



Date: December 08, 2022
Meeting Place: Microsoft Teams Meeting
[+1 323-475-1528,,963282559#](https://teams.microsoft.com/join/323-475-1528-963282559)

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

Members Present: Lukejohn Day, MD *Chief Medical Officer, Zuckerberg San Francisco Hospital*; Irene Conway *SFHP Member Advisory Committee Member*; Idell Wilson *SFHP Member Advisory Committee Member*; Edward Evans *SFHP Member Advisory Committee Member*; Kenneth Tai, MD *Chief Medical Officer, North East Medical Services*; Jackie Lam, MD *Medical Director and QI Director Northeast Medical Services*

Staff Present: Eddy Ang, MD *Interim Chief Medical Director*; Hanan Obeidi, MPH *CHES Vice President, Health Services Programs*; Se Chung *Health Services Administrative Specialist*; Leslie Mulhern, RN, CPHQ, CHCQM *Nurse Supervisor, Quality Review*; Grace Cariño, MPH *Supervisor, Grievances and Appeals*; Vaishali Patankar *Manager, HSPM*; Anh Huynh *Program Manager, HSP*; José Méndez, *Senior HEDIS Program Manager*; Matija Cale RN, MS *Director, Clinical Operations*; Travis Tiani *Senior Manager, Member Services*; Michelle Faust, RN *Prior Authorization Nurse*; Yves Gibbons *Senior Program Manager, Quality & Access*; Kaitlin Hawkins PharmD *BCPS Manager, Pharmacy Operations*; Tammie Chau, PharmD, APh *Care Coordination Pharmacist*; Eileen Kim, PharmD *Clinical Pharmacist*; Ian Hodur Sr. *Program Manager, Essette*; Edward Cho *Provider Relations Specialist*; Paul Velasco *Director, Systems Development Infrastructure*

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	<ul style="list-style-type: none"> Meeting called to order at 7:31 AM with a quorum. 		
Consent Calendar	<ul style="list-style-type: none"> October 2022 Minutes Q2 2022 ER Report UM Committee Minutes (October 2022) 		Approved.

	<ul style="list-style-type: none"> • Q4 2022 PQI Report • Q1-Q3 2022 Grievances Reports • Q1-Q3 2022 Appeals Reports • 2022 QI Evaluation • 2023 QI Program Description and Workplan <p>Follow up from last meeting:</p> <p><i>Eddy: Last meeting Edward had mentioned that he heard that some people with Kaiser have been charged with copay for medications. Any follow ups?</i></p> <p><i>Kaitlin: No follow up as she did not receive additional specific information in order to investigate.</i></p> <p><i>Edward: has informed MAC that if they have issues to contact members in QIP. He will bring more information forward if he has any.</i></p> <p><i>Eddy: Timeline for Kaiser contracting with DHCS is 2024.</i></p> <p><i>Eddy:</i> <i>ER Reports – nothing significant</i> <i>UMC Minutes – Last meeting looked at top diagnosis for hospitalization. Number 1 is Sepsis. SFHP is working with BA team to analyze the primary driver that results in Sepsis.</i> <i>P&P update – These are the list of policies that have been recently updated.</i> <i>PQI Log – 21 PQI investigation was open in Q3 of 2022. Five cases were closed in 60 days TAT and one was outside TAT.</i> <i>Grievance report – this has been previously approved. Q4 report will not be ready until next year. Q1-Q3 reports have been reviewed and approved by the Committee.</i></p>		
Quality Improvement	Yves: 2022 QI Evaluation		

	<p>Role of QIC is to provide leadership and oversight of the QI program, receive updates on progress of activities and approve QI evaluation and work plan.</p> <p>Quality plan and evaluation is guided by DMHC, DHCS and NCQA.</p> <p>2022 Success – of the 21 measures included in the 2021 QI Evaluation, seven met the target including: Quality of Services and Access to Care – <i>Cultural and Linguistic Services: Provider Data</i> Members wanted to be able to find a provider that matches their race/ethnicity or speak the same language. SFHP is working on adding the data to the portal.</p> <p>Patient Safety or Outcomes Across Settings – <i>Benzodiazepine & Opioid Co-prescribing</i> <i>High Dose Opioids</i> Both are opioid related measures and are invers measures where the target is to decrease the number.</p> <p><i>Pharmacy Transitions</i> Monitor members that may have conditions that need to be monitored. This started at the beginning of 2022 when pharmacy benefit was being moved to Medi-Cal Rx. This measure was to communicate with medium to high-risk members to ensure smooth transition. We will retire this measure.</p> <p><i>Edward – interested in finding out whether opioid is prescribed or street drugs.</i></p> <p><i>Yves – this is based on prescribed. We are not able to count street drugs. Pharmacy also have access to toxicity dashboard to review overdoses.</i> <i>Kaitlin - We do have access to number of overdoses and bump it up against utilization. Significant majority of overdoses are with members who don't have opioid prescription.</i></p>	<p>Yves will come back in April 2023 to provide updates unless people request earlier.</p>	
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	<p>Managing Members with Emerging Risk – <i>Project Open Hand Member Satisfaction</i> For medically tailored meals we conducted a survey to get members’ sense of satisfaction with the program.</p> <p><i>Diabetes Prevention Programs – Weight Loss</i> Members were provided education via YMCA. We evaluated if member is losing weight, whether they are satisfied, whether they conduct 3 hours of activity. We did not achieve the target for number of hours to exercise, we did meet the goal for weight loss and program satisfaction.</p> <p>Lessons learned for measures we didn’t reach target.</p> <p>For Quality of Service and Access to Care we did not reach any of our targets except for language. We will be revising in CAHPS.</p> <p>Patient Safety or Outcomes Across Settings - Medication Therapy Management. We will expand eligibility beyond members in Care Management and look at other members with complex medication needs.</p> <p>Managing members with emerging risks - Project Open Hand – We will expand eligibility beyond members with diabetes and pre-diabetes to include other chronic conditions.</p> <p>Managing multiple chronic illnesses – none of them reached target. A large reason because we continue to provide telephonic CM to mid-2022. The team they will be re-entering the field to provide more thorough life skills to members.</p> <p>Utilization of services – we will be collaborating with Beacon on member outreach and education</p>		
	2023 QI Workplan		

	<p>Measures we will be looking at in 2023:</p> <p>Quality of service and access to care- these measures focuses on member experience especially around access.</p> <p>We will be separating Cultural and Linguistic services into two measures: provider language data and provider race/ethnicity data</p> <p>New measures: Getting needed care, Ratings of specialist and Rating of personal doctor</p> <p>Keeping members healthy – these measures focus on preventative care. BCS, W30 - these two did not meet minimum performance level (MPL) in 2022. We typically exceed in other measures, but this is an area for us to focus our improvements on.</p> <p>Patient safety or outcomes across settings – Two new measures for follow up after ED for AOD and mental health.</p> <p>Managing members with emerging risk – these measures look at trying to prevent things from getting worse. We have three new perinatal measures which focus on black and native American members due to disparities.</p> <p>Managing multiple chronic conditions – we will be continuing all measures. It is important that we increase member’s perception of health as they may have more confidence to manage conditions on their own once care management ends.</p> <p>Ongoing Oversight Activities: These are ongoing activities that we check the box every year.</p> <p><i>Edward : I want to find out if in there is research on conditions that are impacted by lack of housing.</i></p> <p><i>Eddy: Members who experience homelessness or unsheltered, we have a separate initiative tied with HHIP. We are working on that initiative and</i></p>		
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	<p><i>partnering with Homelessness and Supportive Housing. We can circle back with more info. For 2023, the housing metrics and initiative is not included but something we are working on separately.</i></p> <p><i>Eddy: Do you have any questions? Do you feel like we are focusing on the right measures and is it something you experience as well? These are the three measures with lowest performance on CAHPS survey and these are completed by members.</i></p> <p><i>Dr Tai - those are on track, those are also measures we are struggling with and will prioritize those measures as well.</i></p> <p><i>Eddy: For W30, we had a lower performance and did not achieve MPL. These are the only two that we didn't achieve 50% percentile. We will be looking at reducing barriers. One of the barriers is that we don't get claims until 3 months after the service is rendered. Children require 6 visits from 0-15 months and 2 visits from 15-30 months.</i></p> <p>Approval: Irene: approve Edward – second</p> <p>Meeting Adjourned at: 8:29AM</p>		
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QI Committee Chair's Signature & Date: _____

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

MEMO

Date: February 28, 2023

To	Quality Improvement Committee
From	Lena Liu Associate Program Manager, Grievances and Appeals
Regarding	Q4 2022 Grievance Report

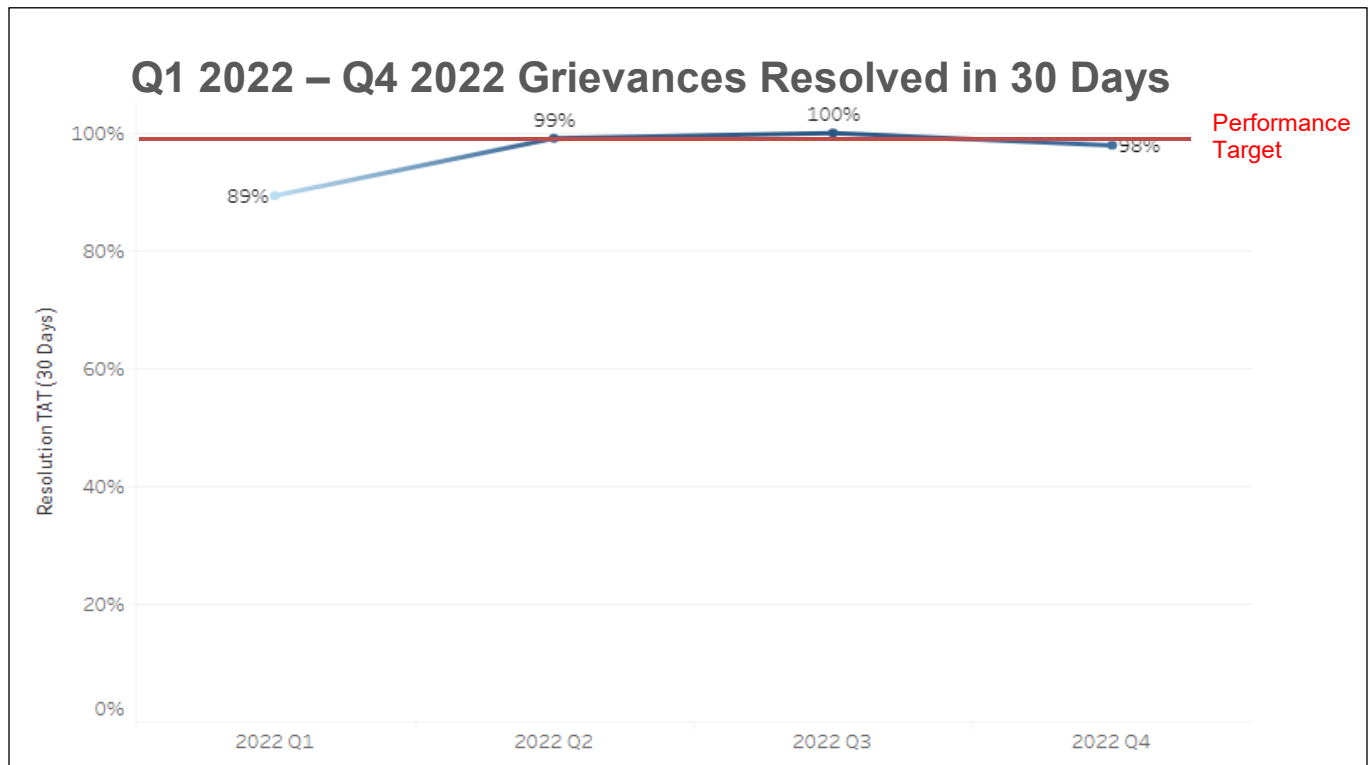
- SFHP received a total of 200 grievances in Q4 2022. Overall grievance volume increased by 108% from 96 total grievances in Q3 2022.
- In Q4 2022, 4 out of 200 grievances were not closed within the required timeframe of 30 calendar days, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).
- In Q4 2022, 6 acknowledgement letters were not 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 2022, the percentage of grievances resolved within 30 calendar days was 98%. SFHP did not send out four resolution letters within the 30-calendar day timeframe due to the following reasons:

- Two resolution letters were due to SFHP not receiving a timely grievance investigation response from the provider.
- Two resolution letters were due to SFHP staff oversight.

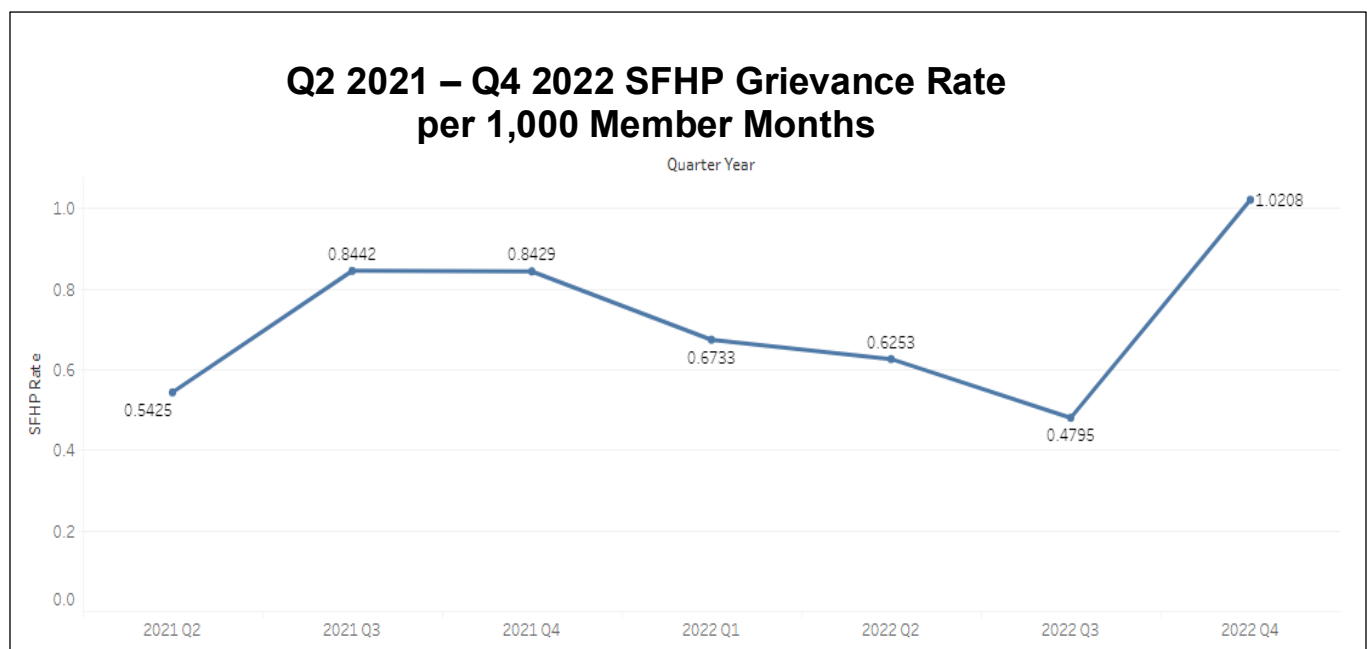
In Q4 2022, the percentage of acknowledgement letters sent out within five calendar days was 98%. SFHP did not send out six acknowledgement letters within five calendar days due to the following reasons:

- Two acknowledgement letters were due to SFHP needing more information to determine whether the case was a grievance or an appeal.
- Two acknowledgement letters were due to SFHP staff oversight.
- One acknowledgement letter was due to a delay in routing the case to the proper department for processing.
- One acknowledgement letter was due to the case being entered late.

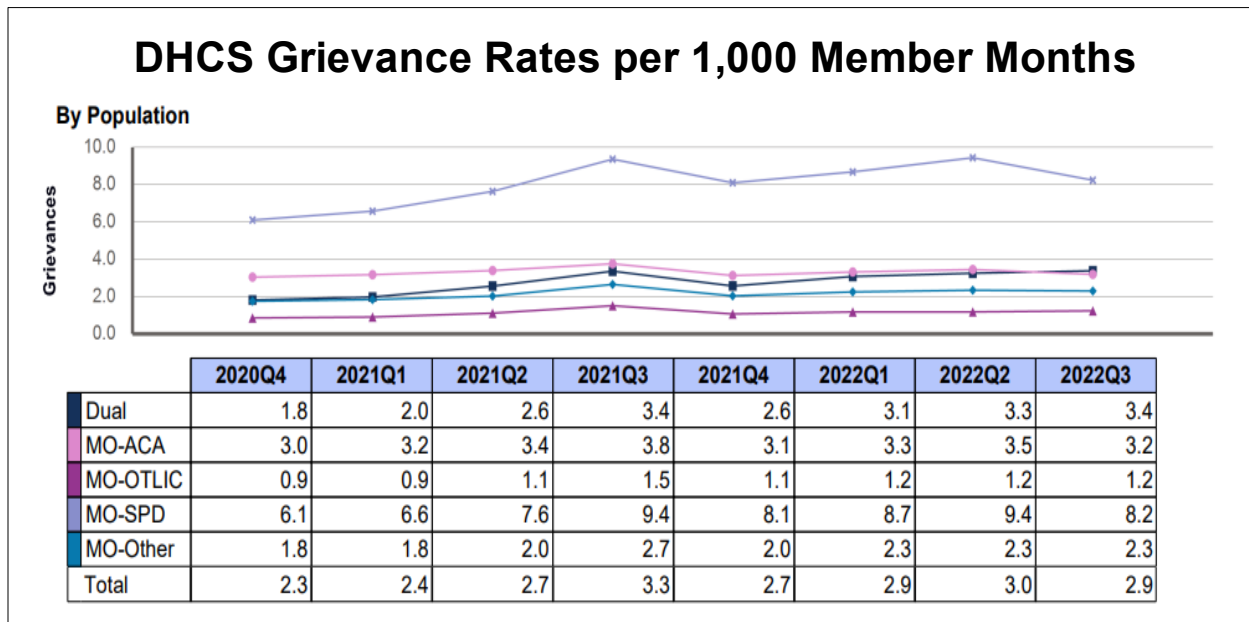


SFHP Grievance Rate

SFHP's grievance rate increased from Q2 2021 to Q3 2021. The rate then decreased from Q4 2021 through Q3 2022. The rate then significantly increased in Q4 2022.



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 typically one quarter behind.



*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

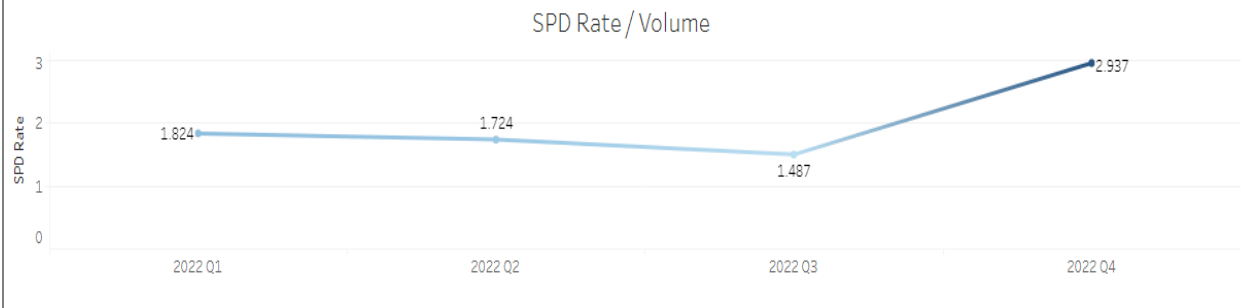
Grievances Filed by Seniors and Persons with Disabilities (SPD):

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

- In Q4 2022, 86 grievances were filed by SPD members. The number of grievances filed by SPDs increased by 169% compared to Q3 2022 when a total of 32 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.

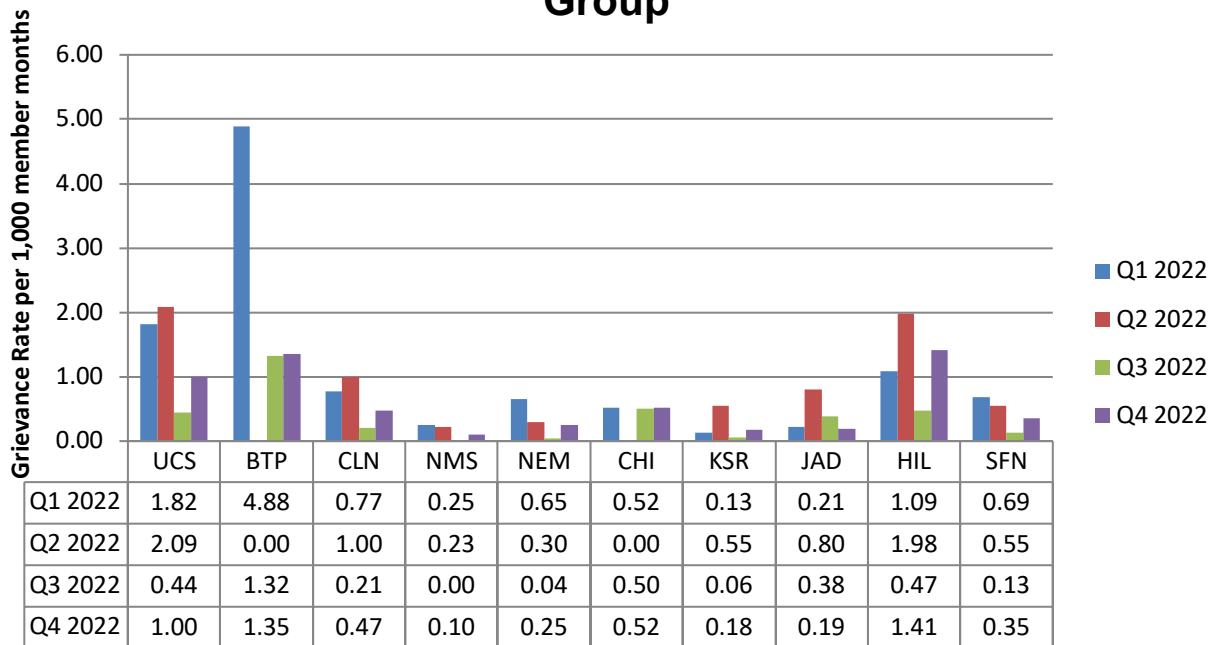
In comparison, SFHP's SPD grievance rate remains lower than DHCS' SPD grievance rate. Please see the graph above for DHCS' SPD grievance rate.

