeding, Lower	M-182	Ambulatory or 2 days	2 days
Gastroenterology	Gastrointestinal Bleeding, Upper	M-180	Ambulatory or 2 days	2 days
Gastroenterology	Inflammatory Bowel Disease	M-565	Ambulatory or 2 days	2 days
Gastroenterology	Liver Disease Complications	M-570	Ambulatory or 2 days	2 days
Gastroenterology	Pancreatitis, with Common Duct Stone	M-251	2 or 3 days	3 days
Gastroenterology	Vomiting	M-370	Ambulatory or 1 day	1 day
General Surgery	Bowel Surgery: Small Intestine Resection	S-250	4 or 5 days postoperative	5 days postoperative
General Surgery	Esophageal Diverticulectomy, Endoscopic	S-445	Ambulatory or 1 day postoperative	Ambulatory
General Surgery	Gastrectomy, Partial - Billroth I or II	S-510	4 or 6 days postoperative	5 days postoperative
General Surgery	Hernia Repair (Non-Hiatal)	S-1305	Ambulatory or 1 day postoperative	Ambulatory
General Surgery	Pancreatectomy	S-1200	5 or 7 days postoperative	6 days postoperative
General Surgery	Pyloroplasty and Vagotomy	S-990	4 or 6 days postoperative	4 days postoperative
Hematology - Oncology	Anemia, Iron Deficiency or Unspecified	M-35	Ambulatory or 1 day	1 day
Hematology - Oncology	Chemotherapy	M-87	Ambulatory or 2 days	2 days
Hematology - Oncology	Sickle Cell Disease	M-331	Ambulatory or 2 days	2 days
Infectious Disease	Cellulitis	M-70	Ambulatory or 2 days	2 days
Infectious Disease	Sepsis and Other Febrile Illness, without Focal Infection	M-160	Ambulatory or 3 days	3 days
Infectious Disease	Venom Exposure from Bite or Sting	M-610	Ambulatory or 1 day	1 day

Neonatology	Sepsis, Neonatal, Confirmed	P-425	4 days	10 days
Nephrology	Renal Colic and Kidney Stones	M-320	Ambulatory or 1 day	1 day
Nephrology	Renal Failure, Chronic	M-325	Ambulatory or 3 days	3 days
Neurology	Dizziness	M-152	Ambulatory or 1 day	1 day
Neurology	Drug Ingestion or Overdose	M-153	Ambulatory or 1 day	1 day
Neurology	Headaches	M-185	Ambulatory or 1 day	1 day
Neurology	Meningitis, Suspected or Viral	M-221	Ambulatory or 2 days	2 days
Neurology	Seizure	M-327	Ambulatory or 1 day	1 day
Neurology	Transient Ischemic Attack (TIA)	M-360	Ambulatory or 1 day	1 day
Neurology	Traumatic Brain Injury, Nonsurgical Treatment	M-78	Ambulatory or 2 days	2 days
Obstetrics and Gynecology	Diabetes in Pregnancy	M-132	Ambulatory or 1 day	1 day
Obstetrics and Gynecology	Hyperemesis Gravidarum	M-195	Ambulatory or 1 day	1 day
Obstetrics and Gynecology	Hypertensive Disorders of Pregnancy	M-285	Ambulatory or 1 day	1 day
Obstetrics and Gynecology	Pelvic Inflammatory Disease (PID), Acute	M-260	Ambulatory or 2 days	2 days
Obstetrics and Gynecology	Preterm Labor, Threatened	M-287	Ambulatory or 1 day	1 day
Orthopedics	Back Pain	M-63	Ambulatory or 1 day	1 day
Orthopedics	Cervical Laminectomy	S-340	2 days postoperative	Ambulatory or 2 days postoperative
Orthopedics	Lumbar Diskectomy, Foraminotomy, or Laminotomy	S-810	Ambulatory or 1 day postoperative	Ambulatory
Orthopedics	Removal of Posterior Spinal Instrumentation	S-530	1 day postoperative	Ambulatory or 1 day postoperative
Orthopedics	Shoulder Hemiarthroplasty	S-633	1 day postoperative	Ambulatory or 1 day postoperative
Pediatrics	Abdominal Pain, Undiagnosed, Pediatric	P-05	Ambulatory or 1 day	1 day
Pediatrics	Apparent Life-Threatening Event (Brief Resolved Unexplained Event)	P-12	Ambulatory or 1 day	1 day
Pediatrics	Asthma, Pediatric	P-60	Ambulatory or 1 day	1 day
Pediatrics	Bronchiolitis	P-80	Ambulatory or 1 day	1 day
Pediatrics	Cellulitis, Pediatric	P-112	Ambulatory or 2 days	2 days
Pediatrics	Chemotherapy, Pediatric	P-87	Ambulatory or 2 days	2 days
Pediatrics	Croup	P-	Ambulatory or 1 day	1 day

		130		
Pediatrics	Dehydration, Pediatric	P-123	Ambulatory or 1 day	1 day
Pediatrics	Diabetes, Pediatric	P-140	Ambulatory or 1 day	1 day
Pediatrics	Drug Ingestion or Overdose, Pediatric	P-150	Ambulatory or 1 day	1 day
Pediatrics	Failure to Thrive	P-187	Ambulatory or 2 days	2 days
Pediatrics	Gastroenteritis, Diarrhea with Dehydration, or Dysentery, Pediatric	P-190	Ambulatory or 1 day	1 day
Pediatrics	Gastrointestinal Bleeding, Hematemesis or Melena, Pediatric	P-200	Ambulatory or 1 day	1 day
Pediatrics	Headaches, Pediatric	P-185	Ambulatory or 1 day	1 day
Pediatrics	Inflammatory Bowel Disease, Pediatric	P-565	Ambulatory or 2 days	2 days
Pediatrics	Meningitis, Suspected or Viral, Pediatric	P-219	Ambulatory or 2 days	2 days
Pediatrics	Near-Drowning or Nonfatal Submersion	P-147	Ambulatory or 1 day	1 day
Pediatrics	Pelvic Inflammatory Disease (PID), Acute, Pediatric	P-260	Ambulatory or 2 days	2 days
Pediatrics	Pneumonia, Pediatric	P-330	Ambulatory or 2 days	2 days
Pediatrics	Pneumothorax, Pediatric	P-350	Ambulatory or 2 days	2 days
Pediatrics	Renal Colic and Kidney Stones, Pediatric	P-375	Ambulatory or 1 day	1 day
Pediatrics	Seizure, Pediatric	P-390	Ambulatory or 1 day	1 day
Pediatrics	Sepsis and Other Febrile Illness, without Focal Infection, Pediatric	P-410	Ambulatory or 2 days	2 days
Pediatrics	Sickle Cell Disease, Pediatric	P-432	Ambulatory or 2 days	2 days
Pediatrics	Spine, Scoliosis, Posterior Instrumentation, Pediatric	P-1056	4 days postoperative	3 days postoperative
Pediatrics	Supraventricular Arrhythmias, Pediatric	P-510	Ambulatory or 1 day	1 day
Pediatrics	Syncope, Pediatric	P-448	Ambulatory or 1 day	1 day
Pediatrics	Traumatic Brain Injury, Nonsurgical Treatment, Pediatric	P-202	Ambulatory or 1 day	1 day
Pediatrics	Urinary Tract Infection (UTI), Pediatric	P-360	Ambulatory or 2 days	2 days
Pediatrics	Venom Exposure from Bite or Sting, Pediatric	P-470	Ambulatory or 1 day	1 day
Pediatrics	Viral Illness, Acute, Pediatric	P-280	Ambulatory or 2 days	2 days
Pediatrics	Vomiting, Pediatric	P-	Ambulatory or 1 day	1 day

		371		
Thoracic Surgery and Pulmonary Disease	Asthma	M-60	Ambulatory or 1 day	1 day
Thoracic Surgery and Pulmonary Disease	Chronic Obstructive Pulmonary Disease	M-100	Ambulatory or 2 days	2 days
Thoracic Surgery and Pulmonary Disease	Cor Pulmonale	M-110	Ambulatory or 3 days	3 days
Thoracic Surgery and Pulmonary Disease	Deep Venous Thrombosis of Lower Extremities	M-350	Ambulatory or 4 days	4 days
Thoracic Surgery and Pulmonary Disease	Infection, Thrombosis, or Other Complication of Intravenous Device	M-515	Ambulatory or 3 days	3 days
Thoracic Surgery and Pulmonary Disease	Pleural Effusion	M-540	Ambulatory or 2 days	2 days
Thoracic Surgery and Pulmonary Disease	Pneumonia	M-282	Ambulatory or 2 days	2 days
Thoracic Surgery and Pulmonary Disease	Pneumothorax	M-500	Ambulatory or 2 days	2 days
Thoracic Surgery and Pulmonary Disease	Pulmonary Embolism	M-290	Ambulatory or 4 days	4 days
Thoracic Surgery and Pulmonary Disease	Rib Fracture	M-545	Ambulatory or 2 days	2 days
Thoracic Surgery and Pulmonary Disease	Viral Illness, Acute	M-280	Ambulatory or 2 days	2 days
Urology	Bladder Resection: Cystectomy with Urinary Diversion, Conduit or Continent	S-190	5 or 6 days postoperative	5 days postoperative
Urology	Nephrectomy by Laparoscopy	S-872	1 or 2 days postoperative	2 days postoperative
Urology	Prostatectomy, Transurethral Resection (TURP)	S-970	Ambulatory or 1 day postoperative	Ambulatory
Urology	Urethroplasty	S-1172	Ambulatory or 1 day postoperative	Ambulatory
Urology	Urinary Tract Infection (UTI)	M-300	Ambulatory or 2 days	2 days

Neonatal Sepsis: The GLOS for Sepsis, Neonatal, Confirmed (P-425) has gone from 4 days in the 24th edition to 10 days in the 25th edition, as noted in the table above, due to a change in our methodology for setting GLOS for this guideline. In the 24th edition, our analysis of billing codes pertaining to this guideline, which cover a wide range of severity of illness, yielded GLOS of 4 days. For example, over 80% of patients for whom this guideline is appropriate have a diagnosis code attached to their stay of P36.9 - Bacterial sepsis of newborn, unspecified. In our analysis of over 13,000 neonates (all payer), 41% of neonates with this diagnosis code were discharged in 4 days or fewer; the same was seen for the other neonatal sepsis codes. For the 25th edition, we based the GLOS on published evidence on neonates with clinically described sepsis, rather than going by a code-based categorization, to compensate for underrepresentation of this population in billing codes. Based on the sources we found (see the guideline for details and citations), a 10-day GLOS is appropriate.

Two Inpatient GLOS: For 7 guidelines with 2 inpatient GLOS values (see table below) that were intended to represent differing GLOS for distinct populations covered in the same guideline, the multiple GLOS values have been replaced with a single inpatient GLOS. However, some surgical guidelines have a GLOS of "Ambulatory or 'X' days," which will remain.

Body System	Guideline	MCG Code	24th Edition GLOS	25th Edition GLOS
Gastroenterology	Pancreatitis, with Common Duct Stone	M-251	2 or 3 days	3 days
General Surgery	Bowel Surgery: Small Intestine Resection	S-250	4 or 5 days postoperative	5 days postoperative
General Surgery	Gastrectomy, Partial - Billroth I or II	S-510	4 or 6 days postoperative	5 days postoperative

General Surgery	Pancreatectomy	S-1200	5 or 7 days postoperative	6 days postoperative
General Surgery	Pyloroplasty and Vagotomy	S-990	4 or 6 days postoperative	4 days postoperative
Urology	Bladder Resection: Cystectomy with Urinary Diversion, Conduit or Continent	S-190	5 or 6 days postoperative	5 days postoperative
Urology	Nephrectomy by Laparoscopy	S-872	1 or 2 days postoperative	2 days postoperative

Multiple Condition Benchmark Length of Stay (MBLOS) Changes: The Multiple Condition Benchmark Length of Stay has changed for 41 Multiple Condition Management guidelines in the 25th edition of Inpatient & Surgical Care. We have removed "Ambulatory" from the MBLOS display of those medical guidelines that had it, as was done with certain Optimal Recovery Guidelines as explained above.

