SAN FRANCISCO HEALTH PLAN™
Here for you

Quality Improvement Committee Minutes

Date:	December 10, 2020
Meeting Place:	Join Microsoft Teams Meeting
	+1 323-475-1528 : Conference ID: 275 544 35#
Meeting Time:	7:30AM - 9:00 AM
Members Present:	James Glauber, MD, MPH (Chief Medical Officer, SFHP); Kenneth Tai, MD; Edward Evans; Jackie Lam, MD; Ann Valdes, MD; Lukejohn Day, MD; Irene Conway; Albert Yu, MD; Ellen Chen, MD; Idell Wilson
Staff Present:	Fiona Donald, MD; Ravid Avraham, MD; Sean Dongre *Manager, Provider Relations*; Abby Ealy *Provider Credentialing Coordinator*; Yves Gibbons *Sr. Manager, Access & Care Experience*; Jessica Shost, PharmD *Care Coordination Pharmacist*; Elizabeth Sekera, RN *Manager, Population Health*; Edward Cho *Provider Relations Specialist*; Se Chung *Health Services Administrative Specialist*; Laura Grossman (Beacon Health Options); Alicia English, PhD *Behavioral Health Manager*; Subhpreet Kaur (Beacon Health Options); Paul Velasco *Sr. Manager, Systems Administration ITS*

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
Call to Order	Meeting called to order at 7:29 AM with a quorum. • Dr. Glauber: verbal roll call		
Follow Up Items	Announcements: • Medi-Cal Rx delayed until April 1, 2021. • NCQA re-accreditation survey completed. SFHP received high marks. SFHP to receive formal re-certification shortly. • Fiona Donald, MD new SFHP Chief Medical Officer effective	None.	n/a

	January 2021. • Jim Glauber, MD to stay with SFHP as Health Plan Physician Advisor.		
Consent Calendar	All in favor.		Approved: • Review of October 2020 Minutes • P&P / Criteria List • Q2 2020 ED Report • UM Committee Minutes (July, August 2020); No September meeting • UM Criteria: -(CO-57) Clinical Criteria Policy -EPSDT Private Duty Nursing Criteria) -Non-Genital Gender Confirmation Services Criteria -Genital Gender Confirmation Services Criteria • Q3 2020 Grievances Report • Q3 2020 Appeals Report • Q3 2020 PQI Report • UM Program Evaluation and Program Description
Quality Improvement	Health Homes Interim Evaluation • Fiona Donald, MD, Senior Medical Director, presented. *Health Homes Overview* - Program launched in July 2018 for intensive multi-disciplinary holistic care management activities available because of Affordable Act Section 2703. -States had to option to participate to receive Federal funds to do innovate care coordination activities with high risk members. -SFHP worked with Anthem Blue Cross to identify individuals who would be eligible that is consistent with 'triple aim' – "better care, better health, and reducing avoidable health care costs"		

	-Approximately 5,000 members identified. *Interim Evaluation Summary* - UCLA Center for Health Policy Research was selected by DHCS to evaluate the Health Homes Program (HHP). -Data from 07/2018-09/2019: 724 members enrolled in San Francisco County. - SFHP enrolled 642 out 724 members; eligible 5,265. - SFHP enrolled 12.2% of TEL (Targeted Engagement List) - Length of engagement in program: approximately 9 months – medical; 5 months- behavior health - Enrollee Demographics (enrolled in Medi-Cal approximately 1 year): leading percentages in ages 18-64; Males. Enrollee Health Status: leading percentages: Hypertension 66.4%, Tobacco use 35.3%, Depression 79.1% *Evaluation Data Results* - Metrics used to evaluate HHP program: ER visits, inpatient admissions, length of stay, prevention quality indicators, and readmissions. -Metrics Outcomes: Drop in Emergency Department Visits, inpatient admissions. Slight increase in readmissions and length of stay. *Current SFHP HH Snapshot* - 500 enrollees in HHPA. - Positive trends of utilization of program to support on-going financial support. - Next set of evaluations to include more quality metrics but reporting has currently been stalled due to COVID-19. -Program to continue through 2021. -State to roll out ECM (Enhanced Care Management) that will target high risk individuals with medical and behavioral health chronic conditions, pediatric populations, post incarceration populations and		

individuals who are at risk of long term care or institutionalized care who may be able to stay in the community.

-SFHP involved at State level to support program efforts.

2020 QI Evaluation and 2021 QI Plan

- Yves Gibbons, Senior Program Manager Access & Care Experience, presented.

2020 Highlights

-Quality of Service & Access to Care: launched Cultural and Linguistic Services (CLS); promoted Teledoc; provided funding for access improvement through Strategic Use of Reserves (SUR) grant. SUR grants may not continue in 2021.

-Clinical Quality & Patient Safety: exceeded target of 12% for increasing the precent of members with Opioid Use Disorder with at least one buprenorphine prescription, increased by 6.3% members completing treatment for chronic Hepatitis C infection, exceeded target of 40.5% for Chlamydia screening.

-Utilization of Services: promoted telehealth services, incentivized providers to increase percentage primary care visits through Pay for Performance program, funded SUR grants for improved appointment scheduling options.

-Care Coordination: attained high member satisfaction with care management services and exceed target of 70% for member clinical depression follow up.

2021 Quality Improvement Program Description & Work Plan
2021 Measures
-Clinical Quality Domain has been split into 3 areas:

- Keeping Members Healthy:
  Chlamydia Screening, Well-Child Visits in First 30 Months of Life, Child and Adolescent Well-Care Visits, Breast Cancer Screening

	- Managing Members with Emerging Risk: % of Members who completed Hepatitis C treatment, Diabetes Prevention Program – weight loss, Diabetes Prevention Program- Do 150 Mins of Physical Activity Per week, Diabetes Prevention Program – Satisfaction - Patient Safety or Outcomes Across Settings: Medication Therapy Management, Opioid Safety – Buprenorphine Prescription, opioid Safety – Opioid and Benzodiazepine co-prescribing; Medi-Cal Rx transition -Managing Multiple Chronic Illnesses (same domain as Care Coordination): Care Management- Client perception of Health, Screening for Clinical Depression, Follow up on Clinical Depression, Care Management Client Satisfaction, Health Homes CB-CME Conference Rate (NEW measure) -Quality of Service and Access to Care: Health Plan Consumer Assessment of Healthcare Providers and Systems (HP-CAHPS) focus on specialty care, Provider Appointment Availability Survey (PAAS) focus on specialty care, Cultural and Linguistics Services (CLS) provider data (NEW measure) -Utilization of Services: Primary Care Utilization Rates, Percentage of Primary are visits by telehealth modalities, Percentage of Member Utilization the Non Specialty Mental Health (NSMH) benefit with more than 2 NSMH visits. -Motion to approve. - Approved. Beacon 2020 Quality Program Evaluation - Subhpreet Kaur, Director of Quality in California and Laura Grossman AVP, Account Partnerships, West, Beacon Health Options, presented. *Clinical Quality Improvement Initiatives*		

	2020 Clinical Practice Guidelines (CPG) Interventions		
	- Early 2020 retired CPG on depression, ADHD, and alcohol and drug abuse. Adopted: suicide risk, psychiatric evaluation of adults, and reactive attachment disorder and disinhibited social engagement disorder.		
	- Changes to Beacon reporting due to changes health plans' medical and pharmacy claims data.		
	-Clinical Practice Guidelines (2020 Results)		
	• Suicide Prevention: goal: 100% (percentage of medical charts where there was evidence that member was asked about thought of suicide or self-harm) • Psychiatric Evaluation of Adults: goal: 80% (percentage of medical charts where there was documentation of a substance use assessment) • Assessment and Treatment of Children/Adolescent with Reactive Attachment Disorder (RAD) and Disinhibited Social Engagement Disorder (DSED): no results. NCQA requirement to have one clinical guideline around children.		
	Service Improvement Activities		
	-Telephone rates: goals met - Speed to answer = within 30 seconds. Abandonment rates = were below 5%.		
	-Access and Availability: goals met - Emergent = zero requests. Urgent =100%. Routine initial (within 10 business days) = 87%.		
	-As of June 2020, Beacon to provide appointment assistance to SFHP members.		
	-Beacon's three telehealth vendors: Teladoc, Empathy Behavioral Health, and Bright Heart Health.		
	Patient Safety Activities		
	-Member complaints: i.e. access, attitude/service, billing/finance = 100% resolved.		
	-Adverse incidents: zero for past 3 years, also NCQA requirement. Some examples: absence without authorization (AWA) of unstable/at		

	risk member; illegal activity; medication/treatment errors, etc. *Priorities Quality Program in 2021* -Member Experience: conduct quarterly Access & Availability surveys. Coordination of Care: Beacon's Quality team to work with health plan partners to identify opportunities to improve coordination of care, conducting a local coordination of care workgroup with target intervention. -Appointment Accessibility: Beacon's goal to increase its network by another 5%. -2021 NCQA added new telehealth measures. -Motion to approve. • Approved.		

QI Committee Chair's Signature & Date _____**___**
Minutes are considered final only with approval by the QIC at its next meeting.

<table>
<tr>
<td rowspan="2">`

SAN FRANCISCO HEALTH PLAN™</td>
<td colspan="2">Utilization Management Committee (UMC)
20 October 2020
1:00PM – 2:00PM

Skype
(628) 220-4855
Passcode: 2834783</td>
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<tr>
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<tr>
<td>Meeting called by:</td>
<td>Matija Cale</td>
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<tr>
<td>Type of meeting:</td>
<td>Mandatory – Monthly Recurring</td>
<td>Recorder: K. M. McDonald</td>
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<tr>
<td>Present:</td>
<td><u>Clinical Operations</u>
Matija Cale, Jim Glauber; Monica Baldzikowski; SeDessie Harris, Tamsen Staniford; Morgan Kerr; Rebecca Cornejo; Tony Tai; Kirk McDonald, Heather Thomson, Maxine Casey, Ravid Abraham

<u>Pharmacy</u>
Ralph Crowder, Sue Chan; Lisa Ghotbi</td>
<td><u>Compliance</u>
Betty DeLos Reyes Clark; Joel Nellis

<u>Access and Care Experience</u>
Ralph Custodio; Jesse Chairez

Vaishali Patankar / Ian Houder</td>
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<td>Not Present:</td>
<td colspan="2">Jessica Shost, Kaitlin Hawkins; Crystal Garcia; Kandice Voelker; Amy Petersen</td>
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<td>Quorum (details after the Action Items section below)

Quorum met: 80% (6/8 total)</td>
<td colspan="2">Chief Medical Officer, MD
Senior Manager, Prior Authorization, RN
Program Manager, Utilization Management, PhD
Manager, Pharmacy, RPh.
Director, Clinical Operations, RN
Director, Pharmacy, Pharm.D
Not Present
UM Nurse Manager, Prior Authorizations, RN (OOO)
Manager, Concurrent Review and Care Transitions, RN (OOO)</td>
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<td>Documents Presented:</td>
<td colspan="2">Draft_Minutes_UMC_Aug_v9.10.2020
Draft_Agenda_UMC_Sept_v9.10.2020
UM Director Dashboard_Aug 2020_9 11 20
JesseChairez_Appeals_UMC-OctMtg_v10.15.20</td>
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		Betty_SFH_Sept-Oct_2020_UMC_v10.16.20		
		VaishaliPatankar_EssetteAuths_v10.20.20		
		Matija_ObservationData_v10.19.20		

		Topic	Brought By	MINUTES
1.		Standing Items: • Approval of minutes • Action Items review • Parking lot review • Medical/Pharmacy Directors' Dashboards (ad hoc discussion – odd months only: Jan, March, May, July, Sept. Nov)	Matija	• Draft August minutes - Approved • Director's Dashboard (August 2020) ○ Originally for September 2020 UMC meeting

2.	d	• Medical/Pharmacy Appeals: Upheld and Overturned
		• Independent Medical Review (IMR)
		• State Fair Hearings (SFH)
			• Monica
			• Ralph Crowder
			• Betty
				There are no appeals for September 2020 UMC Meeting
				• UM
				   ○ Upheld appeals - 0
				   ○ Overturned appeals - 0
				• Pharmacy
				   ○ Upheld appeals - 0
				   ○ Overturned appeals - 0
				• IMR - 0
				• SFH – 2
				   ○ Both SFHs are pending; SFH details in the document ***Betty_SFH_Sept-Oct_2020_UMC_v10.16.20***.
				   ○ Regarding the SFH for Monobenzone
				      ▪ This case was discussed at the August UMC meeting.
				      ▪ Main issue is the member is seeking reimbursement for out-of-pocket expenses back to 2017; SFHP's position is to approve reimbursement when the PA was approved.
				
				Appeal details in the document ***JesseChairez_Appeals_UMC-OctMtg_v10.15.20***
				October 2020
				• UM – No changes to policy or process.

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			○ Upheld appeals - 1
			○ Overturned appeals - 0
			• Pharmacy – No changes to policy or process
			    ○ Upheld appeals - 2
			    ○ Overturned appeals - 1
			• IMR - 0
			• SFH – 0
			
			When the State centralizes the Medi-Cal Pharmacy program in 1/2021, discussed the effect on how in-house pharmacy appeals will be handled.
			• The State Fair Hearing (SFH) will be the only means of appealing a pharmacy denial.
			• SFHP's clinical level of appeal for pharmacy denials will not be an option for members.

3.	Prototype – Essette Authorization Report
	
	Authorizations by Sub-Type
		Vaishali Patankar	• This is a draft prior authorization report developed by Vaishali Patankar, Ian Hodur
			• Potential to share with sister health plans.
			• Vaishali provided a demo/walk through of the proposed report.
			    ○ Shared how the March to August decrease and then increase in trends reflects the affect of COVID-19 on members' use of medical services.
			    ○ Discussed how the auth sub-class of *ED to IP* is just a tracking mechanism.
			        ▪ To be refined by Vaishali / Matija (?) / SeDessie (?) (Action Item below)

4.	Follow-up discussion of changes to the criteria hierarchy	Monica / Morgan	• The internal rollout of the updated criteria hierarchy is November 2020 ○ CO-57 is updated and will probably be a file-and-use when submitted to DHCS. • Will work w/ Crystal on how to best rollout to the DMGs. • To date, the DHCS filing has not occurred.
5.	Interim update on the observation pilot	Matija	• The range of the data is 5.1.2020 (started the analysis) to August 31, 2020. • Some sister plans do cover observation stays, but SFHP does not currently. ○ An observation is defined as:

			▪ Conducing two tests, 6 hours apart, and no formal IP admittance.
			▪ Not a covered Medi-Cal benefit. However, SFHP does currently pay professional charges, but not the facility charges.
			  ○ A 1-day ALOS is $8K per 2018 cost data (the latest available).
			    ▪ If SFHP approves to cover observational stays, would be billed @$57 per billed day.
			• Will provide a preliminary financial analysis of the pilot by January 2021

6.	Gender Affirmation Services (GAFS) Surgical Clearance Process Change - Discussion	Monica / Tamsen	Proposal: enlist PNO's help to meet with all Gender Affirmation Surgeons (with SFHP MD presence) to request that they begin
			1) Notifying members as soon as they have a surgical date set
			2) As part of that notification, they would give members a list of actions that need to happen for surgical clearance
			3) The surgeons would then be responsible for sending that completed clearance to SFHP when requesting the authorization for surgery
			
			This would apply to the following procedures:
			• Phalloplasty/metoidioplasty
			• Vaginoplasty
			• Facial Feminization
			• Body contouring/feminization
			• Chest reconstruction (all)
			• Orchiectomy
			• Major Revisions of all surgeries listed above
			
			Discussion
			• Currently, Angie spends 60% - 70% of staff time to coordinate the surgical appointment between the surgeons, the members, and Gender Health SF staff.
			• Monica/Angie are requesting to create a procedural equivalence between how non-GAFS surgeries are coordinated and how GAFS surgeries are coordinated.
			  ○ Non-GAS surgeons are proactive in providing the coordination support for a surgery; currently GAFS surgeons rely on Angie/SFHP to provide the coordination support for a GAFS surgery.
			  ○ The intent of this proposal is to hold GAFS surgeons to the same ownership (coordination support) as SFHP holds non-GAFS surgeons to.

Commented [MK1]: On the 2021 Agenda table

			• Pros
			  o Reduces SFHP's coordination efforts; reduces Angie's staff time on coordination efforts and frees staff time up for other pressing priorities.
			  o Reduces the number of GAFS surgeries requiring to be deferred due to the member not being informed about the surgery dates.
			  o Lowers member anxiety.
			• Cons
			  o Persuading GAFS surgeons to comply.
			  o If GAFS surgeons do not agree, will need to request additional clinical information.
			• The UMC supports this proposal.
			• Action step below.