Q1 2022 – Q4 2022 SFHP SPD Grievance Rate



Grievance Rate by Medical Group:

Q1 2021 - Q4 2022 Grievance Rate by Medical Group

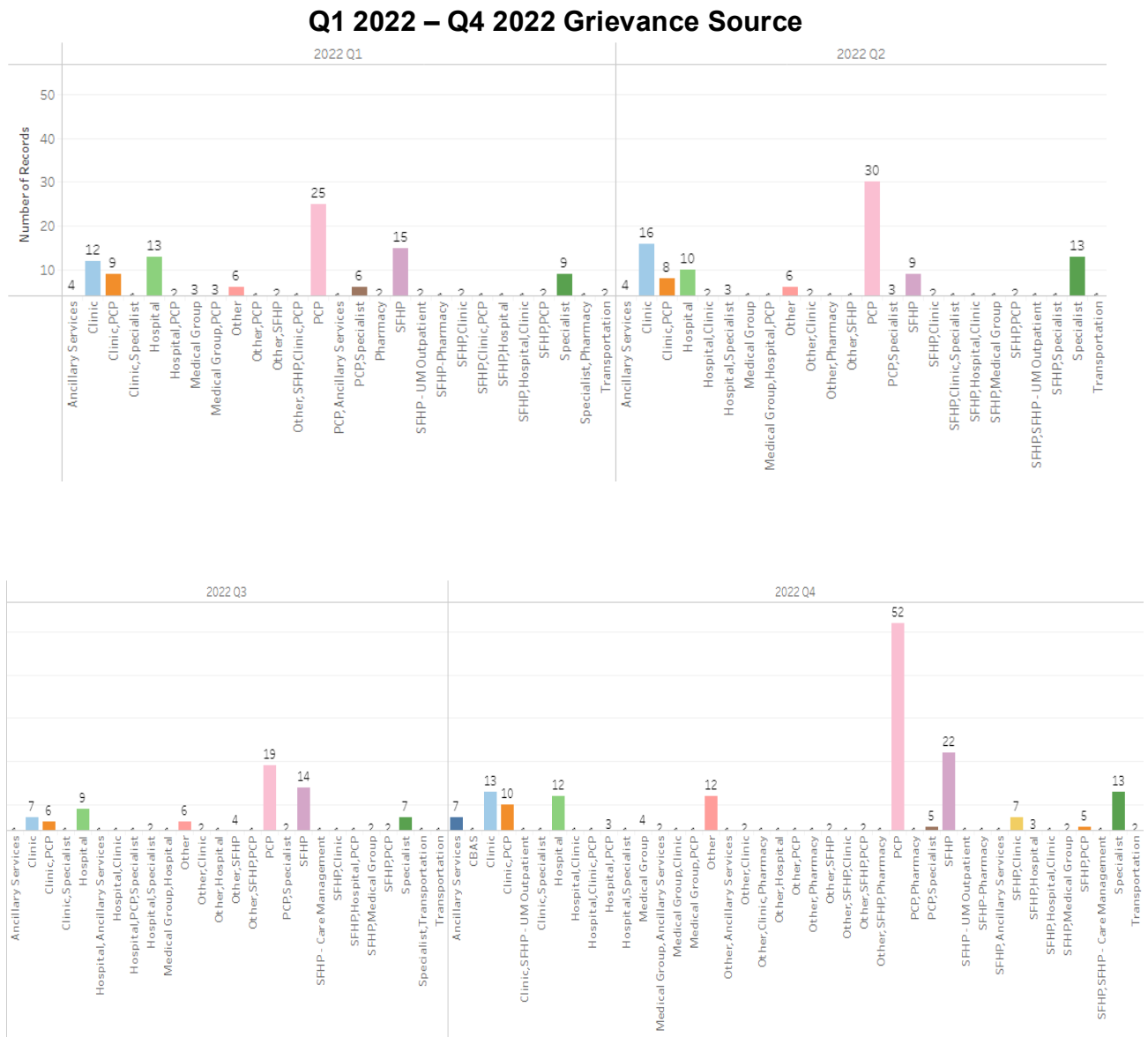


*Includes clinical and non-clinical grievances only.

In Q4 2022, all the medical group grievance rates increased compared to Q3 2022. Although BTP's grievance rates had significant increases and decreases in previous quarters, their grievance rate in Q4 2022 was similar to their grievance rate in Q3 2022.

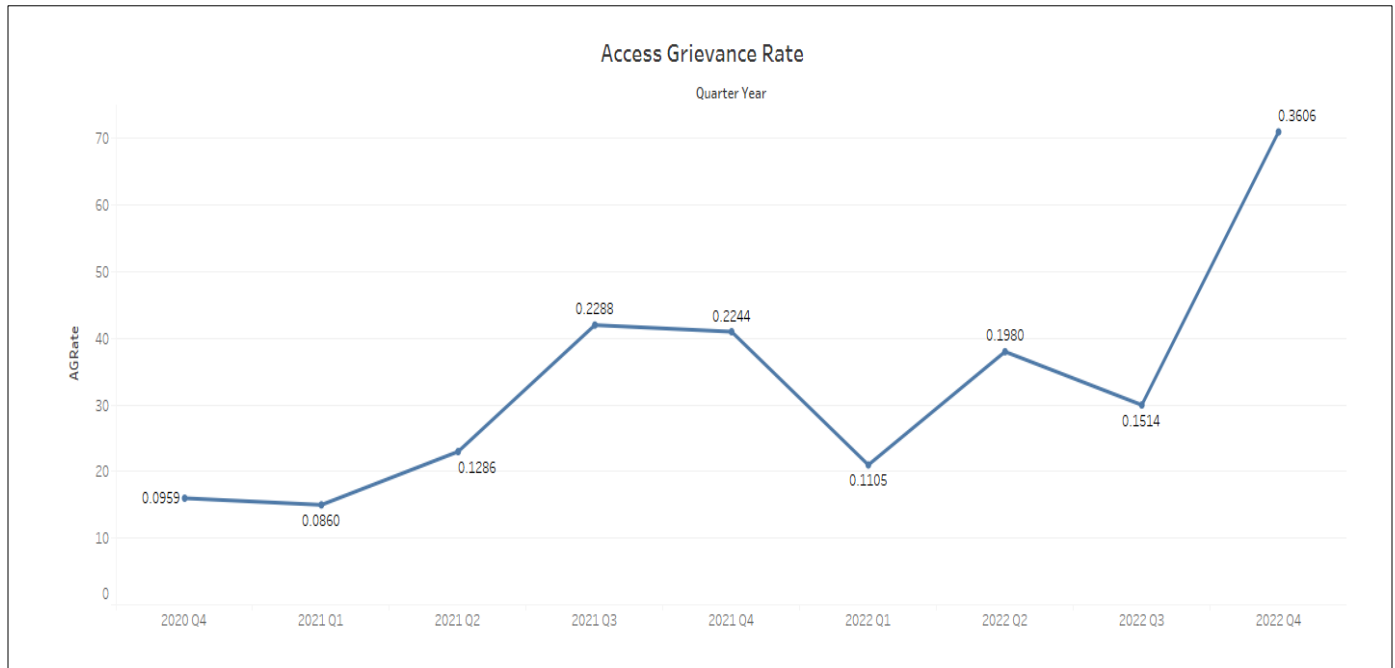
Source of the grievances:

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 2022 were those involving services provided by the member's PCP followed by SFHP and the member's specialist.



Access to Care Grievances:

The access grievance rate increased from Q4 2020 to Q1 2021 and then increased significantly in Q2 2021 and Q3 2021. The rate decreased in Q4 2021 and Q1 2022. The rate increased in Q2 2022 and then decreased again in Q3 2022. The rate increased significantly again in Q4 2022.

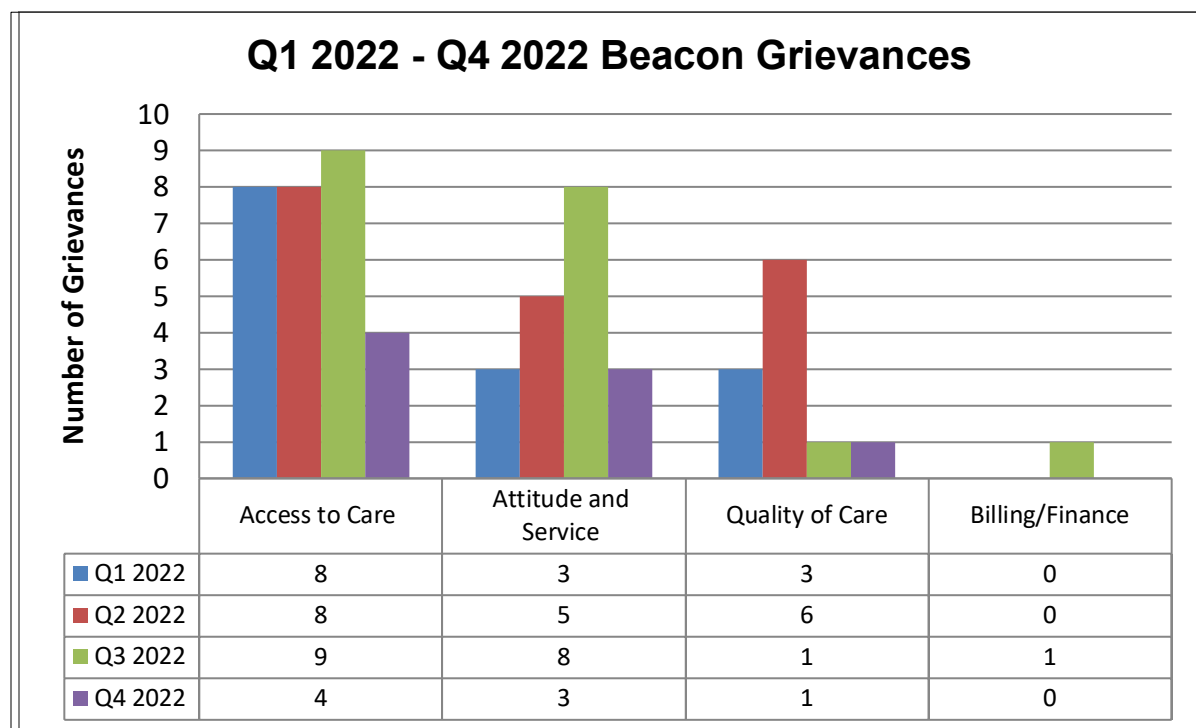


Access Grievances per 1,000 Member Months

Access Grievance Rate By Medical Group				
	Quarter Year			
	2022 Q1	2022 Q2	2022 Q3	2022 Q4
BTP	0.66		1.32	1.35
CHI	0.17		0.50	0.52
CLN	0.06	0.45	0.21	0.47
HIL	0.50	0.00	0.47	1.41
JAD	0.00	0.20	0.38	0.19
KSR	0.00	0.06	0.06	0.18
NEM	0.14	0.07	0.04	0.25
NMS	0.12	0.11		0.10
SFN	0.07	0.20	0.13	0.35
UCS	0.38	0.70	0.44	1.00

Beacon:

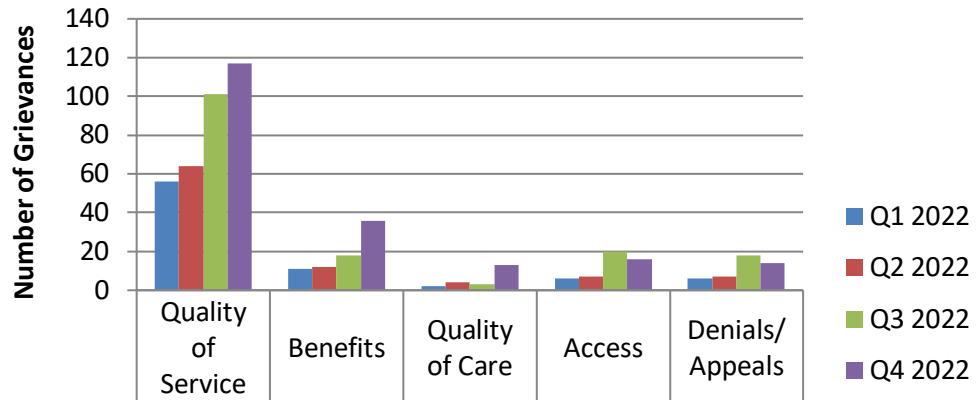
Beacon Health Options is SFHP's non-specialty mental health provider. Beacon is partially delegated to process grievances. Grievances received in Q3 2022 and Q4 2022 involved Access to Care followed by Attitude and Service and Quality of Care. In Q3 2022, there was a grievance involving Billing/Finance, which was not seen regularly in previous quarters.



Kaiser:

Kaiser is fully delegated to investigate and resolve grievances. There was a significant increase in the number of grievances received in Q3 2022 and Q4 2022. Most grievances received in Q3 2022 and Q4 2022 were grievances involving Quality of Service, which is consistent with previous quarters. In Q3 2022, grievances involving Access and Denials/Appeals increased compared to previous quarters and slightly decreased again in Q4 2022.

Q1 2022 - Q4 2022 Kaiser Grievances



	Quality of Service	Benefits	Quality of Care	Access	Denials/Appeals
Q1 2022	56	11	2	6	6
Q2 2022	64	12	4	7	7
Q3 2022	101	18	3	20	18
Q4 2022	117	36	13	16	14



MEMO

Date: February 21, 2023

To	Quality Improvement Committee
From	Grace Cariño, MPH Supervisor, Grievances and Appeals
Regarding	Q4 2022 UM Medical and Pharmacy Appeals Activity

Q4-2022 Appeals Activity – Overview

During Q4-2022, there were a total of 11 appeals filed (medical – 7/pharmacy – 4)ⁱ. In Q4-2022, there were a total of 4,607 authorizationⁱⁱ requests (medical – 4,409/pharmacy – 198) and a total of 90 denials (medical – 30/pharmacy – 60).

On a per 1,000 total authorization basis:

- 2.39 total appeals per 1,000 total authorizations
- 1.52 medical appeals per 1,000 total authorizations
- 0.87 pharmacy appeals per 1,000 total authorizations

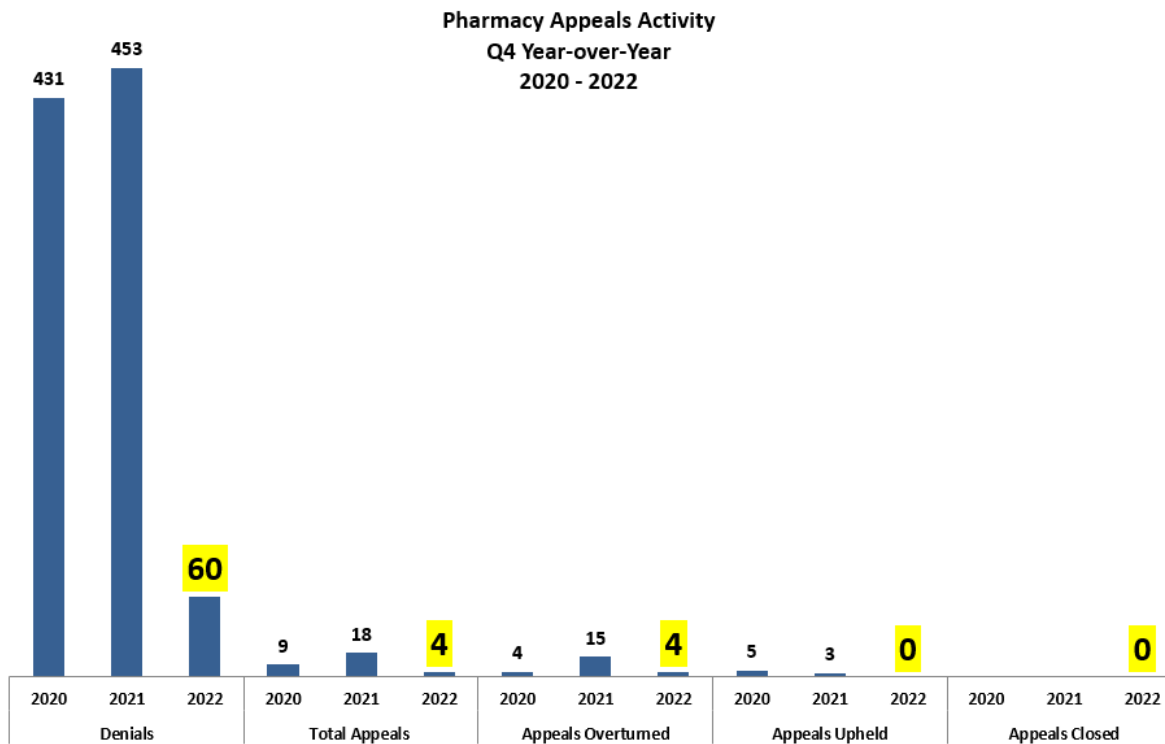
Comparing appeal activity in Q4-2022 to Q3-2022:

- 11 appeals in Q4-2022 vs. 9 appeals in Q3-2022
- 2.39 appeals/1000 in Q4-2022 vs. 1.63 appeals/1000 in Q3-2022

Of the 11 appeals in Q4-2022, 6 appeals were overturned (medical – 2/pharmacy – 4), which is a 55% overturn rate. This compares to a 44% overturn rate in Q3-2022 (4 overturned out of 9 appeals). Please note there were three appeals that were closed.

Medical Appeals Activity
Q4 Year-over-Year
2020- 2022





Analysis

Q4-2021 – Q4-2022 Medical Denial Rates

Between Q4-2021 and Q4-2022, the medical denial rates ranged from 0.35% (Q3-2022) to 1.48% (Q2-2022):

	Medical Authorizations	Medical Denials	Medical Denial Rate
Q4-2021	3,759	26	0.69%
Q1-2022	5,136	24	0.47%
Q2-2022	4,595	68	1.48%
Q3-2022	5,383	19	0.35%
Q4-2022	4,409	30	0.68%

Q4-2021 – Q4-2022 Pharmacy Denial Rates

Between Q4-2021 and Q4-2022, the denial rates ranged from 22.96% (Q2-2022) to 34.24% (Q3-2022):

	Pharmacy Authorizations	Pharmacy Denials	Pharmacy Denial Rate
Q4-2021	1,856	453	24.41%
Q1-2022	120	35	29.12%
Q2-2022	135	31	22.96%
Q3-2022	146	50	34.24%
Q4-2022	198	60	30.30%

Q4-2021- Q4-2022 Collective Medical & Pharmacy Appeal Rates per 1000 Denials

Between Q4-2021 and Q4-2022, the collective medical and pharmacy appeal rates per 1000 denials ranged from 16.16 (Q2-2022) to 57.4 (Q4-2021):

	Medical + Pharmacy Denials	Medical + Pharmacy Appeals	Medical + Pharmacy Appeals / 1000 Denials
Q4-2021	453	26	57.4
Q1-2022	59	21	35.6
Q2-2022	99	16	16.16
Q3-2022	69	9	13.04
Q4-2022	90	11	12.22

Q4-2022 Collective Medical & Pharmacy Appeal Adjudication Turn-Around-Time

Ninety-one percent of the medical and pharmacy appeals were adjudicated within 30-days in Q4-2022 compared to 100% in Q3-2022.

	Q4-2022		
	Total (Med + Pharm)	Medical	Pharmacy
Number (#) of Appeals	11	7	4
Percentage (%) of Appeals Adjudicated within 30-days	91%	91%	100%

Q4-2022 Member and Provider Appeal Activity

Of all appeals filed in Q4-2022, 82% were member initiated and 18% were provider initiated.

Of all appeals filed in Q4-2022, three appeals were expedited.

		Q3-2022		
		Total (Med + Pharm)	Medical	Pharmacy
Member	# of Initiated Appeals	9	6	3
	% of Total Appeals	82%	67%	33%
Provider	# of Initiated Appeals	2	1	1
	% of Total Appeals	18%	50%	50%
Member	# of Expedited Appeals	2	1	1
	% of Initiated Appeals	67%	50%	50%
Provider	# of Expedited Appeals	1	1	0
	% of Initiated Appeals	33%	100%	0%

Q4-2022 Basis for Overturned Appeals

One hundred percent of overturned appeals in Q4-2022 were based on additional clinical information submitted.

Q4-2022			
	Total (Med + Pharm)	Medical	Pharmacy
# of Overturned Appeals	6	2	4
% of Total Appeals	55%	33%	67%
# of Appeals overturned due to additional clinical information offered	6	2	4
% of Appeals overturned due to additional clinical information offered	100%	33%	67%
# Appeals overturned due to decision based on the same submitted clinical information	0	0	0
% Appeals overturned due to decision based on the same submitted clinical information	0%	0%	0%

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 0937ES Essette Grievance Report, Case Receipt Date 10/1/2022 - 12/31/2022 as of 2/21/23 11:13AM.

ii Source for Medical data: Original_Q4-2022_AllAuthorizationsData. As of 5.2020, 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: E-mail from 2/15/23

Emergency Room Visit / Prescription Access Report

3rd Quarter 2022

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 3Q2022, 10,508 members had 15,473 ER visits, averaging 1.47 ER visits per member, which is slightly lower as the previous quarter (1.50). This reflects an ER visit by approximately 8.2% of the SFHP Medi-Cal membership within the quarter, which is slightly higher than the previous quarter. Visits by ER facility and the number of Member ER visits increased compared to the previous quarter (15,489 and 10,315 respectively).

Table 1A: Visits by ER Facility

ER Facility	ER Visits
ZSFG AND TRAUMA CENTER	3,550
UCSF MEDICAL CENTER	2,426
ZSFG- ACUTE CARE 2	2,171
ST FRANCIS MEMORIAL	1,590
CPMC MISSION BERNAL CAMPUS- ACUTE CARE	1,481
CPMC VAN NESS CAMPUS-ACUTE CARE	954
CPMC PACIFIC CAMPUS- OUTPATIENT AND ER	823
ST MARYS MEDICAL CENTER	500
CHINESE HOSPITAL	466
CPMC DAVIES CAMPUS-ACUTE	433
KAISER HOSPITAL SF	326
Other ED Facilities	753
TOTAL	15,473

Table 1B: Member ER Visits

# ER Visits	Member
1	7,070
2	2,068
3	655
4	266
5	177
6	80
7	60
8	41
9	26
10	13
11+	52
TOTAL	10,508

Section 2 - Top Diagnoses

Of the 15,473 ER visits in 3Q2022 6,718 visits (43%) resulted in a medication (from ER or pharmacy) within 72 hours of the ER Visit and 8,002 (52%) 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 have decreased by 27% (296 visits) compared to last quarter's 405 visits. Rash and Other Non-Specific Skin Eruption is a new top diagnosis (148 visits) most likely due to the Monkeypox outbreak. Suicidal ideation diagnosis continues to be a top diagnosis during pandemic 3Q2022 (111 visits) compared to pre-pandemic 4Q2019 (60 visits).