Body System	Guideline	MCG Code	24th Edition MBLOS	25th Edition MBLOS
Cardiology	Angina with Clinically Active Diabetes MCM	M-40-DM	Ambulatory or 2 days	2 days
Cardiology	Atrial Fibrillation with Clinically Active Chronic Obstructive Pulmonary Disease MCM	M-505-CP	Ambulatory or 2 days	2 days
Cardiology	Atrial Fibrillation with Clinically Active Diabetes MCM	M-505-DM	Ambulatory or 2 days	2 days
Cardiology	Atrial Fibrillation with Clinically Active Heart Failure MCM	M-505-HF	Ambulatory or 2 days	2 days
Cardiology	Heart Failure with Clinically Active Asthma MCM	M-190-AS	Ambulatory or 3 days	3 days
Cardiology	Heart Failure with Clinically Active Atrial Fibrillation MCM	M-190-AF	Ambulatory or 3 days	3 days
Cardiology	Heart Failure with Clinically Active Chronic Obstructive Pulmonary Disease and Clinically Active Diabetes MCM	M-190-CPDM	Ambulatory or 3 days	3 days
Cardiology	Heart Failure with Clinically Active Chronic Obstructive Pulmonary Disease MCM	M-190-CP	Ambulatory or 3 days	3 days
Cardiology	Heart Failure with Clinically Active Diabetes MCM	M-190-DM	Ambulatory or 3 days	3 days
Cardiology	Heart Failure with Clinically Significant Dementia MCM	M-190-DE	Ambulatory or 3 days	3 days
Cardiology	Heart Failure with Clinically Significant Malnutrition MCM	M-190-MN	Ambulatory or 3 days	3 days
Cardiology	Heart Failure with Severe Renal Failure MCM	M-190-RF	Ambulatory or 2 days	2 days
Gastroenterology	Dehydration with Clinically Active Diabetes MCM	M-123-DM	Ambulatory or 2 days	2 days
Gastroenterology	Dehydration with Clinically Significant Dementia MCM	M-123-DE	Ambulatory or 2 days	2 days
Gastroenterology	Dehydration with Clinically Significant Malnutrition MCM	M-123-MN	Ambulatory or 2 days	2 days
Gastroenterology	Gastroenteritis with Clinically Active Diabetes MCM	M-170-DM	Ambulatory or 2 days	2 days
Gastroenterology	Gastroenteritis with Clinically Significant Dementia MCM	M-170-DE	Ambulatory or 3 days	3 days
Gastroenterology	Gastroenteritis with Clinically Significant Malnutrition MCM	M-170-MN	Ambulatory or 3 days	3 days
Gastroenterology	Liver Disease Complications with Alcohol Misuse MCM	M-570-	Ambulatory	3 days

		AL	or 3 days	
Gastroenterology	Liver Disease Complications with Clinically Significant Malnutrition MCM	M-570-MN	Ambulatory or 3 days	3 days
Infectious Disease	Cellulitis with Clinically Active Diabetes MCM	M-70-DM	Ambulatory or 2 days	2 days
Infectious Disease	Cellulitis with Clinically Active Heart Failure MCM	M-70-HF	Ambulatory or 3 days	3 days
Infectious Disease	Sepsis and Other Febrile Illness, without Focal Infection with Clinically Active Atrial Fibrillation MCM	M-160-AF	Ambulatory or 5 days	5 days
Infectious Disease	Sepsis and Other Febrile Illness, without Focal Infection with Clinically Active Diabetes and Clinically Significant Malnutrition MCM	M-160-DMMN	Ambulatory or 5 days	5 days
Infectious Disease	Sepsis and Other Febrile Illness, without Focal Infection with Clinically Active Diabetes MCM	M-160-DM	Ambulatory or 3 days	3 days
Infectious Disease	Sepsis and Other Febrile Illness, without Focal Infection with Clinically Active Heart Failure MCM	M-160-HF	Ambulatory or 4 days	4 days
Infectious Disease	Sepsis and Other Febrile Illness, without Focal Infection with Clinically Significant Malnutrition MCM	M-160-MN	Ambulatory or 4 days	4 days
Infectious Disease	Sepsis and Other Febrile Illness, without Focal Infection with Severe Renal Failure MCM	M-160-RF	Ambulatory or 4 days	4 days
Neurology	Drug Ingestion or Overdose with Alcohol Misuse MCM	M-153-AL	Ambulatory or 2 days	2 days
Neurology	Drug Ingestion or Overdose with Psychosis MCM	M-153-PS	Ambulatory or 2 days	2 days
Neurology	Seizure with Clinically Active Diabetes MCM	M-327-DM	Ambulatory or 2 days	2 days
Neurology	Seizure with Clinically Significant Dementia MCM	M-327-DE	Ambulatory or 2 days	2 days
Neurology	Seizure with Psychosis MCM	M-327-PS	Ambulatory or 2 days	2 days
Thoracic Surgery and Pulmonary Disease	Pneumonia with Clinically Active Atrial Fibrillation MCM	M-282-AF	Ambulatory or 4 days	4 days
Thoracic Surgery and Pulmonary Disease	Pneumonia with Clinically Active Chronic Obstructive Pulmonary Disease and Clinically Active Diabetes MCM	M-282-CPDM	Ambulatory or 3 days	3 days
Thoracic Surgery and Pulmonary Disease	Pneumonia with Clinically Active Chronic Obstructive Pulmonary Disease MCM	M-282-CP	Ambulatory or 3 days	3 days
Thoracic Surgery and Pulmonary Disease	Pneumonia with Clinically Active Diabetes MCM	M-282-DM	Ambulatory or 3 days	3 days
Thoracic Surgery and Pulmonary Disease	Pneumonia with Clinically Active Heart Failure MCM	M-282-HF	Ambulatory or 3 days	3 days
Thoracic Surgery and Pulmonary Disease	Pneumonia with Clinically Significant Dementia MCM	M-282-DE	Ambulatory or 3 days	3 days
Thoracic Surgery and Pulmonary Disease	Pneumonia with Clinically Significant Malnutrition MCM	M-282-MN	Ambulatory or 3 days	3 days
Thoracic Surgery and Pulmonary Disease	Pneumonia with Severe Renal Failure MCM	M-282-RF	Ambulatory or 3 days	3 days

Guideline Name Changes

The names of 7 Optimal Recovery Guidelines have been changed in the 25th edition of Inpatient & Surgical Care.

Body System	24th Edition Title	25th Edition Title	MCG Code

Cardiovascular Surgery	Abdominal Aortic Aneurysm, Endovascular Repair	Aortic Aneurysm, Abdominal, Endovascular Repair	S-131
Urology	Bladder Excision: Cystectomy with Urinary Diversion, Conduit or Continent	Bladder Resection: Cystectomy with Urinary Diversion, Conduit or Continent	S-190
Pediatrics	Cellulitis, Orbital or Periorbital Abscess, Pediatric	Cellulitis, Orbital or Periorbital, Pediatric	P-114
General Surgery	Fundoplasty, Esophagogastric, by Laparoscopy	Fundoplication, Esophagogastric, by Laparoscopy	S-505
Pediatrics	Fundoplasty, Esophagogastric, by Laparoscopy, Pediatric	Fundoplication, Esophagogastric, by Laparoscopy, Pediatric	P-505
Pediatrics	Idiopathic Thrombocytopenic Purpura (ITP), Pediatric	Immune Thrombocytopenia (ITP), Pediatric	P-207
Orthopedics	Pressure Ulcer Closure by Musculocutaneous or Free Flap: Sacral, Ischial, or Trochanteric Region	Pressure Injury Closure by Musculocutaneous or Free Flap: Sacral, Ischial, or Trochanteric Region	S-956

The names of the corresponding Rapid Review Guidelines have been changed in the 25th edition of Inpatient & Surgical Care as well.

Body System	Group	24th Edition Title	25th Edition Title	MCG Code
Adult	Cardiovascular Surgery	Abdominal Aortic Aneurysm, Endovascular Repair RRG	Aortic Aneurysm, Abdominal, Endovascular Repair RRG	S-131-RRG
Adult	Urology	Bladder Excision: Cystectomy with Urinary Diversion, Conduit or Continent RRG	Bladder Resection: Cystectomy with Urinary Diversion, Conduit or Continent RRG	S-190-RRG
Pediatric	Infectious Disease	Cellulitis, Orbital or Periorbital Abscess, Pediatric RRG	Cellulitis, Orbital or Periorbital, Pediatric RRG	P-114-RRG
Adult	General Surgery	Fundoplasty, Esophagogastric, by Laparoscopy RRG	Fundoplication, Esophagogastric, by Laparoscopy RRG	S-505-RRG
Pediatric	General Surgery	Fundoplasty, Esophagogastric, by Laparoscopy, Pediatric RRG	Fundoplication, Esophagogastric, by Laparoscopy, Pediatric RRG	P-505-RRG
Pediatric	Hematology - Oncology	Idiopathic Thrombocytopenic Purpura (ITP), Pediatric RRG	Immune Thrombocytopenia (ITP), Pediatric RRG	P-207-RRG
Adult	Orthopedics	Pressure Ulcer Closure by Musculocutaneous or Free Flap: Sacral, Ischial, or Trochanteric Region RRG	Pressure Injury Closure by Musculocutaneous or Free Flap: Sacral, Ischial, or Trochanteric Region RRG	S-956-RRG

One Observation Care guideline has been renamed in the 25th edition of Inpatient & Surgical Care.

Body System	24th Edition Title	25th Edition Title	MCG Code
Observation Care Guidelines	Abdominal Pain: Observation Care	Abdominal Pain, Undiagnosed: Observation Care	OC-001

Moved Guidelines

Endovascular Repair (EVR), Thoracic Aorta has been relocated from Ambulatory Care to Inpatient & Surgical Care's Optimal Recovery Guidelines in the 25th edition due to the fact that this procedure is typically performed in an inpatient setting. The guideline has been renamed Aortic Aneurysm, Thoracic, Endovascular Repair. With this guideline, repair of both abdominal aortic aneurysm and thoracic aortic aneurysm have Inpatient & Surgical Care guidelines for both the open and the endovascular approach.

24th Edition Guideline Title	24th Edition Content Volume	24th Edition Body System	24th Edition Group	24th Edition MCG Code	25th Edition Guideline Title	25th Edition Content Volume	25th Edition Body System	25th Edition MCG Code
Endovascular	Ambulatory	Procedures	Cardiovascular	A-	Aortic	Inpatient	Cardiovascular	S-145

Repair (EVR), Thoracic Aorta	Care	and Diagnostic Tests	Surgery	0394	Aneurysm, Thoracic, Endovascular Repair	& Surgical Repair	Surgery

The corresponding Rapid Review Guideline was added in the 25th edition of Inpatient & Surgical Care as well.