7.	Recap / Action Item Review Will handle by email	Kirk	For November UMC Meeting – will post these docs and send link out: UM Program Description UM 2020 Annual Eval Q2-2020 Appeals 2019 Annual Appeals NCQA Status Q2-2020 Specialty Referral

9.15.2020 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Vaishali / Matija (?) / SeDessie (?)	• Review and refine the metrics of the *ED to IP* auth-subclass metrics	•
2.	Monica / Tamsen (?) / Morgan (?)	• Roll out to the DMGs the updated critical hierarchy in CO-57. • Work with Compliance (Crystal?)	•
3.	Monica / Angie	• Will work with PNO about the GAFS surgeons proposal for increasing their ownership role in surgery coordination.	•

8.18.2020 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Monica/Morgan	• File updated version of PP CO-57 with DHCS as a "file-and-use" status	• Minimum of 60 days from time of filing for a final DHCS decision

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2.	Monica/Morgan	• On DHCS approval of the revisions to PP-CO-57, will require updates to:
		   o PP CO-22
		   o Some desk-top-procedures
		   o 2 Essette assessments
		   o LMS criteria course
		   o Additional staff training
		   o Communication to DMEs
			• After DHCS approval (minimum of 60 days) it is estimated about 2-months to complete all internal/external updates.

3.	Heather	• Follow-up on ASH's action steps to correct the NOA issue:
		   o Review ASH's updated NOA letter
		   o Confirm if additional staff training occurred
		   o Review ASH's updated appeals policy
		   o ==10.19.20 – Update==
		      ■ ==ASH to conduct mini audit to validate compliance following staff training==
			10.19.20 - Updated
			• Revised NOA letters meet requirements and are live in production as of 9/22/2020.
			• Confirmed that staff training occurred in June 2020
			• Results of ASH audit of medical necessity denials post-training has been requested.
			• ASH appeals policy reviewed.

7.21.2020 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Heather Thomson	• Follow-up with ASH	• Completed
2.	Heather	• For appeal (MA200529002), will follow-up with Brown and Toland Physicians regarding prior authorization requests processes.	• 10.19.20 – BTP Response: *The root cause of the initial denial was Allan Pont MD is a contracted provider with Brown & Toland Physicians but not contracted with*

			SFHP (Medi-Cal). We re-directed the member to an in-network provider. As a corrective action plan, we have re-educated our staff to review continuity of care and approve continued services that meet medical necessity. • *Dr. Antoniucci's authorization was initially approved due to provider Dr. Pont is not in-network. In the Review Nurse notes, she indicated this is for continuity of care. Reviewing Dr. Chan notes there was an oversight issue. It was clear we should have approved for Dr. Pont. The coordinator should have changed the provider field to reflect Dr. Pont as a health plan overturned decision. As a correction action plan, we have re-educated staff to review all notes in detail and correct the provider of the services field.* • 8.12.2020 (update – Heather email on Tue 8/11/2020 5:33 PM): "Brown and Toland Physicians regarding prior authorization requests

ITEM #	OWNER	ACTION ITEMS	STATUS
			processes: Root cause analysis and development/implementation of a preventive process to correct issues identified expected by 8/21/2020"
3.	Jesse Chairez	• Appeal #2 (Requested: Tagrisso, 80mg tablet) – need to change the *Decision* category from *Initial Decision Upheld* to *Overturned*. • Jesse Chairez will update the *0937ES Essette Grievance Report*.	• Completed

6.16.2020 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Betty	• Present the following IMR at the July 2020 UMC meeting: MediCal Member requested IMR review of Tagrisso 80 mg daily to treat advanced NSCLC.	• Completed
2.	Monica	• Will work with the SFHP provider network to inform/educate about the Private Duty Nursing/EPSDT criteria	• 8.18.20 – will send an email to Betty to follow-up. • As of 7.17.2020 - partially completed by Betty Clark in Compliance as part of the EPSDT PDN workgroup

3.	Monica / Tamsen	• Regarding the approval to remove PA request for medical supplies:
		  o What is the volume of claims to be affected by the removal of the proposed PAs?
		  o How will the removal of the PAs, which will remove some of the current member clinical information in the Care Management / Care Transition Essette modules, affect the CM/CT Teams?
		  o How often are the CM/CT Teams accessing this information?
		  o Will this change in Essette information access required a new work flow process to ensure
			• **On hold until the claims edit software is implemented next year; will update Jan 2021.**
			• 8.18.20 – will follow-up in 2 months (10.20); Claims still working on the software updates.
			• Updated (7.21.2020)
			  o Follow-up is delayed until the new claims software updates are in place.

Commented [MK2]: Added to the 2021 agenda schedule.

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		the "missing" clinical information is provide in another manner?	o Need to follow-up with Care Transitions when the claims software updates are in place. o Will provide an update at the August UMC meeting (8.18).

4.21.2020 – Action Steps, Status, and Final Decision

1.	Maxine / Kirk	• Per Jim the following adjustment/consideration, due to COVID-19, needs to be made when assessing the metrics for the following quarters – conduct a 90, 120, 180 review of the non-attached to a claim referrals. This will impact for the following quarters: o Q4-2019 o Q1, Q2, Q3, Q4 of 2020	• Will be presented to UMC at the November meeting.

1.21.2020 – Action Steps, Status, and Final Decisions

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Kirk / Katy Shaffer	• A "cheat-sheet" for the Utilization Trending Service report/tool. • Create a resource by providing screen shots with explanatory labels.	• 11.13 – additional changes in process.

Parking Lot

7.21.20	Ralph Custodio	• Follow-up with Kaiser regarding the details of the Consumer Complaint about a Medi-Cal member filing a complaint against Kaiser after having a C-section. • Intent is to assess if a PQI is required. • Provide an updates/information to Jim Glauber.	• Will be addressed through the annual, audit oversight review of Kaiser.

7.21.2020	Tamsen Staniford	• Will work with the Claims Team on the issue of removing auth requirements for both J3490 and J8499:
		   o Follow-up on the suggestion of raising the threshold of approving a claim with no auth from $25 to $200.
		   o In the past, there were issues with setting a $25 limit, need to confirm if those same issues will occur if a $25 limit is executed.
		   o Are there provider contracts in place obligating SFHP to pay a percentage of bill charges if the auth requirements are removed? This may not apply if only removing the auth requirements for codes (J3490 and J8499) that are below $25.
		   o On obtaining the answers, bring back to UMC August meeting (8.18) and a formal vote will be held to approve the final recommendation for not requiring an authorization for claims below a certain dollar threshold.
		• When the final recommendation is approved, there will be a 6-month follow-up to determine the impact of this change on claims associated with J3490 and J8499.
			• **This was implemented in Aug 2020, so we can run the follow up claims impact analysis in February 2021**

6.16.20	Monica	• Will review the Private Duty Nursing EPSDT criteria at the **June 2021** UMC meeting	• Has been placed on the **June 2021** UMC agenda
5.19.20	Kirk	• Benchmark follow-up • Due to the COVID-19 impact on the health industry, and potentially, skewing UM metrics, need to monitor if NCQA will be adjusting the HEDIS percentiles. • If NCQA does institute a HEDIS adjustment, need to regroup with UMC to reassess the 75 percentile benchmarks being used.	• As of 9.20: NCQA / HEDIS monitoring in progress.
5.11.20	Jim/Kirk	Should SFHP, in PP CO-57 adopt "medical necessity" criteria as the highest level criteria? List MGC criteria as the highest level, over Medi-Cal?	• Completed (on August 2020 agenda)
3.17.20	Monica / Jim	Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers.	On held to further notice.
6.18.19	Kirk	ALOS Readmission Data	Business Analytics (BA) team is requesting to defer Clarizen report request to Q4 2019
2.20.18	Monica	Will obtain metrics on Retrospective Utilization Reviews to guide Compliance on the effect of a 90 or a 180 day guideline.	3.2020: DHCS MCQMD is still reviewing SFHP's questions regarding retrospective authorizations. Therefore, the current strategy is there will be no changes to CO-22 retrospective policy.

Commented [KMM3]: 1.21.2020 – is this still an item of interest for UMC?

The report was requested by the group at the June 18th meeting. The report details (cut/paste from Clarizen) is:

The Request CR-186701 'APR-DRG Affect on ALOS & Readmission Utilization' in the state 'Submitted' was assigned to Priya Anto.

Changed by: Steven Wright

Description:
The purpose of the report to breakdown the ALOS data by length of stay (e.g., D2/2 days; D3/3 days, etc.) and correlating the ALOS data with readmission dates. E.g., D2 had a readmission data spread of 14, 17, 30 days before readmission. This will be used for NCQA.

Membership and Voting Rights	The UMC membership, with voting rights on all motions, consists of: • Chief Medical Officer, MD • Associate Medical Director, MD • Senior Manager, Prior Authorization, RN • UM Nurse Manager, Prior Authorizations, RN

| | • Manager, Concurrent Review and Care Transitions, RN
• Program Manager, Utilization Management, PhD
• Director, Pharmacy, Pharm.D
• Manager, Pharmacy, RPh.

The UMC membership, with voting rights limited to behavioral health and mental health motions, consists of:
• Director of Clinical Services – Beacon Health Options (ad hoc)
    o Valid State Clinical License required (RN, LCSW, LMFT, PhD or PsyD)
• Medical Director (MD/ Psychiatry) – College Health IPA (Beacon Health Options) (ad hoc) |
| Quorum | • A quorum of the UMC is five members with at least one representative from Clinical Operations, Pharmacy, and the Medical Director staff.
• At least one behavioral health representative must also be in attendance to conduct any business related to behavioral health benefits. |

` SAN FRANCISCO HEALTH PLAN™	**Utilization Management Committee (UMC)** **20 November 2020** **1:00PM – 2:00PM**

Meeting called by:	Matija Cale	
Type of meeting:	Mandatory – Monthly Recurring	**Recorder: K. M. McDonald**
Present:	**Clinical Operations** Matija Cale, Jim Glauber; Monica Baldzikowski; Tony Tai; Kirk McDonald, Heather Thomson, Ravid Abraham; April Tarpey; Maxine Casey **Pharmacy** Ralph Crowder, Lisa Ghotbi; Milly Zhao	**Compliance** Crystal Garcia, Kandice Voelker **Access and Care Experience** Ralph Custodio **Guest** Priya Anto
Not Present:	Morgan Kerr (PTO); SeDessie Harris (PTO); Tamsen Staniford; Betty DeLos Reyes Clark; Amy Petersen	
Quorum (details after the *Action Items* section below)	• Chief Medical Officer, MD • Senior Manager, Prior Authorization, RN • Program Manager, Utilization Management, PhD • Manager, Pharmacy, RPh. • Director, Clinical Operations, RN • Director, Pharmacy, Pharm.D • UM Nurse Manager, Prior Authorizations, RN • Manager, Concurrent Review and Care Transitions, RN Not Present	
Documents Presented:	Draft_Agenda_UMC_Nov_vA-11.20.20 Draft_Minutes_UMC_Oct_10.21.20 UM Director Dashboard_Sep 2020_10 11 20 UM Director Dashboard_Oct 2020_11 15 20	

		Jesse_Appeals_November_v11.12.20
		Kandice_SFH.IMR.CC_UMC Report_2020.11.16
		Vision Therapy - American Association for Pediatric Ophthalmology and Strabismus

		Topic	Brought By	Time	MINUTES

1.		Standing Items:
		• Approval of minutes
		• Action Items review
		• Parking lot review
		• Medical/Pharmacy Directors' Dashboards (ad hoc discussion – odd months only: Jan, March, May, July, Sept. Nov)
			Matija	1:00 – 1:05	• Draft October minutes – Approved
					• NCQA file review prep status – to date, the files are not presenting any concerns.
					• Director's Dashboard
					  o Focused on the October 2020 dashboard
					    ▪ A slight spike (80 to 120 cases/50% increase) in the Maternity Kick metrics.
					    ▪ There was a 4.09% dip in meeting TAT in September, due to resource constraints, but with the addition of new staff, the TAT metrics improved by October.
					      • August/95.4% of auths met TAT
					      • September/91.5% of auths met TAT
					      • October/97.1% auths met TAT
					    ▪ Claim edit metrics increased by 11% between August (10,223 edits) and October (11,339 edits). The increase represents a return to the standard pre-pandemic level of claim edits, rather than an outlier trend.
					      • One current issue being addressed is the number of clinics affiliated with UCSF are not currently configured in the claims system; leading to claim errors.
					        o Monica is addressing this with the Provider Network Operations (PNO) Team and the IT Configuration Team through the bi-weekly claims meetings.
					    ▪ CBAS authorizations are increasing due to new COVID guidelines in place.

				• CMO requested to have the Authorizations Dashboard to be included in future dashboard discussions.

2.	• Medical/Pharmacy Appeals: Upheld and Overturned
	• Independent Medical Review (IMR)
	• State Fair Hearings (SFH)
		• Monica
		• Ralph Crowder
		• Kandice
			1:05 – 1:10	• UM – 2 Appeals
				  o Upheld appeals - 2
				  o Overturned appeals - 0
				• Pharmacy – 5 Appeals
				  o Upheld appeals - 3
				  o Overturned appeals - 2
				• Table below
				  o IMR - 0
				  o SFH – 3 Total
				    ▪ 2 pending from September
				    ▪ 1 from November (Consumer Complaint)
				  o Discussion
				    ▪ The Advair and Soolantra case
				      • If the Advair works for the member, but the Soolantra does not work, the consumer complaint might be closed without a medical necessity review being required.

3.	How to handle utilization data in the UM Trending Report for non-active members	Matija / Priya Anto	1:10 – 1:20	• Question proposed - As we prepare to move UM Trending over to our new data models, BI had a question about members who have utilization but were not active members with SFHP. SFHP have come a long way in trying to associate the member with at least a SFHPID or HSFPID, but they have no real eligibility segment. Do you want to count those members utilization for any per 1000 calculation or leave them out?
				• Two major scenarios:
				  o The member retro termed but was eligible at the time we received the claim.
				  o The member was no longer our member, but the trading partner still sent claims. They were denied once going through the pre-processor/QNXT.
				  o BI proposed the cleanest way to deal with the data is to only use current members, meaning…eliminating any claims that were retro or were no longer our members.
				• Denominator only includes active members; therefore, the numerator needs to include only active members.

				• Discussion
				  o Retain retro member and non-eligible members in the numerator count?
				  o 2 types of claims – (1) member was eligible, but no longer eligible, (2) member is not eligible at all.
				  o Denominator never included retro/non-eligible members, but the numerator did include these categories of members.
				  o The proposed change of eliminating the retro/non-eligible members:
				    ▪ Con
				      • Will not count PCP visits of non-active members who are attached to a retro claim
				      • If we do count the retros, then the numerator/denominator will not be in alignment.
				      • However, removing this class of members does raise other technical issues.
				      • CMO states the removal of this class of members might be an issue.
				        o Historically, is low volume/low impact.
				        o But can affect levels of payment.
				  o Next steps
				    ▪ BI to run a report determining the impact of retaining/removing the class of non-active members who had a PCP visit and the claim was a retro.

4.	Vision Therapy – EPSDT benefit	Monica	1:20 – 1:35	This is an extremely uncommon auth request Vision Therapy: • Criteria • Benefit for children only, under EPSDT • No providers, according to PNO • this grievance case presented at Grievance Review Committee and Jim requested to have vision therapy services added as an agenda item for UMC. He wanted to add this to the agenda to

				discuss if there's currently criteria for vision therapy services since there is conflicting information showing whether these services are evidence based.
				
				Monica submitted the request for a LOA, as the code is not priced and the codes/# of units are unclear for a 12-week treatment. Next, a Clin Ops Coordinator will create a Remedy Force ticket for PNO to contact Rising Star to clarify codes/# of units and the cost. In the meantime, the family can contact Rising Star to set up an appointment.
				
				Ravid, "wrote a note in Essette to approve the OON auth request for this case given that similar services not available within network. Given that it is unclear whether this service is covered under VSP, will approve under EPSDT Coverage."
				
				Discussion
				• EPSDT does not cover this benefit.
				• Had to work with an uncontracted provider (LOA arrangement).
				• There is no Medi-Cal covered code.
				• What is SFHP's obligation to provide this benefit if Medi-Cal is silent?
				   o SFHP is obligated to cover EPSDT benefit requests if they are medically necessary, but the issue is there if no formal, evidence-based criterion for establishing medical necessity for this benefit.
				• Next steps
				   o Matija will reach out to Sister Plans to ask their directors how they handle this type of benefit.
				   o MRIoA can be used a resource on a case by case basis to provide guidance in making an authorization decision.

5.		Jim	1:35 – 1:50	• New Medi-Cal benefit – Psychiatric Collaborative Care
				   o UCSF is the provider
				   o Addresses mild mental health – depression, anxiety
				   o A case manager works collaboratively with the member's PCP and psychiatrist (who is remotely involved).
				   o Medical benefit is billed under the PCP
				   o Will be considered a primary care benefit for mental health.

| 6. | Recap / Action Item Review

Will handle by email | Kirk | 1:50 – 1:55 | Q2-2020 Internal Audit PA Q2-2020 Clinical Operations Medical Necessity Audit The compliance rate with State (DHCS /DMHC/NCQA) requirements was <mark>95%</mark>. 20 files total: 19 files were compliant, and 1 file was non-compliant. CCR Q2-2020 Clinical Operations Medical Necessity Audit The compliance rate with State (DHCS /DMHC/NCQA) requirements was <mark>96%</mark>. 28 files total: 27 files were compliant, and 1 file was non-compliant. Non-clinical Q2-2020 Clinical Operations Medical Necessity Audit The compliance rate with State (DHCS /DMHC/NCQA) requirements was <mark>98%</mark>. 62 files total: 61 files were compliant, and 1 file was non-compliant. Skype vs. Microsoft Teams – PHI & Screen Sharing Annual sign-offs in December 2020 Annual Eval 2020 UM Program Description |

11.20.20 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Kirk	- For December UMC Meeting – will post these docs and send link out: 2020 UM Program Description 2020 UM Annual Eval - Q2-2020 Appeals 2019 Annual Appeals - Q2/Q3-2020 Specialty Referral Audit – will be presented at the January 2021 meeting – in progress now.	12.9.20 – documents uploaded to UMC SharePoint site
2.	Monica	Working with PNO & IT Teams regarding the claim edits issues arising from the issue of UCSF clinical affiliations not currently configured.	Will be raising the issue in January 2021 at the monthly C-4 meeting.
3.	Tony	- To include the authorization dashboard in future meetings when the director's dashboard is discussed. - The director's dashboard will be moved to Tableau by 1.21.	There will be a delay in transitioning dashboard to be moved to Tableau January 2021.