Table 2: Percent ER Visits by Diagnoses (3Q2022)

Top Diagnoses Categories	ICD10	ER Visits	% of Visits
Chest pain	R07.xx	1,208	7.81%
Abdominal pain	R10.xx	774	5.00%
COVID-19	U07.1	296	1.91%
Shortness of breath	R06.02	263	1.70%
Headache	R51.9	230	1.49%
Head Injury Unspecified	S09.90	199	1.29%
Fever Unspecified	R50.9	187	1.21%
Acute Upper Respiratory Infection Unspecified	J06.9	179	1.16%
Dizziness and Giddiness	R42	160	1.03%
Rash and Other Non-Specific Skin Eruption	R21	148	0.96%
Abnormal Electrocardiogram	R21	148	0.96%
Cough	R05	147	0.95%
Altered mental status	R41.82	119	0.77%
Low Back Pain Unspecified	M54.501	117	0.76%
Suicidal Ideations	R45.851	111	0.72%
Nausea with Vomiting	R11.2	109	0.70%
All Other Diagnoses		11,078	71.6%
TOTAL		15,473	100.00%

Section 3 - Key Diagnoses Category

Selected key diagnoses with a high likelihood for ER discharge prescription are reported in Table 3. In 3Q2022, 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
Pneumonia	J18.9	16	7	1	24	96%
Asthma Exacerbation	J45.901, J45.909, J45.902	54	28	3	85	96%
COPD	J44, J44.1, J44.9	15	32	4	51	92%
UTI	N39.0	46	22	7	75	91%

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 6,143 member visits to a pharmacy after an ER discharge, the top 15 most utilized pharmacies are reported in Table 4. The only 24-hour pharmacy in San Francisco was also the most 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	627	10.21%
Walgreens 3711 (1189 Potrero Ave)	8AM – 10PM M-F, 8AM – 9PM Sat-Sun	554	9.02%
Walgreens 5487 (5300 3rd St)	8AM – 9PM	322	5.24%
Walgreens 1327 (498 Castro St)	24 Hours	316	5.14%
Walgreens 4609 (1301 Market St)	8AM – 9PM	305	4.97%
Walgreens 7150 (965 Geneva Ave)	9AM – 9PM	234	3.81%
Chinese Hospital (845 Jackson St)	8AM – 7PM M-F, 9AM-5PM Sat-Sun	227	3.70%
Walgreens 4231 (2690 Mission St)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	206	3.35%
Walgreens 1626(2494 San Bruno Ave)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	171	2.78%
Walgreens #3558 (1301 Franklin St)	9AM-9PM M-F, 9AM-1:30PM, 2PM-5PM Sat, 10AM-1:30PM, 2PM-6PM Sun	151	2.46%
Walgreens 3185 (825 Market St)	8AM – 9PM M-F, 9AM – 5PM Sat, 10AM – 6PM Sun	145	2.36%
Walgreens 1054(3398 Mission St)	9AM-9PM M-F, 9AM-1:30PM, 2PM-5PM Sat, 10AM-1:30PM, 2PM-6PM Sun	142	2.31%
Daniels Pharmacy (943 Geneva Ave)	9AM-6:30PM	134	2.18%
Scriptsite Pharmacy (870 Market St #1028)	9:30AM-5:30PM M-F	108	1.76%
NEMS-San Bruno (2574 San Bruno Ave)	8AM-6PM M-F, 8AM-12PM, 1PM-5PM Sat	107	1.74%
Walgreens #324 (216 Westlake Center)	24 Hours	106	1.73%
All Other Pharmacy Locations		2,288	37.25%
TOTAL		6,328	100.00%

Summary:

No barrier to pharmacy access during after-hours was identified in this quarter. ER utilization was slightly lower in 3Q2022 compared to 2Q2022 (15,473 visits versus 15,489) with each member utilizing the ER at 1.47 visits. About 43% of ER visits received a medication (from ER or pharmacy) within 72 hours of the ER visit, slightly 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.

 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 16 November 2022 1:00PM – 2:30PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
Meeting called by:	Matija Cale	
Type of meeting:	Mandatory – Monthly Recurring	Recorder: K. M. McDonald
Present:	<p><u>Clinical Operations</u> SeDessie Harris; April Tarpey; Morgan Kerr; Tony Tai; Eddy Ang; Kirk McDonald; Tamsen Staniford; Monica Baldzikowski; Chris Ball; Matija Cale</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim; Jessica Shost; Gevork Tchapanian; Tammy Chau</p>	<p><u>Compliance</u> Monica Fong; Crystal Garcia</p> <p><u>Quality Review Team</u> Michelle Faust Leslie Mulhern Jenna Colin</p> <p><u>Guests</u> Rudy Wu, Hanan Obeidi</p>
Not Present:	Amyn Nathoo (conflict)	
Quorum (details after the Action Items section below)	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Interim – Eddy Ang) • Senior Medical Director (vacant) • Director, Clinical Operations, RN (Matija Cale) • Senior Manager, Prior Authorization, RN (Monica Baldzikowski) • Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Program Manager, Clinical Operations, PhD (Kirk McDonald) 	
	Not Present:	
Documents Presented:	<ul style="list-style-type: none"> • Final_Draft_Agenda_UMC_November_v11.15.22 • Draft_Minutes_UMC_October_v11.14.22 • Productivity Dashboard_9.13.22-10.12.22_v10.13.22 • Productivity Dashboard_10.16.22-11.14.22_v11.15.22 	

	<ul style="list-style-type: none"> • Phone Productivity Dashboard_October2022_v10.13.22 • Phone Productivity Dashboard_November2022_v11.15.22 • SFH.IMR.CC_UMC Report_2022.11.14 • 9.24.22-11.07.22_0937ES Essette Grievance Report_v11.08.22 • DRAFT_MtgFrequencyChange_Master_Consent_Calendar_v9.26.22 • Measure_SFHN-All_Cause_Readmission_Table_v11.16.22 • PDN_Criteria_Downloaded_11.9.22 • Gender_Affirming_Criteria_Downloaded_11.9.22 • PP_CO_(CO-57)_UM Clinical Criteria_2022.09.22 • Draft SFHP Custodial Criteria Guidelines v11.14.22
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Consent Calendar – January to December 2022

ITEM #	Document	Review Schedule	Outcome	Comments
1	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing MCG 25 th edition PP CO-57	<ul style="list-style-type: none"> • Special Review for NCQA 2023 Renewal Survey • Feb 24, 2022 • April 2022 (UMC) • June 2022 (UMC) • November 2022 (UMC) • Annual review of all criteria • QIC February 2023 	<ul style="list-style-type: none"> • QIC approved the criteria (Q1-2022 meeting) 	<ul style="list-style-type: none"> • April 2022, UMC meeting; revised Gender Confirmation criteria; UMC approved by quorum vote. <ul style="list-style-type: none"> ◦ Document - <i>SFHP Gender Affirming Services Medical Necessity Criteria_DRAFT_for UMC Vote 3-31-22</i> • June 2022, UMC meeting; UMC approved, by quorum vote, to accept the MCG updates.
2	Annual (CY2022) benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> • Annual (Q2/Q3) 		
3	Internal Audit of Authorization Requests Report Q3-2021 Report Q4-2021 Report Q1-2022 Report	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • No vote required. • Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> • Q3-2021 (Jan 2022 UMC) reviewed • Q4-2021 (May 2022 UMC) reviewed • Q2-2022 (Oct 2022 UMC) reviewed. • Q3-2022

	Q2-2022 Report			<ul style="list-style-type: none"> Q4-2022; This includes the inaugural audits of – (1) NCQA UM-12 (Denial TAT Systems Control); (2) NEMT, (3) Major Organ Transplants, and (4) MD Denial NOA reviews.
4	2021 Utilization Program Evaluation Annual Review and Approval	<ul style="list-style-type: none"> Feb 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. 	<ul style="list-style-type: none">
5	Updated UMC Charter and Reports/Documents Review Calendar	<ul style="list-style-type: none"> Feb 2022 UMC Meeting November 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. 	<ul style="list-style-type: none"> 11.2022 – approve new charter
6	2021 Specialty Referral Annual Report	<ul style="list-style-type: none"> May 2022 UMC Meeting 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q1-2022 Report – July UMC Q2-2022 Report – August UMC Q3-2022 Report – November UMC
7	2022 UM Program Description	<ul style="list-style-type: none"> Annual (Q4) UMC QIC 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Oct 2022 UMC meeting. Reviewed the Interim UM Program Description with the PAD/LTC/Pharmacy updates.
8	2022 UM Program Evaluation	<ul style="list-style-type: none"> Annual (Q1-2023) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

May UMC Agenda

	Topic	Brought By	Time	Agenda	Notes
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	Matija	1:00 – 1:20	<ul style="list-style-type: none"> Agenda reviewed Action Items Approval of October draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard (Quarterly) <ul style="list-style-type: none"> Q2-2022 (presented 8.3.22) Q3-2022 (UMC in November) Q4-2022 (UMC in January) 	<ul style="list-style-type: none">

	Topic	Brought By	Time	Agenda	Notes
2. t	<ul style="list-style-type: none"> Medical/Pharmacy Appeals: Upheld and Overturned Independent Medical Review (IMR) State Fair Hearings (SFH) Consumer Complaints 	<ul style="list-style-type: none"> April – DMG appeal cases Leslie Mulhern; Michelle Faust – CHN/UCSF cases Jessica – Pharmacy Appeals Betty 	1:20 – 1:30	<ul style="list-style-type: none"> Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> UM – Appeals - 0 <ul style="list-style-type: none"> Upheld appeals – 0 Overturned appeals – 0 Pharmacy – Appeals - 2 <ul style="list-style-type: none"> Upheld appeals – 0 Overturned appeals – 2 Compliance <ul style="list-style-type: none"> IMR – 0 IMR/SFH – 0 SFH – 0 Consumer Complaints – 4 	•
3.	Status of the need to monitor the laser hair removal provider network as a standing item for the next few UMC meetings.	Eddy	1:30 – 1:35		•
4.	UMC Charter Updated for Meeting Frequency	Kirk/Matija	1:35-1:40		•
5.	Inpatient Admission Measure	Matija	1:40 – 1:45	Should we continue this measure for the 7.2.22 – 6.30.23?	<ul style="list-style-type: none"> Related to the QI Program Description & QI Annual Evaluation / Yves. The most recent annual report (7.21 – 6.22): <ul style="list-style-type: none"> Planned activities Barriers to planned activities
6.	Annual Criteria Review and Vote	Matija	1:45–2:00		<ul style="list-style-type: none"> PDN_Criteria_Downloaded_11.9.22 Gender_Affirming_Criteria_Downloaded_11.9.22 PP_CO_(CO-57)_UM Clinical Criteria_2022.09.22 MCG 26th Edition
7.	Custodial Care Criteria	Custodial Care	2:00 – 2:10		<ul style="list-style-type: none"> The criteria will be sent out after the meeting. Will vote on the criteria at the December (12.7) UMC meeting. Will present the criteria at the December QIC (12.8).
8.	DHCS Opportunities for Improvement – Status Report	Kirk	2:10 – 2:20		<ul style="list-style-type: none"> 12.22 (Pre-Audit Information Request) 3.23 (traditional date for the onsite audit)

	Topic	Brought By	Time	Agenda	Notes
9.	Recap / Action Item Review	Kirk	2:20 – 2:25	Review the new action items	<ul style="list-style-type: none"> Reminder end of year run: criteria approval, IRR, Draft UM Program Eval, Final Draft UM Program Description – all need to be approved. Dec QIC for Criteria

Action Items – November 2022 UMC

ITEM #	OWNER	ACTION ITEMS	STATUS
1.		•	
2.		•	
3.		•	
4.		•	
5.		•	
6.		•	

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
5.4.22	Rudy	For ALOS metric, assess whether an indicator can be added to identify if high ALOS is/isn't attributed to a one-off case.	8.2.22 – Will be added in the next release.	2
7.6.22	Eddy	• To follow-up with Finance regarding the APRDRG audit results report.	11.14.22 – working w/Crystal to setup a UMC presentation of Varis (the vender) audit results of the APRDRG.	2
10.5.22	Tamsen/Tony	<ul style="list-style-type: none"> PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. 	11.14.22 - In progress- manual fixes are being implemented before BA (Jay) can work planned reporting logic changes into phase 2 of the dashboard updates. Tamsen will connect with Tony and Jay on timelines before 11/16 UMC and provide an update (on agenda or during meeting).	2

10.5.22	SeDessie / Hanan	<ul style="list-style-type: none"> • Work with the PHM Team to determine what is driving the Septicemia rate; related to the data in the Top 10 DRG table in the Utilization Trending Dashboard 2022. o Need to breakout the metrics by member population, risk stratification/segmentation. 	11.11.22 – Recommend revisiting in Q1 2023 due to numerous other high level competing priorities	2
10.5.22	Tamsen	Final decision if UCSF Laser Clinic should be removed from the community referral list as a hair removal provider, given USCF closed its clinic.	11.14.12 - UCSF Laser clinic refuses to see transgender members and should not be considered an option for TGD members to access gender-affirming hair removal. Lindsay Shon in PNO confirmed she was trying to work with Serenity about access and contracting but they are non-responsive. Currently: 1. Gender Confirmation Center (Dr. Mosser's practice) is the only in-network option, but only does surgical site and facial hair removal. 2. North Bay Aesthetics is the only provider offering body hair laser, they are out of network.	2
10.5.22	SeDessie	Will send to the UMC members a copy of the draft Custodial Care Criteria prior to the November 10 UMC meeting.	11.14.22 – Completed. Sent to all UMC members via link to SharePoint (Kirk).	2
10.5.22	Matija	Will present at the November 10 UMC meeting details about the triennial over/underutilization plan.	11.14.22 – on hold.	2

Parking Lot

ITEM #		OWNER	ACTION ITEMS	STATUS
1.	2.16.21	Monica / Jim	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 6.2.22 – Should we remove this? This would need to be a CMO driven request, as it is a resource request from SFN, and it not required by regulators. I don't know how this request should be prioritized against current regulatory requests from SFHP for SFN (Compliance reporting, auditing, etc.)
2.	2.24.22	AI UMC Members	<ul style="list-style-type: none"> • Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be included in the UMC Charter as an out-of-scope 	<ul style="list-style-type: none"> • 2.24.22 - This is ongoing for 2022

			item.	
3.	4.06.22	SeDessie / Eddy Ang	<ul style="list-style-type: none">• Work w/ Eddy Ang on OBS metrics.• Need to be consistent in how OBS rules are applied.	<ul style="list-style-type: none">• 5.4.22: SeDessie, Matija, Eddy working on priorities--medium category

Appendix

Appeals / Overturned – November 2022

APPEALS AND GRIEVANCES							
Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name of Service or Medication
MA220928001	Member Appeal	SFN	Overturned	SFHP-Pharmacy	<p>SFHP received a fax appeal from Magellan RX. Below is the appeal letter from the member's family doctor, Dr. ----, from ---- Health Center. Member gave consent to [the member's] family physician to file on [the member's] behalf.</p> <p>"This letter is to appeal the recent PA request for Tacrolimus 0.1% ointment to treat vitiligo on [the member's] face. [The member] has already tried a high potency topical steroid (mometasone) without benefit. Our Dermatologist has recommended Tacrolimus ointment. This is the gold standard treatment for vitiligo on the face as this is a highly sensitive area at risk of skin atrophy. While the patient does not have atopic dermatitis, tacrolimus is regularly used for other conditions including vitiligo, lichen planus, psoriasis, and pyoderma gangrenosum. The skin changes caused by [the member's] chronic autoimmune condition is very distressing to [the patient]. Please approve tacrolimus ointment to treat [the patient's] facial</p>	<p>Dr. ----, on your behalf, appealed the denial of Tacrolimus 0.1% ointment. San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because the external reviewer, a doctor specializing in Dermatology at the Medical Review Institute of America (MRIOA), found Tacrolimus 0.1% ointment is medically necessary for your condition.</p>	Tacrolimus 0.1% ointment

					<p>vitiligo.”</p> <p>“If you have any questions or concerns, please don’t hesitate to call.”</p> <p>Sincerely, Dr.----- Family Physician”</p> <p>1.)...called the member and got verbal consent for [the member’s] doctor to file an appeal on [the member’s] behalf. 2.)....explained the appeal processing time and informed [that the member] would need to complete the appeal</p>		
MA221103001	Member Appeal	SFN	Overtured	SFHP – Pharmacy	<p>Member states [they have had] high blood pressure for the past 8-9 years. [The member’s] blood pressure has only been controlled with Benicar HCT 40 mg twice a day or Diovan 80 mg twice a day. [The member] states any other generic medication doesn't control [the member’s] blood pressure and/or causes severe swelling all over [the member’s] body. [The member] also has had other negative reactions to other generic brands. Member had an appointment on 10/27/22 with her PCP, Dr. -----. The member was unable to see [the member’s] PCP as the doctor was over an hour late. The doctor called [member] later at home and ordered the medication but didn't order the brand name. On that day, [the member’s] blood pressure was 191/100. [The member] also spoke to ---, RN about 4 times. [The member] was only told they would have the doctor</p>	<p>[The member] appealed the denial of Benicar HCT 40/12.5mg. San Francisco Health Plan (SFHP) has reviewed [the] appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because it is medically necessary for [the member] to take Benicar HCT 40/12.5mg.</p> <p>[The member’s] doctor stated [the member] had negative side effects from taking the generic version of the medication. These included hand and foot swelling.</p> <p>This means [the member met] SFHP’s guideline for being prescribed a brand name medication.</p>	Benicar HCT 40/12.5mg

					<p>order a prescription.</p> <p>[The] member would like to get the medication. [The member] understands [they have] to pay (Healthy Workers has a copay for prescriptions), but [the member] can't afford \$400 a month.</p> <p>1.) Called Magellan [they] confirmed the PCP did request an exception for Benicar HCT 40 mg. The request can take up to 15 business days as it wasn't placed urgently.</p> <p>2.) Provided DMHC's phone number.</p>		
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 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 16 November 2022 1:00PM – 2:30PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly meeting. Meeting frequency is a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.</p>	<p>Recorder: K. M. McDonald</p>
<p>Present:</p>	<p><u>Clinical Operations</u> SeDessie Harris; April Tarpey; Morgan Kerr; Eddy Ang; Kirk McDonald; Tamsen Staniford; Chris Ball; Matija Cale</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim</p>	<p><u>Compliance</u> Monica Fong; Crystal Garcia</p> <p><u>Quality Review Team</u> Michelle Faust Leslie Mulhern Jenna Colin</p> <p><u>Guests</u> Rudy Wu</p>
<p>Not Present:</p>	<p>Amyn Nathoo (conflict); Tony Tai; Monica Baldzikowski (Last Day was 11.10.22) Optional Attendees: Jessica Shost; Gevork Tchapanian; Tammy Chau; Hanan Obeidi</p>	
<p><i>Quorum (details after the Action Items section below)</i></p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Interim – Eddy Ang) • Senior Medical Director (vacant) • Director, Clinical Operations, RN (Matija Cale) • Senior Manager, Prior Authorization, RN (vacant as of 11.11.22) • Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Program Manager, Clinical Operations, PhD (Kirk McDonald) <p>Not Present:</p>	
<p>Documents Presented:</p>	<ul style="list-style-type: none"> • Final_Draft_Agenda_UMC_November_v11.15.22 	

	<ul style="list-style-type: none"> • Draft_Minutes_UMC_October_v11.14.22 • Productivity Dashboard_9.13.22-10.12.22_v10.13.22 • Productivity Dashboard_10.16.22-11.14.22_v11.15.22 • Phone Productivity Dashboard_October2022_v10.13.22 • Phone Productivity Dashboard_November2022_v11.15.22 • Pharmacy_Operations_Dashboard_3Q2022 • SFH.IMR.CC_UMC Report_2022.11.14 • 9.24.22-11.07.22_0937ES Essette Grievance Report_v11.08.22 • DRAFT_MtgFrequencyChange_Master_Consent_Calendar_v9.26.22 • Final_IP_Admissions_Recap_2022-QI-Annual-Rpt_v10.6.22 • Measure_SFHN-All_Cause_Readmission_Table_v11.16.22 • PDN_Criteria_Downloaded_11.9.22 • Gender_Affirming_Criteria_Downloaded_11.9.22 • PP_CO_(CO-57)_UM Clinical Criteria_2022.09.22 • Draft SFHP Custodial Criteria Guidelines v11.14.22 • Final_DHCS_Opportunitites_Status_v11.7.22
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Consent Calendar – January to December 2022

ITEM #	Document	Review Schedule	Outcome	Comments	Meeting notes
	Quarterly Varis/APRDRG	<ul style="list-style-type: none"> • Dec 2022 • March 2023 • June 2023 • September 2023 • December 2023 	•	•	<ul style="list-style-type: none"> • Compliance Team
	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing	<ul style="list-style-type: none"> • Special Review for NCQA 2023 Renewal Survey • Feb 24, 2022 	<ul style="list-style-type: none"> • QIC approved the criteria (Q1-2022 meeting) 	<ul style="list-style-type: none"> • April 2022, UMC meeting; revised Gender Confirmation criteria; UMC approved by quorum vote. <ul style="list-style-type: none"> ◦ Document - <i>SFHP Gender Affirming Services Medical Necessity Criteria_DRAFT_for UMC</i> 	<ul style="list-style-type: none"> •

	MCG 25 th edition; and 26 th Edition (6.22) PP CO-57	<ul style="list-style-type: none"> • April 2022 (UMC) • June 2022 (UMC) • November 2022 (UMC) Annual review of all criteria • QIC February 2023 		<p><i>Vote 3-31-22</i></p> <ul style="list-style-type: none"> • June 2022, UMC meeting; UMC approved, by quorum vote, to accept the MCG updates. • November 2022, UMC meeting. UMC approved, by quorum vote, to accept the Gender Confirmation, EPSDT Private Duty Nursing, and PP CO-57 criteria, and reapproved the MCG criteria 26th Edition. 	
	Annual (CY2022) benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> • Annual (Q2/Q3) 		<p>11.16.22: QI benchmarks reviewed by UMC (Emergency Room utilization rates/Inpatient Admission rates/Readmission rates).</p> <p>12.6.22: UMC reviewed the 2023 benchmarks.</p>	
	Internal Audit of Authorization Requests Report Q3-2021 Report Q4-2021 Report Q1-2022 Report Q2-2022 Report	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • No vote required. • Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> • Q3-2021 (Jan 2022 UMC) reviewed • Q4-2021 (May 2022 UMC) reviewed • Q2-2022 (Oct 2022 UMC) reviewed. • Q3-2022 (January 2023 UMC) • Q4-2022; This includes the inaugural audits of – (1) NCQA UM-12 (Denial TAT Systems Control); (2) NEMT, (3) Major Organ Transplants, and (4) MD Denial NOA reviews. 	<ul style="list-style-type: none"> •
	2021 Utilization Program Evaluation Annual Review and Approval	<ul style="list-style-type: none"> • Feb 2022 UMC Meeting 	<ul style="list-style-type: none"> • UMC approved by quorum vote. 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •
	Updated UMC Charter and	<ul style="list-style-type: none"> • Feb 2022 	<ul style="list-style-type: none"> • UMC approved by quorum vote. 	<ul style="list-style-type: none"> • 11.16.2022 – approve new 	<ul style="list-style-type: none"> •