Body System	Group	Guideline	MCG Code
Adult	Cardiovascular Surgery	Aortic Aneurysm, Thoracic, Endovascular Repair RRG	S-145-RRG

Deleted Guidelines

Neutropenia after Chemotherapy, Pediatric (P-300) and Chemotherapy, Pediatric (P-87) were separate guidelines in Inpatient & Surgical Care up to and including the 24th edition. For the 25th edition, the content in Neutropenia after Chemotherapy, Pediatric has been moved into Chemotherapy, Pediatric, and Neutropenia after Chemotherapy, Pediatric has been retired. Up to and including the 24th edition, the adult version of Chemotherapy covered patients with post-chemotherapy neutropenia. With this change, the pediatric and adult versions of chemotherapy will both cover these patients.

Also, in recent editions, Ureteroileal Conduit (S-1140) and Bladder Excision: Cystectomy with Urinary Diversion, Conduit or Continent (S-190) have had nearly identical Clinical Indications for Procedure and overlapping Goal Lengths of Stay (6 days and 5 or 6 days, respectively). For the 25th edition, Ureteroileal Conduit has been consolidated into Bladder Excision: Cystectomy with Urinary Diversion, Conduit or Continent with a GLOS of 5 days, and Ureteroileal Conduit has been retired. Also, as noted in the Inpatient & Surgical Care Guideline Name Changes table above, the title of the combined guideline has replaced Bladder Excision with Bladder Resection, and the new title is Bladder Resection: Cystectomy with Urinary Diversion, Conduit or Continent. This change in terminology is to more properly align the title with the ICD-10-PCS coding for the procedure.

Body System	Guideline	MCG Code	Reason
Pediatrics	Neutropenia after Chemotherapy, Pediatric	P-300	The guideline has been deleted as its content moved into the Chemotherapy, Pediatric (P-87) guideline.
Urology	Ureteroileal Conduit	S-1140	The guideline has been deleted as its content moved into Bladder Resection: Cystectomy with Urinary Diversion, Conduit or Continent (S-190) guideline.

The corresponding Rapid Review Guidelines have been deleted in the 25th edition of Inpatient & Surgical Care as well.

Body System	Group	Guideline	MCG Code	Reason
Adult	Urology	Ureteroileal Conduit RRG	S-1140-RRG	The guideline has been deleted as its content moved into Bladder Resection: Cystectomy with Urinary Diversion, Conduit or Continent RRG (S-190-RRG).
Pediatric	Hematology - Oncology	Neutropenia after Chemotherapy, Pediatric RRG	P-300-RRG	The guideline has been deleted as its content moved into the Chemotherapy, Pediatric RRG (P-87-RRG).

General Recovery Care

New Features and Changes

Change in Search by Diagnosis Codes

MCG has received consistent feedback that when searching by diagnosis code, selecting the correct General Recovery Care guideline (GRG) from the list that is returned can be confusing. To the degree possible, we have reduced the number of GRGs returned when searching, specifically procedural GRGs listed in response to diagnosis codes. We have tried to separate codes such that diagnosis codes will return medical GRGs and procedural codes will return procedural GRGs. However, there is still some overlap (ie, some GRGs include both). The principal operational difference for users will be that to see procedural GRGs in a search return, the search should be performed using a procedure name or code, not a diagnosis.

New Social Determinants of Health Assessment

A new Social Determinants of Health Assessment has been added to General Recovery Care in the 25th edition. Use of this assessment will help identify, upon admission (or soon thereafter), patients at higher risk for an unmet health-related social need. There is a growing body of evidence that unmet health-related social needs can have a negative impact on quality of life and health outcomes, and results from this social determinants of health assessment should inform individual treatment plans and identify potential interventions to facilitate discharge planning and transitions of care. The assessment is available in all Problem Oriented General Recovery Guidelines and Body System General Recovery Guidelines (as well as in all inpatient guidelines in Inpatient & Surgical Care and Multiple Condition Management, and guidelines for all levels of care in the Behavioral Health Care guidelines) and may be answered by the patient or a parent or caregiver. The assessment covers housing insecurity, food insecurity,

insufficient transportation, insufficient utilities, personal safety risk, insufficient dependent care, and depression risk. The assessment can be accessed from a pop-up bullet on Day 1 in the General Recovery Course.

Ambulatory Care

New Features and Changes

Changes to Evidence Summary Recommendation Grades

For each Clinical Indication in Ambulatory Care guidelines, the Criteria annotation describes the available evidence supporting its use. In the 25th edition, a third possible Recommendation Grade may now be assigned to Criteria annotations within the Specialty Medications section to describe indications for which evidence is insufficient or does not demonstrate a net benefit, but the specific indication has been approved for that medication by a federal regulatory agency.

The Criteria section now includes the following Recommendation Grades:

- **RG A1:** Evidence demonstrates at least moderate certainty of at least moderate net benefit.
- **RG A2:** Evidence demonstrates a net benefit, but of less than moderate certainty, and may consist of a consensus of opinion of experts, case studies, and common standard care.
- **RG A3:** Evidence demonstrates an incomplete assessment of net benefit vs harm; the drug is currently approved by a federal regulatory agency.

The Inconclusive or Non-Supportive Evidence section includes the following Recommendation Grades:

- **RG B:** Evidence is insufficient, conflicting, or poor and demonstrates an incomplete assessment of net benefit vs harm; additional research is recommended.
- **RG C1:** Evidence demonstrates a lack of net benefit; additional research is recommended.
- **RG C2:** Evidence demonstrates potential harm that outweighs benefit; additional research is recommended.

New Guidelines in Procedures and Diagnostic Tests

The number of guidelines in the Procedures and Diagnostic Tests section has been expanded to include new procedures for varicose vein treatment, occipital nerve block, renal sympathetic nerve denervation, and oral immunotherapy. See the New Guidelines table below for the complete list.

New Guidelines in Specialty Medications

New guidelines have been added to the Specialty Medications section, reflecting the growth in specialty medications and targeted therapy. The new guidelines cover conditions such as sickle cell anemia, migraine, spinal muscular atrophy, and lymphoma and leukemia. See the New Guidelines table below for the complete list.

New Guidelines

A total of 13 new guidelines have been added to the 25th edition of Ambulatory Care.

Body System	Group	Guideline	MCG Code
Procedures and Diagnostic Tests	Allergy	Immunotherapy, Oral	A-1023
Procedures and Diagnostic Tests	Cardiovascular Surgery	Renal Sympathetic Nerve Ablation, Radiofrequency	A-1034
Procedures and Diagnostic Tests	Cardiovascular Surgery	Saphenous Vein Ablation, Adhesive Injection	A-1024
Procedures and Diagnostic Tests	Cardiovascular Surgery	Saphenous Vein Ablation, Mechanical Occlusion Chemical Ablation (MOCA)	A-1025
Procedures and Diagnostic Tests	Neurology	Nerve Block, Occipital	A-1033
Specialty Medications	Eye Conditions	Brolucizumab	A-1026
Specialty Medications	Eye Conditions	Voretigene Neparvovec	A-1028
Specialty Medications	Hematologic Conditions	Crizanlizumab	A-1027
Specialty Medications	Neurologic Conditions	Eptinezumab	A-1032
Specialty Medications	Neurologic Conditions	Onasemnogene Abeparvovec-xioi	A-1029

Specialty Medications	Oncologic Conditions	Axicabtagene Ciloleucel	A-1030
Specialty Medications	Oncologic Conditions	Brexucabtagene Autoleucel	A-1035
Specialty Medications	Oncologic Conditions	Tisagenlecleucel	A-1031

Guideline Name Changes

A total of 19 guidelines have been renamed in the 25th edition of Ambulatory Care.

Body System	Group	24th Edition Guideline Title	25th Edition Guideline Title	MCG Code
Genetic Medicine	Neurology	Charcot-Marie-Tooth Hereditary Neuropathy, Type 1 - EGR2, FBLN5, LITAF, MPZ, NEFL, and PMP22 Genes	Charcot-Marie-Tooth Hereditary Neuropathy - Gene and Gene Panel Testing	A-0691
Genetic Medicine	Cardiology	Familial Dilated Cardiomyopathy, Nonsyndromic Genes	Familial Dilated Cardiomyopathy - Gene and Gene Panel Testing	A-0648
Genetic Medicine	Cardiology	Familial Hypertrophic Cardiomyopathy, Nonsyndromic - Sarcomere Genes	Familial Hypertrophic Cardiomyopathy, Nonsyndromic - Gene and Gene Panel Testing	A-0633
Genetic Medicine	Cardiology	Loeys-Dietz Syndrome Gene and Gene Panel Testing	Loeys-Dietz Syndrome - Gene and Gene Panel Testing	A-0909
Genetic Medicine	Oncology	Malignant Melanoma - BRAF V600 Testing	Malignant Melanoma (Cutaneous) - BRAF V600 Testing	A-0787
Genetic Medicine	Oncology	Malignant Melanoma (Uveal) - BAP1, CDK4, and CDKN2A Genes	Malignant Melanoma (Uveal) - BAP1 Gene	A-0836
Genetic Medicine	Neurology	Nemaline Myopathy - ACTA1, CFL2, KBTBD13, KLHL40, KLHL41, LMOD3, MYO18B, MYPN, NEB, TNNT1, TPM2, and TPM3 Genes	Nemaline Myopathy - Gene and Gene Panel Testing	A-0792
Genetic Medicine	Metabolic and Developmental Disorders	Noonan Syndrome - BRAF, KRAS, LZTR1, MAP2K1, NRAS, PTPN11, RAF1, RIT1, SOS1, and SOS2 Genes and Gene Panels	Noonan Syndrome - Gene and Gene Panel Testing	A-0915
Genetic Medicine	Orthopedics	Osteogenesis Imperfecta - BMP1, COL1A1, COL1A2, CREB3L1, CRTAP, FKBP10, IFITM5, MBTPS2, P3H1, PLOD2, PPIB, SERPINF1, SERPINH1, SP7, SPARC, TENT5A, TMEM38B, and WNT1 Genes and Gene Panels	Osteogenesis Imperfecta - Gene and Gene Panel Testing	A-0796
Genetic Medicine	Neurology	Parkinson Disease - ATP13A2, GBA, LRRK2, PARK7, PINK1, PRKN, SNCA, and VPS35 Genes	Parkinson Disease - Gene Testing and Gene Panels	A-0671
Referral Management	Skin Conditions	Skin Ulcers, Pressure - Referral Management	Pressure Injury - Referral Management	R-0127
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	Skin Conditions	Pressure Relieving and Offloading Devices (Total Contact Cast and Removable Cast Walker)	Pressure-Relieving and Offloading Devices (Total Contact Cast and Removable Cast Walker)	A-0344
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	Skin Conditions	Bed, Active (Dynamic)	Pressure-Relieving Bed, Advanced	A-0517
Durable Medical Equipment, Prosthetics,	Skin Conditions	Mattress and Mattress Overlay, Active (Dynamic)	Pressure-Relieving Support Surface, Advanced	A-0348

Orthotics, and Supplies (DMEPOS)				
Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS)	Skin Conditions	Mattress and Mattress Overlay, Reactive (Static)	Pressure-Relieving Support Surface, Simple	A-0347
Genetic Medicine	Oncology	Prostate Cancer - HOXB13, MMR, PTEN, and TMPRSS2-ETS Fusion Genes	Prostate Cancer (Hereditary) - Gene Panel	A-0854
Genetic Medicine	Pharmacogenetics	Psychotropic Medication Pharmacogenetics - ABCB1, ADRA2A, BDNF, COMT, DRD, FKBP5, GNB3, HTR, MC4R, OGFRL1, SLC6A4, SPTA1, and TPH1 Genes	Psychotropic Medication Pharmacogenetics - ABCB1, ADRA2A, BDNF, COMT, DRD, FKBP5, GNB3, HTR, MC4R, OGFRL1, SLC6A4, and TPH1 Genes	A-0859
Genetic Medicine	Neurology	Spinocerebellar Ataxia - ATXN1, ATXN2, ATXN3, ATXN7, and CACNA1A Genes and Gene Panels	Spinocerebellar Ataxia - Gene Testing and Gene Panels	A-0908
Procedures and Diagnostic Tests	Urology	Periurethral Bulking Injections	Urethral Bulking Agent Injections	A-0268

Moved Guidelines

One guideline in the 25th edition of Ambulatory Care has been relocated to better reflect the content of the guideline.