ITEM #	OWNER	ACTION ITEMS	STATUS
4.	Priya Anto	• BI to run a report determining the impact of retaining/removing the class of non-active members who had a PCP visit and the claim was a retro from the numerator.	•
5.	Matija	• Vision Therapy – Next Steps ○ Reach out to Sister Plans to ask their directors how they handle this type of benefit.	•

Commented [MK1]: Sent email follow-up on 12.9.20

9.15.2020 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS
6.	Vaishali / Matija (?) / SeDessie (?)	• Review and refine the metrics of the *ED to IP* auth-subclass metrics	• (11.20) - Matija will reach out.
7.	Monica / Tamsen (?) / Morgan (?)	• Roll out to the DMGs the updated critical hierarchy in CO-57. • File updated version of PP CO-57 with DHCS as a "file-and-use" status • On DHCS approval of the revisions to PP-CO-57, will require updates to: ○ PP CO-22 ○ Some desk-top-procedures ○ 2 Essette assessments ○ LMS criteria course ○ Additional staff training • Communication to DMEs	• CO-57 passed @ Nov PCC (11/18). After required signatures are obtained (CEO & CMO), Morgan will request PNO disburse update to DMGs • After DHCS approval (minimum of 60 days) it is estimated about 2-months to complete all internal/external updates.
8.	Monica / Angie	• Will work with PNO about the GAFS surgeons' proposal for increasing their ownership role in surgery coordination.	• In progress; when the Gender Affirmation criteria is completed/approved will reach out to the GAFS surgeons. • Suggested to have 1:1 meeting with each surgeon vs. a group meeting. • DHCS concurrently also is preparing to release a

			new APL about Transgender Health care; will wait for the APL to see its impact on the draft Gender Affirmation Criteria.

8.18.2020 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Heather	• Follow-up on ASH's action steps to correct the NOA issue.	• ASH's denial rate has been low. The provider who received re-training has not processed any denials. • A mini-audit may be performed in January if there are denials available for review.

7.21.2020 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Heather	• For appeal (MA200529002), will follow-up with Brown and Toland Physicians regarding prior authorization requests processes.	• Completed

6.16.2020 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Monica	• Will work with the SFHP provider network to inform/educate about the Private Duty Nursing/EPSDT criteria	• 8.18.20 – will send an email to Betty to follow-up. • As of 7.17.2020 - partially completed by Betty Clark in Compliance as part of the EPSDT PDN workgroup
2.	Monica / Tamsen	• Regarding the approval to remove PA request for medical supplies:	• **On hold until the claims edit software is**

		o What is the volume of claims to be affected by the removal of the proposed PAs? o How will the removal of the PAs, which will remove some of the current member clinical information in the Care Management / Care Transition Essette modules, affect the CM/CT Teams? o How often are the CM/CT Teams accessing this information? o Will this change in Essette information access required a new work flow process to ensure the "missing" clinical information is provide in another manner?	**implemented next year; will update Jan 2021.**

4.21.2020 – Action Steps, Status, and Final Decision

1.	Maxine / Kirk	• Per Jim the following adjustment/consideration, due to COVID-19, needs to be made when assessing the metrics for the following quarters – conduct a 90, 120, 180 review of the non-attached to a claim referrals. This will impact for the following quarters: o Q4-2019 o Q1, Q2, Q3, Q4 of 2020	• Will be presented to UMC at the November meeting.

1.21.2020 – Action Steps, Status, and Final Decisions

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Kirk / Katy Shaffer	• A "cheat-sheet" for the Utilization Trending Service report/tool. • Create a resource by providing screen shots with explanatory labels.	• 11.13 – additional changes in process.

Parking Lot

7.21.20	Ralph Custodio	• Follow-up with Kaiser regarding the details of the Consumer Complaint about a Medi-Cal member filing a complaint against Kaiser after having a C-section.	• Will be addressed through the annual, audit oversight review of Kaiser.

Commented [MK2]: Added to the 2021 agenda schedule.

		• Intent is to assess if a PQI is required. • Provide an updates/information to Jim Glauber.	

7.21.2020	Tamsen Staniford	• Will work with the Claims Team on the issue of removing auth requirements for both J3490 and J8499:
		   o Follow-up on the suggestion of raising the threshold of approving a claim with no auth from $25 to $200.
		   o In the past, there were issues with setting a $25 limit, need to confirm if those same issues will occur if a $25 limit is executed.
		   o Are there provider contracts in place obligating SFHP to pay a percentage of bill charges if the auth requirements are removed? This may not apply if only removing the auth requirements for codes (J3490 and J8499) that are below $25.
		   o On obtaining the answers, bring back to UMC August meeting (8.18) and a formal vote will be held to approve the final recommendation for not requiring an authorization for claims below a certain dollar threshold.
		• When the final recommendation is approved, there will be a 6-month
			• **This was implemented in Aug 2020, so we can run the follow up claims impact analysis in February 2021**

		follow-up to determine the impact of this change on claims associated with J3490 and J8499.	
6.16.20	Monica	• Will review the Private Duty Nursing EPSDT criteria at the **June 2021** UMC meeting	• Has been placed on the **June 2021** UMC agenda
5.19.20	Kirk	• Benchmark follow-up • Due to the COVID-19 impact on the health industry, and potentially, skewing UM metrics, need to monitor if NCQA will be adjusting the HEDIS percentiles. • If NCQA does institute a HEDIS adjustment, need to regroup with UMC to reassess the 75 percentile benchmarks being used.	• As of 9.20: NCQA / HEDIS monitoring in progress.
3.17.20	Monica / Jim	Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers.	On held to further notice.
6.18.19	Kirk	ALOS Readmission Data	11.13.20 – assessing whether this report needs to be continued; was used for a specific NCQA QI report which will not be repeated for the 2023 Renewal Accreditation audit.
2.20.18	Monica	Will obtain metrics on Retrospective Utilization Reviews to guide Compliance on the effect of a 90 or a 180 day guideline.	3.2020: DHCS MCQMD is still reviewing SFHP's questions regarding retrospective authorizations. Therefore, the current strategy is there will be no changes to CO-22 retrospective policy.

Membership and Voting Rights	The UMC membership, with voting rights on all motions, consists of: • Chief Medical Officer, MD • Associate Medical Director, MD • Senior Manager, Prior Authorization, RN • UM Nurse Manager, Prior Authorizations, RN

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

IMR/SHA Table

9/17/2020	State Fair Hearing	Request for reimbursement and approval of medication - Acuicyn.	Pending	SFHP denied the PA because three preferred medications were not tried first. Denial was upheld upon appeal. This hearing is scheduled for 11/17.
9/29/2020	State Fair Hearing	Request for reimbursement of Monobenzone	Pending	SFHP denied reimbursement of out-of-pocket expenses of Monobenzone for dates of service prior to the approval of the PA request. The hearing took place on 10/21. A continuation hearing is scheduled for 11/23.
11/3/2020	Consumer Complaint	Advair and Soolantra	Pending	SFHP denied Advair and Soolantra for Member. Plan response was submitted 11/9. DMHC is requesting to move this case to IMR and SFHP must reply to the request by 11/18.

` SAN FRANCISCO HEALTH PLAN™	**Utilization Management Committee (UMC)** **15 December 2020** **1:00PM – 2:00PM**	
Meeting called by:	Matija Cale	
Type of meeting:	Mandatory – Monthly Recurring	**Recorder: K. M. McDonald**
Present:	**Clinical Operations** Matija Cale, Monica Baldzikowski; SeDessie Harris, Tamsen Staniford; Tony Tai; Kirk McDonald, Heather Thomson; April Tarpey; Morgan Kerr; Maxine Casey; Jim Glauber **Pharmacy** Ralph Crowder, Lisa Ghotbi	**Compliance** Crystal Garcia, Betty DeLos Reyes Clark; **Access and Care Experience** Ralph Custodio; Amy Petersen
Not Present:	Ravid Abraham; Kandice Voelker; Fiona Donald	
Quorum (details after the *Action Items* section below)	• Chief Medical Officer, MD • Senior Manager, Prior Authorization, RN • Program Manager, Utilization Management, PhD • Manager, Pharmacy, RPh. • Director, Clinical Operations, RN • Director, Pharmacy, Pharm.D • UM Nurse Manager, Prior Authorizations, RN • Manager, Concurrent Review and Care Transitions, RN Not Present	
Documents Presented:	Draft_Agenda_UMC_Dec_v12.10.20 Draft_Minutes_UMC_Nov_v11.20.20 UM Director Dashboard_Nov 2020_12 11 20 Jesse_Chairez_UMC December 2020 Appeals_v12.9.20	

			Kandice_SFH.IMR.CC_UMC Report_2020.12.14
			Final_DHCS_UMAdverseDecisionAuditReport_Q2-2020_v12.09.20
			UM1_ElemA_Factors1,3,5,6_2020_UMProgDescrip_v9.17.20
			UM1_ElemB_Q1-Q2-2020_UMProgEval_v9.21.20
			Final_2019_Annual_MedPharm_Appeals_Rpt_v9.24.20

	Topic	Brought By	Time	MINUTES

1.	Standing Items:
	• Approval of minutes
	• Action Items review
	• Parking lot review
	• Medical/Pharmacy Directors' Dashboards (ad hoc discussion – odd months only: Jan, March, May, July, Sept. Nov)
		Matija	1:00 – 1:05	• Draft November minutes – Approved
				• Director's Dashboard – December 2020
				  o Discussion centered on how the observation pilot might be contributing to the decrease in denials.
				  o Reviewed the data in the:
				    ▪ Various inpatient rate charts
				    ▪ Various denial rate charts
				    ▪ Turn-around-time charts
				• Action Steps review
				  o Updates listed in the *Action Steps* section
				  o Heather has an important update about ASH's NOAs

2.	• Medical/Pharmacy Appeals: Upheld and Overturned
	• Independent Medical Review (IMR)
	• State Fair Hearings (SFH)
		• Monica
		• Ralph Crowder
		• Kandice/Betty
			1:05 – 1:10	• UM – 2 Appeals
				  o Upheld appeals – 2
				    ▪ MA201012001
				      • Process improvement suggested for the Customer Service Team
				        o Provide a training on being transparent during the initial member intake about what benefits are/are not covered.
				        o However, discuss the when a non-covered benefit can be approved as medically necessary.
				  o Overturned appeals - 0
				• Pharmacy – 1 Appeals; Discussed; no change to current policies or processes.
				  o Upheld appeals - 1
				  o Overturned appeals - 0
				• Compliance

				○ IMR - 1 ○ SFH – 3 ▪ Case (9.29.20) regarding request for reimbursement of Monobenzone • Determined to reimburse the member retrospectively for 1-year. ▪ Case (11.30.20) regarding request for reimbursement for Out-of-Network services • Still gathering information about Beacon's engagement with the member and timely access to care process. ○ Consumer Complaint – 1 ▪ Case (11.3.20) regarding Advair and Soolantra • Monitoring if a brand is approved vs. generic and its cost implications
3.	CPAP benefit	Tamsen	1:10 – 1:25	• Assessing the effect of removing the PA requirement • There has been a decrease in utilization, and the COVID pandemic has not created a spike in utilization.
4.	Continuous Glucose Monitoring / CGM	Matija / Tamsen	1:25 – 1:35	• The benefit was originally vetted through the BenEx process and reviewd by the Executive Team. • Since 6.20, ther have been 22 LOAs administered • This suggests the benefit should become a standard network offering (covered benefit) rather than being handled through ad hoc LOAs. • Jim shared in one of the DHCS Medical Director meetings they said DHCS is evaluating making CGMs a covered benefit. • The ask of UMC is to approve to make the beneits a network offering, despite the funding hold on futher BenEx approvals. ○ UMC approved the shift of the benefit to a network offering. ○ The financial impact is not significant ○ Approved Libre Freestyle vs. Dexcon ▪ Suggested a step process – try Libre first (Pharmacy), and if not effective, then try Dexcon (DME). ○ Need to investigate how are DMGs handling CGM? ○ Need to bring pharmacies into the SFHP network? ○ Is there a single source for CGMs?

Commented [MK1]: Place in the decision log

5.	Update PP CO-47 (Clinical Cancer Trials)	Morgan	1:35 – 1:40	• Senate Bill / Health & Safety Code expansion for Clinical Trial criteria also applies to Medi-Cal; previously CRA instructed only applicable to Health Workers HMO. • Travel is still excluded • CO policy was updated accordingly, approved by DMHC, and passed during Nov PCC • QNXT might be an option for determining utilization rates; based on the general difficulty of tracking the metric

6.	NCQA Renewal Survey UM File Review - Outcome	Sue Chan	1:40 – 1:50	• Lessons learned/improvement opportunities from the NCQA UM denial file (specifically with request to delegates) or appeals file review and some of the issues raised with respect to citing criteria for OOMG/OON denials
				• Pharmacy Team
				  o There may be some opportunities for improvement:
				    ▪ 1) Letter drafting for resolution letters- improvement on citing criteria for these.
				    ▪ 2) Benefit denials, stick with them unless for biofeedback
				    ▪ 3) Add workflow for inquiring the latest criteria for the service/product if applicable to see if there were any changes.
				      • a. even though upon receipt of the case, the department responsible for the original denial may review the case again based on latest criteria or with additional info.
				      • b. If criteria was reviewed in between and no changes were made would make stronger documentation for UM-9A
				• Issue of OON benefit denials, need to review with "an eye" to determine if medical necessity applies. This would require an physician review.
				  o Can cite the EOC as the criteria source for a benefit denial.

7.	Recap / Action Item Review	Kirk	1:50 – 1:55	• Review of NCQA documents submitted; will be repurposed for DHCS (3.21 Audit) & DMHC • Recap

12.15.20 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Tamsen	• CPAP follow-up • Will add to the 2.21 UMC Agenda • Working w/ Katy Shaffer to dive deeper into the utilization data. • Need to provide a 6-month impact analysis of the PA removal and report to UMC.	• Placed on the 2.21 UMC agenda

2.	Heather/April/Matija	• Matija - to investigate how the sister plans are handling CGM? A covered benefit?
		• Heather/April - to reach out to the DMGs to ask if they cover CGMs.
		• Need to bring pharmacies into the SFHP network?
		• Is there a single source for CGMs?
			• Update on sister plans
			Gold Coast
			   • Covers CGM with MCG criteria
			Partnership
			   • Covers CGM with tight list of requirements
			CCAH
			   • Covers CGM on limited basis
			Kern
			   • Covers CGM on case by case basis using MCG, however they have concerns about limited documentation support for continued use of CGM and improvement. They were interested in knowing if anyone

			had guidelines on that.

11.20.20 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS

1.	Kirk	• For December UMC Meeting – will post these docs and send link out:
		  ○ 2020 UM Program Description
		  ○ 2020 UM Annual Eval
		  ○ Q2-2020 Appeals
		  ○ 2019 Annual Appeals
		• Q2/Q3-2020 Specialty Referral Audit – will be presented at the January 2021 meeting – in progress now.
			• Completed

2.	Monica	• Working with PNO & IT Teams regarding the claim edits issues arising from the issue of UCSF clinical affiliations not currently configured.	• Will be raising the issue in January 2021 at the monthly C-4 meeting.
3.	Tony	• To include the authorization dashboard in future meetings when the director's dashboard is discussed. • The director's dashboard will be moved to Tableau by 1.21.	• There will be a delay in transitioning dashboard to be moved to Tableau January 2021.
4.	Priya Anto	• BI to run a report determining the impact of retaining/removing the class of non-active members who had a PCP visit and the claim was a retro from the numerator.	• The decision, without a formal data run, was to exclude non-active members.
5.	Matija	• Vision Therapy – Next Steps ○ Reach out to Sister Plans to ask their directors how they handle this type of benefit.	Gold Coast • Doesn't cover vision therapy Partnership • Doesn't cover vision therapy CCAH • No response on vision therapy Kern

			• Vision therapy normally not covered, however there was a request once in the past few years that the code was not covered but it was deemed medically necessary under EPSDT so they covered it.