	Reports/Documents Review Calendar	<ul style="list-style-type: none"> • UMC Meeting November 2022 UMC Meeting 		meeting requirements; updated the UMC charter.	
	2022 Specialty Referral Reports	<ul style="list-style-type: none"> • May 2022 UMC Meeting 	<ul style="list-style-type: none"> • No vote required. • Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> • Q1-2022 Report – July UMC • Q2-2022 Report – August UMC • Q3-2022 Report – December UMC • Q4-2022 Report & Annual Report – January 2023. 	<ul style="list-style-type: none"> •
	2022 UM Program Description	<ul style="list-style-type: none"> • UMC Q1-2023 – Final version) • QIC 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Oct 2022 UMC meeting. Reviewed the Interim UM Program Description with the PAD/LTC/Pharmacy updates. • January 	<ul style="list-style-type: none"> •
	2022 UM Program Evaluation	<ul style="list-style-type: none"> • Annual (Q1-2023) 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> •

November UMC Agenda

	Topic	Brought By	Time	Agenda	Notes
1.	Standing Items: <ul style="list-style-type: none"> • Approval of minutes • Action Items review • Parking lot review • Medical/Pharmacy Directors' Dashboards 	SeDessie	1:00 – 1:20	<ul style="list-style-type: none"> • Agenda reviewed • Action Items • Approval of October draft minutes • CO Director Dashboard • Clinical Operations – KPI Dashboard • Clinical Operations – UM Trending Report Review (inpatient Admissions) • Pharmacy Dashboard (Quarterly) <ul style="list-style-type: none"> ○ Q2-2022 (presented 8.3.22) ○ Q3-2022 (UMC in November) ○ Q4-2022 (UMC in February 2023) 	<ul style="list-style-type: none"> • October minutes were approved. • Compliance will provide Varis/APRDRG reportage on a quarterly basis; the inaugural report will be presented at the December UMC meeting. • Clin Ops Director Dashboard <ul style="list-style-type: none"> ○ IP Census is increasing due to increased membership. ○ Dip in discharge planning assessments; will be a CalAIM requirement for SPD members when LTC is fully implemented, however, resource restraints will be a challenge. ○ Maternity kicks increasing; perhaps due to increased membership. ○ Overall, there are no outlier metrics for

	Topic	Brought By	Time	Agenda	Notes
					<p>this time period.</p> <ul style="list-style-type: none"> ○ PA authorizations are also increasing due to membership volume increases. ○ PA TAT is captured on the KPI dashboard; the goal is 100%. <ul style="list-style-type: none"> ▪ CCR TAT, manually checked = 100% compliance for October 2022 ▪ PA TAT, manually checked = 99.9% compliance for October 2022. ● Pharmacy Dashboard <ul style="list-style-type: none"> ○ Operational dashboard focused on Healthy Worker (HW) product line. ○ TAT reset due to HW's unique requirements. HW volume is much lower. Working with the PBM to determine if their understanding of the 24/hr. TAT is for urgent requests or for all requests. ○ Pharmacy Appeals <ul style="list-style-type: none"> ▪ Out of 9 cases, 7 were overturned. Why a high percentage of overturned cases? No apparent pattern, traditionally an overturn is due to additional information being provided. However, the pharmacy team will follow to ensure the PBM is in alignment with SFHP's current Pharmacy PPs. ▪ Will be tracking Magellan compliance w/ SFHP's PPs ○ PA volume is increasing; weight loss related pharmaceutical requests are increasing ○ Medication Therapy Management Tasks

	Topic	Brought By	Time	Agenda	Notes
					<ul style="list-style-type: none"> ▪ A new medication management intervention program, e.g., asthma adherence. ▪ New care management staff will be educated about this program and expecting a future potential increase of member participation.
2. t	<ul style="list-style-type: none"> • Medical/Pharmacy Appeals: Upheld and Overturned • Independent Medical Review (IMR) • State Fair Hearings (SFH) • Consumer Complaints 	<ul style="list-style-type: none"> • April – DMG appeal cases • Leslie Mulhern; Michelle Faust – CHN/UCSF cases • Jessica – Pharmacy Appeals • Betty 	1:20 – 1:30	<ul style="list-style-type: none"> • Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> ○ UM – Appeals - 0 <ul style="list-style-type: none"> ▪ Upheld appeals – 0 ▪ Overturned appeals – 0 ○ Pharmacy – Appeals - 2 <ul style="list-style-type: none"> ▪ Upheld appeals – 0 ▪ Overturned appeals – 2 • Compliance <ul style="list-style-type: none"> ○ IMR – 0 ○ IMR/SFH – 0 ○ SFH – 0 ○ Consumer Complaints – 5 	<ul style="list-style-type: none"> • Appeals <ul style="list-style-type: none"> ○ Pharmacy appeals <ul style="list-style-type: none"> ▪ Appeal - MA220928001 <ul style="list-style-type: none"> • When considering if an authorization request is a cosmetic service or medically necessary for a member with severe mental illness, this particular member characteristic should be considered in the decision making process. Members with this characteristic might necessitate an exception to the policy of not approving a cosmetic service. The rationale for approving the service, though traditionally considered a cosmetic service, is the outcome would be medically necessary for this sub-population of members. • MRloA and Magellan adjudication of medical necessity.

	Topic	Brought By	Time	Agenda	Notes
					<ul style="list-style-type: none">○ Recommend that the questions posed to MRloA should be reviewed prior to being sent to MRloA; also, Pharmacy needs to be pulled into the appeals process at an earlier stage to determine the appropriate use for MRloA requests for this type of pharmaceutical request.▪ Appeal - MA221103001<ul style="list-style-type: none">• Given the turn-around-time requirements to approve a pharmacy authorization and the time to confirm if an authorization is a continuity of care request, it is suggested a partial approval might be provided to allow time for determining if the authorization request classifies as a continuity of care request.• Compliance

	Topic	Brought By	Time	Agenda	Notes
					<ul style="list-style-type: none"> ○ No changes to processes or policies. ○ The Expedited Consumer Complaint for a prenatal appointment: <ul style="list-style-type: none"> ▪ There was confusion over the fact that that OBGYN providers may act as PCPs. ▪ There are only 2 ObGyn providers certified in SFHP's network. ▪ This was a misunderstanding on behalf of the provider and a correction action plan (CAP) has been put in place. ○ Given the number of issues with Kaiser's mental health services, is there a pattern? The Compliance Team will monitor this issue and keep the UMC posted if trends emerge. The Compliance Team is also waiting for DMHC's response before further action.
3.	Status of the need to monitor the laser hair removal provider network as a standing item for the next few UMC meetings.	Eddy	1:30 – 1:35		<ul style="list-style-type: none"> • Was discussed in the action item.
4.	UMC Charter Updated for Meeting Frequency	Kirk/Matija	1:35- 1:40		<ul style="list-style-type: none"> • Voted to approval the update of the Charter.
5.	Inpatient Admission Measure	Matija	1:40 – 1:45		<ul style="list-style-type: none"> • The UMC discussed the strategy of using the following over/underutilization measures: <ul style="list-style-type: none"> ○ Emergency Department (ED) over/underutilization measure <ul style="list-style-type: none"> ▪ Still being finalized ▪ Will be used as an internal Clinical Operations measure. ▪ Will be tracked/monitored over a 3-year interval. ○ Inpatient Admissions over/underutilization measure

	Topic	Brought By	Time	Agenda	Notes
					<ul style="list-style-type: none"> ▪ Will continue to be used for the annual QI Program and Evaluation reports. ▪ The formula is: $\text{Sum of acute inpatient admissions} \times 12 \times 1000 / \text{Sum of member months (annualized)}$. ▪ For FY21-22 the utilization rate is: ▪ $14224 \times 12 \times 1000 / 2002779 = 85.23$. ▪ Yves is the lead. ○ Readmission over/underutilization measure <ul style="list-style-type: none"> ▪ Will be used as a measure/benchmark for NCQA standard QI-3. ▪ Discussion around the populations to include/exclude from the data sample. ▪ Essette assessment is now tracking the reasons for readmittances. ▪ Currently, the data counts are not scrubbed. ▪ This is the overall readmission rate. ▪ Eddy wants to review and refine the sample population to trend for readmissions. E.g., oncology patients. ▪ Yves is the lead. ○ CBAS over/underutilization measure <ul style="list-style-type: none"> ▪ Still being finalized ▪ Will be used as an internal Clinical Operations measure. ▪ Will be tracked/monitored over a 3-year interval.

	Topic	Brought By	Time	Agenda	Notes
6.	Annual Criteria Review and Vote	Matija	1:45–2:00		<ul style="list-style-type: none"> Presented to the UMC: <ul style="list-style-type: none"> PDN_Criteria_Downloaded_11.9.22 Gender_Affirming_Criteria_Downloaded_11.9.22. An update of this criteria is currently in process and the updated criteria will be presented at the January 2023 UMC. PP_CO_(CO-57)_UM Clinical Criteria_2022.09.22 MCG 26th Edition UMC voted, quorum met, to approve the current set of criteria. <ul style="list-style-type: none"> No objections.
7.	Custodial Care Criteria	Custodial Care	2:00 – 2:10		<ul style="list-style-type: none"> The Custodial criteria will be sent out after this UMC meeting. <ul style="list-style-type: none"> Will vote on the criteria at the December (12.7) UMC meeting. Will present the criteria at the December QIC (12.8). Comment: CBAS is a great resource for LTC members being transitioned to the community, so it ties nicely to enhanced care management services. The criteria will be effective 1.1.23: MCG criteria does not address custodial care criteria. The discussion involved a detailed walk through the criteria Pulled verbiage from California Code of Regulations (CCR), Title 22, Social Security.
8.	DHCS Opportunities for Improvement – Status Report	Kirk	2:10 – 2:20		<ul style="list-style-type: none"> Provided an update on the various opportunities (refer to document <i>Final_DHCS_Opportunities_Status_v11.7.22</i>). DHCS dates to remember: <ul style="list-style-type: none"> 12.2022 (Pre-Audit Information Request) will be arriving. 3.2023 (traditional date for the onsite

	Topic	Brought By	Time	Agenda	Notes
					audit).
9.	Recap / Action Item Review	Kirk	2:20 – 2:25	Review the new action items	<ul style="list-style-type: none"> Reminder end of year report run: criteria approval, IRR, Draft UM Program Eval, Final Draft UM Program Description – all need to be approved. Dec QIC for annual criteria approval.

Action Items – November 2022 UMC

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Kirk	<ul style="list-style-type: none"> Updated UMC Charter (meeting frequency change) uploaded to SharePoint folder. 	11.21.22 - completed
2.	Pharmacy Team	<ul style="list-style-type: none"> The pharmacy team will follow to ensure the PBM is in alignment with SFHP's current Pharmacy PPs. This is in regard to the number of appeals overturned. 	
3.	Pharmacy Team	<ul style="list-style-type: none"> New asthma medical management intervention program: new care management staff will be educated about this program. 	
4.	Grace Carino? Kaitlin Hawkins? Leslie Mulhern?	<ul style="list-style-type: none"> Appeal - MA220928001: potential change to policy or process. Recommend that the questions posed to MRloA should be reviewed prior to being sent to MRloA; also, Pharmacy needs to be pulled into the appeals process at an earlier stage to determine the appropriate use for MRloA requests for this type of pharmaceutical request. 	
5.	Grace Carino? Kaitlin Hawkins? Leslie Mulhern?	<ul style="list-style-type: none"> Appeal - MA221103001: potential change to policy or process. Need to follow-up on the idea that given the turn-around-time requirements to approve a pharmacy authorization and the time to confirm if an authorization is a continuity of care request, it is suggested a partial approval might be provided to allow time for determining if the authorization request classifies as a continuity of care request. 	
6.	Monica Fong	<ul style="list-style-type: none"> Given the number of issues with Kaiser's mental health 	

		services, is there a pattern? The Compliance Team will monitor this issue and keep the UMC posted if trends emerge. The Compliance Team is also waiting for DMHC's response before further action.	
7.	Kirk / Tamsen	<ul style="list-style-type: none"> An update of the Gender Confirmation criteria is currently in process and the updated criteria will be presented at the January 2023 UMC. 	11.21.22 – placed on the January 2023 UMC agenda.
8.	SeDessie	<ul style="list-style-type: none"> To send to the UMC members a final copy of the Custodial Care Criteria prior to the December UMC (12.7) to allow the UMC members to review the final criteria and vote on final approval of the criteria. 	

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
5.4.22	Rudy	For ALOS metric, assess whether an indicator can be added to identify if high ALOS is/isn't attributed to a one-off case.	8.2.22 – Will be added in the next release.	2
7.6.22	Eddy	<ul style="list-style-type: none"> To follow-up with Finance regarding the APRDRG audit results report. 	11.14.22 – working w/Crystal to setup a UMC presentation of Varis (the vender) audit results of the APRDRG.	2
10.5.22	Tamsen/Tony	<ul style="list-style-type: none"> PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. 	11.14.22 - In progress- manual fixes are being implemented before BA (Jay) can work planned reporting logic changes into phase 2 of the dashboard updates. Tamsen will connect with Tony and Jay on timelines before 11/16 UMC and provide an update (on agenda or during meeting).	2
10.5.22	SeDessie / Hanan	<ul style="list-style-type: none"> Work with the PHM Team to determine what is driving the Septicemia rate; related to the data in the Top 10 DRG table in the Utilization Trending Dashboard 2022. <ul style="list-style-type: none"> Need to breakout the metrics by member population, risk stratification/segmentation. 	11.11.22 – Recommend revisiting in Q1 2023 due to numerous other high level competing priorities	2
10.5.22	Tamsen	Final decision if UCSF Laser Clinic should be removed from the community referral list as a hair removal provider, given USCF closed its clinic.	11.14.12 - UCSF Laser clinic refuses to see transgender members and should not be considered an option for TGD members to access gender-affirming hair removal.	2

			<p>Lindsay Shon in PNO confirmed she was trying to work with Serenity about access and contracting but they are non-responsive. Currently:</p> <ol style="list-style-type: none"> 1. Gender Confirmation Center (Dr. Mosser's practice) is the only in-network option, but only does surgical site and facial hair removal. 2. North Bay Aesthetics is the only provider offering body hair laser, they are out of network. 3. Gender Health Network been contacted, but not leads to new providers at this time. Contacted our community contacts, no response to date. 	
10.5.22	SeDessie	Will send to the UMC members a copy of the draft Custodial Care Criteria prior to the November 10 UMC meeting.	11.14.22 – Completed. Sent to all UMC members via link to SharePoint (Kirk).	2
10.5.22	Matija	Will present at the November 10 UMC meeting details about the triennial over/underutilization plan.	11.14.22 – on hold.	2

Parking Lot

ITEM #		OWNER	ACTION ITEMS	STATUS
1.	2.16.21	Monica / Jim	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 6.2.22 – Should we remove this? This would need to be a CMO driven request, as it is a resource request from SFN, and it is not required by regulators. I don't know how this request should be prioritized against current regulatory requests from SFHP for SFN (Compliance reporting, auditing, etc.)
2.	2.24.22	AI UMC Members	<ul style="list-style-type: none"> • Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be included in the UMC Charter as an out-of-scope item. 	<ul style="list-style-type: none"> • 2.24.22 - This is ongoing for 2022
3.	4.06.22	SeDessie / Eddy Ang	<ul style="list-style-type: none"> • Work w/ Eddy Ang on OBS metrics. • Need to be consistent in how OBS rules are applied. 	<ul style="list-style-type: none"> • 5.4.22: SeDessie, Matija, Eddy working on priorities--medium category



Appendix

Appeals / Overturned – November 2022

APPEALS AND GRIEVANCES							
Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name of Service or Medication
MA220928001	Member Appeal	SFN	Overturned	SFHP-Pharmacy	<p>SFHP received a fax appeal from Magellan RX. Below is the appeal letter from the member's family doctor, Dr. ----, from ---- Health Center. Member gave consent to [the member's] family physician to file on [the member's] behalf.</p> <p>"This letter is to appeal the recent PA request for Tacrolimus 0.1% ointment to treat vitiligo on [the member's] face. [The member] has already tried a high potency topical steroid (mometasone) without benefit. Our Dermatologist has recommended Tacrolimus ointment. This is the gold standard treatment for vitiligo on the face as this is a highly sensitive area at risk of skin atrophy. While the patient does not have atopic dermatitis, tacrolimus is regularly used for other conditions including vitiligo, lichen planus, psoriasis, and pyoderma gangrenosum. The skin changes caused by [the member's] chronic autoimmune condition is very distressing to [the patient]. Please approve tacrolimus ointment to treat [the patient's] facial</p>	<p>Dr. ----, on your behalf, appealed the denial of Tacrolimus 0.1% ointment. San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because the external reviewer, a doctor specializing in Dermatology at the Medical Review Institute of America (MRIoA), found Tacrolimus 0.1% ointment is medically necessary for your condition.</p>	Tacrolimus 0.1% ointment

					<p>vitiligo.”</p> <p>“If you have any questions or concerns, please don’t hesitate to call.”</p> <p>Sincerely, Dr.----- Family Physician”</p> <p>1.)...called the member and got verbal consent for [the member’s] doctor to file an appeal on [the member’s] behalf. 2.)....explained the appeal processing time and informed [that the member] would need to complete the appeal</p>		
MA221103001	Member Appeal	SFN	Overtured	SFHP – Pharmacy	<p>Member states [they have had] high blood pressure for the past 8-9 years. [The member’s] blood pressure has only been controlled with Benicar HCT 40 mg twice a day or Diovan 80 mg twice a day. [The member] states any other generic medication doesn't control [the member’s] blood pressure and/or causes severe swelling all over [the member’s] body. [The member] also has had other negative reactions to other generic brands. Member had an appointment on 10/27/22 with her PCP, Dr. -----. The member was unable to see [the member’s] PCP as the doctor was over an hour late. The doctor called [member] later at home and ordered the medication but didn't order the brand name. On that day, [the member’s] blood pressure was 191/100. [The member] also spoke to ---, RN about 4 times. [The member] was only told they would have the doctor</p>	<p>[The member] appealed the denial of Benicar HCT 40/12.5mg. San Francisco Health Plan (SFHP) has reviewed [the] appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because it is medically necessary for [the member] to take Benicar HCT 40/12.5mg.</p> <p>[The member’s] doctor stated [the member] had negative side effects from taking the generic version of the medication. These included hand and foot swelling.</p> <p>This means [the member met] SFHP’s guideline for being prescribed a brand name medication.</p>	Benicar HCT 40/12.5mg

					<p>order a prescription.</p> <p>[The] member would like to get the medication. [The member] understands [they have] to pay (Healthy Workers has a copay for prescriptions), but [the member] can't afford \$400 a month.</p> <p>1.) Called Magellan [they] confirmed the PCP did request an exception for Benicar HCT 40 mg. The request can take up to 15 business days as it wasn't placed urgently.</p> <p>2.) Provided DMHC's phone number.</p>		
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 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 7 December 2022 2:00PM – 3:30PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly meeting. Meeting frequency is a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.</p>	<p>Recorder: Morgan Kerr </p>
<p>Present:</p>	<p><u>Clinical Operations</u> SeDessie Harris; April Tarpey; Morgan Kerr; Eddy Ang; Kirk McDonald; Tamsen Staniford; Chris Ball; Matija Cale; Tony Tai, Susan Porter; Stephanie Penrod</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim</p> <p><u>Compliance</u> Monica Fong; Crystal Garcia</p>	<p><u>Quality Review Team</u> Michelle Faust Leslie Mulhern Jenna Colin</p> <p><u>Optional Attendees</u> Care Management: Hanan Obeidi, Aryn Nathoo Pharmacy: Jessica Shost, Gevork Tchapanian, Tammy Chau Business Intelligence: Rudy Wu</p> <p><u>Guests</u></p>
<p>Not Present:</p>	<p>K. M. McDonald (PTO)</p>	
<p><i>Quorum (details after the Action Items section below)</i></p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Interim – Eddy Ang) • Senior Medical Director (vacant) • Director, Clinical Operations, RN (Matija Cale) • Senior Manager, Prior Authorization, RN (vacant as of 11.11.22) • Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Program Manager, Clinical Operations, PhD (Kirk McDonald) 	

	Not Present:
Documents Presented:	<ul style="list-style-type: none"> • Draft_Agenda_UMC_December_v11.17.22 • Draft_Minutes_UMC_November_v11.17.22 • 2023_Benchmarks_Tableau_v11.10.22 • Draft_Q3-2022_SpecialtyReferralReport-UMC_v10.13.22 • Draft SFHP Custodial Criteria Guidelines v11.14.22

Consent Calendar – January to December 2022

ITEM #	Document	Review Schedule	Outcome	Comments	Meeting notes
	Quarterly Varis/APRDRG	<ul style="list-style-type: none"> • January 2023 • April 2023 • July 2023 • October 2023 • January 2023 	•	•	<ul style="list-style-type: none"> • Compliance Team
	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing MCG 25 th edition; and 26 th Edition (6.22) PP CO-57	<ul style="list-style-type: none"> • Special Review for NCQA 2023 Renewal Survey • Feb 24, 2022 • April 2022 (UMC) • June 2022 (UMC) • November 2022 (UMC) Annual review of 	<ul style="list-style-type: none"> • QIC approved the criteria (Q1-2022 meeting) 	<ul style="list-style-type: none"> • April 2022, UMC meeting; revised Gender Confirmation criteria; UMC approved by quorum vote. <ul style="list-style-type: none"> ◦ Document - <i>SFHP Gender Affirming Services Medical Necessity Criteria_DRAFT_for UMC Vote 3-31-22</i> • June 2022, UMC meeting; UMC approved, by quorum vote, to accept the MCG updates. • November 2022, UMC meeting. UMC approved, by quorum vote, to accept the Gender Confirmation, EPSDT Private Duty Nursing, and PP CO-57 criteria, and reapproved the MCG 	<ul style="list-style-type: none"> •

		<ul style="list-style-type: none"> all criteria QIC February 2023 		criteria 26 th Edition.	
	Annual (CY2022) benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> Annual (Q2/Q3) 		<p>11.16.22: QI benchmarks reviewed by UMC (Emergency Room utilization rates/Inpatient Admission rates/Readmission rates).</p> <p>12.6.22: UMC reviewed the 2023 benchmarks.</p>	
	<p>Internal Audit of Authorization Requests Report</p> <p>Q3-2021 Report Q4-2021 Report Q1-2022 Report Q2-2022 Report</p>	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q3-2021 (Jan 2022 UMC) reviewed Q4-2021 (May 2022 UMC) reviewed Q2-2022 (Oct 2022 UMC) reviewed. Q3-2022 (January 2023 UMC) Q4-2022; This includes the inaugural audits of – (1) NCQA UM-12 (Denial TAT Systems Control); (2) NEMT, (3) Major Organ Transplants, and (4) MD Denial NOA reviews. 	<ul style="list-style-type: none">
	2021 Utilization Program Evaluation Annual Review and Approval	<ul style="list-style-type: none"> Feb 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
	Updated UMC Charter and Reports/Documents Review Calendar	<ul style="list-style-type: none"> Feb 2022 UMC Meeting November 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. 	<ul style="list-style-type: none"> 11.16.2022 – approve new meeting requirements; updated the UMC charter. 	<ul style="list-style-type: none">
	2022 Specialty Referral Reports	<ul style="list-style-type: none"> May 2022 UMC Meeting 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q1-2022 Report – July UMC Q2-2022 Report – August UMC Q3-2022 Report – December 	<ul style="list-style-type: none">