Guideline Title	24th Edition Body System	24th Edition Group	25th Edition Body System	25th Edition Group
Hyaluronic Acid, Intra-Articular Injection	Specialty Medications	Musculoskeletal Conditions	Procedures and Diagnostic Tests	Orthopedics

In addition, Endovascular Repair (EVR), Thoracic Aorta, has been relocated from Ambulatory Care to the Optimal Recovery Guidelines in Inpatient & Surgical Care and renamed Aortic Aneurysm, Thoracic, Endovascular Repair in the 25th edition due to the fact that this procedure is typically performed in an inpatient setting.

24th Edition Guideline Title	24th Edition Content Volume	24th Edition Body System	24th Edition Group	24th Edition MCG Code	25th Edition Guideline Title	25th Edition Content Volume	25th Edition Body System	25th Edition MCG Code
Endovascular Repair (EVR), Thoracic Aorta	Ambulatory Care	Procedures and Diagnostic Tests	Cardiovascular Surgery	A-0394	Aortic Aneurysm, Thoracic, Endovascular Repair	Inpatient & Surgical Repair	Cardiovascular Surgery	S-145

Guidelines Changed From "Current Role Remains Uncertain" Designation

One guideline has been changed from having the designation "Current Role Remains Uncertain" to having Clinical Indications in the 25th edition of Ambulatory Care based on the latest available evidence in the medical literature.

Body System	Group	Guideline Title	MCG Code
Genetic Medicine	Oncology	Renal Cancer (Hereditary) - Gene Panel	A-0801

Deleted Guidelines

A total of 33 guidelines have been removed from the 25th edition of Ambulatory Care.

Body System	Group	Guideline	MCG Code	Reason
Genetic Medicine	Neurology	Charcot-Marie-Tooth Hereditary Neuropathy, Type 2 - HSPB1, MFN2, and MPZ Genes	A-0816	Guideline removed as content now included in Charcot-Marie-Tooth Hereditary Neuropathy - Gene and Gene Panel Testing (A-0691) guideline.

Genetic Medicine	Neurology	Charcot-Marie-Tooth Hereditary Neuropathy, Type 4 - FGD4, GDAP1, NDRG1, PRX, SBF2, and SH3TC2 Genes	A-0818	Guideline removed as content now included in Charcot-Marie-Tooth Hereditary Neuropathy - Gene and Gene Panel Testing (A-0691) guideline.
Genetic Medicine	Neurology	Charcot-Marie-Tooth Hereditary Neuropathy, Type X - AIFM1, GJB1, PDK3, and PRPS1 Genes	A-0819	Guideline removed as content now included in Charcot-Marie-Tooth Hereditary Neuropathy - Gene and Gene Panel Testing (A-0691) guideline.
Imaging	Nuclear Medicine	Adrenal Scintigraphy	A-0073	Guideline removed as this imaging test has been replaced clinically by other imaging tests.
Rehabilitation	Therapeutic Modalities	Static Magnetic Fields	A-0355	Guideline removed as the content in this guideline has little clinical relevance.
Specialty Medications	Autoimmune Conditions	Apremilast	A-0965	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Autoimmune Conditions	Baricitinib	A-1000	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Autoimmune Conditions	Tofacitinib	A-0983	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Infectious Disease Conditions	Elbasvir-Grazoprevir	A-0934	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Infectious Disease Conditions	Glecaprevir-Pibrentasvir	A-0971	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Infectious Disease Conditions	Ledipasvir-Sofosbuvir	A-0749	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Infectious Disease Conditions	Sofosbuvir	A-0758	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Infectious Disease Conditions	Sofosbuvir-Velpatasvir	A-0944	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Infectious Disease Conditions	Sofosbuvir-Velpatasvir-Voxilaprevir	A-0962	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Metabolic Conditions	Miglustat	A-0462	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Neurologic Conditions	Dimethyl Fumarate	A-0919	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Neurologic Conditions	Fingolimod	A-0899	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Neurologic Conditions	Teriflunomide	A-0900	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Oncologic Conditions	Alectinib	A-0964	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Oncologic Conditions	Ceritinib	A-0967	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.

Specialty Medications	Oncologic Conditions	Cobimetinib	A-0921	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Oncologic Conditions	Crizotinib	A-0677	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Oncologic Conditions	Dabrafenib	A-0954	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Oncologic Conditions	Ixazomib	A-0937	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Oncologic Conditions	Sorafenib	A-0980	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Oncologic Conditions	Trametinib	A-0952	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Oncologic Conditions	Vemurafenib	A-0675	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Pulmonary Conditions	Ambrisentan	A-0619	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Pulmonary Conditions	Bosentan	A-0295	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Pulmonary Conditions	Elexacaftor-Tezacaftor-Ivacaftor	A-1022	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Pulmonary Conditions	Ivacaftor	A-0936	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Pulmonary Conditions	Lumacaftor-Ivacaftor	A-0939	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.
Specialty Medications	Pulmonary Conditions	Tezacaftor-Ivacaftor	A-0984	Guideline removed as MCG is discontinuing Specialty Medication guidelines for oral medications due to low usage.

Chronic Care

New Features and Changes

Table of Contents Updated

Table of Contents changes have been made in the 25th edition of Chronic Care. Existing assessments have been categorized and arranged to highlight our existing Social Determinants of Health content; place Self-Management, Low Intensity Disease Management, and Patient Education content into body systems; and organize Monitoring and Management content into more specific groupings.

New Assessment Added

A Long-Term Services and Supports (LTSS) assessment has been added to the 25th edition of Chronic Care. This assessment is intended to guide the clinician in patient-centric care and support populations that require complex ongoing services (eg, chronic health condition support, ADLs, social determinants of health needs). Appropriate existing Chronic Care assessments are incorporated into this guideline for targeted care guidance.

New Quality Measures Section

A Quality Measures section has been added and appropriate questions have been tagged with the "QM" designation in several guidelines, primarily in the Self-Management section of the 25th edition of Chronic Care. The Quality Measures section describes the intent of the "QM" tag and how information provided in the questions may be requested by various accrediting organizations. The quality measures are intended to highlight areas of focus for major national quality initiatives. They are presented for reference purposes only and are neither an assurance of compliance nor a

prescribed measurement set. The selection of accreditation organization, quality initiatives, measurements, and data collection instruments is at the user's discretion.

New Guidelines

One new guideline has been added in the 25th edition of Chronic Care under the topic of Monitoring and Management.

Body System	Group	Guideline	MCG Code
Monitoring and Management	Functional Status	Long-Term Services and Support	C-1161

Guideline Name Changes

Three assessment titles have been changed in the 25th edition of Chronic Care. Their body system category placement reflects their location for the 25th edition.

Body System	Group	24th Edition Guideline Title	25th Edition Guideline Title	MCG Code
Social Determinants of Health		Evaluation of Available Caregiver Resources	Caregiver Resources Evaluation	C-1056
Monitoring and Management	Social/Family	Evaluation of Caregiver Strain	Caregiver Strain Evaluation	C-1126
Monitoring and Management	Clinical Interventions	Pressure Ulcer Monitoring and Management	Pressure Injury Monitoring and Management	C-1043

Moved Guidelines

As mentioned in the Chronic Care "New Features and Changes" section above, the Chronic Care table of contents has been revamped for the 25th edition, and the assessments have been categorized and reorganized. This table identifies the specific changes from the 24th edition to the 25th edition; the list is sorted alphabetically by guideline title.

Guideline Title	24th Edition Body System	24th Edition Group	25th Edition Body System	25th Edition Group
Activities of Daily Living	Functional Status		Monitoring and Management	Functional Status
Advance Care Planning	Psychosocial	Social Needs	Monitoring and Management	Social/Family
Alcohol Misuse	Psychosocial	Mental Health	Monitoring and Management	Mental Health
Alcohol Use	Wellness		Monitoring and Management	Wellness
Anemia - Self-Care	Self-Management		Self-Management	Hematology - Oncology
Anemia Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Hematology - Oncology
Anxiety - Self-Care	Self-Management		Self-Management	Behavioral Health
Anxiety Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Behavioral Health
Arthritis - Self-Care	Self-Management		Self-Management	Immunology - Rheumatology
Arthritis Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Immunology - Rheumatology
Aspiration Risk Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Assistive Devices	Functional Status		Monitoring and Management	Functional Status

Asthma, Adult - Self-Care	Self-Management		Self-Management	Thoracic Surgery and Pulmonary Disease
Asthma, Adult Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Thoracic Surgery and Pulmonary Disease
Asthma, Pediatric - Self-Care	Self-Management		Self-Management	Pediatrics
Asthma, Pediatric Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Pediatrics
Atrial Fibrillation - Self-Care	Self-Management		Self-Management	Cardiology
Atrial Fibrillation Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Cardiology
Attention-Deficit Hyperactivity Disorder, Adult - Self-Care	Self-Management		Self-Management	Behavioral Health
Attention-Deficit Hyperactivity Disorder, Adult Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Behavioral Health
Attention-Deficit Hyperactivity Disorder, Pediatric - Self-Care	Self-Management		Self-Management	Pediatrics
Attention-Deficit Hyperactivity Disorder, Pediatric Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Pediatrics
Autism Spectrum Disorders - Self-Care	Self-Management		Self-Management	Behavioral Health
Autism Spectrum Disorders Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Behavioral Health
Back Pain - Self-Care	Self-Management		Self-Management	Orthopedics
Back Pain Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Orthopedics
Behavioral Health and Cognition Evaluation with Caregiver	Psychosocial	Mental Health	Monitoring and Management	Mental Health
Bipolar Disorder - Self-Care	Self-Management		Self-Management	Behavioral Health
Bipolar Disorder Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Behavioral Health
Blood Glucose Monitoring	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Blood Pressure Monitoring	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Bowel Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Bowel Symptoms	Health Status	Symptoms	Monitoring and Management	Symptoms
Cancer - Self-Care	Self-Management		Self-Management	Hematology - Oncology
Cancer Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Hematology - Oncology
Cardiac Congenital Defects - Self-Care	Self-Management		Self-Management	Cardiovascular Surgery