9.15.2020 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Vaishali / Matija (?) / SeDessie (?)	• Review and refine the metrics of the *ED to IP* auth-subclass metrics	• Completed

2.	Monica / Tamsen (?) / Morgan (?)	• Roll out to the DMGs the updated critical hierarchy in CO-57.
		• File updated version of PP CO-57 with DHCS as a "file-and-use" status
		• On DHCS approval of the revisions to PP-CO-57, will require updates to:
		  o PP CO-22
		  o Some desk-top-procedures
		  o 2 Essette assessments
		  o LMS criteria course
		  o Additional staff training
		• Communication to DMEs
			• CO-57 passed @ Nov PCC (11/18). After required signatures are obtained (CEO & CMO), Morgan will request PNO disburse update to DMGs
			• After DHCS approval (minimum of 60 days) it is estimated about 2-months to complete all internal/external updates.

3.	Monica / Angie	• Will work with PNO about the GAFS surgeons' proposal for increasing their ownership role in surgery coordination.	• 1.21 – a draft PP has been prepared; the criteria draft is completed • 12.20 – received APL from DHCS. • 12/20 - DHCS concurrently also is preparing to release a

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| | | | new APL about Transgender Health care; will wait for the APL to see its impact on the draft Gender Affirmation Criteria. In progress; when the Gender Affirmation criteria is completed/approved will reach out to the GAFS surgeons.
• Suggested to have 1:1 meeting with each surgeon vs. a group meeting. |

8.18.2020 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Heather / April	• Follow-up on ASH's action steps to correct the NOA issue.	• 12.15 - ASH has agreed to add language (not required by regulations) to make our member denial letters more clear!!! All denial letters will contain the headers Notice of Action - About Your Treatment Request - This is not a Bill • There have been multiple appeals and decline to files related to member confusion around ASH denial letters potentially being a bill. This language will reduce member confusion and thereby

			reduce appeals team work to explain the letters.
			• ==A mini-audit may be performed in January if there are denials available for review.==

6.16.2020 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Monica	• Will work with the SFHP provider network to inform/educate about the Private Duty Nursing/EPSDT criteria	• Completed

2.	Monica / Tamsen	• Regarding the approval to remove PA request for ==medical supplies==:
		   o What is the volume of claims to be affected by the removal of the proposed PAs?
		   o How will the removal of the PAs, which will remove some of the current member clinical information in the Care Management / Care Transition Essette modules, affect the CM/CT Teams?
		   o How often are the CM/CT Teams accessing this information?
		   o Will this change in Essette information access required a new work flow process to ensure the "missing" clinical
			• Closed
			 • Changes to medical supplies authorization requirements to be re-assessed once claims edits software is implemented.
			 • That project start date is Jan 2021, deployment date has not yet been updated: https://app2.clarizen.com/Clarizen/6.12783369601.1356181/

		information is provide in another manner?	

4.21.2020 – Action Steps, Status, and Final Decision

ITEM #	OWNER	ACTION ITEMS	STATUS

1.	Maxine / Kirk	• Per Jim the following adjustment/consideration, due to COVID-19, needs to be made when assessing the metrics for the following quarters – conduct a 90, 120, 180 review of the non-attached to a claim referrals. This will impact for the following quarters:
		   o Q4-2019
		   o Q1, Q2, Q3, Q4 of 2020
			• February 2021 UMC Meeting – present the annual report, will address Jim's question in the report; will cover Q4-19 to Q3-20.

Commented [MK3]: 12.20 – Placed on the 2/21 UMC agenda.

Parking Lot

7.21.20	Ralph Custodio	• Follow-up with Kaiser regarding the details of the Consumer Complaint about a Medi-Cal member filing a complaint against Kaiser after having a C-section. • Intent is to assess if a PQI is required. • Provide an updates/information to Jim Glauber.	• Closed. • The case did not show on KSR's PQI universe for this year's audit.

7.21.2020	Tamsen Staniford	• Will work with the Claims Team on the issue of removing auth requirements for both J3490 and J8499:
		   o Follow-up on the suggestion of raising the threshold of approving a claim with no auth from $25 to $200.
		   o In the past, there were issues with setting a $25 limit, need to confirm if those same issues will occur if a $25 limit is executed.
			• This was implemented in Aug 2020, so we can run the follow up claims impact analysis in February 2021

		○ Are there provider contracts in place obligating SFHP to pay a percentage of bill charges if the auth requirements are removed? This may not apply if only removing the auth requirements for codes (J3490 and J8499) that are below $25. ○ On obtaining the answers, bring back to UMC August meeting (8.18) and a formal vote will be held to approve the final recommendation for not requiring an authorization for claims below a certain dollar threshold. - When the final recommendation is approved, there will be a 6-month follow-up to determine the impact of this change on claims associated with J3490 and J8499.	
6.18.19	Kirk	ALOS Readmission Data	12.09.20 – assessing whether this report needs to be continued; was used for a specific NCQA QI report which will not be repeated for the 2023 Renewal Accreditation audit. BUT….NCQA might require for the 2022 proposed changes.
6.16.20	Monica	Will review the Private Duty Nursing EPSDT criteria at the **June 2021** UMC meeting	Has been placed on the **June 2021** UMC agenda
5.19.20	Kirk	- Benchmark follow-up - Due to the COVID-19 impact on the health industry, and potentially,	As of 9.20: NCQA / HEDIS monitoring in progress.

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		skewing UM metrics, need to monitor if NCQA will be adjusting the HEDIS percentiles. • If NCQA does institute a HEDIS adjustment, need to regroup with UMC to reassess the 75 percentile benchmarks being used.	
3.17.20	Monica / Jim	Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers.	On hold to further notice.
1.21.20	Kirk / Katy Shaffer	• A "cheat-sheet" for the Utilization Trending Service report/tool. Create a resource by providing screen shots with explanatory labels.	12.20 – Katy is still refining the model; so, waiting for stabilization before creating a guide.
2.20.18	Monica	Will obtain metrics on Retrospective Utilization Reviews to guide Compliance on the effect of a 90 or a 180 day guideline.	12.20 - closed

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

	• Medical Director (MD/ Psychiatry) – College Health IPA (Beacon Health Options) (ad hoc)
Quorum	• A quorum of the UMC is five members with at least one representative from Clinical Operations, Pharmacy, and the Medical Director staff. • At least one behavioral health representative must also be in attendance to conduct any business related to behavioral health benefits.

Emergency Room Visit / Prescription Access Report
3rd Quarter 2020
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 3Q2020, 7,156 members had 13,865 ER visits, averaging 1.94 ER visits per member, which increased from the previous quarter (1.74). This reflects an ER visit by approximately 6.4% of the SFHP Medi-Cal membership within the quarter, which increased from 5.7% previously. Visits by ER facility and the number of Member ER visits decreased compared to the previous quarter (10,500 and 6,051 respectively).

Table 1A: Visits by ER Facility

ER Facility	ER Visits
ZSFG – ACUTE CARE	5,732
UCSF MEDICAL CENTER	1,865
ST FRANCIS MEMORIAL	1,596
CPMC MISSION BERNAL CAMPUS	1,316
CPMC PACIFIC CAMPUS	871
ST MARYS MEDICAL CENTER	562
CPMC PACIFIC CAMPUS-OUTPATIENT AND ER	527
CPMC DAVIES CAMPUS-ACUTE	443
CHINESE HOSPITAL	206
KAISER HOSPITAL SF	205
Other ED Facilities	542
TOTAL	**13,865**

Table 1B: Member ER Visits

# ER Visits	Member
1	4,425
2	1,521
3	519
4	242
5	128
6	86
7	46
8	46
9	26
10	19
11 - 44	98
TOTAL	**7,156**

Section 2 - Top Diagnoses

Of the 13,865 ER visits in 3Q2020, 7,297 visits (53%) resulted in a medication (from ER or pharmacy) within 72 hours of the ER Visit and 5,483 (47%) 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 was added as a new diagnosis in 3Q2020. Suicidal ideation remains a top diagnosis from 2Q2020 which may relate to COVID-19 shelter in place.

Table 2: Percent ER Visits by Diagnoses (3Q2020)

Top Diagnoses Categories	ICD10	ER Visits	% of Visits
Chest pain	R07.xx	1011	7.3%
Abdominal pain	R10.xx	652	4.7%
Shortness of breath	R06.02	225	1.6%
Altered mental status	R41.82	200	1.4%
Headache	R51	141	1.0%
Suicidal Ideations	R45.851	135	1.0%
COVID-19	U07.1	131	0.9%
Fever Unspecified	R50.9	117	0.8%
Dizziness and Giddiness	R42	111	0.8%
Sepsis Unspecified	A41.9	102	0.7%
Tachycardia Unspecified	R00.0	98	0.7%
Other Stimulant Abuse Uncomplicated	F15.10	94	0.7%
Low Back Pain	M54.5	89	0.6%
All Other Diagnoses		10,759	77.6%
TOTAL		**13,865**	**100.0%**

Section 3 - Key Diagnoses Category

Selected key diagnoses with a high likelihood for ER discharge prescription are reported in Table 3. In 3Q2020, 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
COPD	J44, J44.1, J44.9	22	37	3	62	95%
Pneumonia	J18.9	8	7	1	16	94%
UTI	N39.0	36	26	1	63	98%
Asthma Exacerbation	J45.901, J45.909, J45.902	18	22	2	42	95%

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 4,280 member visits to a pharmacy after an ER discharge, the top 17 most utilized pharmacies are reported in Table 4. One 24-hour pharmacy in San Francisco was top utilized. Access to a pharmacy after an ER visit can occur throughout the day and would not be limited to only after-hours. In this analysis, member visits are defined as unique days that prescriptions are filled for a member per unique pharmacy. Walgreens 13668 closed in August 2020.

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	415	9.70%
Walgreens 3711(1189 Potrero Ave)	8AM – 10PM M-F,8AM – 9PM Sat-Sun	317	7.41%
Walgreens 5487 (5300 3rd St)	8AM – 9PM	271	6.33%
Walgreens 1327 (498 Castro St)	24 Hours	205	4.79%
Walgreens 4609 (1301 Market St)	8AM – 9PM	171	4.00%
Walgreens 3185 (825 Market St)	8AM – 9PM M-F, 9AM – 5PM Sat,10AM – 6PM Sun	157	3.67%
Walgreens 2153 (790 Van Ness Ave)	8AM – 8PM	142	3.32%
Daniels Pharmacy	9AM-6:30PM	127	2.97%
Walgreens 4231 (2690 Mission St)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	109	2.55%
Walgreens 4558 (300 Gough St)	8AM – 9PM M-F, 9AM – 5PM Sat,10AM – 6PM Sun	101	2.36%
Walgreens 1120 (4645 Mission St)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	101	2.36%
Scriptsite Pharmacy (870 Market St)	9:30AM-5:30PM M-F	98	2.29%
Walgreens 7150 (965 Geneva Ave)	9AM – 9PM	97	2.27%
Walgreens 1626(2494 San Bruno Ave)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	96	2.24%
Walgreens 9886(3400 Cesar Chavez)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	89	2.08%
Chinese Hospital (845 Jackson St)	8AM – 7PM M-F, 9AM-5PM Sat-Sun	82	1.92%
Walgreens 15331 (500 Parnassus Ave)	8:30AM – 8:30PM M-F,10AM – 6PM Sat-Sun	70	1.64%
All Other Pharmacy Locations		1632	38.1%
TOTAL		**4,280**	**100.0%**

Summary:

No barrier to pharmacy access during after-hours was identified in this quarter. ER utilization was higher in 3Q2020 compared to 2Q2020 (13,865 visits versus 10,500) with each member utilizing the ER at 1.94 visits, which is higher than the previous quarter (1.74). About 53% of ER visits received a medication (from ER or pharmacy) within 72 hours of the ER visit, slightly higher than last quarter (50%). Appropriate prescription fills were seen in all four key diagnoses category. Monitoring of member access to medication treatment after an ER visit will continue.

MEMO

Date: March 22, 2021

To	Quality Improvement Committee
From	**Grace Cariño, MPH** **Associate Program Manager, Appeals & Grievances**
Regarding	**Q4 2020 Grievance Report**

- SFHP received a total of 73 grievances in Q4 2020. Overall grievance volume decreased by 27% from 100 total grievances in Q3 2020.
- In Q4 2020, five out of 73 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).
  - The grievances were not closed within 30 days because additional information was needed for a satisfactory resolution.
- Ninety-nine percent of acknowledgement letters were sent out within five calendar days, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).
  - One acknowledgement letter was not sent to the member within five calendar days because the Grievance Coordinator was out of the office for the holidays in December. The Grievance Coordinator was counseled on this issue.

SFHP's performance threshold for closing grievances within the required timeframe of 30 days is 99%. In Q4 2020, the percentage of grievances resolved within 30 calendar days was 93%. SFHP was unable to close four cases within the 30-calendar day timeframe because SFHP did not receive timely grievance investigation responses from providers. SFHP understands the constraints providers are currently experiencing during the COVID-19 pandemic and the difficulty in providing timely responses to grievances. SFHP closed these grievances after we received the responses from the providers. One case was not closed within the 30-calendar day timeframe because SFHP's Billing Department needed additional time to work with the medical group to have the member's bills resolved.

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Q1 2020 – Q4 2020 Grievances Resolved in 30 Days

TurnAround Time (Standard)
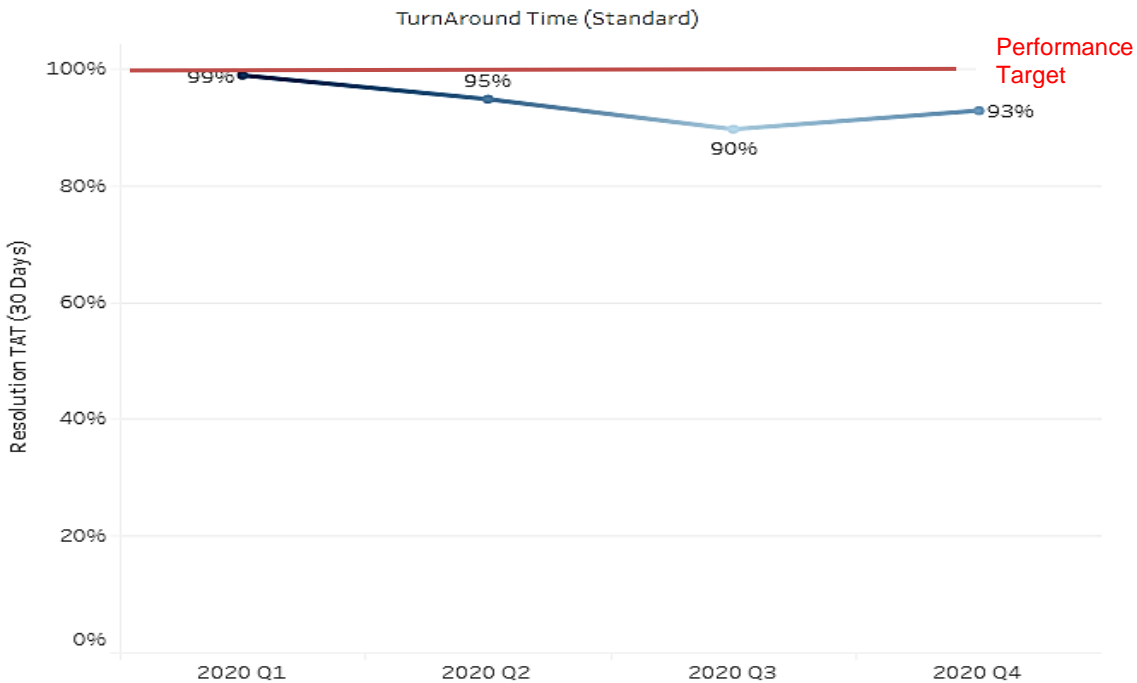
SFHP Grievance Rate

SFHP's grievance rate increased from Q2 2019 to Q4 2019 while the grievance rate significantly decreased in Q1 2020 and Q2 2020 due to the COVID-19 pandemic. SFHP's grievance rate again increased in Q3 2020 then decreased in Q4 2020.

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 two quarters behind.