				<ul style="list-style-type: none"> UMC Q4-2022 Report & Annual Report – January 2023. 	
	2022 UM Program Description	<ul style="list-style-type: none"> UMC Q1-2023 – Final version) QIC 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Oct 2022 UMC meeting. Reviewed the Interim UM Program Description with the PAD/LTC/Pharmacy updates. January 	<ul style="list-style-type: none">
	2022 UM Program Evaluation	<ul style="list-style-type: none"> Annual (Q1-2023) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

UMC Agenda

	Topic	Brought By	Time	Agenda	Notes
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	Matija	2:00 – 2:15	<ul style="list-style-type: none"> Agenda reviewed Action Items Approval of November draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard (Quarterly) <ul style="list-style-type: none"> Q2-2022 (presented 8.3.22) Q3-2022 (UMC in November) Q4-2022 (UMC in February 2023) 	<ul style="list-style-type: none"> Monthly updates to UM Trending and CO Director dashboards are not available until 10th calendar day of each month
2. t	<ul style="list-style-type: none"> Medical/Pharmacy Appeals: Upheld and Overturned Independent Medical Review (IMR) State Fair Hearings (SFH) Consumer Complaints 	<ul style="list-style-type: none"> April – DMG appeal cases Leslie Mulhern; Michelle Faust – CHN/UCSF cases Jessica – Pharmacy Appeals Betty 	2:15 – 2:30	<ul style="list-style-type: none"> Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> UM – Appeals - <ul style="list-style-type: none"> Upheld appeals – Overturned appeals – 2 Pharmacy – Appeals - <ul style="list-style-type: none"> Upheld appeals – Overturned appeals – Compliance <ul style="list-style-type: none"> IMR – IMR/SFH – SFH – Consumer Complaints – 	<ul style="list-style-type: none">

	Topic	Brought By	Time	Agenda	Notes
3.	Status of the need to monitor the laser hair removal provider network as a standing item for the next few UMC meetings.	Eddy	2:30 – 2:35		<ul style="list-style-type: none"> See action item updates below
4.	Custodial Care Criteria Vote on the final version	SeDessie	2:35 – 2:40		<ul style="list-style-type: none">
5.	Quarterly APR-DRD Varis Audit	Crystal	2:40 – 2:50		<ul style="list-style-type: none"> Postponed to January 2023
6.	Draft_Q3-2022_SpecialtyReferralReport-UMC_v10.13.22	Morgan	2:50 – 2:55		<ul style="list-style-type: none"> Overview of outreach activity
7.	2023 Benchmarks - Annual Updates	Matija	2:55 – 3:05		<ul style="list-style-type: none">
8.	Recap / Action Item Review	Morgan	3:05 – 3:10	Review the new action items	<ul style="list-style-type: none">

Action Items – December 2022 UMC

ITEM #	OWNER	ACTION ITEMS	STATUS
1.		<ul style="list-style-type: none"> 	
2.		<ul style="list-style-type: none"> 	
3.		<ul style="list-style-type: none"> 	
4.		<ul style="list-style-type: none"> 	

Legend

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



UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
5.4.22	Rudy	For ALOS metric, assess whether an indicator can be added to identify if high ALOS is/isn't attributed to a one-off case.	8.2.22 – Will be added in the next release. 12.6.22- Slated for next release w/ LTC updates – after Jan 2023	2
10.5.22	Tamsen/Tony	<ul style="list-style-type: none">• PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate.• Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate.	11.14.22 - In progress- manual fixes are being implemented before BA (Jay) can work planned reporting logic changes into phase 2 of the dashboard updates. Tamsen will connect with Tony and Jay on timelines before 11/16 UMC and provide an update (on agenda or during meeting). 12.6.22- In progress- manual fixes implemented for excel dashboard, but Tableau needs reporting logic updated; Tamsen working with Tony and BA on timeline for the updates as part of planned phase 2, which has been a lower priority than other 1/1/23-focused BA work.	2
10.5.22	SeDessie / Hanan	<ul style="list-style-type: none">• Work with the PHM Team to determine what is driving the Septicemia rate; related to the data in the Top 10 DRG table in the Utilization Trending Dashboard 2022.<ul style="list-style-type: none">o Need to breakout the metrics by member population, risk stratification/segmentation.	11.11.22 – Recommend revisiting in Q1 2023 due to numerous other high level competing priorities	2
10.5.22	Tamsen	Final decision if UCSF Laser Clinic should be removed from the community referral list as a hair removal provider, given USCF closed its clinic.	11.14.12 - UCSF Laser clinic refuses to see transgender members and should not be considered an option for TGD members to access gender-affirming hair removal. Lindsay Shon in PNO confirmed she was trying to work with Serenity about access and contracting but they are non-responsive so she has stopped reaching out. Currently: 1. Gender Confirmation Center (Dr. Mosser's practice) is the only in-network option, but only does surgical site and facial hair removal. 2. North Bay Aesthetics is the only provider offering body hair laser, they are out of network 12.6.2022- Leslie recommended LaserAway to PNO, Tamsen	2

			awaiting status update from PNO. Current options remain the same as noted 11/14/22.	
11.16.22	Pharmacy Team	New asthma medical management intervention program: new care management staff will be educated about this program.	11.22.22 - Tammie C. is presenting information to the CM Ops meeting on 12/8.	2
11.16.22	Grace Carino Kaitlin Hawkins Leslie Mulhern	Appeal - MA220928001: potential change to policy or process. Recommend that the questions posed to MRloA should be reviewed prior to being sent to MRloA; also, Pharmacy needs to be pulled into the appeals process at an earlier stage to determine the appropriate use for MRloA requests for this type of pharmaceutical request. Appeal - MA221103001: potential change to policy or process. Need to follow-up on the idea that given the turn-around-time requirements to approve a pharmacy authorization and the time to confirm if an authorization is a continuity of care request, it is suggested a partial approval might be provided to allow time for determining if the authorization request classifies as a continuity of care request.	11.22.22: Pharmacy and A&G will review roles & responsibilities and optimize pharmacy support and collaboration to support appeals processes. 12.6.2022: Met on 12/1. Developed a process flow ensuring pharmacy input prior to routing case to MD, and also allowing for pharmacy input in developing questions for MRloA. To be trialed immediately and formalized in a DTP once process is evaluated.	2
11.16.22	Monica Fong	Given the number of issues with Kaiser's mental health services, is there a pattern? The Compliance Team will monitor this issue and keep the UMC posted if trends emerge. The Compliance Team is also waiting for DMHC's response before further action.	12.05.2022: During 2022 there have been a total of seven cases related to Kaiser and mental health (six Consumer Complaints and one IMR case). <ul style="list-style-type: none"> Five cases occurred in October or November 2022; four were related to appointments with psychiatrists; one was related to CoC for ABA therapy. <ul style="list-style-type: none"> 4 pending decisions 1 w/ decision (related to appt): No finding of non-compliance 	2

Parking Lot


ITEM #		OWNER	ACTION ITEMS	STATUS
1.	2.16.21	Monica / Jim	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> 6.2.22 – Should we remove this? This would need to be a CMO driven request, as it is a resource request from SFN, and it is not required by regulators. I don't know how this request should be prioritized against current

				regulatory requests from SFHP for SFN (Compliance reporting, auditing, etc.)
2.	2.24.22	AI UMC Members	<ul style="list-style-type: none"> Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be included in the UMC Charter as an out-of-scope item. 	<ul style="list-style-type: none"> 2.24.22 - This is ongoing for 2022
3.	4.06.22	SeDessie / Eddy Ang	<ul style="list-style-type: none"> • Work w/ Eddy Ang on OBS metrics. • Need to be consistent in how OBS rules are applied. 	<ul style="list-style-type: none"> 5.4.22: SeDessie, Matija, Eddy working on priorities--medium category

Appendix

Appeals / Overturned – November 2022

APPEALS AND GRIEVANCES							
Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name of Service or Medication

 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 7 December 2022 2:00PM – 3:30PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly meeting. Meeting frequency is a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.</p>	<p>Recorder: Morgan Kerr</p>
<p>Present:</p>	<p><u>Clinical Operations</u> SeDessie Harris; April Tarpey; Morgan Kerr; Eddy Ang; Kirk McDonald; Tamsen Staniford; Chris Ball; Matija Cale; Tony Tai, Susan Porter; Stephanie Penrod</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim</p> <p><u>Compliance</u> Monica Fong; Crystal Garcia</p>	<p><u>Quality Review Team</u> Michelle Faust Leslie Mulhern Jenna Colin</p> <p><u>Optional Attendees</u> Care Management: Hanan Obeidi, Aryn Nathoo Pharmacy: Jessica Shost, Gevorg Tchapanian, Tammy Chau Business Intelligence: Rudy Wu</p> <p><u>Guests</u> Dr. Wayne Pan</p>
<p>Not Present:</p>	<p>K. M. McDonald (PTO), Dr. Eddy Ang, Crystal Garcia</p>	
<p>Quorum (details after the Action Items section below)</p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Interim – Eddy Ang) • Senior Medical Director (vacant) • Director, Clinical Operations, RN (Matija Cale) • Senior Manager, Prior Authorization, RN (vacant as of 11.11.22) • Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Program Manager, Clinical Operations, PhD (Kirk McDonald) <p>Not Present:</p>	

Documents Presented:	<ul style="list-style-type: none"> • Draft_Agenda_UMC_December_v11.17.22 • Draft_Minutes_UMC_November_v11.17.22 • Appeals Report December 07.2022 • SFH.IMR.CC_UMC Report_2022.12.7 • 2023_Benchmarks_Tableau_v11.10.22 • Draft_Q3-2022_SpecialtyReferralReport-UMC_v10.13.22 • Draft SFHP Custodial Criteria Guidelines v11.14.22 • Report for UMC Kaiser cases-FINAL
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Consent Calendar – January to December 2022

ITEM #	Document	Review Schedule	Outcome	Comments	Meeting notes
	Quarterly Varis/APRDRG	<ul style="list-style-type: none"> • January 2023 • April 2023 • July 2023 • October 2023 • January 2023 	•	•	<ul style="list-style-type: none"> • Compliance Team
	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing MCG 25 th edition; and 26 th Edition (6.22) PP CO-57	<ul style="list-style-type: none"> • Special Review for NCQA 2023 Renewal Survey • Feb 24, 2022 • April 2022 (UMC) • June 2022 (UMC) • November 2022 (UMC) 	<ul style="list-style-type: none"> • QIC approved the criteria (Q1-2022 meeting) 	<ul style="list-style-type: none"> • April 2022, UMC meeting; revised Gender Confirmation criteria; UMC approved by quorum vote. <ul style="list-style-type: none"> ◦ Document - <i>SFHP Gender Affirming Services Medical Necessity Criteria_DRAFT_for UMC Vote 3-31-22</i> • June 2022, UMC meeting; UMC approved, by quorum vote, to accept the MCG updates. • November 2022, UMC meeting. UMC approved, by quorum vote, to accept the Gender Confirmation, EPSDT Private Duty Nursing, and PP CO-57 	<ul style="list-style-type: none"> •

		<ul style="list-style-type: none"> Annual review of all criteria QIC February 2023 		criteria, and reapproved the MCG criteria 26 th Edition.	
	Annual (CY2022) benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> Annual (Q2/Q3) 		<p>11.16.22: QI benchmarks reviewed by UMC (Emergency Room utilization rates/Inpatient Admission rates/Readmission rates).</p> <p>12.6.22: UMC reviewed the 2023 benchmarks.</p>	
	<p>Internal Audit of Authorization Requests Report</p> <p>Q3-2021 Report</p> <p>Q4-2021 Report</p> <p>Q1-2022 Report</p> <p>Q2-2022 Report</p>	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q3-2021 (Jan 2022 UMC) reviewed Q4-2021 (May 2022 UMC) reviewed Q2-2022 (Oct 2022 UMC) reviewed. Q3-2022 (January 2023 UMC) Q4-2022; This includes the inaugural audits of – (1) NCQA UM-12 (Denial TAT Systems Control); (2) NEMT, (3) Major Organ Transplants, and (4) MD Denial NOA reviews. 	<ul style="list-style-type: none">
	2021 Utilization Program Evaluation Annual Review and Approval	<ul style="list-style-type: none"> Feb 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
	Updated UMC Charter and Reports/Documents Review Calendar	<ul style="list-style-type: none"> Feb 2022 UMC Meeting November 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. 	<ul style="list-style-type: none"> 11.16.2022 – approve new meeting requirements; updated the UMC charter. 	<ul style="list-style-type: none">
	2022 Specialty Referral Reports	<ul style="list-style-type: none"> May 2022 	<ul style="list-style-type: none"> No vote required. 	<ul style="list-style-type: none"> Q1-2022 Report – July UMC 	<ul style="list-style-type: none">

		UMC Meeting	<ul style="list-style-type: none"> Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q2-2022 Report – August UMC Q3-2022 Report – December UMC Q4-2022 Report & Annual Report – January 2023. 	
	2022 UM Program Description	<ul style="list-style-type: none"> UMC Q1-2023 – Final version) QIC 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Oct 2022 UMC meeting. Reviewed the Interim UM Program Description with the PAD/LTC/Pharmacy updates. January 	<ul style="list-style-type: none">
	2022 UM Program Evaluation	<ul style="list-style-type: none"> Annual (Q1-2023) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

UMC Agenda

	Topic	Brought By	Time	Agenda	Notes
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	Matija	2:00 – 2:15	<ul style="list-style-type: none"> Agenda reviewed Action Items Approval of November draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard (Quarterly) <ul style="list-style-type: none"> Q2-2022 (presented 8.3.22) Q3-2022 (UMC in November) Q4-2022 (UMC in February 2023) 	<ul style="list-style-type: none"> November minutes were approved Clinical Op's KPI Dashboard <ul style="list-style-type: none"> Known data discrepancies in PA Auth Volume and TAT metrics. Despite discrepancies, TAT compliance remains strong for PA and CCR teams. See related action item for timeline on fix. Total Auth Volume (YoY and MoM): Continues to Trend upward for PA and CCR teams Denial Volume: 0.5% for PA & 7% for CCR UM Trending and CO Director dashboards are not available until 10th calendar day of each month due to data update schedule. Review postponed until Jan 2023
2.	<ul style="list-style-type: none"> Medical/Pharmacy Appeals: Upheld and Overturned Independent Medical Review (IMR) State Fair Hearings (SFH) Consumer Complaints 	<ul style="list-style-type: none"> April – DMG appeal cases Leslie Mulhern; Michelle Faust – CHN/UCSF cases Jessica – Pharmacy Appeals Betty 	2:15 – 2:30	<ul style="list-style-type: none"> Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> UM – Appeals - 2 <ul style="list-style-type: none"> Upheld appeals – 0 Overturned appeals – 2 Pharmacy – Appeals - 0 <ul style="list-style-type: none"> Upheld appeals – 0 Overturned appeals – 0 	Appeals <ul style="list-style-type: none"> UM (Medical Groups) <ul style="list-style-type: none"> CPSA221111001 (NEM MG) <ul style="list-style-type: none"> Overturned for timely access standards – urgent care visits should be provided within 48 hours of request if no authorization is required or 96 hours if an authorization is required. SFHP MD to conduct peer to peer and

	Topic	Brought By	Time	Agenda	Notes
				<ul style="list-style-type: none"> Compliance <ul style="list-style-type: none"> IMR – 1 SFH – 0 Consumer Complaints – 4 	<p>confirm if NEMS is updating protocols for urgent OON appointment requests. Does NEMS attempt to confirm in-network availability prior to issuing denial?</p> <ul style="list-style-type: none"> MA221107001 (HILL MG) <ul style="list-style-type: none"> Overturned for medical necessity. The Hill Physician approved palliative care provider is under the same practice as the palliative care center to which this member's oncologist referred to, but is specialized in palliative care for oncology patients. PNO is confirming if Hill Physician's contracted provider roster requires updating. Education on palliative care benefit (clinic-based vs. intensive home-based) responsibility completed <p>Compliance</p> <ul style="list-style-type: none"> Two new cases received in Nov – 1 IMR and 1 Consumer Complaint. Both regarding Kaiser mental health services. As noted in the action item table, this is the fifth complaint regarding Kaiser mental health services since October 2022. While DMHC response is pending (on 4 of 5), this pattern is concerning. <ul style="list-style-type: none"> How is Kaiser addressing access issues? At what point is a trend confirmed and a CAP warranted? Next steps to be confirmed with CMO. May require engagement from Access Committee.
3.	Status of the need to monitor the laser hair removal provider network as a standing item for the next few UMC meetings.	Eddy	2:30 – 2:35		<ul style="list-style-type: none"> See action item updates below This can be removed as standing discussion item given it is being tracked in action item table below.
4.	Custodial Care Criteria	SeDessie	2:35 – 2:40		<ul style="list-style-type: none"> MCG does not have custodial care criteria. For this reason, development of homegrown criteria was required. This

	Topic	Brought By	Time	Agenda	Notes
	Vote on the final version				feedback was provided to MCG reps for development consideration. <ul style="list-style-type: none"> • Homegrown criteria are based on title 22 regulations. • UMC approved by quorum vote to accept the Custodial Care criteria.
5.	Quarterly APR-DRD Varis Audit	Crystal	2:40 – 2:50		<ul style="list-style-type: none"> • Postponed to January 2023
6.	Draft_Q3-2022_SpecialtyReferralReport-UMC_v10.13.22	Morgan	2:50 – 2:55		<ul style="list-style-type: none"> • Reviewed Q3-2022 results <ul style="list-style-type: none"> ○ 66.5% (628) of specialty auths had no claim attached ○ PCP clinics were provided with a roster of members with open specialty referrals to follow-up with. • Process discussed. Several suggestions made: <ul style="list-style-type: none"> ○ Given claim submission lag, conduct a 6 month look back. Confirm if the percentage of open auths shifts. ○ Can we drill down on specialty care type and volume per specialty type? ○ Demonstrate impact of member not getting specialty care timely (e.g., increase in ED or IP services). What is the economic impact? <ul style="list-style-type: none"> ▪ Share findings with provider stakeholders
7.	2023 Benchmarks - Annual Updates	Matija	2:55 – 3:05		<ul style="list-style-type: none"> • UMC approved by quorum vote to adopt updated benchmarks for 2023
8.	Recap / Action Item Review	Morgan	3:05 – 3:10	Review the new action items	<ul style="list-style-type: none"> •

Action Items – December 2022 UMC

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Dr. Wayne Pan	<ul style="list-style-type: none"> • Conduct peer to peer with NEMS MD. Confirm if NEMS is updating protocols for urgent OON appointment requests. Does NEMS attempt to confirm in-network availability prior to issuing a denial? 	12.07.2022: NEMs confirmed they attempt to outreach; however, they rarely reach a live person at the ZSFG Specialty Clinics. This is SFHP's experience as well and

			<p>when this occurs, SFHP approves OON request.</p> <p>12.29.2022: PNO team asked to share feedback with appropriate ZSFG stakeholders.</p>
2.	Dr. Wayne Pan	<ul style="list-style-type: none"> • Discuss Kaiser mental health access trends with CMO and Quality Review team. How is Kaiser addressing access issues? At what point is a trend confirmed and a CAP warranted? May require engagement from Access Committee 	
3.	Kirk	<ul style="list-style-type: none"> • Review Specialty Referral Tracking process for opportunities. • Suggestions: <ul style="list-style-type: none"> ○ Can we drill down on specialty care type and volume per specialty type? ○ Demonstrate impact of member not getting specialty care timely (e.g., increase in ED or IP services). What is the economic impact? • Share findings with provider stakeholders 	

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
5.4.22	Rudy	For ALOS metric, assess whether an indicator can be added to identify if high ALOS is/isn't attributed to a one-off case.	12.6.22- Slated for next release w/ LTC updates – after Jan 2023	2
10.5.22	Tamsen/Tony	<ul style="list-style-type: none"> PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. 	12.6.22- In progress- manual fixes implemented for excel dashboard, but Tableau needs reporting logic updated; Tamsen working with Tony and BA on timeline for the updates as part of planned phase 2, which has been a lower priority than other 1/1/23-focused BA work.	2
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10.5.22	Tamsen	Final decision if UCSF Laser Clinic should be removed from the community referral list as a hair removal provider, given USCF closed its clinic.	<p>11.14.12 Currently:</p> <ol style="list-style-type: none"> Gender Confirmation Center (Dr. Mosser's practice) is the only in-network option, but only does surgical site and facial hair removal. North Bay Aesthetics is the only provider offering body hair laser, they are out of network <p>12.6.2022- Leslie recommended LaserAway to PNO. Lindsay Shon will be reaching out. Current options remain the same as noted 11/14/22.</p>	2
11.16.22	Pharmacy Team	New asthma medical management intervention program: new care management staff will be educated about this program.	11.22.22 - Tammie C. is presenting information to the CM Ops meeting on 12/8.	2
11.16.22	Grace Carino Kaitlin Hawkins	Appeal - MA220928001: potential change to policy or process. Recommend that the questions posed to MRloA should be reviewed prior to being sent to MRloA; also, Pharmacy needs to be pulled into the appeals process at an earlier stage to determine the appropriate use for MRloA requests for this type of pharmaceutical request.	12.6.2022: Met on 12/1. Developed a process flow ensuring pharmacy input prior to routing case to MD, and also allowing for pharmacy input in developing questions for MRloA. To be trialed	3

	Leslie Mulhern	Appeal - MA221103001: potential change to policy or process. Need to follow-up on the idea that given the turn-around-time requirements to approve a pharmacy authorization and the time to confirm if an authorization is a continuity of care request, it is suggested a partial approval might be provided to allow time for determining if the authorization request classifies as a continuity of care request.	immediately and formalized in a DTP once process is evaluated.	
11.16.22	Monica Fong	Given the number of issues with Kaiser's mental health services, is there a pattern? The Compliance Team will monitor this issue and keep the UMC posted if trends emerge. The Compliance Team is also waiting for DMHC's response before further action.	<p>12.05.2022: During 2022 there have been a total of seven cases related to Kaiser and mental health (six Consumer Complaints and one IMR case).</p> <ul style="list-style-type: none"> Five cases occurred in October or November 2022; four were related to appointments with psychiatrists; one was related to CoC for ABA therapy. <ul style="list-style-type: none"> 4 pending decisions 1 w/ decision (related to appt): No finding of non-compliance 	2