Cardiac Congenital Defects Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Cardiovascular Surgery
Caregiver Resources Evaluation	Psychosocial	Social Needs	Social Determinants of Health	
Caregiver Strain Evaluation	Psychosocial	Social Needs	Monitoring and Management	Social/Family
Chemotherapy	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Children with Special Healthcare Needs - Self-Care	Self-Management		Self-Management	Problem Oriented Guidelines
Children with Special Healthcare Needs Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Problem Oriented Guidelines
Cholesterol Monitoring	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Chronic Obstructive Pulmonary Disease - Self-Care	Self-Management		Self-Management	Thoracic Surgery and Pulmonary Disease
Chronic Obstructive Pulmonary Disease Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Thoracic Surgery and Pulmonary Disease
Chronic Pain	Health Status	Symptoms	Monitoring and Management	Symptoms
Cognitive Impairment	Health Status	Symptoms	Monitoring and Management	Symptoms
Community Resources	Psychosocial	Social Needs	Social Determinants of Health	
Complex Case Management - Self-Care	Self-Management		Self-Management	Problem Oriented Guidelines
Coronary Artery Disease - Self-Care	Self-Management		Self-Management	Cardiology
Coronary Artery Disease Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Cardiology
Cultural Practices	Psychosocial	Social Needs	Monitoring and Management	Social/Family
Cystic Fibrosis, Adult - Self-Care	Self-Management		Self-Management	Thoracic Surgery and Pulmonary Disease
Cystic Fibrosis, Adult Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Thoracic Surgery and Pulmonary Disease
Cystic Fibrosis, Pediatric - Self-Care	Self-Management		Self-Management	Pediatrics
Cystic Fibrosis, Pediatric Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Pediatrics
Dehydration Monitoring and Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Dementia - Self-Care	Self-Management		Self-Management	Behavioral Health
Dementia Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Behavioral Health

Depression - Self-Care	Self-Management		Self-Management	Behavioral Health
Depression Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Behavioral Health
Depression Screening, Adult	Psychosocial	Mental Health	Monitoring and Management	Mental Health
Depression Screening, Pediatric	Psychosocial	Mental Health	Monitoring and Management	Mental Health
Diabetes, Adult - Self-Care	Self-Management		Self-Management	Endocrinology
Diabetes, Adult Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Endocrinology
Diabetes, Pediatric - Self-Care	Self-Management		Self-Management	Pediatrics
Diabetes, Pediatric Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Pediatrics
Dialysis Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Eating Disorders - Self-Care	Self-Management		Self-Management	Behavioral Health
Eating Disorders Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Behavioral Health
Education Management	Psychosocial	Social Needs	Social Determinants of Health	
End-of-Life Care - Self-Care	Self-Management		Self-Management	Problem Oriented Guidelines
End-of-Life Care Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Problem Oriented Guidelines
Energy Level Changes	Health Status	Symptoms	Monitoring and Management	Symptoms
Enteral Nutrition Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Exercise	Wellness		Monitoring and Management	Wellness
Fatigue or Weakness	Health Status	Symptoms	Monitoring and Management	Symptoms
Financial Status and Benefits	Psychosocial	Social Needs	Social Determinants of Health	
Fluid Restriction	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Frail Elderly - Self-Care	Self-Management		Self-Management	Problem Oriented Guidelines
Frail Elderly Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Problem Oriented Guidelines
General Medication Management	Health Status	Medication	Monitoring and Management	Medication
Growth and Development, Pediatric	Wellness		Monitoring and Management	Wellness

HbA1c Monitoring	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Health Literacy	Psychosocial	Social Needs	Social Determinants of Health	
Health Risk Assessment	Wellness		Monitoring and Management	Wellness
Hearing	Psychosocial	Communication	Monitoring and Management	Communication
Heart Failure - Self-Care	Self-Management		Self-Management	Cardiology
Heart Failure Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Cardiology
High Cholesterol - Self-Care	Self-Management		Self-Management	Cardiology
High Cholesterol Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Cardiology
High-Risk Pregnancy - Self-Care	Self-Management		Self-Management	Obstetrics and Gynecology
High-Risk Pregnancy Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Obstetrics and Gynecology
HIV/AIDS - Self-Care	Self-Management		Self-Management	Infectious Disease
HIV/AIDS Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Infectious Disease
Home Infusion Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Hypertension - Self-Care	Self-Management		Self-Management	Cardiology
Hypertension Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Cardiology
Inflammatory Bowel Disease - Self-Care	Self-Management		Self-Management	Gastroenterology
Inflammatory Bowel Disease Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Gastroenterology
Injectable Medications	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Instrumental Activities of Daily Living	Functional Status		Monitoring and Management	Functional Status
Intimate Partner Violence	Psychosocial	Social Needs	Monitoring and Management	Social/Family
Kidney Disease - Self-Care	Self-Management		Self-Management	Nephrology
Kidney Disease Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Nephrology
Language	Psychosocial	Communication	Monitoring and Management	Communication
Liver Disease - Self-Care	Self-Management		Self-Management	Gastroenterology
Liver Disease Information: Low Intensity	Low Intensity Disease		Low Intensity Disease	Gastroenterology

	Management		Management	
Medication Adherence	Health Status	Medication	Monitoring and Management	Medication
Medication Changes	Health Status	Medication	Monitoring and Management	Medication
Medication List	Health Status	Medication	Monitoring and Management	Medication
Multiple Sclerosis - Self-Care	Self-Management		Self-Management	Neurology
Multiple Sclerosis Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Neurology
Narcotic/Opioid Misuse Assessment	Psychosocial	Mental Health	Monitoring and Management	Mental Health
Nebulizer Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Neonatal Care - Self-Care	Self-Management		Self-Management	Neonatology
Neonatal Care Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Neonatology
Neurologic Function Changes	Health Status	Symptoms	Monitoring and Management	Symptoms
Nutritional Management to Gain Weight	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Nutritional Management to Lose Weight	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Nutritional Status, Adult	Wellness		Monitoring and Management	Wellness
Nutritional Status, Infant	Wellness		Monitoring and Management	Wellness
Nutritional Status, Pediatric	Wellness		Monitoring and Management	Wellness
Obesity, Adult - Self-Care	Self-Management		Self-Management	Endocrinology
Obesity, Adult Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Endocrinology
Obesity, Pediatric - Self-Care	Self-Management		Self-Management	Pediatrics
Obesity, Pediatric Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Pediatrics
Organ Transplant - Self-Care	Self-Management		Self-Management	Problem Oriented Guidelines
Organ Transplant Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Problem Oriented Guidelines
Osteoporosis - Self-Care	Self-Management		Self-Management	Orthopedics
Osteoporosis Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Orthopedics
Ostomy Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions

Oxygen Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Pain Assessment	Health Status	Symptoms	Monitoring and Management	Symptoms
Pain Medication Use	Health Status	Medication	Monitoring and Management	Medication
Palliative Care - Self-Care	Self-Management		Self-Management	Problem Oriented Guidelines
Palliative Care Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Problem Oriented Guidelines
Parenteral Nutrition Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Parkinson Disease - Self-Care	Self-Management		Self-Management	Neurology
Parkinson Disease Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Neurology
Peripheral Vascular Problems	Health Status	Symptoms	Monitoring and Management	Symptoms
Physical Impairments	Health Status	Symptoms	Monitoring and Management	Symptoms
Pregnancy - Self-Care	Self-Management		Self-Management	Obstetrics and Gynecology
Pregnancy Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Obstetrics and Gynecology
Pressure Injury Monitoring and Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Pulmonary Treatments	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Readiness to Change	Psychosocial		Monitoring and Management	Social/Family
Respiratory Symptoms	Health Status	Symptoms	Monitoring and Management	Symptoms
Safety	Wellness		Social Determinants of Health	
Schizophrenia - Self-Care	Self-Management		Self-Management	Behavioral Health
Schizophrenia Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Behavioral Health
Screening for Health-Related Social Needs	Psychosocial	Social Needs	Social Determinants of Health	
Seizure Disorders - Self-Care	Self-Management		Self-Management	Neurology
Seizure Disorders Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Neurology
Sickle Cell Disease, Adult - Self-Care	Self-Management		Self-Management	Hematology - Oncology
Sickle Cell Disease, Adult Information: Low Intensity	Low Intensity Disease		Low Intensity Disease	Hematology - Oncology

	Management		Management	
Sickle Cell Disease, Pediatric - Self-Care	Self-Management		Self-Management	Pediatrics
Sickle Cell Disease, Pediatric Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Pediatrics
Sleep	Wellness		Monitoring and Management	Wellness
Sleep Apnea - Self-Care	Self-Management		Self-Management	Thoracic Surgery and Pulmonary Disease
Sleep Apnea Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Thoracic Surgery and Pulmonary Disease
Social Support	Psychosocial	Social Needs	Social Determinants of Health	
Spinal Cord Injury - Self-Care	Self-Management		Self-Management	Neurology
Spinal Cord Injury Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Neurology
Stasis Ulcer Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Stroke - Self-Care	Self-Management		Self-Management	Neurology
Stroke Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Neurology
Substance Use	Wellness		Monitoring and Management	Wellness
Substance-Related Disorders - Self-Care	Self-Management		Self-Management	Behavioral Health
Substance-Related Disorders Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Behavioral Health
Tobacco Use	Wellness		Monitoring and Management	Wellness
Tracheostomy Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Transportation	Psychosocial	Social Needs	Social Determinants of Health	
Traumatic Brain Injury - Self-Care	Self-Management		Self-Management	Neurology
Traumatic Brain Injury Information: Low Intensity	Low Intensity Disease Management		Low Intensity Disease Management	Neurology
Travel	Psychosocial	Social Needs	Monitoring and Management	Social/Family
Urinary Catheter Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Urinary Symptoms	Health Status	Symptoms	Monitoring and Management	Symptoms
Vaccinations, Adult	Wellness		Monitoring and Management	Wellness
Vaccinations, Pediatric	Wellness		Monitoring and	Wellness

			Management	
Venous Thromboembolism	Health Status	Symptoms	Monitoring and Management	Symptoms
Ventilator Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions
Vision	Psychosocial	Communication	Monitoring and Management	Communication
Weight Change	Health Status	Symptoms	Monitoring and Management	Symptoms
Wound Management	Health Status	Clinical Interventions	Monitoring and Management	Clinical Interventions

Deleted Guidelines

One assessment has been removed from the 25th edition of Chronic Care.

Body System	Group	Guideline	MCG Code	Reason
Monitoring and Management	Medication	Medication List	C-1032	Guideline deleted as it has been replaced with General Medication Management (C-1027).

Home Care

New Features and Changes

Therapy Referral Definition Added

In the Clinical Indications for Admission to Home Healthcare, a new footnote was added to the bullet "Rehabilitation therapy or equipment coordination" for the 25th edition of Home Care. This footnote includes definition links for physical therapy (PT) referral, occupational therapy (OT) referral, and speech language pathology (SLP) referral to assist the clinician in determining referral appropriateness upon admission to home healthcare.

New Definition For Rehabilitation Completed for Safe Transfer

The definition for completion of rehabilitation services was added to Stage 3 of the Clinical Status column in the General Treatment Course for the 25th edition of most Home Care guidelines to assist the clinician in determining the appropriateness or readiness for discharge.

New Guidelines

One new guideline for skilled intermittent home care has been added to the Optimal Recovery Guidelines section in the 25th edition of Home Care.

Body System	Guideline	MCG Code
Neurology	Amyotrophic Lateral Sclerosis (ALS)	M-4010

Guideline Name Changes

Five guideline titles have been changed in the 25th edition of Home Care. Name changes are made to ensure the guideline content best reflects the appropriate population, codes, and visit data affiliated with the guideline.

Body System	24th Edition Guideline Title	25th Edition Guideline Title	MCG Code
Urology	Bladder Excision	Bladder Resection	S-2190
Pediatrics	Cellulitis, Orbital or Periorbital Abscess, Pediatric	Cellulitis, Orbital or Periorbital, Pediatric	P-2114
Pediatrics	Idiopathic Thrombocytopenic Purpura (ITP), Pediatric	Immune Thrombocytopenia (ITP), Pediatric	P-2207
Skin and Wound Care	Pressure Ulcers	Pressure Injuries	M-4045
Orthopedics	Pressure Ulcer Closure	Pressure Injury Closure	S-2956

Deleted Guidelines

Eight guidelines have been removed from the 25th edition of Home Care.