Q2 2019 – Q4 2020 SFHP Grievance Rate per 1,000 Member Months

SFHP Rate
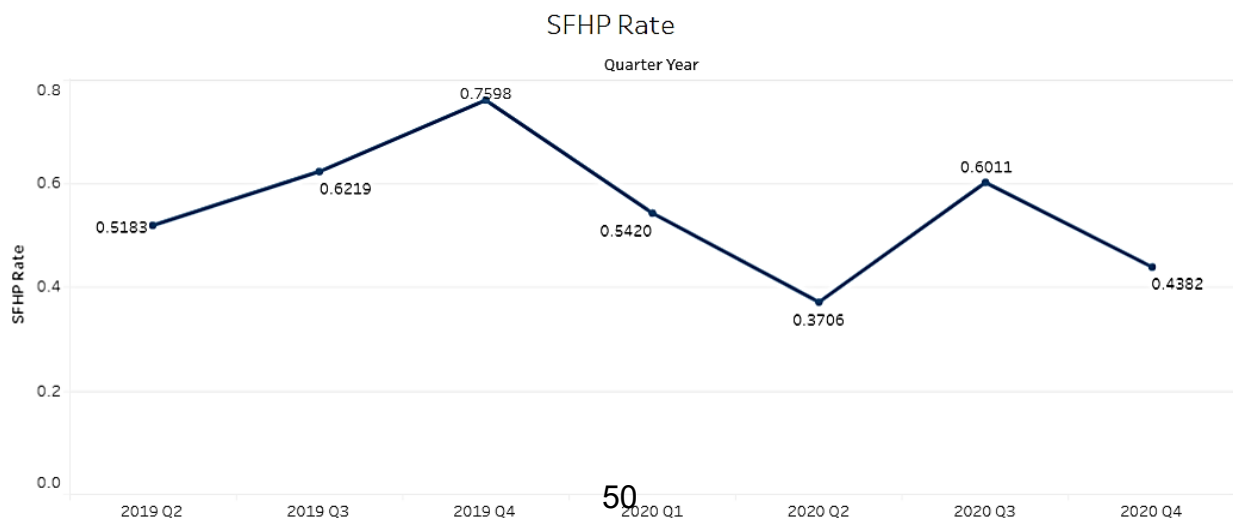
DHCS Grievance Rates per 1,000 Member Months

By Population
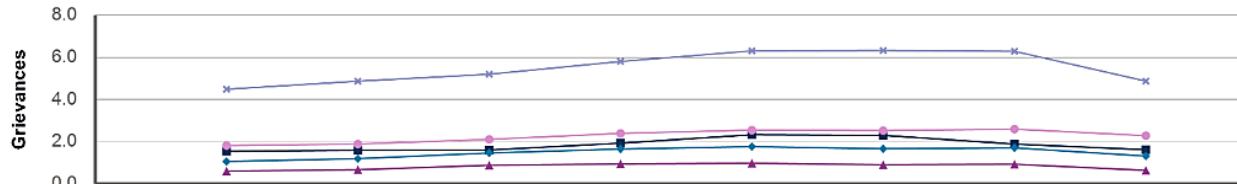
	2018Q3	2018Q4	2019Q1	2019Q2	2019Q3	2019Q4	2020Q1	2020Q2
Dual	1.5	1.6	1.6	1.9	2.3	2.3	1.9	1.6
MO-ACA	1.8	1.9	2.1	2.4	2.5	2.5	2.6	2.3
MO-OTLIC	0.6	0.7	0.9	0.9	1.0	0.9	0.9	0.6
MO-SPD	4.5	4.9	5.2	5.8	6.3	6.3	6.3	4.9
MO-Other	1.1	1.2	1.5	1.7	1.8	1.7	1.7	1.3
Total	1.5	1.6	1.8	2.1	2.2	2.2	2.2	1.8

*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 2020, 36 grievances were filed by SPD members. The number of grievances filed by SPDs decreased by 3% compared to Q3 2020 when a total of 37 grievances were filed by SPD members.
- Grievances involving quality of service and quality of care continue to be the most common grievance categories for SPD members. This is similar for grievances filed by non-SPD members.

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

Q1 2020 – Q4 2020 SFHP SPD Grievance Rate

SPD Rate / Volume

Grievance Rate by Medical Group:

Q1 2020 - Q4 2020 Grievance Rate by Medical Group

	UCS	BTP	CHN	NMS	NEM	CHI	KSR	JAD	HIL
Q1 2020	1.79	1.73	0.55	0.33	0.21	0.19	0.28	0.27	0.58
Q2 2020	1.9	0	0.22	0	0.24	0	0.56	0	0.61
Q3 2020	1.89	0	0.46	0.6	0.51	0	0.34	0.5	1.76
Q4 2020	1.87	0.67	0.3	0	0.26	0.18	0.24	0.99	1.19
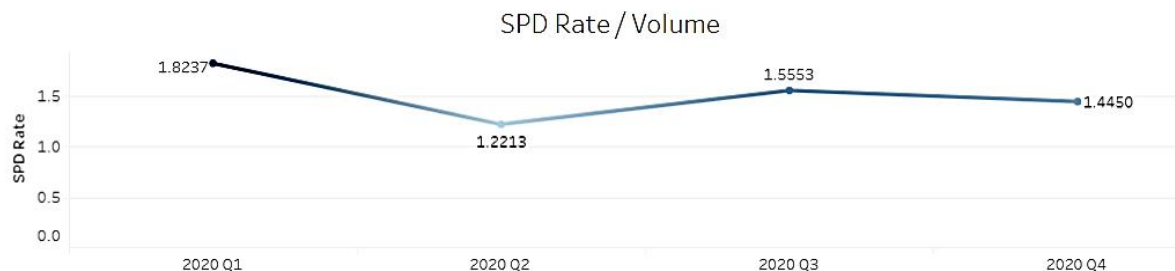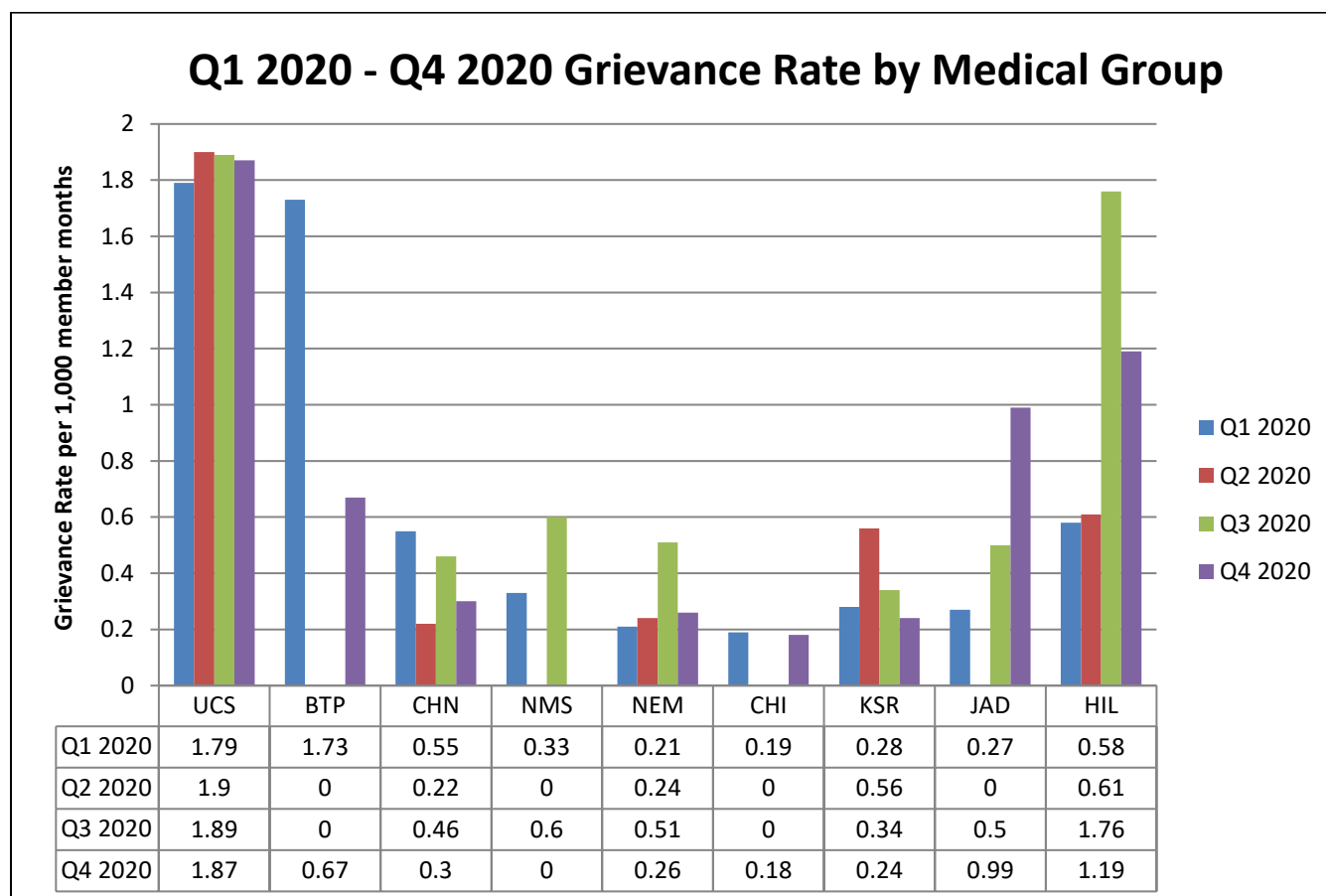
*Includes clinical and non-clinical grievances only.

In Q4 2020, six of the medical group grievance rates decreased whereas the remaining three increased compared to Q3 2020.

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 2020 were those involving services provided by SFHP followed by care or services provided by the member's PCP.

Q1 2020 – Q4 2020 Grievance Source
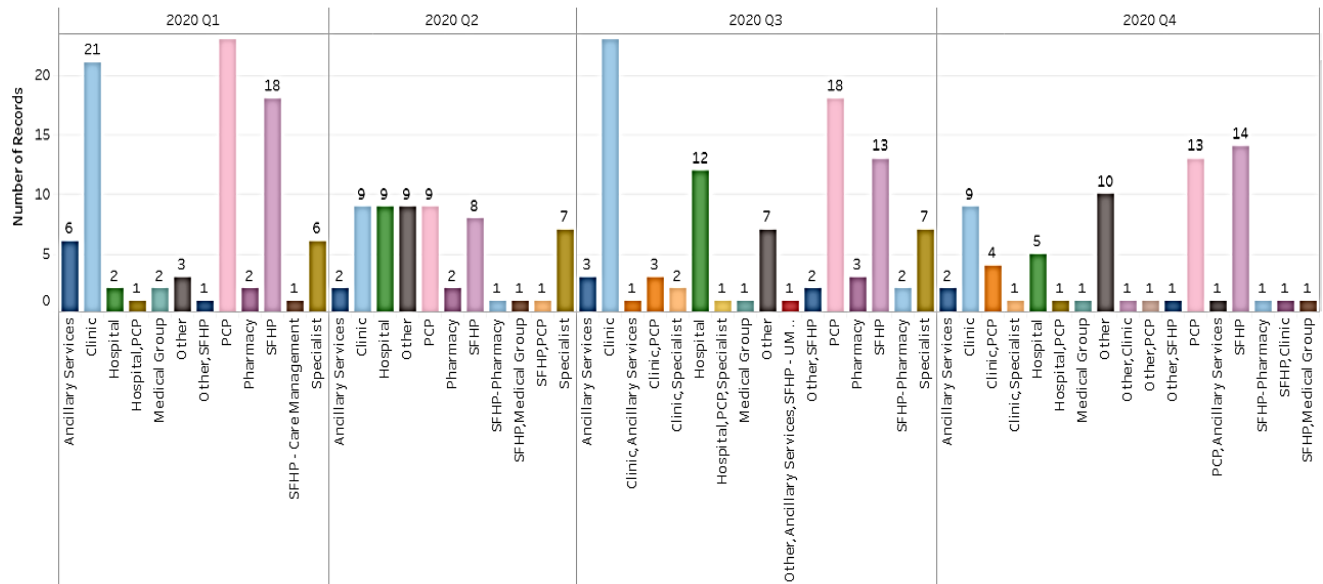
Access to Care Grievances:

From Q1 2019 to Q2 2019, the access grievance rate decreased and then increased in Q3 2019 and Q4 2019. In Q1 and Q2 2020, the rate decreased due to the COVID-19 pandemic. In Q3 2020, the rate increased and then decreased in Q4 2020.
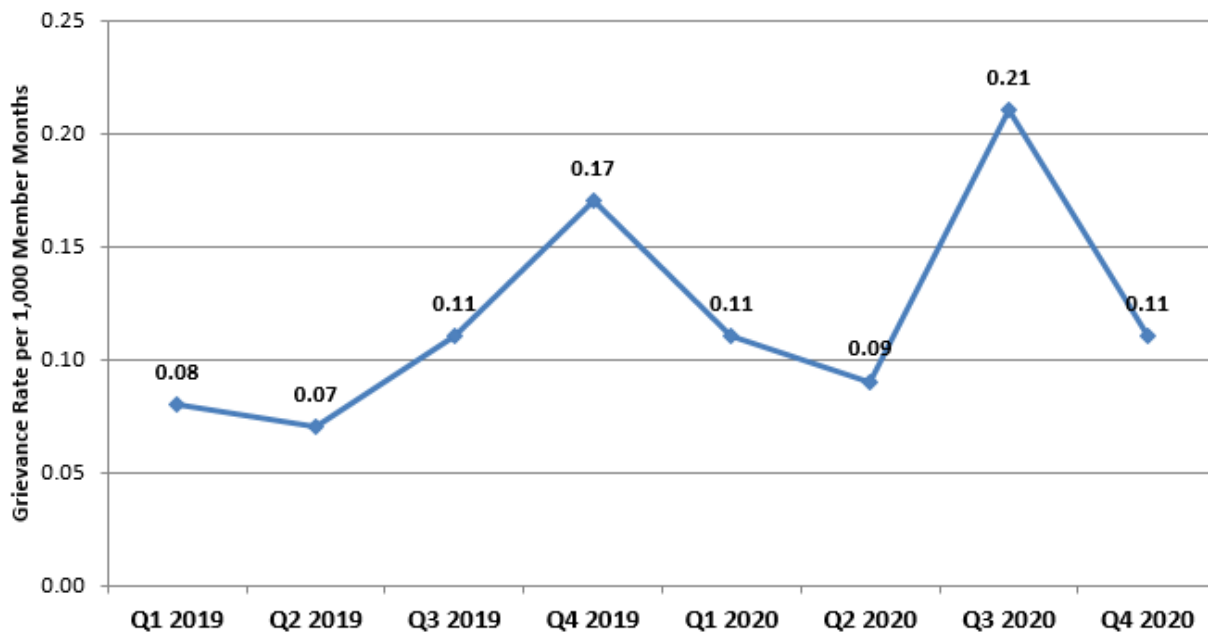
SFHP's Member Experience Dashboard shows all grievances associated with access by medical group from Q3 2019 to Q2 2020. Please note Q3 and Q4 2020 data were not available at the time of this report.

Access Grievances per 1,000 Member Months

Medical Group	Metrics				
	Quarter	2019 Q3	2019 Q4	2020 Q1	2020 Q2
CHN-DPH		0.23	0.25	0.25	0.23
CHN-CCC		0.20	0.14	0.07	0.14
CHN-OTHER		0.00	0.00	1.20	1.22
BTP		0.22	1.01	0.00	0.00
CHI		0.00	0.00	0.19	0.00
HIL		0.27	0.55	0.58	1.19
NEM		0.09	0.09	0.08	0.05
UCS		0.57	0.16	0.24	0.57
NMS		0.00	0.18	0.00	0.00

Beacon:

Beacon Health Options is SFHP's non-specialty mental health provider. Beacon is partially delegated to process grievances. Most grievances received in Q4 2020 involved Attitude and Service.

Q1 2020 - Q4 2020 Beacon Grievances

	Access to Care	Attitude and Service	Quality of Care	Billing/Finance
Q1 2020	2	0	0	0
Q2 2020	0	0	0	0
Q3 2020	6	1	0	1
Q4 2020	5	7	1	0
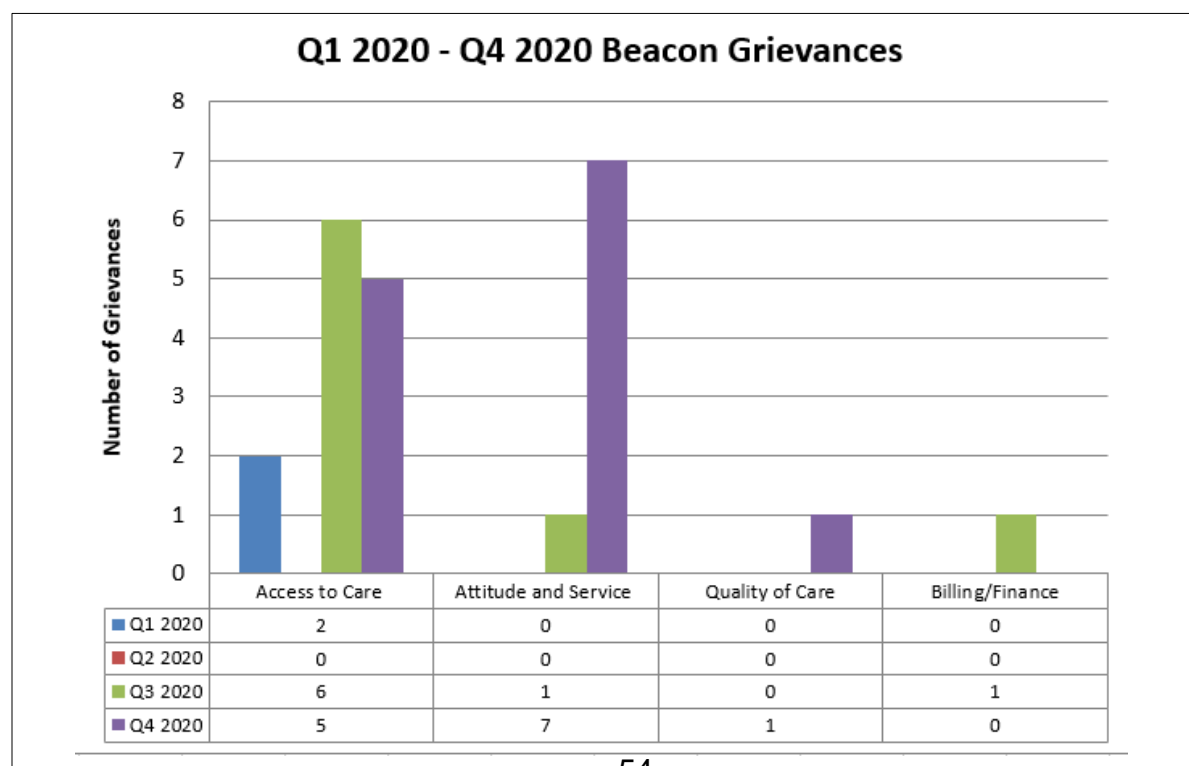
Kaiser:

Kaiser is fully delegated to investigate and resolve grievances. Most grievances received in Q4 2020 were grievances involving Quality of Service and Benefits. This is consistent with previous quarters.