Parking Lot

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2.	2.24.22	AI UMC Members	<ul style="list-style-type: none"> Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be included in the UMC Charter as an out-of-scope item. 	<ul style="list-style-type: none"> 2.24.22 - This is ongoing for 2022
3.	4.06.22	SeDessie / Eddy Ang	<ul style="list-style-type: none"> • Work w/ Eddy Ang on OBS metrics. • Need to be consistent in how OBS rules are applied. 	<ul style="list-style-type: none"> 5.4.22: SeDessie, Matija, Eddy working on priorities--

				medium category
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Appendix

Appeals / Overturned – November 2022

APPEALS AND GRIEVANCES							
Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name of Service or Medication
CPSA221111001	Clinical Post-Service Appeal	NMS	Overturned	Medical Group	<p>The minor member's mother submitted an appeal regarding the denial of two visits to UCSF.</p> <p>"I am disputing the denial of 2 visits, approved by Dr for UCSF visit on ---- post 2 fractures in forearm. It was determined...a cast was needed and SFGH could not see the member until --- . At that point a second option to be seen at UCSF became available and it was determined they had the ability to see the member the same day and cast the arm; 2 visits were requested: 1 to cast and 1 to remove. We have the 2nd appt on ---- already scheduled. My very active ---- was in pain and could not remain uncasted for 4 additional days. The concern was for further damage to the 2 fractured bones. I would like the 1st visit to be approved retroactively and approve the 2nd. If the 2nd visit cannot be approved than please facilitate an appt at SFGH for this upcoming week."</p>	<p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved. This is because it was medically necessary for your child to have the appointment at UCSF.</p> <p>The visit was approved based on the Department of Managed Health Care (DMHC) timely access to care standards. The standards state that urgent care visits should be provided within 48 hours of request if no authorization is required or 96 hours if an authorization is required.</p>	Pediatric Orthopedic Surgery consultation at University of California, San Francisco (UCSF)
MA221107001	Member Appeal	HIL	Overturned	Medical Group	<p>A physician from UCSF GI/Oncology appealed a denial.</p> <p>The member is looking to get palliative care with Dr. ---- at UCSF, but Hill Physicians denied it on ---- because the provider is a non-contracted provider,</p>	<p>San Francisco Health Plan (SFHP) has reviewed the appeal and decided to overturn the original denial decision. This request is now approved.</p> <ul style="list-style-type: none"> • This is because it is medically necessary for the member. • [The member] was already approved to see another palliative care doctor at 	Office consultation with palliative care doctor, Dr. ----

					<p>and they want her to go in-network.</p> <p>[Spoke with] the member's daughter... She said she's the personal representative, but there's no documentation on file. She said she sent the personal representative form 2 or 3 years ago and a ----- CSR, confirmed with her that it was received, and she's also spoken to SFHP before. She also shared that the member has cancer and is dying. Explained to her that [we] can't provide any information since there's no documentation on file, but [we] can request for it to be sent to her via email. She said that was fine and it could be sent via email, but she wanted to know how she could follow up. Informed her she can always call, or she can respond back to the email to check in on the status and she expressed understanding. Emailed CS about emailing the personal representative form. Filed a grievance about this issue regarding the personal representative. Reference MGC221107003.</p> <p>Called member and her stepdaughter, with a ----- interpreter. The member gave permission for me to talk to her stepdaughter about her information and about any grievances/appeals.</p>	<p>UCSF, Dr. ----. Palliative care is a special type of medical care for people who have a serious illness. It was noted that Dr. ---- does not specialize in palliative care for cancer patients.</p> <ul style="list-style-type: none">• Dr. ---- specializes in palliative care for cancer patients.	
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Policies and Procedures (P&Ps) Updates and Monitoring

December P&P Updates:

Policy	Summary of New Policy and Updates
Care-07 Golden Gate Regional Center	<p><u>Policy Updates</u></p> <ul style="list-style-type: none"> • Policy Statement – 2nd Paragraph = Formatting: Corrected Spacing • Procedure – 1.b – Formatting: Corrected Spacing • 2.a. – Grammar: Removed comma • 2.b. – 3.a. – Corrected Language: added “coordinators” • II.a. – Grammar: Added period • II.d. – Grammar: Removed “Also” twice • III.c. – Grammar: Removed “,including” and Added “care,” • Monitoring .1.: <ul style="list-style-type: none"> ○ Added “initial and subsequent” ○ Added “(FSR)/Medical Record Review (MRR)” ○ Removed “referrals” ○ Grammar: Removed “, including” ○ Added “”/Certified Master Trainer (CMT)) monitors referrals, coordination, and continuity of care” ○ Updated language to clarify the FSR process ○ Added “Children and Families Program Manager” ○ Removed “SFHP CMO” ○ Added “Children and Families Program Manager/GGRC Liaison,” ○ Grammar - Removed comma ○ Removed “and” ○ Added “as well as” • Related Policies and Procedures and Other Related Documents - Added 4. FSR-01: Facility Site Review Surveys
Care-12 California Children Services	<p><u>Policy Updates</u></p> <ul style="list-style-type: none"> • I.d. – Corrected Grammar – Lower case “Per” <p>Anecdotally, the “new” FSR-01 updated policy was edited to include specific language to tie in CCS and GGRC members for medical record reviews. Screenshot below:</p> <ol style="list-style-type: none"> The FSR Member Report is designed and developed to include attributes to identify California Children's Services (CCS) members and Golden Gate Regional Center (GGRC): Early Start (ES) and Ongoing/Lanterman Act services members so that members from these providers may be audited, if appropriate, for inclusion in periodic medical record reviews.
CO-30 PKU Coverage	<p><u>Policy Updates, Biennial Review</u> HEADER</p>

	<ul style="list-style-type: none"> Added Accountable Lead MONITORING <ul style="list-style-type: none"> Removed “monthly frequency” from UMC Updated responsible Depts
HE-03 Preventative Health Care Guidelines	<u>Policy Updates</u> <ul style="list-style-type: none"> Additions made to comply with the DMHC APL 22-019: Health Plan Coverage of Monkeypox Testing, Vaccinations, and Therapeutics. Procedure section C. Adult Preventative Services, paragraph 4 page 5.

January P&P Updates:

Policy	Summary of New Policy and Updates
Care-02 HIF/HRA	<u>Policy Updates</u> <ul style="list-style-type: none"> Under procedure added each new member receives their own HIF/MET assessment IV. New SPD Members added paragraph on DHCS PHM requirements effective January 1st. Page 3. Section C. HRA line 5 revised. Page 4. Revised related policies and procedures section
Care-13 ECM	<u>Policy Updates, LTC 9 approval</u> <ul style="list-style-type: none"> Under procedure added and minimizing premature institutionalization Under external referrals added LTC facilities Page 4, added additional member eligibility and criteria Page 8, comprehensive assessment revised
QI-18 PQI	<u>Policy Updates, Biennial</u> <ul style="list-style-type: none"> Policy has been re-written starting from Procedure section Monitoring section remains unchanged besides deletion of last sentence, and changing PQI turnaround from 60 to 180 days Definition section revised, added CAP, Quality issue, and Security level Affected departments revised

MEMO

DATE: 02/28/2023

TO	San Francisco Health Plan Quality Improvement Committee
FROM	Jackie Hägg, RN, MSN, DHCS-CMT, Facility Site Review Nurse Supervisor Eugenia Correa, RN, BSN, DHCS-CSR, Provider Quality and Outreach Nurse Edward Cho, MPH, CPH, Facility Site Review Associate Program Manager
REGARDING	2022 Facility Site Review Report

BACKGROUND

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 22-017: Primary Care Provider Site Reviews: Facility Site Review and Medical Record Review. 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 APL 22-017, PL 12-006, APL 15-023, and APL 16-015.

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 22-017). 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 a Certified Master Trainer (CMT) or Site Reviewer (CSR) using standardized audit tools developed by DHCS. DHCS defines “Not Pass” as any score under 80%. The three compliance levels for DHCS FSR Reviews:

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

San Francisco Health Plan (SFHP) works collaboratively and has active Memorandum of Understanding (MOU) with both Anthem Blue Cross of California (ABC) and Health Plan of San Mateo (HPSM) to review all PCP sites that are jointly contracted in the City and County of San Francisco or San Mateo County to ensure compliance with criteria set forth by DHCS. Per APL 22-017 and our MOUs with collaborating sister plans, FSR results are shared between MCPs to avoid over-auditing.

SFHP maintains an annual FSR Work Plan for ~200 unique sites. The external FSR data system, 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.

SUMMARY STATEMENTS

PUBLIC HEALTH EMERGENCY SUMMARY

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

Here for you

Pandemic. As COVID-19 Public Health Emergency (PHE) continues, the FSR team is working closely with network providers, statewide FSR collaborative, and DHCS partners to ensure that FSR operations continue and that the backlog of overdue FSR audits is being addressed.

On July 1, 2022, SFHP FSR team returned to the field for all FSRs. MRRs completed virtually via electronic medical record (EMR) access continue to be accepted by DHCS.

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)	<ul style="list-style-type: none"> Discussed email sent by Nayeema Wani, DHCS Chief of MMU and clarifications sent to MCP Statewide Collaborative representatives on 12/29/21 that: <ul style="list-style-type: none"> 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
10/04/2022	APL 22-017 , "Primary Care Providers Site Reviews: Facility Site Review and Medical Record Review", tools and standards released MCPs have 90 days to submit updated FSR policies	1/4/2023
10/28/2022	Site Review Work Group Meeting: Verbal communication from Oksana Meyer, Chief of MMU: Go-Live implementation date for APL 22-017 is 1/1/2023	1/1/2023
02/15/2023	DHCS FAQ Meeting & HHS Fact Sheet: COVID-19 Public Health Emergency Transition Roadmap Verbal communication from DHCS that the COVID-19 PHE plan to transition out of the emergency phase 05/11/2023	05/11/2023

2022 FSR ACTIVITIES SUMMARY

During Calendar Year 2022, the 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, up to June 30, 2022. Beginning July 1, 2022, all FSRs must be completed on-site. DHCS continues to provide flexibility regarding the MRR, and all MRRs completed via electronic medical record (EMR) access will be accepted.

SITE REVIEW SURVEY (SRS) SCORE DISTRIBUTION



Here for you

Review Type	No. of Reviews	Overall	AS	PE	OM	CS	PS	IC
FSR (Initial & Periodic)	61	96	95	94	99	95	96	97

Includes shared PCP sites audited by sister plans (ABC & HPSM)

MEDICAL RECORD REVIEW (MRR) SCORE DISTRIBUTION

Review Type	No. of Reviews	Overall	FO	DO	CO	PE	AD	OB
MRR (Initial & Periodic)	46	85	92	93	98	82	73	97

Includes shared PCP sites audited by sister plans (ABC & HPSM)

PROVIDER OUTREACH & EDUCATION

The SFHP Provider Newsletter Update includes monthly articles written by the FSR team, focusing on FSR/MRR audit criteria, standards, or trends. The following topics were covered in 2022:

Month	Subject
January	Folic Acid Supplementation
February	Medical Record Review and Abdominal Aortic Aneurysm Screening
March	Medical Record Review and the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for Medi-Cal Members Under the Age of 21 Colorectal Cancer Screening
April	STD Awareness Month: Medical Record Review Preventive Criteria for Cervical Cancer
May	Hepatitis B & C
June	Human Immunodeficiency Virus (HIV) Screening and Assessment
July	Comprehensive Postpartum Care and Maternal Mental Health
August	Advance Health Care Directive (AHCD) Information
September	Pediatric and Adult Alcohol Use Disorder Screening and Behavioral Counseling
October	Vaccine Storage
November	Emergency Medicine for Anaphylactic Reaction Management, Opioid Overdose, Chest Pain, Asthma, and Hypoglycemia Diabetes Screening
December	Dental Health Focus in the Pediatric Primary Care Setting

PROJECTS & UPDATES

- FSR team partnered with several clinics and clinic groups to complete Medical Record Reviews remotely through remote electronic medical records (EMR) access.
- 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
- FSR site reviewers participated in health plan collaborative meetings
 - DHCS Site Review Work Group (SRWG)
 - Public Health Emergency Plan Work Group



Here for you

- 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)
 - f. Inter-Rater Reliability (IRR) Work Group
- 4. FSR team participated in internal cross functioning work groups
 - a. Maternal Mental Health Screening
 - b. Alcohol Screening
 - c. CCS Collaboration
 - d. GGRC Collaboration

UPCOMING OPPORTUNITIES

- 1. FSR team will continue to collaborate with FSR teams across California at Site Review Work Group Meetings to discuss issues and quality improvement opportunities
- 2. FSR team will continue and expand collaboration with our colleagues in Health Services Department
- 3. With the retirement of Staying Healthy Assessment on January 1, 2023 and the replacement [APL 22-030](#): Initial Health Appointment, the FSR team is exploring best practices to score this criteria with collaboration from Health Services and Claims.
 - a. See [CalAIM: Population Health Management \(PHM\) Policy Guide](#), page 9
- 4. FSR team will be establishing a Northern California Collaborative with local FSR teams
 - a. SFHP will take the lead on piloting collaborative and will work with sister plans across California interested in the program
- 5. FSR team will explore avenues to support our PCP network in complying with new DHCS FSR Standards, such as updating Emergency Medication Management and Vaccine Storage Units
- 6. FSR team has submitted an EPG project for the development of an organic FSR data management system to improve data interoperability and to comply with DHCS new data submission requirement that includes PHI
- 7. 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

UM Clinical Criteria

Presented by

Matija J. Cale RN, MS

Courtney Spalding, RN, MS

Tamsen Staniford, RN



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



UM Clinical Criteria

1. SFHP internally developed and approved criteria
 - Gender Affirming 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: Cellulitis

- Inpatient and Surgical Care Guideline
- Frequently used due to the number of skin infections in our patient population
- Clinical Indications for Admission to Inpatient Care:
 - Hemodynamic instability
 - Failure of outpatient therapy
 - Bacteremia
 - Surgical procedure needed

Top 3 MCG Guidelines

#2: General Criteria: Observation Care

- Ongoing pilot since 5/1/20
- General Criteria: Observation Care is used when there is no diagnosis specific observation guideline applicable to the stay
- Observation Care Admission Criteria:
 - Clinical care needed beyond the usual Emergency Dept. timeframe
 - Clinical care needed is not appropriate for a lower level of care
 - Clinical condition or finding requiring observation
 - Allergic reaction
 - Cardiac condition
 - Electrolyte or metabolic finding
 - Infections condition
 - Pain

Top 3 MCG Guidelines

#3: Heart Failure

- Inpatient and Surgical Care Guideline
- Clinical Indications for Admission to Inpatient Care:
 - Hemodynamic instability
 - Acute myocardial ischemia causing failure
 - Pulmonary edema
 - Dyspnea
 - Tachypnea



SFHP Gender Affirming Services Criteria

- UMC approved updated version:
- Criteria and terminology matches World Professional Association for Transgender Health's Standards of Care, Version 8
- Combined previous two criteria documents into one
- Added criteria related to DHCS's reconstructive surgery statute and California Health and Safety Code fertility preservation law

SFHP EPSDT Private Duty Nursing Criteria

- UMC re-approved with no updates
 - Acuity grid for determining approvable hours
 - Developed by Utah Medicaid program
- Chosen over MCG Care Guideline's criteria given small request volume
- [EPSDT PDN Criteria](#)

SAN FRANCISCO HEALTH PLAN**CO-57 UM Clinical Criteria**

APPROVAL/REVIEW/REVISION HISTORY			
Signature	Title	Date	Action
DocuSigned by:  9D4617B1400D431...	CCO	10/11/2022	Policy Update
DocuSigned by:  216F247FAA1E4AC...	CMO	10/11/2022	



SFHP POLICY AND PROCEDURE

Utilization Management Clinical Criteria

Policy and Procedure Number:	CO-57
Department:	Clinical Operations
Accountable Lead:	Supervisor, Concurrent Review Coordinators
Lines of Business and Coverage Programs Affected:	<input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Healthy Workers HMO <input type="checkbox"/> Healthy SF <input type="checkbox"/> City Option <input type="checkbox"/> 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 Outpatient 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. Physician Administered Drugs (PADs) are a medical benefit and are subject to the criteria application procedures outlined below in section 1. Criteria Hierarchy.

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. The following criteria hierarchy is used to guide clinically sound medical necessity decisions:

- A. SFHP internally developed and approved criteria
 - 1. EPSDT Private Duty Nursing
 - 2. Gender Affirming Services (based on WPATH SOC, 7th Version).
 - 3. Custodial Care (effective 1/1/2023)
- 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.
- E. No other criteria may be used for example Up to Date or other Health Plan's 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.
- 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.

- D. Requests that do not meet medical necessity criteria are referred to a SFHP MD for further evaluation. The SFHP MD may request additional clinical documentation, request external independent review if the scope of the requested service is outside their field of experience/expertise, approve based on clinical judgement and supplemental considerations (e.g., EPSDT benefit protocols, advanced evidence-based information) or deny based on lack of medical necessity. Denials for reasons of medical necessity are only made by a SFHP MD.

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 network practitioners.

- b. Network 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 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

1. 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 Affirming Services 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.

2. 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).
3. SFHP employs the following monitoring mechanisms to reevaluate an existing or identify the need to develop new UM criteria:
 - a) Medical record audits by SFHP's Clinical Operations Department.
 - b) Reports of cases sent for external medical review due to no criteria available
 - c) Review of Clinical Operations utilization reports by SFHP's UMC
 - d) 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.
 - e) Overturns of medical necessity denials, especially overturns in which additional clinical information was not needed to reach the alternative determination by SFHP.
4. 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.
5. 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:

- a) Review the UM program to identify if the medical group is following the standards of application, approval, and evaluation of medical necessity criteria.
- b) 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 Gender Affirming Services](#)
9. UM Criteria for Custodial Care

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; November 18, 2021; September 22, 2022

REGULATORY SUBMISSION HISTORY (to be completed by CRA only)

DHCS Approval Date(s): April 13, 2021

DMHC Approval Date(s): n/a

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
5. The World Professional Association for Transgender Health (WPATH) Standards of Care, 7th Version (SOC 7).
- 6.



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



SFHP Custodial Long-Term Care (LTC) Criteria Guidelines

Department Owner:	Clinical Operations
Lines of Business:	Medi-Cal
Related Policy:	CO-02 Members Admitted to LLOC Facility
Related Documents:	APL 22-018 SNF--LTC Benefit Standardization & Transition of Members to Managed Care
Effective Date:	01/01/2023
Revision Date(s):	

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Definition of Custodial Care

1. Custodial Care services are services and supplies furnished to a person mainly to help him or her with activities of daily life. These services are commonly for patients whose health is not expected to improve. Custodial care differs from skilled home health nursing care in that home health nursing is the provision of intermittent skilled professional services to a member in the home for the purpose of restoring and maintaining the Member's maximal level of function and health. Services are rendered in lieu of hospitalization, confinement in an extended care facility or going outside of the home for the service. Nursing services provided are not primarily for the comfort or convenience of the Member or custodial in nature (Aetna, 2021).
2. Custodial care serves to assist an individual in the activities of daily living (including assistance in walking, getting in and out of bed, bathing, dressing, feeding, and using the toilet), preparation of special diets and supervision of medication that is usually self-administered. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel (Medicare, 2014).

Coverage Criteria

Medical conditions may qualify for custodial care depending on the degree of severity and the patient's ability to participate responsibly in personal care (DHCS, 2004). Therefore, alternative settings for custodial care other than skilled nursing facilities (SNF) and home-related services such as Community Based Adult Services (CBAS) and In-Home Supportive Services (IHSS) should be considered first in meeting the members' physical and functional needs and to determine if the member can safely reside at home.

In order to qualify for custodial care, a Custodial Long-Term Care (LTC) Request Form must be initiated by the member's treating physician. Requests for reauthorization of routine custodial care or prolonged custodial care may be approved for up to 12 months based on medical necessity.

A short term (i.e., 3 month) placement in a SNF may be considered while suitability for in-home services is being evaluated. Home placement with wraparound services or extension of the SNF placement could occur at the end of the short-term period.

Routine Custodial Care

The Member's physical functional incapacity may exceed patient care capability of available home health resources. Examples are:

1. Bedbound Members (Members requiring extensive assistance with personal care and activities of daily living)
2. Quadriplegic or severe paralysis cases which may be at increased risk of skin breakdown, respiratory compromise, or require increased personal assistance
3. Members unable to feed themselves or complete independent ADLs

Prolonged Custodial Care

Members with the above physical limitations will likely require prolonged care. Presence of at least two (2) of the following medical/functional factors should be considered in determining the need for prolonged care:

1. Comatose or semi-comatose states; and/or
2. Debilitating conditions including extreme age which indicate a need for preventive nursing care and supervision to avoid skin breakdown, nutritional deficiency, or infectious conditions; and/or
3. Cases in which the documented history gives clear indication that changes in the Member's usual condition would likely lead to the requirement for higher levels of care
4. Cases in which documented history and/or diagnosis gives clear indication of progressive incapacitation.

Scope of Custodial Care

Services provided in custodial care include, but are not limited to the following (California Code of Regulations, Title 22 , Anthem 2020):

1. Basic care of chronic, stable, clean wound
2. Care of an ostomy (created more than 6 months prior) requiring routine care
3. Care of a tracheostomy (created more than 6 months prior) requiring no special care such as suctioning
4. In-house supplies
5. Management of bowel/bladder functions
6. Meals (including special diets)
7. Assistance with activities of daily living such as feeding, ambulation, range of motion, personal/grooming care, and comfort measures
8. Routine Foley catheter care (i.e., no irrigation)
9. Social services
10. Standard durable medical equipment (DME) use (e.g., wheelchairs, walkers, commodes, geriatric chairs)
11. Periodic turning and positioning in bed
12. Prophylactic and palliative skin care
13. Stable bolus feeding by nasogastric, gastrostomy or jejunostomy tube

14. General supervision of exercises which have been taught to the Member and do not require skilled rehabilitation personnel for their performance such as assisted walking or passive exercises to maintain range of motion in paralyzed extremities or repetitive exercises to maintain function, improve gait or maintain strength or endurance; and
15. Chronic uncomplicated oral or tracheal suctioning.

Home-Related Services

Community Based Adult Services (CBAS) can provide services such as physical/occupational/ speech therapy, mental health services, nutrition counseling and nursing supervision up to five days a week. Members can also receive In Home Support Services (IHSS). Depending on the need of the applicant, IHSS may aid with meal preparation and clean-up, food shopping, bathing, dressing, personal care, house cleaning, assistance with medications and certain other paramedical assistance (with physician approval). Please refer to SFHP's [Community-Based Adult Services \(CBAS\) Manual](#) for more information

Coverage Exclusions

Medicare and Healthy Worker HMO Exclusion

Custodial care is determined on the basis of the level of care and medical supervision required. Institutional care that is below the level of care covered by a skilled nursing facility (SNF) is custodial care. Custodial care is excluded from Medicare and Healthy Worker HMO coverage.

References

1. Aetna Medical Clinical Policy Bulletin 2021. 0201 Skilled Home Health Care Nursing Services. http://www.aetna.com/cpb/medical/data/200_299/0201.html. Accessed November 2, 2021.
2. Anthem Clinical UM Guideline 2020. CG-MED-19 Custodial Care.