Body System	Guideline	MCG Code	Reason
Cardiovascular Surgery	Aortic Aneurysm, Abdominal, Endovascular Repair	S-2131	Guideline deleted as content moved into Aortic Aneurysm, Abdominal (S-2130); the care is nearly identical.
Cardiovascular Surgery	Cardiac Valve: Ross Procedure	S-2291	Guideline deleted as content moved into the Cardiac Valve Replacement or Repair (S-2290) guideline due to low claims volume and low client usage.
Pediatrics	Near-Drowning or Nonfatal Submersion	P-2147	Guideline deleted as guideline has low claims volume and low client usage.
Pediatrics	Neutropenia after Chemotherapy, Pediatric	P-2300	Guideline deleted as content moved into the Chemotherapy, Pediatric (P-2087) guideline.
Pediatrics	Pneumothorax, Pediatric	P-2350	Guideline deleted as content moved into Pneumothorax (M-2500) guideline due to low claims volume and low client usage.
Pediatrics	Slipped Upper Femoral Epiphysis, Closed Reduction	P-2443	Guideline deleted as guideline has low claims volume and low client usage.
Pediatrics	Syncope, Pediatric	P-2448	Guideline deleted as content moved into Syncope (M-2340) guideline due to low claims volume and low client usage.
Pediatrics	Venom Exposure from Bite or Sting, Pediatric	P-2470	Guideline deleted as content moved into Venom Exposure from Bite or Sting (M-2610) guideline due to low claims volume and low client usage.

Behavioral Health Care

New Features and Changes

Changes to Evidence Summary Recommendation Grades for Medications

In selected Behavioral Health Care guidelines (Medications, Testing Procedures, Therapeutic Services), Recommendation Grades provide additional insight into the reasoning underlying certain recommendations and the strength of the recommendation. In the 25th edition of Behavioral Health Care, a third possible Recommendation Grade may now be assigned to Criteria annotations within the Medications section to describe indications for which evidence is insufficient or does not demonstrate a net benefit, but the specific indication has been approved for that medication by a federal regulatory agency.

The Criteria section now includes the following Recommendation Grades:

- **RG A1:** Evidence demonstrates at least moderate certainty of at least moderate net benefit.
- **RG A2:** Evidence demonstrates a net benefit, but of less than moderate certainty, and may consist of a consensus of opinion of experts, case studies, and common standard care.
- **RG A3:** Evidence demonstrates an incomplete assessment of net benefit vs harm; the drug is currently approved by a federal regulatory agency.

The Inconclusive or Non-Supportive Evidence section includes the following Recommendation Grades:

- **RG B:** Evidence is insufficient, conflicting, or poor and demonstrates an incomplete assessment of net benefit vs harm; additional research is recommended.
- **RG C1:** Evidence demonstrates a lack of net benefit; additional research is recommended.
- **RG C2:** Evidence demonstrates potential harm that outweighs benefit; additional research is recommended.

New Social Determinants of Health Assessment

A new Social Determinants of Health Assessment has been added to Behavioral Health Care in the 25th edition. Use of this assessment will help identify, upon admission (or soon thereafter), patients at higher risk for an unmet health-related social need. There is a growing body of evidence that unmet health-related social needs can have a negative impact on quality of life and health outcomes, and results from this social determinants of health assessment should inform individual treatment plans and identify potential interventions to facilitate discharge planning and transitions of care. The assessment is available in the Behavioral Health Level of Care Guidelines and in the Care Guidelines for Behavioral Health (as well as in all inpatient guidelines in Inpatient & Surgical Care and Multiple Condition Management and in Problem Oriented General Recovery Guidelines and Body System General Recovery Guidelines in General Recovery Care) and may be answered by the patient or a parent or caregiver. The assessment covers housing insecurity, food insecurity, insufficient transportation, insufficient utilities, personal safety risk, insufficient dependent care, and depression risk. The assessment can be accessed from a pop-up bullet on Day 1 in the Recovery Course.

Behavioral Health Care GLOS Changes

Goal Length of Stay has changed for 2 guidelines in the 25th edition of Behavioral Health Care.

Body System	Guideline	MCG Code	24th Edition GLOS	25th Edition GLOS

Obsessive-Compulsive and Related Disorders	Obsessive-Compulsive and Related Disorders, Adult: Inpatient Care	B-030-IP	2 days	3 days
Obsessive-Compulsive and Related Disorders	Obsessive-Compulsive and Related Disorders, Child or Adolescent: Inpatient Care	B-029-IP	2 days	3 days

New Guidelines

Six new guidelines have been added in the 25th edition of Behavioral Health Care.

Body System	Guideline	MCG Code
Therapeutic Services	Wilderness Therapy	B-822-T
Withdrawal Management	Withdrawal Management, Adult: Inpatient Care	B-031-IP
Withdrawal Management	Withdrawal Management, Adult: Intensive Outpatient Program	B-031-IOP
Withdrawal Management	Withdrawal Management, Adult: Outpatient Care	B-031-AOP
Withdrawal Management	Withdrawal Management, Adult: Partial Hospital Program	B-031-PHP
Withdrawal Management	Withdrawal Management, Adult: Residential Care	B-031-RES

A corresponding Discharge Information patient handout for Withdrawal Management has also been added in the 25th edition of Behavioral Health Care.

Body System	Handout Title
Behavioral Health	Withdrawal Management, Adult: Discharge Information

Deleted Guidelines

One guideline has been removed from the 25th edition of Behavioral Health Care.

Body System	Group	Guideline	MCG Code	Reason
Behavioral Health Level of Care Guidelines	Medications	Buprenorphine Implant	B-002-Rx	This medication was voluntarily discontinued by the manufacturer.

Recovery Facility Care

New Guidelines

Five new guidelines have been added in the 25th edition of Recovery Facility Care.

Body System	Guideline	MCG Code
Cardiology	Hypertension	M-5197
Cardiology	Peripheral Vascular Disease (PVD)	M-7087
Nephrology	Rhabdomyolysis	M-7095
Neurology	Encephalopathy	M-7100
Thoracic Surgery and Pulmonary Disease	Rib Fracture	M-5545

Guideline Name Changes

Three guideline titles have been changed in the 25th edition of Recovery Facility Care.

Body System	24th Edition Guideline Title	25th Edition Guideline Title	MCG Code
Cardiovascular Surgery	Aortic Aneurysm, Abdominal	Aortic Aneurysm	S-5130
Skin and Wound Care	Pressure Ulcers	Pressure Injuries	M-7045
Orthopedics	Pressure Ulcer Closure	Pressure Injury Closure	S-5956

Deleted Guidelines

Four guidelines have been removed from the 25th edition of Recovery Facility Care.

Body System	Guideline	MCG Code	Reason
Cardiovascular Surgery	Aortic Aneurysm, Thoracic	S-5140	Guideline deleted as content moved into Aortic Aneurysm (S-5130) guideline (formerly Aortic Aneurysm, Abdominal) due to low claims volume and low client usage.
General Surgery	Gastric Obesity Surgery	S-5512	Guideline deleted as guideline has low claims volume and low client usage.
Neurosurgery	Craniotomy, Supratentorial, for Surgery of Bleeding Intracranial Aneurysm	S-5412	Guideline deleted as content moved into Craniotomy, Supratentorial (S-5410) guideline due to low claims volume and low client usage.
Thoracic Surgery and Pulmonary Disease	Pneumonia Due to Pneumocystis	M-5284	Guideline deleted as content moved into Pneumonia (M-5282) guideline due to low claims volume and low client usage.

Transitions of Care

New Features and Changes

New Quality Measures Section

A Quality Measures section has been added and appropriate questions have been tagged with the "QM" designation in 18 monitoring and management assessments related to condition issues (eg, blood pressure monitoring, nutritional status) in the 25th edition of Transitions of Care. The preliminary depression screening questions in the diagnosis-specific Self-Management assessments have also been tagged. The Quality Measures section describes the intent of the "QM" tag and how information provided in the questions may be requested by various accrediting organizations. The quality measures are intended to highlight areas of focus for major national quality initiatives. They are presented for reference purposes only and are neither an assurance of compliance nor a prescribed measurement set. The selection of accreditation organization, quality initiatives, measurements, and data collection instruments is at the user's discretion.

Guideline Name Changes

Two assessment titles have been changed in the 25th edition of Transitions of Care.

24th Edition Guideline Title	25th Edition Guideline Title	MCG Code
Evaluation of Available Caregiver Resources	Caregiver Resources Evaluation	C-1056
Evaluation of Caregiver Strain	Caregiver Strain Evaluation	C-1126

Patient Information

New Patient Handouts

One handout has been added to Discharge Information in the 25th edition.

Body System	Handout Title
Cardiovascular Surgery	Aortic Aneurysm, Thoracic, Endovascular Repair: Discharge Information

Handout Name Changes

The names of 7 handouts in Discharge Information have been changed in the 25th edition.

Body System	24th Edition Handout Title	25th Edition Handout Title
Cardiovascular Surgery	Abdominal Aortic Aneurysm, Endovascular Repair: Discharge Information	Aortic Aneurysm, Abdominal, Endovascular Repair: Discharge Information
Urology	Bladder Excision: Cystectomy with Urinary Diversion, Conduit or Continent: Discharge Information	Bladder Resection: Cystectomy with Urinary Diversion, Conduit or Continent: Discharge Information
Pediatrics	Cellulitis, Orbital or Periorbital Abscess, Pediatric: Discharge Information	Cellulitis, Orbital or Periorbital, Pediatric: Discharge Information
Pediatrics	Fundoplasty, Esophagogastric, by Laparoscopy, Pediatric: Discharge Information	Fundoplication, Esophagogastric, by Laparoscopy, Pediatric: Discharge Information

General Surgery	Fundoplasty, Esophagogastric, by Laparoscopy: Discharge Information	Fundoplication, Esophagogastric, by Laparoscopy: Discharge Information
Pediatrics	Idiopathic Thrombocytopenic Purpura (ITP), Pediatric: Discharge Information	Immune Thrombocytopenia (ITP), Pediatric: Discharge Information
Orthopedics	Pressure Ulcer Closure by Musculocutaneous or Free Flap: Sacral, Ischial, or Trochanteric Region: Discharge Information	Pressure Injury Closure by Musculocutaneous or Free Flap: Sacral, Ischial, or Trochanteric Region: Discharge Information

Deleted Handouts

Two handouts have been removed in the 25th edition of Discharge Information.

Body System	Handout Title	Reason
Pediatrics	Neutropenia after Chemotherapy, Pediatric: Discharge Information	Handout removed as content moved into the Chemotherapy, Pediatric: Discharge Information handout.
Urology	Ureteroileal Conduit: Discharge Information	Handout removed as content moved into Bladder Resection: Cystectomy with Urinary Diversion, Conduit or Continent: Discharge Information handout.