Q1 2020 - Q4 2020 Kaiser Grievances

	Quality of Service	Benefits	Quality of Care	Access	Denials/Appeals
Q1 2020	31	15	2	4	4
Q2 2020	34	10	0	4	4
Q3 2020	52	14	1	13	7
Q4 2020	57	19	0	10	8
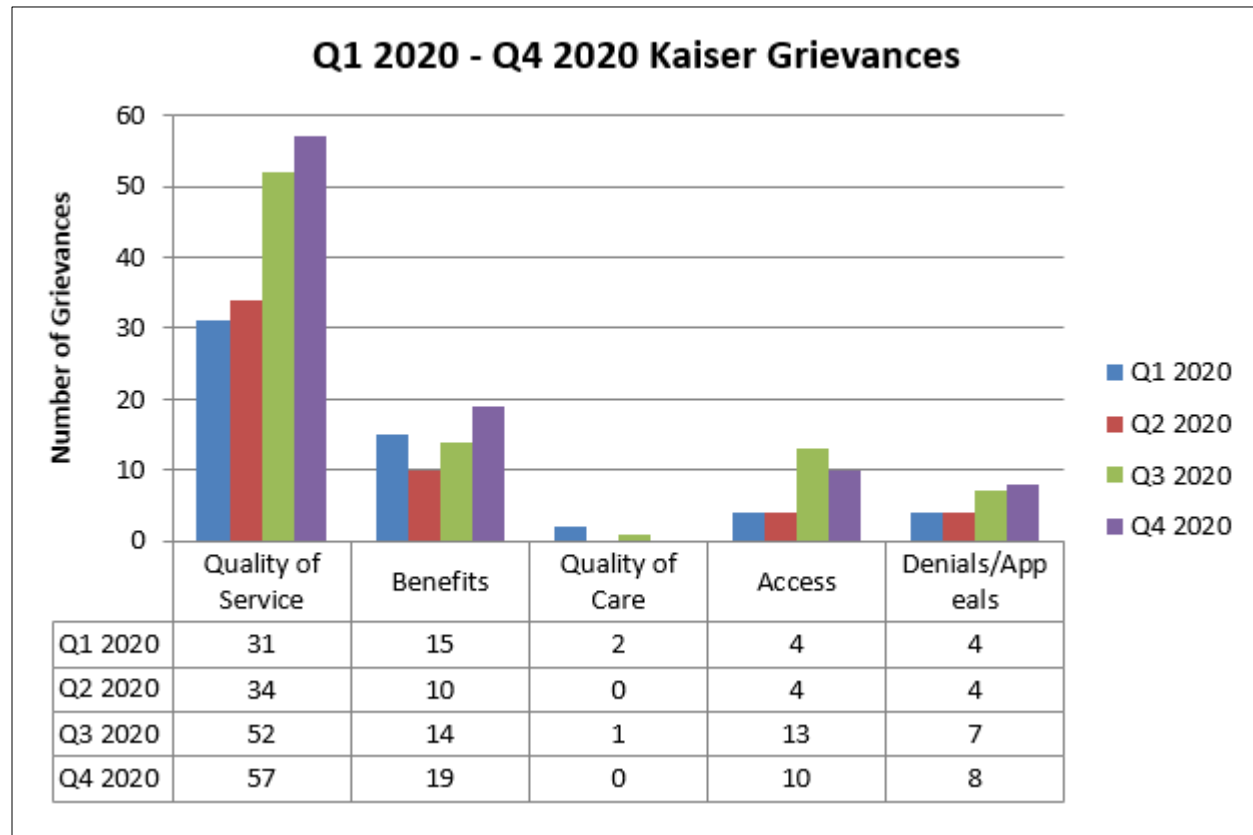
*Please note SFHP launched a new data visualization to display data. The information in this report may be slightly different from past reports due to the data sources used.

SAN FRANCISCO HEALTH PLAN™
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MEMO

Date: March 22, 2021

To	Quality Improvement Committee
From	**Grace Cariño, MPH** **Associate Program Manager, Appeals & Grievances**
Regarding	**Q4 2020 UM Medical and Pharmacy Appeals Activity**

Q4-2020 Appeals Activity – Overview
During Q4-2020, there were a total of 13 appeals filed (medical – 4/pharmacy – 9)[i]. In Q4-2020, there were a total of 6,062 authorization[ii] requests (medical – 4,373/pharmacy – 1,689) and a total of 445 denials (medical – 14/ pharmacy – 431).

On a per 1,000 total authorization basis:
- 2.1 total appeals per 1,000 total authorizations
- 0.7 medical appeals per 1,000 total authorizations
- 1.5 pharmacy appeals per 1,000 total authorizations

Comparing appeal activity in Q4-2020 to Q3-2020:
- 13 appeals in Q4-2020 vs. 15 appeals in Q3-2020
- 2.1 appeals/1000 in Q4-2020 vs. 2.5 appeals/1000 in Q3-2020

Of the 13 appeals in Q4-2020, 4 appeals were overturned (medical – 0/ pharmacy – 4), which is a 31% overturn rate. This compares to a 33% overturn rate in Q3-2020 (5 overturned out of 15 appeals).

Medical Appeals Activity
Q4 Year-over-Year
2018 - 2020

	2018	2019	2020
Total Denials	22	21	14
Total Appeals	6	11	4
Appeals Overturned	2	7	0
Appeals Upheld	4	4	4

**Pharmacy Appeals Activity
Q4 Year-over-Year
2018 - 2020**

	2018	2019	2020
Denials	303	390	431
Total Appeals	5	9	9
Appeals Overturned	3	8	4
Appeals Upheld	2	1	5
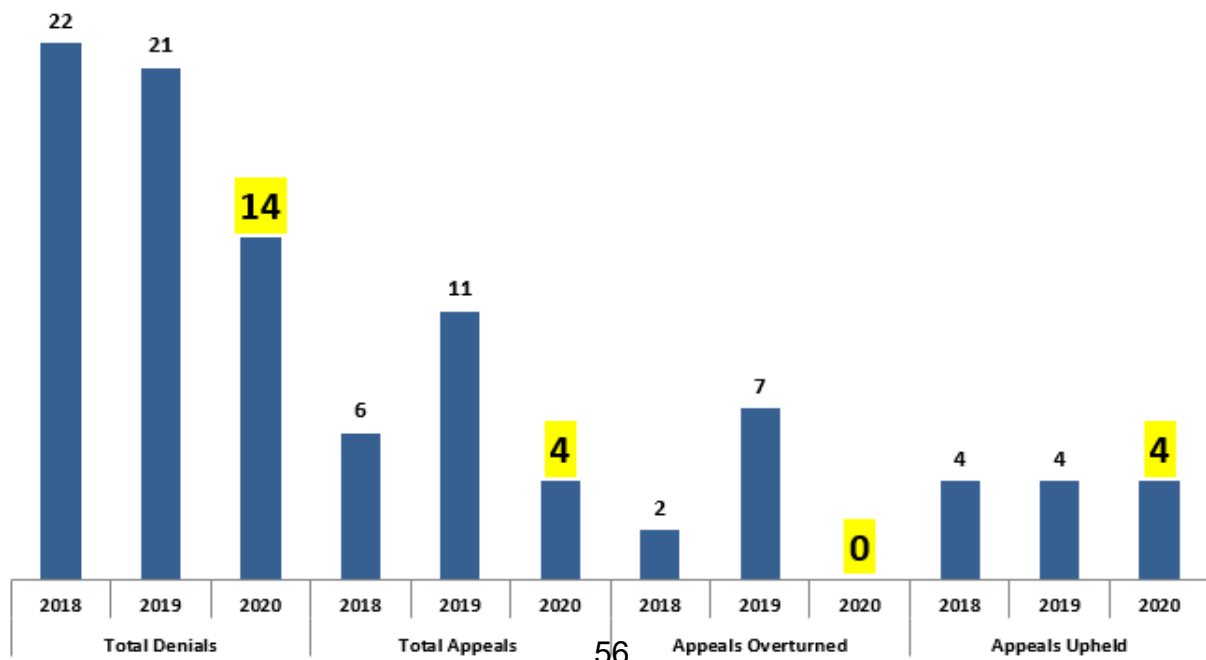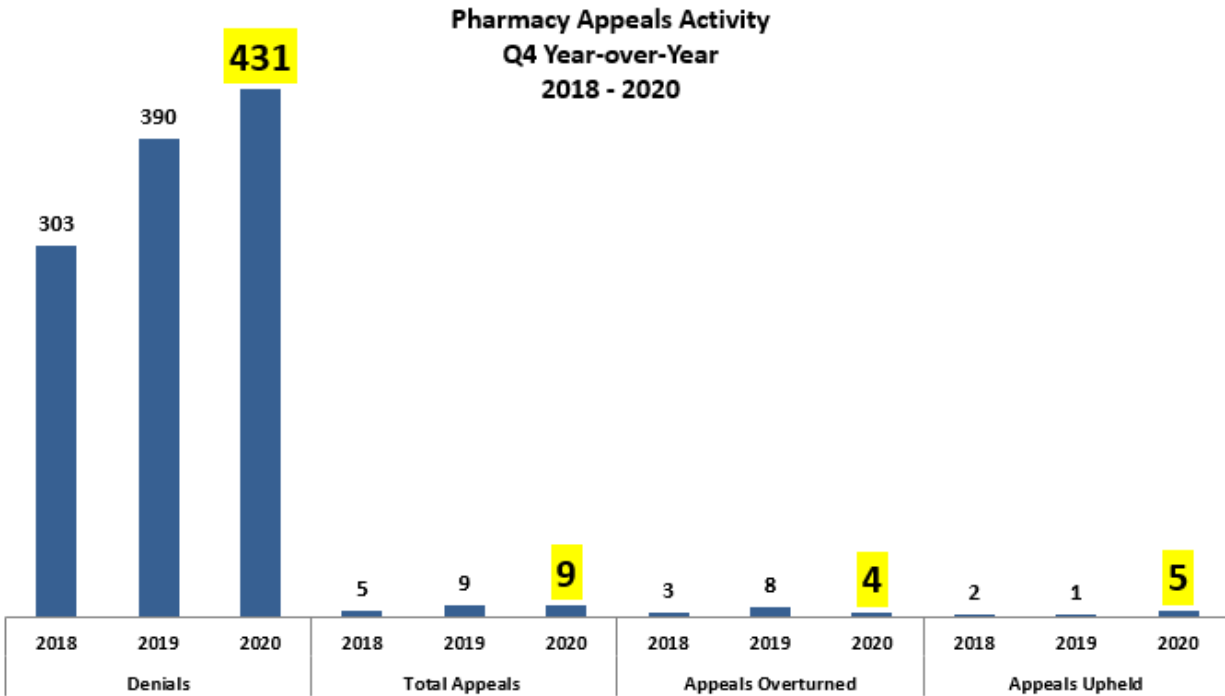
Analysis

Q4-2019 – Q4-2020 Medical Denial Rates

Between Q4-2019 and Q4-2020, the medical denial rates ranged from 0.16% (Q3-2020) to 0.51% (Q4-2019):

	Medical Authorizations	Medical Denials	Medical Denial Rate
Q4-2019	4,089	21	0.51%
Q1-2020	4,072	12	0.29%
Q2-2020	3,970	20	0.50%
Q3-2020	4,319	7	0.16%
Q4-2020	4,373	14	0.32%

Q4-2019 – Q4-2020 Pharmacy Denial Rates

Between Q4-2019 and Q4-2020, the denial rates ranged from 23.81% (Q2-2020) to 26.83% (Q1-2020):

	Pharmacy Authorizations	Pharmacy Denials	Pharmacy Denial Rate
Q4-2019	1,543	390	25.28%
Q1-2020	1,547	415	26.83%
Q2-2020	1,508	359	23.81%
Q3-2020	1,678	448	26.70%
Q4-2020	1,689	431	25.52%

Q4-2019 – Q4-2020 Collective Medical & Pharmacy Appeal Rates per 1000 Denials

Between Q4-2019 and Q4-2020, the collective medical and pharmacy appeal rates per 1000 denials ranged from 29.2 (Q4-2020) to 63.3 (Q2-2020):

	Medical + Pharmacy Denials	Medical + Pharmacy Appeals	Medical + Pharmacy Appeals / 1000 Denials
Q4-2019	411	20	48.7
Q1-2020	427	16	37.5
Q2-2020	379	24	63.3
Q3-2020	455	15	33.0
Q4-2020	445	13	29.2

Q4-2020 Collective Medical & Pharmacy Appeal Adjudication Turn-Around-Time

100% of the medical and pharmacy appeals were adjudicated within 30-days in Q4-2020:

	Q4-2020		
	Total (Med + Pharm)	Medical	Pharmacy
Number (#) of Appeals	13	4	9
Percentage (%) of Appeals Adjudicated within 30-days	100%	100%	100%
# of Appeals Upheld	9	4	5
# of Appeals Overturned	4	0	4

Q4-2020 Member and Provider Appeal Activity

Of all appeals filed in Q4-2020, 23% were member initiated and 77% were provider initiated.

Of all appeals filed in Q4-2020, one appeal (8% of all appeals) was expedited. The provider initiated the expedited appeal.

		Q4-2020		
		Total (Med + Pharm)	Medical	Pharmacy
Member	**# of Initiated Appeals**	3	3	0
	% of Total Appeals	23%	23%	0%
Provider	**# of Initiated Appeals**	10	1	9
	% of Total Appeals	77%	8%	69%
Member	**# of Expedited Appeals**	0	0	0
	% of Initiated Appeals	0%	0%	0%
Provider	**# of Expedited Appeals**	1	0	1
	% of Initiated Appeals	100%	0%	100%

Q4-2020 Basis for Overturned Appeals

Of the 4 overturned appeals in Q4-2020, none of the overturned decisions were based on the original clinical information submitted. 100% of the overturned decisions were based on additional clinical information submitted:

	Q4-2020		
	Total (Med + Pharm)	**Medical**	**Pharmacy**
# of Overturned Appeals	4	0	4
% of Total Appeals	31%	0%	31%
# of Appeals overturned due to additional clinical information offered	4	0	4
% of Appeals overturned due to additional clinical information offered	100%	0%	100%
# 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.

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[i] 0937ES Essette Grievance Report, Case Receipt Date 10/1/2020 - 12/31/2020 as of 3/18/21 2:24:00 PM.
ii Source for Medical data: Original_Q4-2020_AllAuthorizationsData-2020-09-22. 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: *202012 Prior Authorization Summaries-San Fran_v01.22.21*.

Measure	Measure Description	Denom	Baseline	Target	Current Peformance	Planned Activities	Update on Activities in Q4 2020
Follow Up On Clinical Depression	Increase the percentage of clients in Care Management programs who screen positive for depression and receive follow up care	22	86%	89%	73%	•Train staff in mental health, particularly on severe mental illness (SMI), in order to ensure that staff is equipped to identify signs and symptoms of clinical depression and address client safety. •Review monthly reports with staff and Clinical Supervisors to coach staff to ensure members are screened and receive appropriate follow up. •Coach and conduct role-playing activities to reduce the rate of members declining PHQ-9 screening. •Complete bi-monthly staff self-audits; this enabled Coordinators to identify and remedy any gaps in the member's care plan including completing the PHQ-9 screening when indicated. •Conduct quarterly audits completed by Clinical Supervisors to ensure best practices and regulatory requirements are met.	• Completed all planned activities including offering the following trainings for the Coordinators and RNs this quarter: Grief Literacy; Bipolar Disorders 101; Forecasting and Understanding the Behavioral Health Impacts of COVID-19 and How to Reduce Risk for Patients with Substance Use Disorders during the Pandemic.
Care Management Client Perception Of Health	Improve Care Management client's perception of their health based on change in self-reported health status	44	51%	55%	59%	•Coaching from Clinical Supervisors and Medical Director with the CM Nurses and Community Coordinators to assess for client barriers and gaps in health education and connection to PCP. •Review of self-management goal report with CM Nurses to ensure that members have chronic condition self-management goals as part of their care plans as indicated. •Utilization of Milliman Care Guidelines (MCG) condition specific assessments and MCG health education materials by CM Nurses beginning this year.	• Medical Director met weekly with the RNs and joined the RNs and Clinical Supervisors 1:1s to provide individual feedback on health coaching/education efforts as needed. • Monthly review of the medical assessment report with RNs and quarterly Supervisor and MD audits to ensure that members have chronic condition self-management goals as part of their care plans as indicated. • Pharmacy team provided the CM team with a MedTalk on Diabetes.
Screening For Clinical Depression	Increase the percentage of clients in Care Management programs successfully screened for clinical depression	29	83%	85%	79%	•Coach and role-playing activities to reduce the rate of members declining PHQ-9 screening. •Train staff in mental health, particularly on severe mental illness (SMI), in order to ensure that staff is equipped to identify signs and symptoms of clinical depression and address client safety. •Review monthly reports with staff and Clinical Supervisors to coach staff to ensure members are screened and receive appropriate follow up. •Monitor the rate of members declining the PHQ-9 screening via additional report tracking. •Complete bi-monthly staff self-audits; this enabled Coordinators to identify and remedy any gaps in the member's care plan including completing the PHQ-9 screening when indicated. •Conduct quarterly audits completed by Clinical Supervisors to ensure best practices and regulatory requirements are met.	• Completed all planned activities including offering the following trainings for the Coordinators and RNs this quarter: Grief Literacy; Bipolar Disorders 101; Forecasting and Understanding the Behavioral Health Impacts of COVID-19 and How to Reduce Risk for Patients with Substance Use Disorders during the Pandemic.