3. https://www.anthem.com/dam/medpolicies/abcbs_va/active/guidelines/gl_pw_a053757.html. Accessed November 2, 2021.
4. California Code of Regulations, Title 22, Division 3, Subdivision 1, Chapter 3, Article 4, § 51335. Skilled Nursing Facility Services.
5. California Department of Health Care Services (DHCS) 2004. Manual of Criteria for MediCal Authorization, Chapter 7. Criteria for Long-Term Care Services. https://www.dhcs.ca.gov/formsandpubs/publications/Documents/MediCal_PDFs/Manual_of_Criteria.pdf. Accessed November 2, 2021.
6. Medicare Benefit Policy Manual. Chapter 16 – General Exclusions from Coverage, revision 198, 11/6/2014. Section 110-Custodial Care. <https://www.cms.gov/Regulations-andGuidance/Guidance/Manuals/Downloads/bp102c16.pdf>. Accessed November 2, 2021.



GENDER AFFIRMING SERVICES MEDICAL NECESSITY CRITERIA

San Francisco Health Plan (SFHP) uses these criteria to guide medical necessity decisions for gender-affirming (GA) services for SFHP's transgender and gender diverse (TGD) members in the San Francisco Health Network, Community Clinic Network, SFHP Direct Network, and UCSF medical groups. Pharmacy-provided medications are reviewed separately through California's state Medi-Cal Rx pharmacy benefit (Medi-Cal line of business) or SFHP's pharmacy benefit (Healthy Workers line of business).

SURGICAL SERVICES

Gender-affirming reconstructive surgeries and procedures include, but are NOT LIMITED to: facial and body contouring and implants; hairline advancement or scalp or facial hair restoration/transplantation; thyroid chondroplasty; voice modification surgeries; bottom surgeries like vaginoplasty, metoidioplasty, phalloplasty, glansplasty, urethroplasty, orchiectomy, hysterectomy, and vaginectomy; top surgeries like transmasculine and nonbinary chest reconstruction and transfeminine and nonbinary breast augmentation. All surgery requests are reviewed for medical necessity using criteria based on The World Professional Association for Transgender Health (WPATH) *Standards of Care, 8th Version* (SOC-8). The DHCS reconstructive statue criteria will be applied to cases where WPATH SOC-8 criteria are not met. Please see those source documents for more in-depth information. Documentation showing/attesting these requirements are met must be recent within 3 months of the authorization request.

WPATH SOC-8 Criteria for Surgery for Adults

- a. Gender incongruence is marked and sustained;
- b. Meets diagnostic criteria for gender incongruence prior to gender-affirming surgical intervention in regions where a diagnosis is necessary to access health care;
- c. Demonstrates capacity to consent for the specific gender-affirming surgical intervention;
- d. Understands the effect of gender-affirming surgical intervention on reproduction and they have explored reproductive options;
Please note- fertility preservation is not a Medi-Cal benefit.
- e. Other possible causes of apparent gender incongruence have been identified and excluded;
- f. Mental health and physical conditions that could negatively impact the outcome of gender-affirming surgical intervention have been assessed, with risks and benefits have been discussed.

WPATH SOC-8 Criteria for Surgery for Adolescents

- a. Gender diversity/incongruence is marked and sustained over time;
- b. Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care;
- c. Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
- d. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally.
- e. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
Please note- fertility preservation is not a Medi-Cal benefit.



- f. At least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender-affirming treatment unless hormone therapy is either not desired or is medically contraindicated.

DHCS Criteria for Reconstructive Surgery

1. Surgery is being performed to repair structures of the body to 'normal' appearance, referencing the gender with which the member identifies.

NON-SURGICAL SERVICES

Gender-affirming non-surgical services include*, but are NOT LIMITED to: injectable natural and synthetic fillers, toxins, sculpting agents; laser and electrolysis hair removal/reduction for surgical site, face, and body; postsurgical micropigmentation, such as nipples or neophallus; prosthetics, padding, chest or genital binding/compression garments (not postsurgical); voice and communication therapies; physician administered drugs such as hormones and puberty blocking agents; and fertility preservation (for Healthy Worker members only). Criteria in this section mirrors the language and/or intent of The World Professional Association for Transgender Health (WPATH) *Standards of Care, 8th Version* (SOC-8) and the DHCS reconstructive statute. Please see these source documents for more in-depth information.

**Hyperbaric oxygen therapy and lymphatic massage are not medically indicated after fat grafting, thus excluded from these criteria.*

Criteria for Non-Surgical Services

1. Purpose is to affirm an individual's gender identity and reduce gender incongruence and dysphoria.

Criteria for Fertility Preservation (for Healthy Worker plan members only)

1. Member's planned gender affirming treatments can result in infertility.

WPATH SOC 8 Criteria for Physician Administered Puberty Blocking Agents and Hormones

a. For Adults

- a. Gender incongruence is marked and sustained;
- b. Meets diagnostic criteria for gender incongruence prior to gender-affirming hormone treatment in regions where a diagnosis is necessary to access health care;
- c. Demonstrates capacity to consent for the specific gender-affirming hormone treatment;
- d. Other possible causes of apparent gender incongruence have been identified and excluded;
- e. Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed;
- f. Understands the effect of gender-affirming hormone treatment on reproduction and they have explored reproductive options.

Please note- fertility preservation is not a Medi-Cal benefit.

b. For Adolescents

- a. Gender diversity/incongruence is marked and sustained over time;
- b. Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care;
- c. Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;



- d. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally.
- e. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
Please note- fertility preservation is not a Medi-Cal benefit.
- f. Reached Tanner stage 2.

TERMINOLOGY

Gender-affirming medical and/or surgical treatments: “interventions to better align body with gender identity.”

Gender Dysphoria: “a state of distress or discomfort that may be experienced because a person’s gender identity differs from that which is physically and/or socially attributed to their sex assigned at birth. Gender Dysphoria is also a diagnostic term in the DSM-5 denoting an incongruence between the sex assigned at birth and experienced gender accompanied by distress.”

Gender Incongruence: diagnostic term used in the ICD-11 that describes a person’s “marked and persistent experience of an incompatibility between that person’s gender identity and the gender expected of them based on their birth-assigned sex”.

Qualified provider: WPATH recommends health care professionals assessing TGD members are licensed and hold a relevant master’s degree or have equivalent training from a nationally accredited institution, competent in using International Classification of Diseases (ICD) to diagnose patients, can identify and distinguish from gender diversity from co-existing mental health or other psychosocial concerns, can assess patient capacity to provide informed consent, are experienced assessing and obtain continuing education related to gender dysphoria, incongruence, and diversity.

Reconstructive Surgery: “surgery performed to correct or repair abnormal structures of the body caused by congenital defects, developmental abnormalities, trauma, infection, tumors, or diseases to create a normal appearance to the extent possible.”

TGD: transgender and gender diverse; “gender identities or expressions that differ from the gender socially attributed to the sex assigned to them at birth.”

REVISION AND REVIEW HISTORY

Effective Date: April 10, 2014

Revision Dates: June 2013, January 2014, March 2014, May 2014, Feb 2015, Oct 2015, Feb 2016, April 2016, November 2021, April 2022, January 2022

Review Dates: August 2021, November 2021, January 2022

REFERENCES

California Health and Safety Code, 1374.551

DHCS APL 20-018: “Ensuring Access to Transgender Services”

Medi-Cal Provider Manual: “Transgender Services”

SFHP Medi-Cal Member Handbook and Healthy Worker EOC

WPATH Standards of Care 8

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 ordered and documented as medically necessary)		
<i>Note: These assessments are incorporated in the physical assessment above. Select only if completed in addition to the physical assessment.</i>		
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 incontinence < 3 yrs of age	0
Uncontrolled incontinence, either bowel or bladder > 3yrs of age	1
Uncontrolled incontinence, 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

MARCH 2023 QIC – QUALITY PROGRAM SCORECARD UPDATE

Domain: Keeping Members Healthy

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Breast Cancer Screening HEDIS: BCS	Improve the Breast Cancer Screening rate for African American SFHP members	42.00%	50.00%	Provide Health Education materials to Black/African American SFHP members.	SF Women’s Cancer Network continues to provide educational flyer to members who did not receive BCS.
				Provide member navigation services through Rafiki Coalition for Black/African American members due for a breast cancer screening.	SFHN has partnered with SFHP and SF Women’s Cancer Network to conduct outreach to their patients due for a breast cancer screening while SF Women’s Cancer Network navigator focuses on members outside of DPH/SFHN. We expect that this will have a larger impact since the SFHN navigator is integrated into their systems and can actually schedule appointments for the members.
				Incentivize providers through inclusion of breast cancer screening improvement indicator in SFHP’s pay-for-performance program.	PIP participants have reported Q1 rates to SFHP. All but two PIP participants have this measure as one of their priority five measures, meaning they are being scored based on achieving relative improvement or the HEDIS 90th percentile.
Well Child Visits in the First 15 Months HEDIS: W30-6	Improve the rate of members age zero to 15 receiving six well-child visits	41.63%	55.72%	W30-6 only: Promote well-child visits for members age zero to 15 months through a member incentive gift card.	Program process is being redesigned to make mailing of gift cards more efficient and create less barriers to members including through members’ families receiving reminder to obtain well-child visit in order to receive incentive and through automated process of members receiving incentive gift cards without need for a signature or mail-return.
Well Child Visits in the First 15-30 Months HEDIS: W30-6	Improve the rate of members age 15-30 receiving two well-child visits	69.33%	72.24%	W30-6 and W30-2: Partner with local community-based organizations including the Office of Early Childhood to pilot a Well Child screening program to educate members and facilitate connection to care.	Completed two Department of Early Childhood to discuss the W-30 screening project. Confirmed that NEMS and Mission Neighborhood Clinic are interested in the pilot program. Recruiting a representative for the Consortium of Community Clinics and UCSF to participate. Identified member materials needed for educational campaign, and dissemination sites: SFHP website/social media/member and provider newsletter, Medical Group Practices, Family Resource Centers, Community Centers, DPH - MCAH and WIC programs, etc.
				W30-6 and W30-2: Incentivize providers through inclusion of well-child screening improvement indicator in SFHP’s pay-for-performance program.	PIP participants have reported Q1 rates to SFHP. This measure continues to be pay-for-reporting until the end of the fiscal year.

Managing Members with Emerging Risk

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Asthma Medication Ratio HEDIS: AMR	Increase the percentage of members who have a ratio 0.5 or greater of controller medications to total asthma medications	55.47%	59.94%	Inform providers of the identified at-risk populations.	Article was written in provider newsletter to provide information on newest asthma guideline. Providers are contacted individually if medication compliance or therapy issue is identified during medication review.
				Update member education for members with asthma, integrating the newest guidelines.	Asthma education article written for member newsletter Your Health Matters. Asthma handout created to mail out to members engaged in Medication Therapy Management and Medication Adherence Program for non-compliant Asthma Medication Ratio
				Host a training with SFHP Care Management staff focused on asthma treatment and place in therapy of rescue versus maintenance inhalers.	Asthma presentation given to SFHP's Care Management team by pharmacy intern on July 2022. Plan to provide another presentation in the spring.
				Enroll eligible and at-risk members Comprehensive Care Management (CCM) or Enhanced Care Management (ECM), or Medication Therapy Management (MTM).	Medication Adherence Program was created in Nov 2022 for additional opportunities to improve medication adherence in members identified by HEDIS. Eleven members were identified as non-compliant in Asthma Medication Ratio. Pharmacist completed medication reconciliations and interventions between Dec 2022 and Jan 2023. Non-compliant AMR members continue to be enrolled via CM and provided with Medication Therapy Management.
Diabetes Care – Eye Exams HEDIS: CDC-EED	Increase the number of members who have diabetes who have an eye exam	54.50%	56.51%	CDC-EED & CDC-H9: Promote screening and care visits for members with diabetes through a member incentive gift card.	Program process is being redesigned to make mailing of gift cards more efficient and create less barriers to members including through members receiving incentive and through automated process of members receiving incentive gift cards without need for a signature or mail-return.
				CDC-EED & CDC-H9: Conduct Drug Utilization Review with members with diabetes prescribed multiple diabetes medications.	A DUR report was created reviewing members on multiple diabetes medications and their chosen regimens.
Diabetes Care – HbA1c in Poor Control HEDIS: CDC-H9	Decrease the number of members who have diabetes in poor control	34.79%	30.90%	CDC-EED & CDC-H9: Enroll members with diabetes into the Medically Tailored Meals program administered by Project Open Hand.	Project Open Hand is reaching the capacity defined by SFHP grant, will soon discontinue new enrollments and focus on transitioning members to CalAIM Community Support.
				CDC-H9 only: Incentivize providers through inclusion of controlling diabetes improvement indicator in SFHP's pay-for-performance program.	PIP participants have reported Q1 rates to SFHP. All but one PIP participants have this measure as one of their priority five measures, meaning they are being scored based on achieving relative improvement or the HEDIS 90th percentile.

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Hepatitis C Treatment	Increase the percentage of members with any past history of Hepatitis C who have completed the Hepatitis C treatment regimen	37.00%	40.00%	Continue to provide treatment support through SFHP's Care Management programs.	Care management continues to direct members towards Hep C resources if there is a positive Hep C test in their medical file. Pharmacy also looks for Hep C diagnosis when completing medication reconciliation.
				Outreach to SFHP primary care providers and gather any information on treatment hesitancy or failure that they can provide for their patients.	Outreach has not yet begun. The plan is to review the Hep C report (once finished) to profile the providers and clinics experiencing treatment failure or a high number of positive, untreated patients.
				Use reporting to develop a profile (age, ethnicity, gender, location) for members not yet treated for Hepatitis C.	No progress has yet been made on this activity. The report is still being built by SFHP staff.
				Work with local community group EndHepC to receive feedback from SFHP clinicians providing Hepatitis C care and treatment.	Meetings have been attended. These meetings have focused on treating patients during pregnancy.
Prenatal Care for Black & Native American Members HEDIS: PPC-Pre	Improve the rate of prenatal care for Black & Native American members	92.86%	95.86%	PPC-Pre & PPC-Post: Conduct mail campaign to African American and Native American female identifying members ages 18-45 to encourage them to ask their PCP to submit a recommendation for a doula on their behalf. PPC-Pre & PPC-Post: Incentivize perinatal visits for through a member incentive gift card.	Program process is being redesigned to make mailing of gift cards more efficient and create less barriers to members including through members receiving incentive and through automated process of members receiving incentive gift cards without need for a signature or mail-return.
Postpartum Care for Black & Native American Members HEDIS: PPC-Post	Improve the rate of postpartum care for Black & Native American members	57.14%	60.14%	PPC-Pre & PPC-Post: Promote prenatal and post-partum care visits through a reproductive health mail campaign. PPC-Pre & PPC-Post: Operationalize Comprehensive Perinatal Services through development of a plan program charter. PPC-Pre & PPC-Post: Develop provider incentive to encourage in SFHP's Pay for Performance PIP increase in maternity care visits and share data.	
					Project Charter for implementation of Doula Benefit has been developed. This charter is foundational for the development of the program. Provider Incentive measure prioritization process has initiated.

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Postpartum Depression Follow-Up for Black & Native American Members HEDIS: PDS-E	Improve the rate of postpartum depression follow-up from screening for Black & Native American members	0%	38.89%	PPC-Pre, PPC-Post, & PDS-E: Enroll and credential doulas that represent SFHP's diverse population	SFHP facilitated two orientations for doulas interested in joining the network so that they could learn more about the application and credentialing and enrollment process. A total of 33 doulas were in attendance. At least 10 doulas expressed interest in complete an application.
				PDS-E only: Partner with local community-based organizations to educate members and facilitate connection to care.	SFHP staff have identify interventions and providers position to perform perinatal screenings, particularly providers serving Black and Native American members. SFHP staff have identified training resources (webinar, certification program) for these providers.
Project Open Hand Member Satisfaction	Improve satisfaction for members engaged in the Project Open Hand Program	95.70%	96.00%	Partner with Project Open Hand, a community organization which will deliver medically tailored meals and/or groceries to SFHP members with chronic conditions and evaluate members' food needs through appointments with dieticians.	Project Open Hand is reaching the capacity defined by SFHP grant, will soon discontinue new enrollments and focus on transitioning members to CalAIM Community Support.

Managing Multiple Chronic Conditions

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Care Management Client Perception of Health	Improve Care Management client's perception of their health based on change in self-reported health status	54.40%	60%	Clinical Supervisors and Medical Director coaching the CM Nurses and Community Coordinators to assess for client barriers and gaps in health education and connection to PCP.	Clinical Supervisors provide feedback to their direct reports during their weekly 1:1s; the Medical Director provides feedback to the Nurses during the monthly RN Group Supervision and feedback is also provided at interdisciplinary pod roundings every other month. This ensures any gaps in member's care are being addressed in a timely manner.
				Develop a two year training syllabus for CM staff, to include trainings on subjects the team have identified gaps in and areas management feel would benefit the team in their ongoing work with members.	A two year training syllabus was created in July 2022; with the goal of providing at least 1 team training on subjects identified every quarter.
				Utilization of Milliman Care Guidelines condition specific assessments and health education materials by CM Nurses.	Care Management Nurses partnered with HSPM in 2022 to add chronic condition assessments into Essette and are using these assessments as needed.

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Care Management Client Satisfaction	Improve Care Management client's satisfaction with Care Management Services to achieve their health goals	75.00%	80.00%	Maintain a process to triage members into longer-term case management programs when requested by member or indicated by member's self-efficacy skills.	Care Management continues to collaborate with ICM programs and have scheduled in-services from various entities, including DPH and CBOs to ensure they have the most updated referral and programmatic information available.
				Provide more thorough life skills, health education and training to members as it pertained to their health maintenance.	Care Management Coordinators and Nurses continue to provide information, including health ed materials to members they are working with. This is a factor reviewed during all audits.
				Improve communication of care plan goal progress between Care Management staff and members.	Care Management Coordinators and Nurses are required to update progress on care plan goals and communicate with both the member and their care team. Case conferences between all of the member's care team are held regularly. This is a factor reviewed during all audits.
				CM staff completes a 6-month reassessment and review of care plan including goals with member.	Care Management staff are required to complete a 6 month reassessment and to update care plan goals regularly. This is a factor reviewed during all audits.
Care Management Follow Up on Clinical Depression	Increase the percentage of clients in Care Management programs who screen positive for depression and receive follow up care	85.70%	90.00%	Train staff in mental health, particularly on severe mental illness (SMI) and community resources, to ensure that staff is equipped to identify signs and symptoms of clinical depression, address client safety including connection to behavioral health services.	Offered the following trainings for the Care Management team: Med Talk: Schizophrenia and the use of Antipsychotics; Secondary Trauma; Understanding and Preventing Compassion Fatigue; Person Centered Care Planning.
				Clinical Supervisors to review CM dashboard monthly with staff and to coach staff to ensure members are screened and receive appropriate follow up.	Clinical Supervisors reviewed monthly reports and CM Dashboards with staff and coached staff to ensure members were screened and received appropriate follow up during their weekly 1:1s. As of January 2023, 4 out of 4 cases where members scored a 15 or higher on the PHQ-9 have a BH care plan goal in place.
				Coach and conduct role-playing activities to reduce the rate of members declining PHQ-9 screening.	Clinical Supervisors and Trainer providing coaching and role playing as needed during weekly 1:1s and bi-weekly Clinical meetings.
				Complete quarterly staff self-audits which will enable Coordinators to identify and remedy any gaps in the member's care plan, including completing the PHQ-9 screening when indicated.	Care Management Coordinators and Nurses completed self-audits in November and February.
				Clinical Supervisors to conduct audits every 4 months to ensure best practices and regulatory requirements are met.	Clinical Supervisors completed clinical audits in January and are in the process of providing feedback to the team, including trends and gaps in training.

Patient Safety or Outcomes Across Settings

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Buprenorphine Prescription	Increase the percentage of members with Opioid Use Disorder with a buprenorphine prescription	28.60%	30.00%	Collaboration with methadone clinic providers in order to better support the use of Medication Assisted Therapy.	This activity has not yet occurred but has been discussed in the pain management workgroup.
				Disseminate educational material to members on Medication Assisted Therapy options.	This activity has not yet occurred but will follow collaboration with methadone clinic
				Monitor buprenorphine adherence using the repository.	Activity is ongoing
				Outreach to providers and members with buprenorphine single fills.	A report identifying members with single fills is being run for April P&T and the results will determine the outreach.
Follow-Up After ED for Alcohol or Other Drugs HEDIS: FUA	Increase the rate of members who receive follow up care after an ED visit for alcohol or other drugs	9.90%	21.24%	FUA only: Collaborate with SF County Behavioral Health Services and ZSFG's Addiction Care Team to coordinate follow-up care.	Identified 10 members with >5 ED visits for alcohol and/or drug misuse in 2022; Met with SF County Behavioral Health Services regarding using these case studies to identify gaps in information-sharing and care coordination processes between hospitals and managed care systems (BHS and SFHP), and amongst BHS and SFHP, and between managed care systems and providers
Follow-Up After ED for Mental Health HEDIS: FUM	Increase the rate of members who receive follow up care after an ED visit for mental health	12.18%	54.51%	FUA & FUM: Collaborate with Beacon on activities and interventions including service promotion, in-services for providers, member outreach, county engagement, and case management.	Improved from 12.18% to 15.81%, with goal of 54.51% Beacon adoption of new DHCS Screening and Transition-of-Care Tool for Medi-Cal Mental Health Services includes asking members about recent hospitalizations / ED visits for MH or SUD; Regular meetings between Beacon and County Behavioral Health Services for discussion of cases screened for referral to each other.
				FUA & FUM: Provide Prop 56 funding to segments of the provider network to integrate medical mental health, and substance use services.	Received data reports from NEMS and HR360; Followed up with UCSF due to data report not being received and confirmed new point-of-contact.
High Dose Opioid Prescriptions	Reduce the number of members on high dose opioid prescriptions	4.80%	4.00%	Collaboration with mental health and substance use specialist providers to create and distribute provider information on buprenorphine prescribing	DUR reporting around buprenorphine is under development for April 23 P&T committee. These materials will be sent to the mental health provider on the committee in advance.
				Partner with Medi-Cal Rx to facilitate member reduction of opioid prescriptions.	Opioid prescribing continues to be monitored by SFHP. In particular, pharmacy is reviewing the differences in prescribing before and after the Medi-Cal transition.

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Medication Therapy Management Follow-Up Care	Increase the percentage of members receiving follow-up care after a medication reconciliation has been completed	72.60%	70.00%	Monitor the pharmacist resource requirements needed to support the population of members engaged in Care Management.	Hired a pharmacist to support the growing population of members engaged in Care Management and in the new Medication Adherence Program.
				Assess for additional efficiencies in workflow and member assessment configurations.	Updated pharmacist and pharmacy technician workflow in Dec 2022 to reduce redundancy in completing medication reconciliation.
				Continue reviewing members in the initial assessment process which recommends a Medication Therapy Management assessment and establish the denominator population for this measure.	Dec 2022 had the most initial clinical history assessment for Care Management (70 cases vs average 25 cases).
				Expand Medication Therapy Management to include members not engaged in Care Management. These members may include those with multiple providers, with ten or more prescriptions, and/or members utilizing multiple pharmacies.	Medication Adherence Program was created in Nov 2022 for additional opportunities to improve medication adherence in members identified by HEDIS. 11 members were identified as non-compliant in Asthma Medication Ratio. Pharmacist completed medication reconciliations and interventions between Dec 2022 and Jan 2023.
SFHN All Cause Readmission	Reduce the number of inpatient re-admissions for members in the SFHN network	16.50%	13.50%	SFHP nursing staff to conduct discharge planning including coordinating aspects of member care including coordination and communication of members' PCP follow-up appointment and following up with the member to review the discharge instructions and ensure a follow up appointment is made prior to discharge.	No measurable progress made on this activity due to resource constraints, census spikes and prioritizing regulatory requirements. While the CCR staff continue to make and communicate follow-up appointments on applicable members, pre and post-discharge follow-up efforts directly to members by nurses were placed on hold in Nov. 2022 due to the aforementioned challenges.
				Incentivize providers through inclusion of follow-up after hospital discharge improvement indicator in SFHP's pay-for-performance program.	PIP participants have reported Q1 rates to SFHP.