Last Update: 6/8/2021 8:13:10 AM
Build Number: 25.2.20210607164440.005568

SAN FRANCISCO HEALTH PLAN
Here for you

MEMO

DATE: 02/10/2022

TO	San Francisco Health Plan Quality Improvement Committee
FROM	Jackie Hägg, RN, MSN, LNC, Senior Nurse Specialist, Provider Quality and Outreach Eugenia Correa, RN, BSN, Provider Quality and Outreach Nurse Edward Cho, MPH, CPH, Provider Relations Specialist
REGARDING	2021 Facility Site Reviews Report

BACKGROUND

California Department of Health Care Services (DHCS) requires Medi-Cal Managed Care Plans (MCP) to conduct a Full Scope Facility Site Review (FSR) for every Primary Care Provider (PCP) site as part of the initial credentialing process and at least every 36 months thereafter (DHCS All Plan Letter 20-006, 2020). The Full Scope FSR consists of two scored components that ensure consistent compliance with DHCS administrative and clinical guidelines:

1. Site Review Survey (SRS) evaluates 156 criteria in the areas of Access & Safety, Personnel, Office Management, Clinical Services, Preventive Services, and Infection Control
2. Medical Record Review (MRR) evaluates up to 92 criteria in the areas of Format, Documentation, Continuity & Coordination of Care, and Preventive Care (Pediatric, Adult, OB/CPSP)

FSR components are scored by Certified Site Reviewers (CSRs) using standardized audit tools developed by DHCS. DHCS defines "Not Pass" as any score under 80%. The three compliance levels for DHCS FSR Reviews:

Exempted Pass	90% of above without a critical element deficiency
Conditional Pass	80-89% or 90% and above with a critical element deficiency
Not Pass	Below 80%

San Francisco Health Plan (SFHP) works collaboratively and has an active Memorandum of Understanding (MOU) with Anthem Blue Cross of California (ABC) to review all PCP sites that are jointly contracted in the City and County of San Francisco in order to ensure compliance with criteria set forth by DHCS. SFHP also collaborates with Health Plan of San Mateo (HPSM) to share oversight responsibilities for mutually contracted PCP sites in San Francisco and San Mateo Counties. Per DHCS guidelines, FSR results are shared between MCPs to avoid over-auditing.

SUMMARY STATEMENT

SFHP maintains an annual FSR Work Plan for ~190 unique sites. The automated FSR software, Healthy Data Systems (HDS), continues to be customized and all site review information, scores, and action items are contained in this application. The FSR data is available to the Plan and Delegated Medical Groups for credentialing and quality assessment.

2021 EXECUTIVE SUMMARY

Facility Site Reviews (FSR) are conducted to ensure that all contracted Primary Care Provider (PCP) sites have sufficient capacity to provide appropriate primary health care services and can maintain patient safety standards and practices per the Department of Health Care Services (DHCS) All Plan Letter 20-006, Facility Site Reviews (FSR) and Medical Record Reviews (MRR). The FSR confirms the PCP site operates in compliance with all applicable local, state, and federal laws and regulations before opening provider panels to members. The FSR Team assists SFHP in other site review activity compliance as specified in PL 14-004, APL 20-006, PL 12-006, APL 15-023, and APL 16-015.

On March 16, 2020, the San Francisco Department of Public Health issued Order C19-07 directing all businesses and governmental agencies to cease nonessential operations at physical locations in the County in response to the COVID-19 Pandemic. As of November 10, 2021, the timeframes set forth in Executive Order N-12-21, extended through March 31, 2022 due in part because of data showing a plateau of cases in California and "the potential beginning of a new surge in COVID-19

cases". Executive Order N-12-21 further states, "as flu season approaches, it is critical that California's health care facilities, already short-staffed and backlogged from the Delta variant and with high-levels of non-COVID-19 admissions, have the flexibilities that they need for additional capacity and to prevent staffing shortages".

On August 17, 2021, DHCS provisionally approved the SFHP FSR team's written plan for addressing backlogged site review activities and strategies to complete FSRs remotely. SFHP FSR team continues to improve on our mixed method process for FSRs (See Appendix B for SFHP Facility Site Review Remote Process Map). All sites due for an FSR will have the opportunity to participate in a two-part FSR review process. The on-site audits will be scheduled once it is safe to do so, based on local public health and DHCS guidance regarding site review activities.

On December 29, 2021, DHCS announced that for health plans to evaluate the site's capacity to deliver quality care, Certified Site Reviewers (CSRs) continue to use the 2014 FSR & MRR Tools and Standards until the delivery of an updated directive from DHCS, e.g. the Standards that have been in the process of updating since 2019. DHCS is also allowing Managed Care Plans (MCPs) to continue the flexibility in conducting site reviews and will accept all FSRs during the Public Health Emergency (PHE) for an additional six months by June 31, 2022.

The following chart highlights key dates related to FSR activities during the ongoing PHE.

Communication Date	Description	Highlighted Dates
3/4/2020	APL 20-006 and 2020 tool released	
3/16/2020	COVID PHE declared	
6/8/2020	APL 20-011 released FSR- suspension	
7/1/2020	APL 20-006 and 2020 tool original implementation date- delayed	
9/9/2021	APL 20-011 rescinded – FSR activities to resume	
11/10/2021	EO N-21-21: Public health emergency extended through March 31, 2022	3/31/2022
12/21/2021	14-004 and 2019 version of FSR/MRR tool	3/1/2022
12/22/2021	APL 20-006 and 2022 tool implementation	1/1/2022
12/29/2021	DHCS will accept all Facility Site Review (FSR) during emergency (PHE)	Until 6/31/2022
1/5/2022 (FAQ Meeting)	• Discussed email sent by Nayeema Wani, DHCS Chief of MMU and clarifications sent to MCP Statewide Collaborative representatives on 12/29/21 that: ○ Virtual FSRs may be conducted until June 30, 2022. ○ Since APL 20-006 may not be implemented until July 1, 2022, requirements under PLs 14-004 and 03-02 will remain in effect until then (i.e., CAP timeline, provider appeals process, CSR/CMT certification process, etc.) ○ Continue to enforce Policy Letter 14-004 (and CAP timelines), current reviewer certification requirements, current FSR data submission process (spreadsheet) and FSR/MRR Tools/Standards (dated January 1, 2020) until March 1, 2022 (see Nayeema's email on 12/21/21). ○ No further updates on MSRP from DHCS possibly due to the tools and standards still being revised which are currently going through public comment this week. ○ MCPs to continue to revise the APL 20-006 with possible implementation on or before July 1, 2022. Krista Riganti from Molina is leading this effort. Their first work group meeting starts on 1/5/22.	1/1/2022

2021 FSR ACTIVITIES SUMMARY

During Calendar Year 2021, SFHP FSR team continued to address the growing site review backlog by applying the remote mixed method facility site review process that included interim monitoring of critical elements, policy and protocol attestations, interview with CSR, and completion of corrective action plan, if indicated. The FSR team partnered with several providers to establish a remote electronic medical record (EMR) access process so that medical record reviews (MRRs) could be completed 100% remotely. The following charts highlight the FSR and MRR activities and results for reviews due in 2021.

SAN FRANCISCO HEALTH PLAN
Here for you

2021 SITE REVIEW SURVEY (SRS) SCORE DISTRIBUTION

Review Type	No. of Reviews	Overall	AS	PE	OM	CS	PS	IC
Initial SRS	8	95	97	89	100	93	97	97
Periodic SRS	14	96	95	97	98	95	99	99

Includes shared SFHP sites audited by sister plans (Anthem Blue Cross or Health Plan of San Mateo)

2021 MEDICAL RECORD REVIEW (MRR) SCORE DISTRIBUTION

Review Type	No. of Reviews	Overall	FO	DO	CO	PE	AD	OB
Initial MRR	4	97	96	94	100	96	94	NA
Periodic MRR	9	85	88	85	99	89	76	100

Includes shared SFHP sites audited by sister plans (Anthem Blue Cross or Health Plan of San Mateo)

2021 PROVIDER OUTREACH & EDUCATION

SFHP highlighted FSR audit criteria or resources in the monthly Provider Newsletter Update. The following topics were covered.

Month	Subject
January	Folic Acid Supplementation
February	American Heart Month: Heart Healthy Medical Record Review Preventive Criteria
March	National Colon Cancer Awareness Month: Medical Record Review Preventive Criteria for Colorectal Cancer
April	Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
May	Recognition and Management of Perinatal and Postpartum Mental Health Conditions in Primary Care
June	Initial IHEBA (IHEBA Alternative)
July	Viral Hepatitis B & C
August	Partnering to Promote myCAvax Enrollment and Administering the COVID-19 Vaccines
September	Pediatric and Adult Alcohol Use Assessment
October	Depression Screening
November	Diabetes
December	Flu Vaccine Awareness

2021 PROJECTS & UPDATES

1. SFHP FSR team played a major role in organizing and implementing the 2021 Didactic Training state-wide event that included 27 health plans and 181 attendees
2. Nurse assignments were adjusted (site reassignment or MCP joint review) to accommodate differences in "virtual" FSR methodology
3. FSR team partnered with several clinics and clinic groups to complete Medical Record Reviews remotely though remote electronic medical records (EMR) access
4. FSR team continues to offer 1:1 consultation with providers interested in learning more about the new FSR Standards and Tools, with a focus on preventive criteria & documentation
5. FSR site reviewers participated in health plan collaborative meetings
    a. DHCS Site Review Work Group (SRWG)
    b. Public Health Emergency Plan Work Group
        i. FSR Backlog
    c. FSR Database Collaborative
        i. Technical Subgroups
        ii. FSR Canned Comments
    d. Site Review Data System Technical Questions and Discussion
    e. FSR FAQ Committee (clarifications regarding new Standards and Tools)
6. FSR team participated in internal cross functioning work groups
    a. Maternal Depression Screening
    b. Alcohol Screening
    c. CCS Collaboration

2022 UPCOMING OPPORTUNITIES

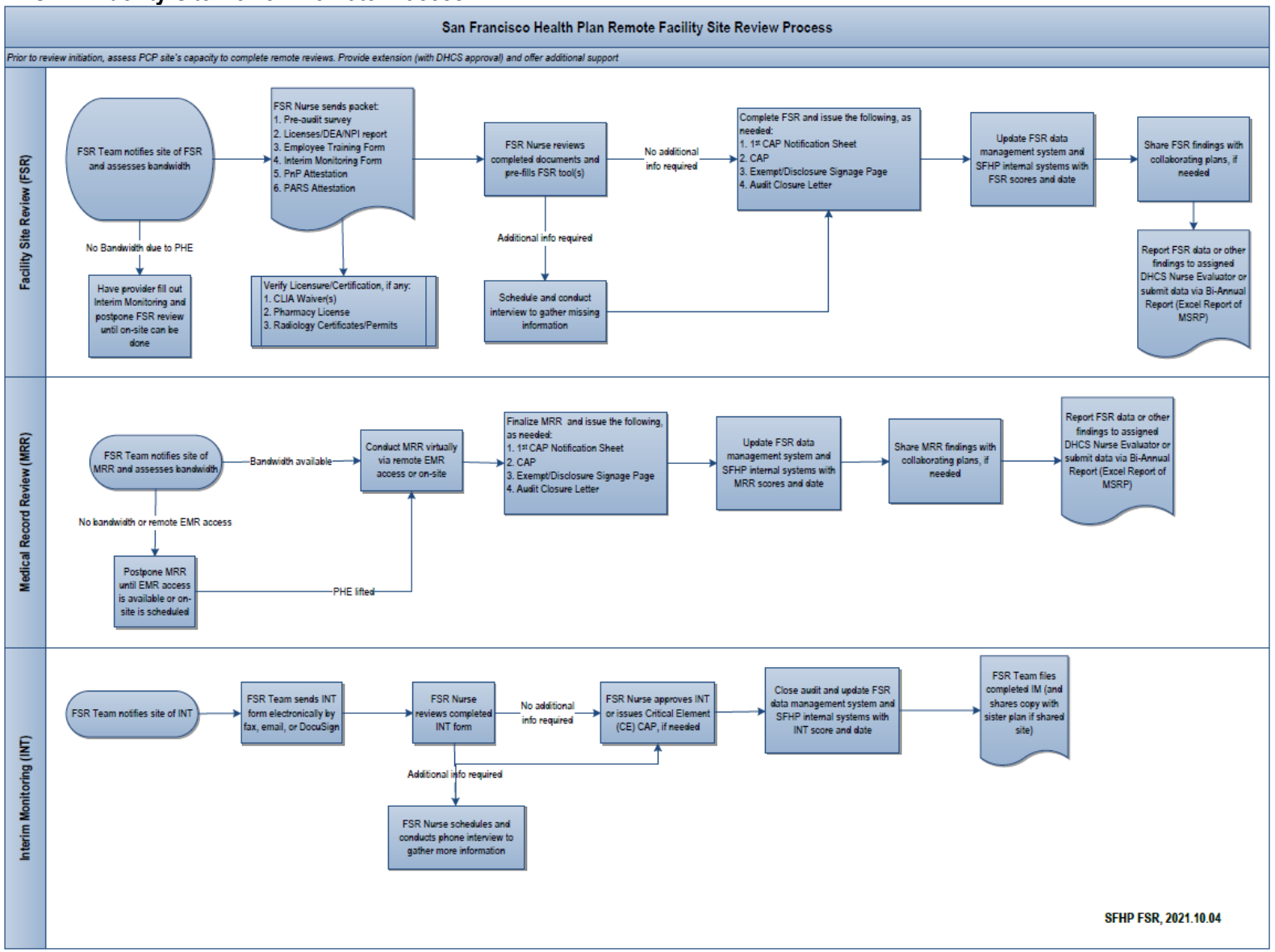
1. FSR team will continue to collaborate with FSR teams across California at bi-annual Site Review Work Group Meetings to discuss issues and quality improvement opportunities
2. FSR team plans to collaborate with more clinics to explore EMR access options so that Medical Record Reviews can be conducted remotely
3. FSR team will be establishing a Northern California Collaborative with local FSR teams
    a. SFHP will take the lead on piloting the platform and will work with sister plans across California interested in the program
4. FSR team will explore avenues to support our PCP network in complying with new DHCS FSR Standards, such as updating Emergency Kits
5. FSR team will continue to work with UCSF, SPMF/CPMC, and other sites to get DHCS approval for non-SHA IHEBA alternatives
6. FSR team will continue MRR coding project for hybrid MRR abstractions
    a. Develop provider coding sheets specific to new DHCS MRR criteria