Measure	Measure Description	Denom	Baseline	Target	Current Peformance	Planned Activities	Update on Activities in Q4 2020
Care Management Client Satisfaction	Improve Care Management client's satisfaction with Care Management Services to achieve their health goals	23	51%	90%	51%	•Maintain a process to triage members into longer-term case management programs when requested by member or indicated by member's self-efficacy skills. •Provide more thorough life skills education and training to members as it pertains to their health maintenance. •Improve communication of care plan goal progress between Care Management staff and members. •Refine Question 2 to reflect clearly what the survey question intends to measure so member responses can be accurately and confidently analyzed for future improvement.	• Due to Shelter in Place order in SF, the member survey was only mailed to members.
Health Homes CB-CME Case Conference Rate	This measure shows the percent of unique HHP enrolled members that have had at least one case conference during their time in the program.	562	44%	51%	44%	•Provide CB-CMEs with education on importance of case conferences, the definition of case conference, and reminder that this measure is being tracked. •Train new CM staff on HHP workflow. •Review of quarterly metrics with team by Clinical Supervisors highlighting both strengths as well as areas for improvement. •Completion of bi-monthly self-audits by staff to identify and remedy any gaps in the member's care plan including completing case conferences. •Completion of quarterly audits by Clinical Supervisors to ensure best practices and regulatory requirements are met.	•Provided CB-CMEs with education on importance of case conferences, the definition of case conference, and reminder that this measure is being tracked. •Trained new CM staff on HHP workflow. •Reviewed quarterly metrics with team by Clinical Supervisors highlighting both strengths as well as areas for improvement. •Completed bi-monthly self-audits by staff to identify and remedy any gaps in the member's care plan including completing case conferences. •Completed quarterly audits by Clinical Supervisors to ensure best practices and regulatory requirements are met.
Chlamydia Screening (CHL)	Improve the Chlamydia Screening rate for SFHP members	N/A	58%	61%	N/A	•Continue to include chlamydia screening as a pay-for-performance measure in the Practice Improvement Program (PIP). •Complete lab data analysis for other data sources to identify data and/or clinical quality issues potentially contributing to the screening rate and make recommendations for improvement. •Include chlamydia screening in member and provider communications. •Budget for and develop educational materials about STDs for teens. •Explore expanding the Well Child member incentive population to the age of 21, and include chlamydia screening in the Adult Wellness member incentive to cover ages 22-24.	•Verified that Chlamydia Screening is a continued PIP measure. •Identified next steps for CHL data analysis during HEDIS workgroup meetings.

Measure	Measure Description	Denom	Baseline	Target	Current Peformance	Planned Activities	Update on Activities in Q4 2020
Well-Child Visits In The First 30 Months Of Life (W30)	Improve the Well-Child Visits for first 30 Months rate for SFHP members	N/A	To be determined	3% improvement from base-line	N/A	• Restructure incentives report to filter for members who have not had a visit in past 9 months to send incentive form 3 months before next birthday. Previous reporting mechanisms timing didn't incentivize visits, new mechanism will incentivize visits that have not yet occurred and allow three months for members to receive incentive within the reporting year. • Determine age groupings for target populations for Health Ed materials to be categorized by appropriate age milestones and will be sent on an annual basis. • Health education materials will be added to incentive form to help inform parents/guardians of importance of visit. • Explore ways to support Provider Network to promote telehealth visit options—provider newsletter, webpage updates, our Health Matters newsletter.	•Determined age groupings for target populations for Health education materials to be categorized by appropriate age milestones and will be sent on an annual basis. • Health education information was added to incentive form to help inform parents/guardians of importance of visit.
Breast Cancer Screening (BCS)	Improve the Breast Cancer Screening rate for SFHP members	N/A	69%	66%	N/A	• Provide Health Education materials to Black/African American SFHP members. • Partner with Ameri Corps to offer patient navigation services for Black/African American members due for a breast cancer screening.	•Adult Wellness Incentive program was launched and mailings targeted members in 94124 zip code who are 50-74 years old with no mammogram in the past 2 years. The zip code 94124 is the area in San Francisco with largest population of African American members.
Medication Therapy Management (MTM)	Increase the percentage of members who are engaged in Care Management and Care Transitions programs and have had an initial medication reconciliation completed by a Pharmacist	140	85%	87%	85%	•Monitor the pharmacist resource requirements needed to support the population of members engaged in Care Management and Care Transitions team. •Assess for efficiencies in workflow and member assessment configurations. •Continue reviewing members in the initial assessment process which recommends an MTM assessment and establishes the denominator population for this measure.	•Completed medication reconciliations for clients engaged in Care Transitions. • Evaluated current workflow with Intensive Care Transitions RN and Care Transitions Navigator for improvements. •Updated Essette Pharmacist and Pharmacy Technician workflows for efficiencies. •Continued reviewing members in the initial assessment process. which recommends an MTM assessment and establishes the denominator population for this measure. •Developed new monthly pharmacy dashboard for MTM on number of interventions created and completed.
Opioid Safety - Buprenorphine Prescription	Increase the percentage of members with Opioid Use Disorder with a buprenorphine prescription	1636	11%	8%	20%	•Outreach to methadone clinic providers in order to better support the use of MAT. •Disseminate educational material to members on MAT options.	No activities carried out during this quarter.

Measure	Measure Description	Denom	Baseline	Target	Current Peformance	Planned Activities	Update on Activities in Q4 2020
Opioid Safety - Opioid and Benzodiazepine Co-prescribing	Reduce the rate of opioid and benzodiazepine co-prescribing	2928	12%	15%	9%	•Develop provider information how to taper members off benzodiazepines and alternate treatments for anxiety and insomnia.	No activities carried out during this quarter.
Pharmacy Transition	Outreach to targeted members of pharmacy transition support	N/A	N/A	80%	N/A	• Send pre-transition outreach letter to all medium- and high-risk members offering plan support. • Provide high-risk member profiles to delegated medical groups to facilitate provider-member communication. • Coordinate direct member outreach for high-risk members engaged in Care Management, Care Transitions, and Beacon services. • Provide education and resources to internal member-facing staff to support continuity of care related to pharmacy transition.	•Due to pharmacy transition being delayed outreach is postpoined until after transition. •Completed draft and translation of member outreach letter •Provided educational presentation to impacted departments and member facing staff. •Drafted an FAQ to support member and provider questions. •Identified list of medium and high-risk members to share with Care Management, Beacon staff, and medical groups to faciliate member communication.
Percentage of Members who completed Hepatitis C Treatment	Improve the percentage of members with any past history of Hepatitis C who have completed the Hepatitis C treatment regimen	N/A	37%	40%	N/A	•Develop a member-focused awareness campaign and a provider education outreach campaign for targeted clinics and offices. •Address stigma for Hepatitis C treatment by partnering with providers to ensure access to treatment in their practice. •Provide treatment support through SFHP's Care Transitions and Care Management programs.	No activities carried out during this quarter.
Diabetes Prevention Program – Satisfaction	Improve satisfaction with the Diabetes Prevention Program	N/A	91%	70%	N/A	•Offer virtual and in-person classes. •Provide DPP enrollees with home exercise equipment, such as jump ropes or stretch bands. •Develop targeted training for providers to improve program referrals. •Provide training to YMCA staff on health inequities impacting SFHP members. Topics may include food insecurity and LGBTQIA+ identities.	•Offered virtual and in-person classes. •Provided a subset of DPP enrollees with home exercise equipment, such as jump ropes or stretch bands.

Measure	Measure Description	Denom	Baseline	Target	Current Peformance	Planned Activities	Update on Activities in Q4 2020
Diabetes Prevention Program – Do 150 Mins of Physical Activity Per Week	Achieve at least 150 minutes of physical activity per week for 25% of eligible members completing the Diabetes Prevention Program	N/A	100%	95%	N/A	•Offer virtual and in-person classes. •Provide DPP enrollees with home exercise equipment, such as jump ropes or stretch bands. •Develop targeted training for providers to improve program referrals.	•Offered virtual and in-person classes. •Provided a subset of DPP enrollees with home exercise equipment, such as jump ropes or stretch bands.
Diabetes Prevention Program - Weight Loss	Achieve at least 5% weight loss for 25% of eligible members completing the Diabetes Prevention Program	N/A	19%	25%	N/A	•Offer virtual and in-person classes. •Provide DPP enrollees with home exercise equipment, such as jump ropes or stretch bands. •Develop targeted training for providers to improve program referrals.	•Offered virtual and in-person classes. •Provided a subset of DPP enrollees with home exercise equipment, such as jump ropes or stretch bands.
Health Plan Consumer Assessment of Healthcare Providers and Systems (HP-CAHPS) Rating of Specialist	Increase the rate of NCQA Rating of Specialist	N/A	60%	58%	N/A	•Increase monitoring of network access and request Corrective Actions when needed. •Identify access-related issues via the Access Compliance Committee and develop plans to address found issues. •Conduct member focus groups. •Promote SFHP's telehealth services to increase access to care. •Implement a cross functional-work group to create a work plan to improve member engagement with the health plan. • Interview health plans high performing in HP-CAHPS to collect best practices for member experience improvement.	•Implemented a cross functional-work group to create interventions for HP-CAHPS including member-facing video series. • Interviewed three health plans high performing in HP-CAHPS to collect best practices for member experience improvement.
Provider Appointment Availability Survey (PAAS) - Routine Appointment Availability In Specialty Care	Increase the rate of non-behavioral health specialists compliant with routine appointments as measured by Provider Appointment Availability Survey (PAAS)	N/A	68%	70%	N/A	•Develop communication plan for survey fielding. •Request Corrective Action Plans of provider groups performing below 80% compliance rate and below 50% response rate. •Provide technical assistance with Corrective Action Plans. •Support provider capacity to offer telehealth visits through Strategic Use of Reserves program. • Publish best practices for telehealth.	• Explored ways to support SFHP's Provider Network to promote telehealth visit options—provider newsletter, webpage updates, our Health Matters newsletter.

Measure	Measure Description	Denom	Baseline	Target	Current Peformance	Planned Activities	Update on Activities in Q4 2020
Cultural and Linguistic Services (CLS)	The organization uses provider data to determine the race/ethnic and languages spoken by 10 percent of individual practitioners in network	N/A	N/A	10%	N/A	• Explore ways to collect information about languages in which a practitioner is fluent when communicating about medical care -Possible Source: Practitioner survey, credentialing application, provider relations script, CVO, medical association or medical specialty directories • Collect information about language services available through the practice • Explore ways to collect practitioner race/ethnicity data Sources of practitioner language and race/ethnicity information -Possible Source: Practitioner survey, credentialing application, provider relations script, CVO, medical association or medical specialty directories • Publish individual practitioner languages in the provider directory • Publish language services available through the practice in the provider directory • Provide practitioner race/ethnicity on request and/or explore publishing practitioner race/ethnicity in the provider directory	• Though this measure is not currently in PIP 2020-2021 program year, participants have optional quality improvement project funding to increase telehealth capacity.
Primary Care Utilization	Restore overall primary care utilization rate to pre-pandemic levels of Q2 2019 by Q2 2021	N/A	Q3 2020 rate	≥ Q2 2019 rate	N/A	• Inform members of the importance of primary care visits through marketing to members. • Continue inclusion of the PCP visit rate in SFHP's pay-for-performance program. • Participate in a Disparities Leadership Program with the aim to increase primary care engagement among SFHP's Black members. • Conduct outreach to members high risk for COVID-19 to facilitate connection to care. • Conduct Early and Periodic Screening, Diagnostic and Treatment calls mandated by DHCS • Provide member financial incentive for adult wellness visit and expand age of target population for well child visit incentive. This targets adults without PCP visits in the last year, and a couple other target populations. • Utilize Prop 56 Value Based Purchasing for several types of preventive and chronic care visits. • Provide grants to SF Community Clinic Consortium for the purchase of Personal Protective Equipment for front line providers. This will make it safer for targeted providers to provide in-person care when indicated. • Implement a cross functional-work group to create a work plan to improve member engagement with the health plan.	• Provide Health Education materials to Black/African American SFHP members.

Measure	Measure Description	Denom	Baseline	Target	Current Peformance	Planned Activities	Update on Activities in Q4 2020
Telehealth Utilization	Increase percentage of primary care visits delivered by telehealth modalities	N/A	N/A	25%	N/A	• Promote tele-health services to members. • Provide incentives for registration of tele-health services and for younger members to receive preventative health visits. • Provide grants to provider network to invest in telehealth infrastructure. • Implement a cross functional-work group to create a work plan to improve member engagement with the health plan.	• Partnered with Ameri Corps to offer patient navigation services for Black/African American members due for a breast cancer screening.
Percentage Of Members Utilizing The Non Specialty Mental Health (NSMH) Benefit With More Than Two NSMH Visits	Increase the rate of members with more than two NSMH visits in the past 12 months of members utilizing the NSMH benefit	N/A	40%	43%	N/A	•Promote tele-behavioral health benefit to members through member communications. •Communicate weekend and after-hours appointment access to members.	• Continued promotion of telehealth on Beacon's website.

MEMO

DATE:

TO	SFHP Quality Improvement Committee
FROM	Jackie Hāgg, RN, MSN, LNC, Senior Nurse Specialist, Provider Quality and Outreach Eugenia Correa, RN, BSN, Provider Quality and Outreach Nurse Edward Cho, MPH, CPH, Provider Relations Specialist
REGARDING	2020 Facility Site Reviews

BACKGROUND

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

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

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

The three compliance levels for DHCS FSR Reviews:

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

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

SUMMARY STATEMENT

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

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2020 EXECUTIVE SUMMARY

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On March 16, 2020, the San Francisco Department of Public Health issued Order C19-07 directing all businesses and governmental agencies to cease nonessential operations at physical locations in the County in response to the COVID-19 Pandemic. The city requirements build on the California Department of Public Health and United States Centers for Disease Control and Prevention guidelines issued March 11, 2020, which were extended to address the health emergency affecting the Bay Area region.

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

On March 17, 2020, DHCS issued a statement granting FSR extensions for 30-calendar days (or a waiver from FSR contractual obligations) due to COVID-19. As applied to any outstanding Corrective Action Plans (CAPs), health plans have been encouraged to explore alternatives to onsite verifications such as fax, email, photos, attestations, etc. If alternatives to onsite verification are not feasible, health plans may consider an extension on outstanding CAPS. Future direction from DHCS is anticipated.

The Facility Site Review Team has assessed business continuity options to continue our day-to-day operations and the ability to perform contractual obligations. In the calendar year 2020, 199 review activities are required for the 194 sites in the FSR Team's inventory. When we examine historical data, our need to continue to educate and develop providers understanding of site review requirements is clear. This point is most evident in the medical record review data, which shows that out of 86 MRRs completed from 2017 to 2019, 34 sites had a total score less than 90% (a conditional passing score) and 4 sites had a total score less than 80% (a failing score). But more compelling are the 45 sites with failing Adult Preventive Services scores.

Per APL 20-011, the requirements outlined in APL 20-006 are suspended through the duration of COVID-19 and for 6 months following the end of the public health emergency.

In the meantime, the SFHP FSR team has developed a mixed method process for FSRs (See Appendix A for SFHP Facility Site Review Part 1 Process). All sites due for an FSR will have the opportunity to participate in a two-part FSR review process. The on-site audits will be scheduled once it is safe to do so, based on local public health and DHCS guidance regarding site review activities.