Quality of Service & Access to Care

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Cultural & Linguistic Services: Provider Language Data	The percentage of all credentialed practitioners who have voluntarily provided SFHP with their language proficiency data for languages other than English	23.90%	25.00%	Explore ways to collect information about languages in which a practitioner is fluent when communicating about medical care	This is done through provider attestation submitted with credentialing application.
				Collect information about language services available through the practice	Language capabilities have been reasserted in provider data exchange templates distributed in January 2023.
				Publish individual practitioner languages in the provider directory	Individual practitioner languages already published in print directory and online directory. Specifications were finalized for a change to online directory search to enable search for an individual practitioner's language.
				Publish language services available through the practice in the provider directory	Individual practitioner languages already published in print directory and online directory. Specifications were finalized for a change to online directory search to enable search for an individual practitioner's language.
Cultural & Linguistic Services: Provider Race/Ethnicity Data	The percentage of all credentialed practitioners who have voluntarily provided SFHP with their race/ethnicity data	2.50%	5%	Explore ways to collect practitioner race/ethnicity data	Marketing has submitted request to vendor for invoice for dashboard "enhancement" project to include race/ethnicity search/filter function.
				Provide practitioner race/ethnicity on request and/or explore publishing practitioner race/ethnicity in the provider directory	Project initiated and Charter written; kick off in late Feb 2023.
Health Plan Consumer Assessment of Healthcare Providers and Systems – Getting Needed Care	Increase the rate of NCQA Getting Needed Care	66.48%	68.48%	GNC, RoS, RoPD: Increase response rate to survey overall, but particularly for Black members and Spanish speaking members through member mailer.	Mailed survey reminder postcards to Spanish-reading and Black members on 2/1/23. An additional mailing to same members will mail on 3/31/23.
	Abbreviation: GNC			Promote translation services and a process for Spanish-speaking members to connect with physicians and clinical leaders that speak Spanish.	Working on plan to leverage social media for promotion

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Health Plan Consumer Assessment of Healthcare Providers and Systems – Getting Needed Care	Increase the rate of NCQA Rating of Specialist	60.00%	62.79%	GNC, RoS, RoPD: Implement member focus groups to identify specific actions to drive improvement.	Focus groups planned to implement by October 2023.
	Abbreviation: RoS			GNC, RoS, RoPD: Implement a supplemental member experience survey to identify specific actions to drive improvement.	Estimated the number of surveys needed: two surveys to drill down on information on key drivers of improvement, one survey assessing access to interpreter services, and one survey to assess experience of dual members.
Health Plan Consumer Assessment of Healthcare Providers and Systems – Rating of Personal Doctor	Increase the rate of NCQA Rating of Personal Doctor	64.29%	66.86%	GNC, RoS, RoPD: Promote SFHP’s telehealth services to increase access to care	Monitoring of reports from Teladoc. Issue escalation and resolution ensuring that SFHP receives consultation details related to services provided by Teladoc physicians. Marketing strategy for improving the utilization of Teladoc reinstated for FY 2023-24.
				Develop marketing, education and communication approaches to increase members understanding of what additional care options are available	Created a digital campaign for SFHP.org, supported by social media. With the state for approval.
	Abbreviation: RoPD			Identify provider network member experience champions and launch a CAHPS provider workgroup to develop shared goals, outline strategies and shared lessons learned on ways to improve SFHP member experience.	SFHP staff individually met with network representatives for nearly all groups and clinics to request participation in the provider CAHPS group
Routine Appointment Availability in Specialty Care	Percentage of non-behavioral health specialists surveyed in PAAS with eligible survey responses that indicate routine appointment availability	57.90%	59.90%	Request Corrective Action Plans of provider groups performing below 80% compliance rate and below 50% response rate.	Closed 85% of findings and provided feedback to seven providers network groups.
				Provide technical assistance with Corrective Action Plans.	Most findings, more than 85%, have been closed as of February 2023.

Utilization of Services

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Antidepressant Medication Management—Effective Continuation Phase Treatment HEDIS: AMM	Increase the percentage of members who remained on an antidepressant medication for at least 180 days	51.98%	56.24%	Collaborate with Beacon Health Options on member and provider outreach and education.	Met with Pharmacy and identified med adherence education as best intervention, via Beacon or otherwise; Confirmed Beacon offers provider decision-support via peer-to-peer consults on primary care physician prescriptions for mental health
				Conduct member level outreach for members not achieving adherence goals.	This activity has not yet occurred. At the moment, outreach and medication reconciliation is happening for members involved in care management.
Antipsychotic Medication Adherence HEDIS: SAA	Increase the adherence to antipsychotic medications for members with schizophrenia or schizoaffective disorder	59.20%	61.59%	Create member-level health education materials about antidepressant adherence.	This activity has not yet occurred. The DUR review underpinning it has happened, and the write up is scheduled for later in the year
				Outreach to SF Department of Public Health to discuss barriers to access for members with schizophrenia on antipsychotics.	This has not yet occurred.

New MCAS Measures Held to MPL

New Measures	Measure Acronym	Measure Steward
Developmental screening in the first 3 years of life	DEV	CMS
Topical fluoride for children	TFL-CH	DQA
Asthma medication ratio	AMR	NCQA

At-Risk Measures	Measures Acronym	Measure Steward
Well-child visits in the first 30 months of life	W30-6+	NCQA
Follow-up after ED visit for mental illness – 30 days	FUM	NCQA
Follow-up after ED visit for substance abuse – 30 days	FUA	NCQA

Definitions

DEV

- Percentage of children screened for risk of developmental, behavioral, and social delays using a standardized screening tool in the 12 months preceding or on their first, second, or third birthday.

AMR

- The percentage of members 5–64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.

TFL-CH

- Percentage of enrolled children ages 1 through 20 who received at least two topical fluoride applications as: (1) dental or oral health services, (2) dental services, and (3) oral health services within the measurement year.

COVID-19 Therapeutics Dashboard

Pharmacy & Population Health

What/Why?

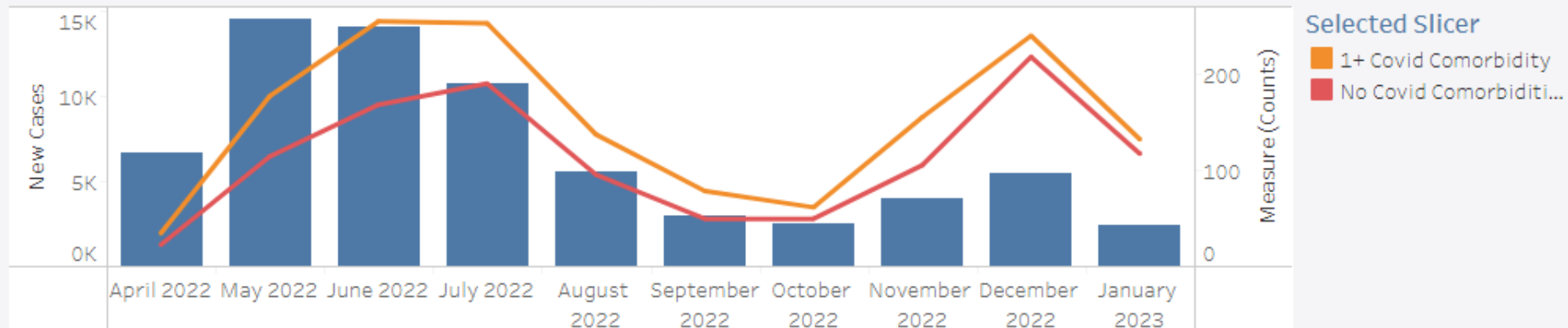
- Developed based on requirements from California regulatory bodies:
 - Department of Health Care Services (DHCS) – Medi-Cal
 - Department of Managed Health Care (DMHC) – Healthy Workers HMO
- Goal: monitor COVID-19 treatment use and increase access
 - Focus on disparities and member risk
- Guides member and provider outreach on available treatments

COVID-19 Therapeutics Dashboard

Member Count Trend by Covid Comorbidities for Outpatient Oral Covid-19 Treatments

compared to San Francisco Covid-19 new cases per month

(<https://sf.gov/data/covid-19-cases-and-deaths#total-cases-and-deaths>)



- Incorporates county data on new cases in San Francisco
- Compares between different categories (e.g., language, ethnicity, medical group, COVID risk group)

Select a drug category

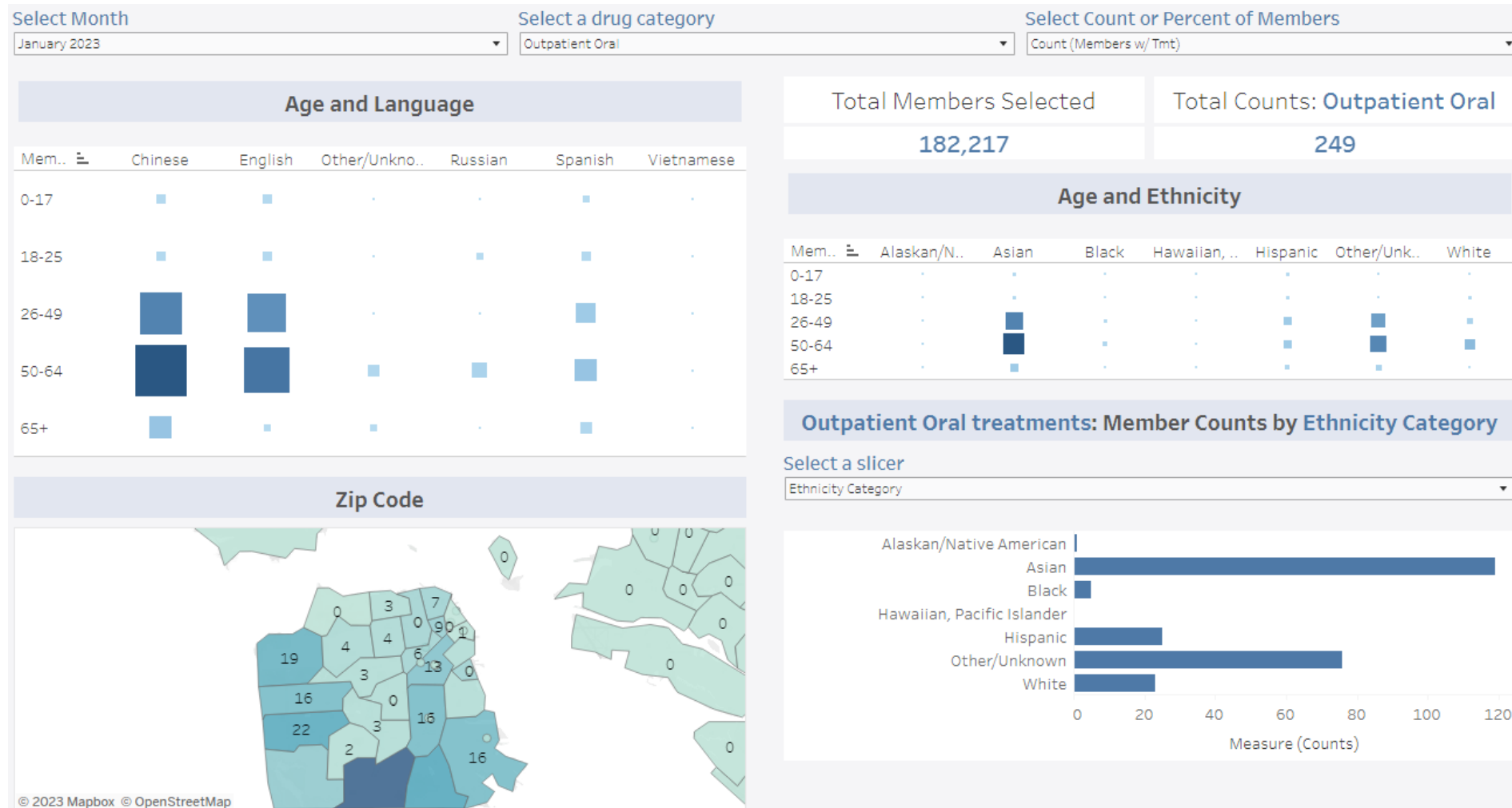
Outpatient Oral ▼

covid cases label

■ New Covid-19 Cases in SF (sfgov/data)



COVID-19 Therapeutics Dashboard





COVID-19 Therapeutics Dashboard

Select Month

January 2023

Look Back Months For Covid Case Totals

3

New San Francisco Covid-19 Cases for selected time period

<https://sf.gov/data/covid-19-population-characteristics>

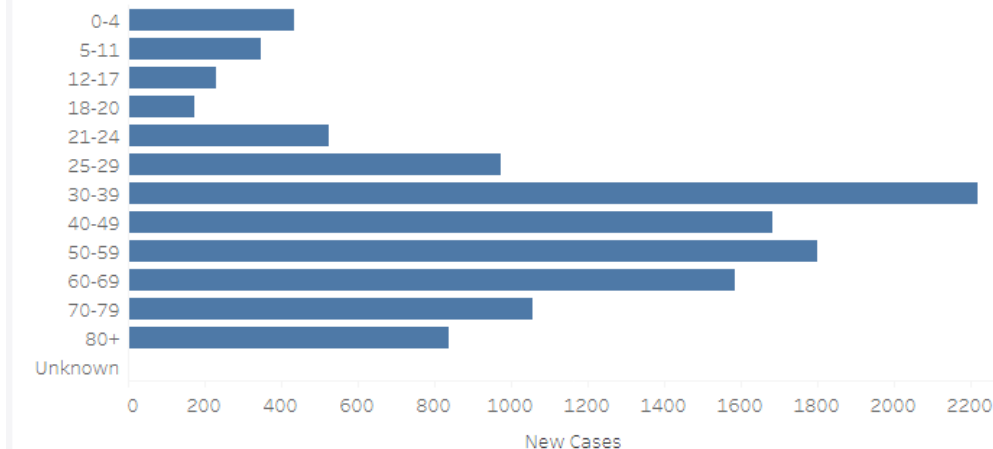
Characteristic Type

Age Group

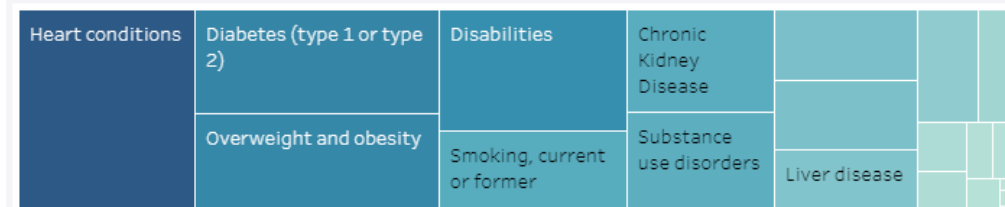
Characteristic Group

(All)

Characteristic..



Member Count by Covid Comorbidity



Member Counts by Ethnicity Category and Letter Sent

Select a slicer

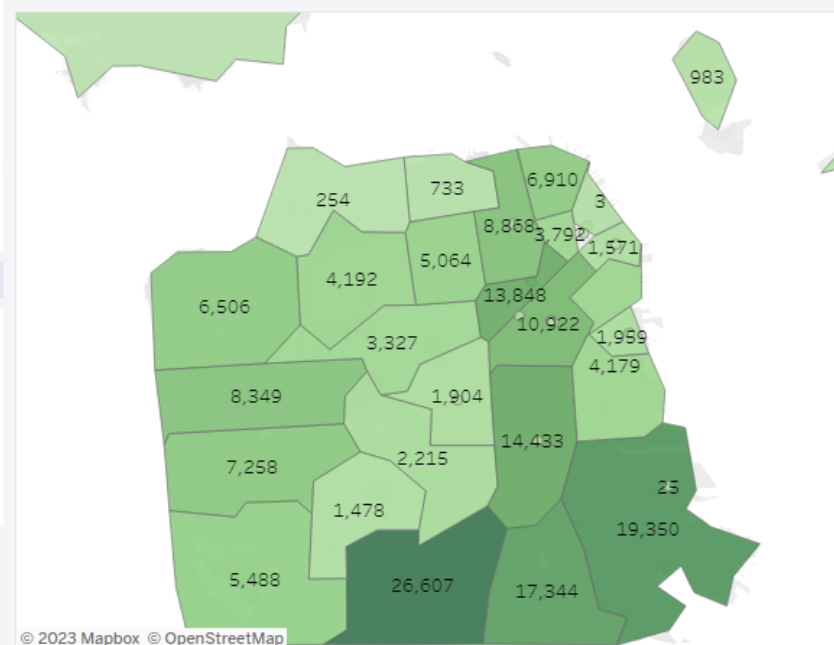
Ethnicity Category

Select a second slicer

Letter Sent



Member Counts by Zip Code



Outcomes:

- Member newsletter article: Your Health Matters Winter 2023
- Member outreach quarterly:
 - Member letter example (translated in threshold languages) – See following document
 - December 2022 member letter mailing: age 50+ and ethnicity Black/Hispanic/Unknown
 - March 2023 member letter mailing: age 26-49 with 1+ COVID-19 comorbidity (e.g., asthma)
- Currently evaluating for provider/medical group outreach
- Other ideas???





Guide to COVID-19 Testing and Treatment

MEMBER NAME
ADDRESS
CITY, STATE, ZIP CODE

sfhp.org/testtotreat

SAVE THIS Guide to COVID-19 Testing and Treatment


Inside You Will Find:

-  Symptoms of COVID-19
-  When to get tested
-  When and where to get care
-  New treatments you can get now

SAVE THIS Guide to COVID-19 Testing and Treatment

You should always get tested when you have symptoms of COVID-19.
Symptoms may appear 2–14 days after exposed to the virus. Symptoms may include:

- | | | |
|--|---|--|
|  Fever or chills |  Muscle or body aches |  Stuffy or runny nose |
|  Cough |  Headache |  Upset stomach or vomiting |
|  Hard time breathing |  New loss of taste or smell |  Diarrhea |
|  Feeling weak |  Sore throat | |

 Look for serious signs of COVID-19. If you or someone you know shows any of these signs, **get emergency health care right away.**

Trouble breathing
Constant chest pain or pressure
New confusion

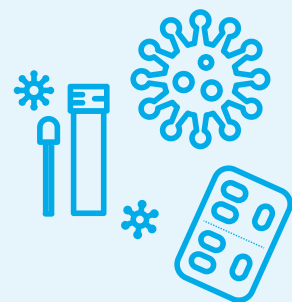
Not able to wake or stay awake
Pale, gray, or blue-colored skin, lips, or nail beds (based on skin tone)



You should test before or after events that put you and others at higher risk for COVID-19, such as **big group events and crowded indoor settings**.
Also, test when you work in a place with a higher risk of spread, such as: **shelters, jails, or in close contact with the public**

SAVE THIS Guide to COVID-19 Testing and Treatment

What You Should Know



Go to a Test to Treat site to get a COVID-19 test and treatment right away in one place

If you **test positive and are likely to get very sick** you can go to a Test to Treat site

ACT FAST You must start treatment within 5–7 days after symptoms start

All COVID-19 treatment is free

sfhp.org/testtotreat

How You Can Prevent COVID-19: Get a COVID-19 Vaccine and Booster Shots

COVID-19 vaccines in the U.S. protect people from getting very sick, going to the hospital, and even dying. People who have gotten booster shots are even more safe. Like other vaccines, you and the people around you are most safe when you stay up to date with the COVID-19 vaccine and booster shots. CDC suggest that all people stay up to date with vaccines and boosters.

Visit sf.gov/get-your-covid-19-booster for more information on who can get booster shots.



SAVE THIS

Guide to COVID-19 Testing and Treatment

If you test positive... and are more likely to get very sick from COVID-19, treatment can lower your chances of going to the hospital or dying from the disease. **Treatment must be taken WITHIN THE FIRST 5 DAYS** of being sick or having a positive COVID-19 test.

COVID-19 treatments are medications (pills, shots, or IV) that can stop serious symptoms. Getting treatment can put off the need to go to a hospital after symptoms start.

A health care provider can tell you if you can get treatment and you can both decide which one works best for you.

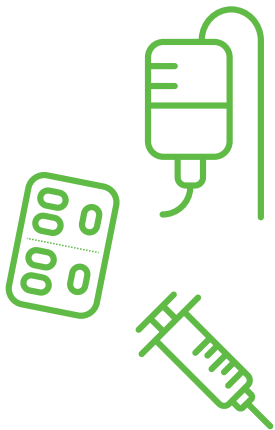
Use online or phone visits with your Primary Care Provider (PCP)* if you can.

You can get 24/7 health advice at no-cost using Teladoc. Start an online visit at sfhp.org/Teladoc.

You can also call the SFHP Nurse Advice Line at **1(877) 977-3397**.

Pharmacies may be able to bring medicines to your home.

All COVID-19 treatment is free.







FIND A
TEST TO TREAT
SITE NEAR YOU

How You Can Get Treated

If you have COVID-19 symptoms, a Test to Treat site can help you get a test, prescription, and treatment in one place right away. Find a site online or by phone.

- Scan the QR code or type in this url to find a Test to Treat site:
covid-19-test-to-treat-locator-dhhs.hub.arcgis.com
- Call **1(800) 232-0233**

You Can Get Treated if You:

Test positive for COVID-19, and are more likely to get very sick, such as being:

- Older than 50 years old
- Not vaccinated
- Have certain medical issues

Treatments are available for both adults and children.

Why wait for the care you need now?



TELADOC®: SPEAK WITH A DOCTOR EASILY!




Do you need to speak to a doctor and can't see your PCP soon enough?

You can use Teladoc to meet with a doctor over phone or video at any time of the day or night.

Learn more at sfhp.org/Teladoc or **1(800) 835-2362**.



Types of COVID-19 Treatments

Brand Name (Generic Name)	Who	When	How
Paxlovid™ (Nirmatrelvir and Ritonavir)	Adults Children ages 12 years and older	Take within 5 days of when symptoms start	 Pills taken by mouth for 5 days
Veklury® (Remdesivir)	Adults Children	Take within 7 days of when symptoms start	 IV at a clinic for 3 days straight
Lagevrio™ (Molnupiravir)	Adults	Take within 5 days of when symptoms start	 Pills taken by mouth for 5 days



Find more information about testing and treatment at sfhp.org/testtotreat



*A Primary Care Provider (PCP) is your main doctor, nurse practitioner, or physician assistant.