Appendix A: Abbreviations Key

Key			
FSR	**Facility Site Review**	**MRR**	**Medical Record Review**
AS	Access/Safety	FO	Format
PE	Personnel	DO	Documentation
OM	Office Management	CO	Continuity/Coordination of Care
CS	Clinical Services	PE	Pediatric Preventive
PS	Preventive Services	AD	Adult Preventive
IC	Infection Control	OB	OB/CPSP Preventive

SAN FRANCISCO HEALTH PLAN
Here for you

Appendix B: SFHP Facility Site Review Remote Process



UM Clinical Criteria

Presented by

Monica Baldzikowski RN, PHN

Matija J. Cale RN, MS

Jen Forte RN,CM

- General UM criteria overview
- SFHP internally developed criteria
- MCG Criteria (top 3 guidelines used)

UM Clinical Criteria Hierarchy

1. SFHP internally developed and approved criteria
   - Genital Gender Confirmation Services
   - Non-Genital Gender Confirmation Services
   - EPSDT Private Duty Nursing
2. MCG Care Guidelines
3. State/Federal (Medi-Cal/CMS) criteria – (Medi-Cal only)

   If no Medi-Cal Criteria is available, Medicare/CMS criteria can be consulted on a case-by-case basis.
4. Chief Medical Officer (CMO) or physician designee (MD) review of the evidence in consultation with relevant external, independent specialty expertise obtained from SFHP's Independent Review Organization when there are no available external or internally developed and approved criteria.

Top 3 MCG Guidelines

- #1: General Criteria: Observation
- On 5/1/20, due to the pandemic we launched the observation pilot.
  - Observation status is a hospital admission that requires providers to observe the patient for medically necessary services that are less acute than an inpatient stay.
  - Examples diagnoses include, Chest Pain, Cellulitis, Abdominal pain, and COPD
- Most diagnoses do not have an associated observation guideline, the nurses select the General Observation guideline instead.
- Criteria includes:
  - Clinical Care (testing, monitoring or treatment) needed beyond usual Emergency Dept. care
  - Clinical Care not appropriate for lower level of care
  - Clinical Conditions including allergic reaction, cardiac finding, hypertension, musculoskeletal condition, pain, wound or skin conditions, etc.

Top 3 MCG Guidelines

- #2: Cellulitis
- Inpatient and Surgical Care Guideline
- Frequently used guideline due to number of skin infections in our patient population
- Criteria includes:
  - Hemodynamic instability
  - Failure of outpatient therapy
  - Bacteremia
  - Surgical procedure needed
  - Severe Pain

Top 3 MCG Guidelines

- #3: Systemic or Infectious Condition
- General Recovery Guideline
- In the 24th edition of MCG, this guideline was most commonly used for COVID related admissions.
  - Note: now in 25th edition, the Acute Viral Illness Guideline was added for COVID related admissions.
- Criteria Includes:
  - Hemodynamic instability
  - Severe electrolyte abnormalities
  - Edema or lymphedema
  - Isolation that cannot be performed outside the hospital setting

SFHP Gender Affirmation Services Criteria

- Based on WPATH Standards of Care and developed in collaboration with Gender Health SF
- 2 Sections:

❑ Non-Genital Gender Confirmation Services Criteria

❑ Genital Gender Confirmation Services Criteria

SFHP EPSDT Private Duty Nursing Criteria

- CCS is the primary payer for EPSDT private duty nursing requests
- If CCS denies a request, then SFHP is responsible for reviewing the request for medical necessity
- Developed by the Utah Medicaid program, and is used by several local health plans in California
- It is an acuity grid that allows us to determine the appropriate number of PDN hours according to the acuity of the child's condition
- PDN Criteria

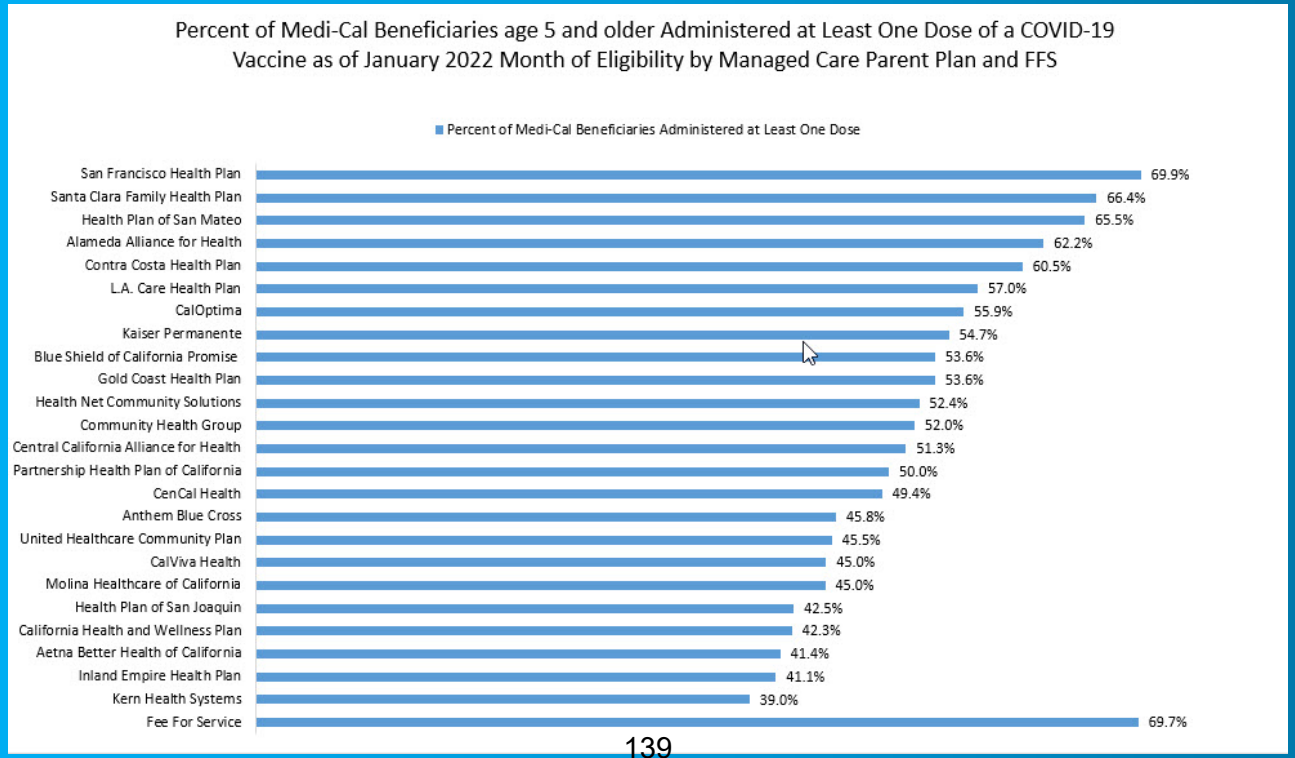
DHCS Quality Strategy

Fiona Donald, MD

2/24/22 – QIC

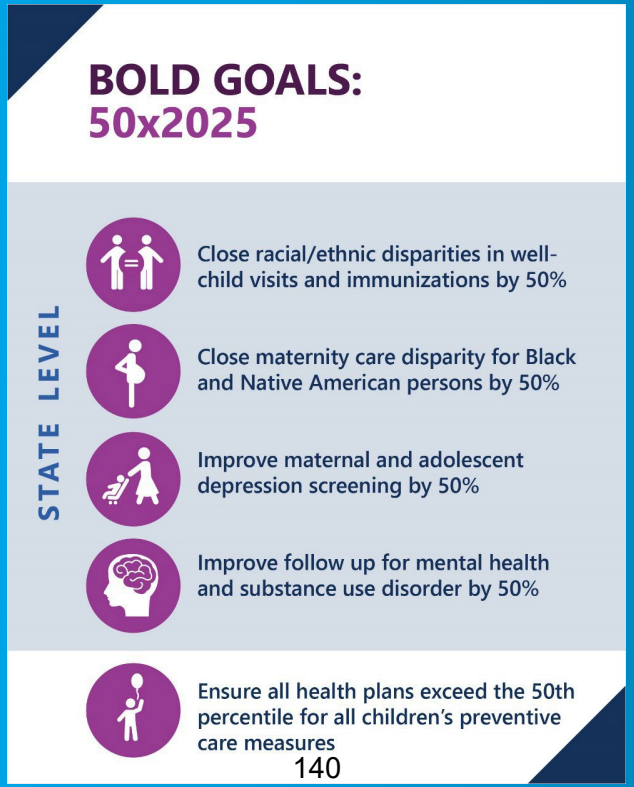
COVID Vaccine Snapshot

SAN FRANCISCO HEALTH PLAN
Here for you
NCQA Accredited Medicaid HMO Health Plan



DHCS Quality Strategy

SAN FRANCISCO HEALTH PLAN
Here for you
NCQA Accredited Medicaid HMO Health Plan



DHCS – Quality Strategy

SAN FRANCISCO HEALTH PLAN
Here for you
NCQA Accredited Medicaid HMO Health Plan

Health Equity Metrics

- Colorectal Cancer Screening
- Blood Pressure Control
- Blood sugar control
- Prenatal and Postpartum Care

Health Equity

The pursuit of health equity ought to be elevated as the fifth aim for health care improvement, purposefully including with all improvement and innovation efforts a focus on individuals and communities who need them most.

Nundy et al. JAMA Feb 8, 2022, pp. 521-522