Part 1: FSR Audit Preparation
- Pre-Audit Survey
- Interim Monitoring
- Policies Attestation
- Phone interview with office manager/provider (focused on educating sites on new FSR tools/standards)

Part 2: FSR On-site Audit
- Walkthrough/inspection
- In-person interview with staff
- PARS/MRR, if applicable

2020 PROVIDER OUTREACH & EDUCATION

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

Month	Subject
January	Vaccine Documentation & CAIR
February	Language & Interpreter Documentation
March	Introducing New Online FSR Resources
April	Advanced Health Care Directives

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May	DocuSign for Providers
June	Initial Health Assessment: Comprehensive History
July	Skin Cancer Prevention Behavioral Counseling
July	SFHP Website Update: New FSR Content Added!
August	Sharps Injury Protocol/Log
September	Remote FSRs - Most Missed Criteria (Update with new FSR Standards effective date)
October	General - Abuse Reporting Training - Domestic/Elder/Child
November	Pediatric Blood Lead Screening
December	Alcohol Misuse: Screening and Behavioral Counseling (Focus on prior record review/documentation)

2020 PROJECTS & UPDATES

1. FSR team developed and shared the mixed method FSR with collaborating health plans
   a. Heath plan nurse assignments adjusted (reassignment or MCP joint review) to accommodate differences in "virtual" FSR methodology
2. FSR nurse reviewers conducted 21 outreach education phone sessions.
3. 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
4. FSR site reviewers participated in health plan collaborative meetings
   a. Public Health Emergency Plan Work group
      i. FSR Backlog
   b. FSR Database Collaborative
      i. Technical Subgroup
      ii. FSR Canned Comments
   c. Site Review Data System Technical Questions and Discussion
   d. FSR FAQ
   e. DHCS Site Review Work Group
5. FSR team participated in internal cross functioning work groups.
   a. Maternal Depression Screening
   b. Member Engagement Work Group
   c. COVID-19 Member Information Task Force
   d. Alcohol Screening
   e. CCS Collaboration
      i. No CCS Medical Record Reviews were conducted in 2020
6. FSR team partnered with Marketing Team to redesign the SFHP.org FSR section, focusing on providing updated resources for clinicians and office managers
7. FSR team implemented DocuSign process for FSR attestation forms
8. FSR Data Storage System Replacement EPG Project: FSR explored different software systems to replace current software to meet new DHCS requirements and HIPAA compliance standards

2021 UPCOMING OPPORTUNITIES

1. FSR team will continue to collaborate with FSR teams across California at bi-annual Site Review Work Group Meetings to discuss issues and quality improvement opportunities

2. FSR team plans to collaborate with clinics to explore EMR access options so that Medical Record Reviews can be conducted remotely
3. FSR team will be establishing a Northern California Collaborative with local FSR teams
4. As DHCS increases its oversight over FSR quality and the inclusion of CIN data in the reviews, SFHP is exploring data platforms that will meet HIPAA compliance standards and data integrity, namely Forms.com, DigitalTaas.com, and Veeva
    a. SFHP will take the lead on piloting the platform 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 Kits
6. FSR team will develop a succession manual to support documentation of institutional knowledge
    a. Create desktop procedures for FSR activities and responsibilities
7. FSR team will work with UCSF, SPMF/CPMC, and other sites to get DHCS approval for non-SHA IHEBA alternatives
8. FSR team will continue MRR coding project for hybrid MRR abstractions
    a. Develop provider coding sheets specific to new DHCS MRR criteria

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Appendix A: SFHP Facility Site Review Part 1 Process

SFHP Facility Site Review Part 1 Process

Prior to review initiation, assess PCP site's capacity to complete remote reviews. Provide extension (with DHCS approval) and offer additional support

Facility Site Review (FSR)

FSR Team sends the following via DocuSign or Fax:
1. Pre-Audit Survey
2. Virtual FSR Attestation
3. Interim Monitoring Form

→ Provider completes documents on DocuSign or Fax back to FSR team → FSR Nurses review documents

- No additional info required → FSR Team sends Closure Letter → Public health emergency ends & site visits deemed safe → FSR Team conducts site visit to finish FSR → Report FSR findings to DHCS Nurse Evaluator
- Additional info required → FSR Nurses schedule and conduct phone interview to gather more information → (back to FSR Team sends Closure Letter)

Medical Record Review (MRR)

FSR Team assesses site's medical record system
- Non-SFHN Sites → Notify site of pending MRR → Public health emergency ends & site visits deemed safe → FSR Team conducts on-site MRR → Report MRR findings to DHCS Nurse Evaluator
- SFHN Sites → FSR Nurse conducts MMR remotely through CareLink → Report MRR findings to DHCS Nurse Evaluator

Interim Monitoring (IM)

FSR Team sends the IM via DocuSign or Fax → Provider completes document on DocuSign or Fax back to FSR Team → FSR Nurse reviews document

- No additional info required → FSR Nurse approves IM → FSR Team files completed IM (and shares copy with sister plan if shared site)
- Additional info required → FSR Nurse schedules and conducts phone interview to gather more information → (back to FSR Nurse approves IM)

SFHP FSR, 2021.01.11

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Date: **March 31, 2021**

To	Quality Improvement Committee
From	**Ralph Custodio, RN** **Quality Review Nurse** **Health Outcomes Improvement**
Regarding	**Quarter 4, 2020** **Potential Quality Issue Report**

Case Reviews

Q4 2020 - Case types reviewed	Count
Total cases reviewed for PQI	**77**
Appeals	14
Decline to File Grievances (Clinical)	9
Grievances (Clinical)	54
Internal referrals (not including grievances)	0
External referrals	0
Provider Preventable Condition (PPC)	0

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

*Data retrieved from Ramp 937 and 0390ES PQI Case Reports
*2 Confirmed Quality Issue cases were closed outside 60-day turnaround time due to pending information needed to complete review

6279X 0515

PQI Final Determination
PRACTIONER PERFORMANCE AND SYSTEM RANKING

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

Analysis: No trends identified during Q4 2020

Confirmed Quality Issues

Case 1

Initial Complaint/Findings:
A Medi-Cal member submitted a grievance regarding information that she was provided regarding a diagnosis of cancer. The member had a chest CT scan in 2018 that showed a small pulmonary nodule. According to the member, her oncologist informed her that the pulmonary nodule was not indicative of cancer and that the member was free from cancer. The member also stated that a biopsy was performed three months later which confirmed member has a stage IV cancer. The member filed a grievance in 2020 and shared concerns with her oncologist.

Investigation:

Review of medical records show a chest CT scan was done in 2018 showing bilateral pulmonary nodules concerning for metastatic disease. Member underwent a 5-month chemotherapy course of treatment between late 2018 to early 2019.

In Spring of 2019, a bilateral mastectomy procedure was performed. In the Fall 2019, member's oncologist discussed the CT scan results to the member which suggested of metastatic disease and recommended to continue with radiation and to repeat CT scan in 2 months. . In 2020, a follow-up chest CT scan was done and showed a decrease in size of nodules in response to the chemotherapy treatment.

Findings:
Dr. Ravid Avraham reviewed available medical records and the quality review response from the medical group's Chief of Division and did not see any documentation that the member was determined to be cured of cancer. However, the member's primary language is Arabic and given the lack of documentation regarding the use of interpreter services to ensure clear communication between the provider and member, Dr. Ravid Avraham confirmed a minor quality issue (P1).

Follow-up/Recommendations:
A notification to the provider was sent confirming a quality issue with the following recommendations to ensure proper documentation procedures:
- Opportunity for improvements on documentation procedures and ensure interpreter services are offered for members with limited English proficiency. Documentation should include the name of the healthcare interpreter, language spoken, and qualifications. If the member declines using a healthcare interpreter, ensure to document the information given and the member's response.
- If the member insists on using a family member or a non-facility staff, ensure to document the patient's statements, discuss disadvantages of this choice and name of preferred interpreter.

Case 2

Initial Complaint/Findings:
A Medi-Cal member filed a grievance regarding the timing of a specialty - appointment. She had progressive back pain and left lower extremity pain: she was evaluated by her PCP and was also seen in the Emergency Department for evaluation of her symptoms.

Investigation:
The member's PCP requested an appointment to the specialty clinic after an MRI was performed. An MRI of the spine was completed prior to scheduling the specialty clinic appointment. The radiology report noted a potential tumor as part of the differential diagnosis.
A non-urgent appointment was scheduled for the member by the specialty clinic.

A peer review was requested by San Francisco Health Plan's (SFHP) Associate Medical Director, Dr. Ravid Avraham re: delay in accessing specialty care.

Findings:
Response from the specialty Clinic Chief acknowledged that given the member's clinical presentation, the referral reader should have marked the appointment as more urgent and required the specialty physician to review the referral including the MRI. The specialty clinic identified this as an opportunity for improvement and indicated the clinic will review and revise how referral readers review requests including criteria for expedited evaluation. Upon review of all available information, Dr. Ravid Avraham confirmed a moderate quality issue (S2).

Follow-up/Recommendations:
SFHP requested a Corrective Action Plan (CAP) detailing how the clinic plans to revise the referral review process, including an outline of steps to implement this process, and proposed timeline for implementing correction.

The specialty clinic submitted a CAP and stated a new workflow has been implemented that when referral information implies a tumor pathology, the reviewer will triage the consult request as urgent.

As a follow up to this action plan, SFHP is requesting a followup report in six months from CAP implementation date to demonstrate whether this new workflow has resulted in the desired outcome.

CO-57 Criteria

Presented by: Matija Cale RN, MS

April 2021 QIC

Old UM Clinical Criteria Hierarchy

1. 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.

2. SFHP internally developed and approved criteria
   - Genital Gender Confirmation Services
   - Non-Genital Gender Confirmation Services
   - EPSDT Private Duty Nursing

3. MCG Care Guidelines

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.

Criteria Hierarchy Development

- Inquiry from DMG

- Reviewed current criteria hierarchy

- Discussed issue at DHCS Medical Director's Meeting

- Medi-Cal criteria not updated regularly and unclear if evidence based

- Discussed at UM Committee

New UM Clinical Criteria Hierarchy

1. SFHP internally developed and approved criteria
   - Genital Gender Confirmation Services
   - Non-Genital Gender Confirmation Services
   - EPSDT Private Duty Nursing

2. MCG Care Guidelines

3. State/Federal (Medi-Cal/CMS) criteria – (Medi-Cal only)

   If no Medi-Cal Criteria is available, Medicare/CMS criteria can be consulted on a case by case basis.

4. Chief Medical Officer (CMO) or physician designee (MD) review of the evidence in consultation with relevant external, independent specialty expertise obtained from SFHP's Independent Review Organization when there are no available external or internally developed and approved criteria.

SAN FRANCISCO HEALTH PLAN

SFHP POLICY AND PROCEDURE

Utilization Management Clinical Criteria

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

POLICY STATEMENT

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

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

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

Procedures for pharmacy criteria are addressed in Pharm-01 (Pharmacy and Therapeutics Committee, Pharm-02 Pharmacy Prior Authorization, and Pharm-08 (Pharmacy Formulary, Prior Authorization Criteria, and Policy Review).

PROCEDURE

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

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

II. Application of Criteria

A. SFHP and its Delegated Medical Group (DMG) UM staff, including Beacon for non-specialty mental health services, must use professionally accepted evidence-based criteria. UM staff is required to apply criteria in the order of the hierarchy. If a service is not addressed in the primary criteria, UM staff consults subsequent criteria in order until finding the relevant criteria.

B. Clinical information evaluated with reference to these criteria may include, but are not limited to:
1. Office and hospital records
2. History of the presenting problem
3. Physical examination results
4. Diagnostic testing results
5. Treatment plans and progress notes
6. Information on consultations with the treating practitioner
7. Evaluations from any other health care practitioners and providers
8. Any operative and pathological reports
9. Rehabilitation evaluations
10. Patient characteristics and information
11. Treating physician statements of medical necessity

C. Criteria must be applied in conjunction with consideration of the individual member needs and characteristics such as age, cultural and linguistic needs, comorbidities, complications, progress of treatment, psychosocial needs, and the home and/or work environment. In addition, characteristics of the local delivery system available to the individual, including aspects such as the availability of alternative levels of care, timely accessibility of covered services, cultural preferences for treatment modalities, availability of specialty providers, access to community resources, familial influences and supports, benefit coverage for the available alternatives, and ability of local providers to provide all recommended services within the required access standards must also be considered.

III. Review and Approval of Criteria

A. The UMC review clinical criteria as needed, but at least annually to ensure that they are current. Information sources to gather data on potential changes to clinical criteria include, but are not limited to:
1. Evaluation of member complaints, grievances, and appeals.
2. Frequent and consistent overturns of SFHP denials through Independent Medical Review (IMR).
3. New and/or revised statutory or regulatory requirements, including DHCS directives and All Plan Letter or Policy Letters.
4. Changes to guidelines or practice protocols.
5. Increased volume or rate of denied authorization requests.
6. Availability of new technologies and/or treatments.
7. Addition of new benefits or services.
8. Concerns raised through the Member Advisory Committee (MAC), Pharmacy and Therapeutics Committee (P&T), or QIC.
9. Provider or member input/feedback.
B. In considering the development of and/or changes to clinical criteria, the UMC considers the following:
1. New technologies (See CO-54 Evaluation of New Technology).
2. Other health plans' criteria – reflecting community standards of care.
3. Evidence-based clinical practice guidelines produced by specialist associations, U.S. government agencies, and health care organizations.
4. Medicare and Medicaid (Medi-Cal) guidelines.
5. Benefit changes.
6. Statutory and regulatory changes.
C. The UMC and QIC both review and approve the criteria hierarchy and adopt SFHP-developed and vendor purchased criteria annually.

IV. **Communication of UM Criteria**
Practitioners and enrollees are informed how they may obtain copies of UM criteria utilized for decision-making, and are provided upon on request. SFHP also communicates with practitioners through the Network Operations Manual (NOM) and the SFHP website to ensure their awareness of prior authorization procedures and timeframes. The public may obtain the relevant UM criteria for specific medical procedures or conditions on request. If there is a charge, the charge may not exceed the cost of copying and postage. When disclosed to the public, the notice that accompanies the criteria says, "The materials provided to you are criteria used by this plan to authorize, modify or deny care for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract."

MONITORING

A. SFHP's Clinical Operations Department performs inter-rater reliability (IRR) audits at least annually for both physicians and nurse reviewers to evaluate the consistency and accuracy with which its reviewers apply UM criteria. 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 a 80 percent threshold are placed on an educational corrective action, which may include but is not limited to attendance of an internal MCG care guidelines training session, more frequent case review, supervisor feedback, and IRR reassessment.

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

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

B. SFHP's Clinical Operations Department reviews this policy and procedure to evaluate the utilization management guidelines at least annually and more frequently if necessary. Any changes to the guidelines are reviewed by SFHP's Utilization Management Committee (UMC) for consistency with sound clinical principles. UMC approves each set of clinical criteria with annual oversight and consensus from the Quality Improvement Committee (QIC).

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

D. When SFHP delegates UM to a contracted medical group, SFHP is accountable for assuring that the delegated medical group conducts UM according to SFHP's standards, which incorporate applicable DMHC, DHCS, and NCQA requirements. For each delegated medical group, SFHP's Clinical Operations and Compliance and Regulatory Affairs:
1. Review the UM program to identify if the medical group is following the standards of application, approval, and evaluation of medical necessity criteria.

2. Review a sample of UM denial files to evaluate compliance with the use of relevant criteria and clinical information, as well as, the availability of criteria to practitioners.

DEFINITIONS

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

AFFECTED DEPARTMENTS/PARTIES

Compliance and Regulatory Affairs
Health Services -- Health Outcomes Improvement
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. DO-02: Oversight of Delegated Functions
5. Pharm-08: Pharmacy Formulary, Prior Authorization Criteria, and Policy Annual Review
6. UM Criteria for EPSDT Private Duty Nursing
7. UM Criteria for Genital Gender Confirmation Services
8. UM Criteria for Non-Genital Gender Confirmation Services

REVISION HISTORY

Effective Date: 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

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

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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

Page **6** of **6**

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MEMO

To	Quality Improvement Committee
From	Nicole A. Ylagan, Program Manager Access & Care Experience
Regarding	Initial Health Assessment (IHA) Reinstated

BACKGROUND:
The Department of Health Care Services (DHCS) requires all new members complete an Initial Health Assessment (IHA), including an Individual Health Education and Behavioral Assessment (IHEBA) using the Staying Health Assessment (SHA) or other SFHP approved tool. An IHA is required within 120 days of enrollment with San Francisco Health Plan (SFHP). Per DHCS, providers should document assessment outcomes in the member's medical record.

The DHCS All Plan Letter (APL) 20-004: Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19 allowed Health Plans to suspend this requirement until the COVID-19 emergency declaration is withdrawn.

San Francisco County is now in the "orange tier" where there are 1 to 3.9 daily new cases per 100,000 residents. DHCS recommends that Health Plans should reinstate the IHA requirements.

RECOMMENDED PROPOSAL:
San Francisco Health Plan (SFHP) proposes to have the IHA requirements reinstated starting April 1, 2021. If approved by QIC, the following IHA schedule will be sent to medical groups:

- In April 2021: Medical Groups will receive IHA lists of new members from 12/1/2019 – 3/31/2020.
- In July 2021: Medical Groups will receive IHA lists of new members from 4/1/2020 – 6/30/2020.
- In Oct 2021: Medical Groups will receive IHA lists of new members from 7/1/2020 – 10/31/2020.

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MEMO

To	Quality Improvement Committee
From	Nicole A. Ylagan, Program Manager Access & Care Experience
Regarding	Telehealth Utilization Summary

BACKGROUND:
One of the goals of the Telehealth Project is to develop a telehealth utilization dashboard. Business Analytics has developed a Structed Query Language (SQL) report until an official dashboard can be created. The data was pulled from January 2017 – present.

UTILIZATION GRAPHS:

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Member Medical Group (Subnetwork) | **Overall Trend (for drilldown with slicers)**
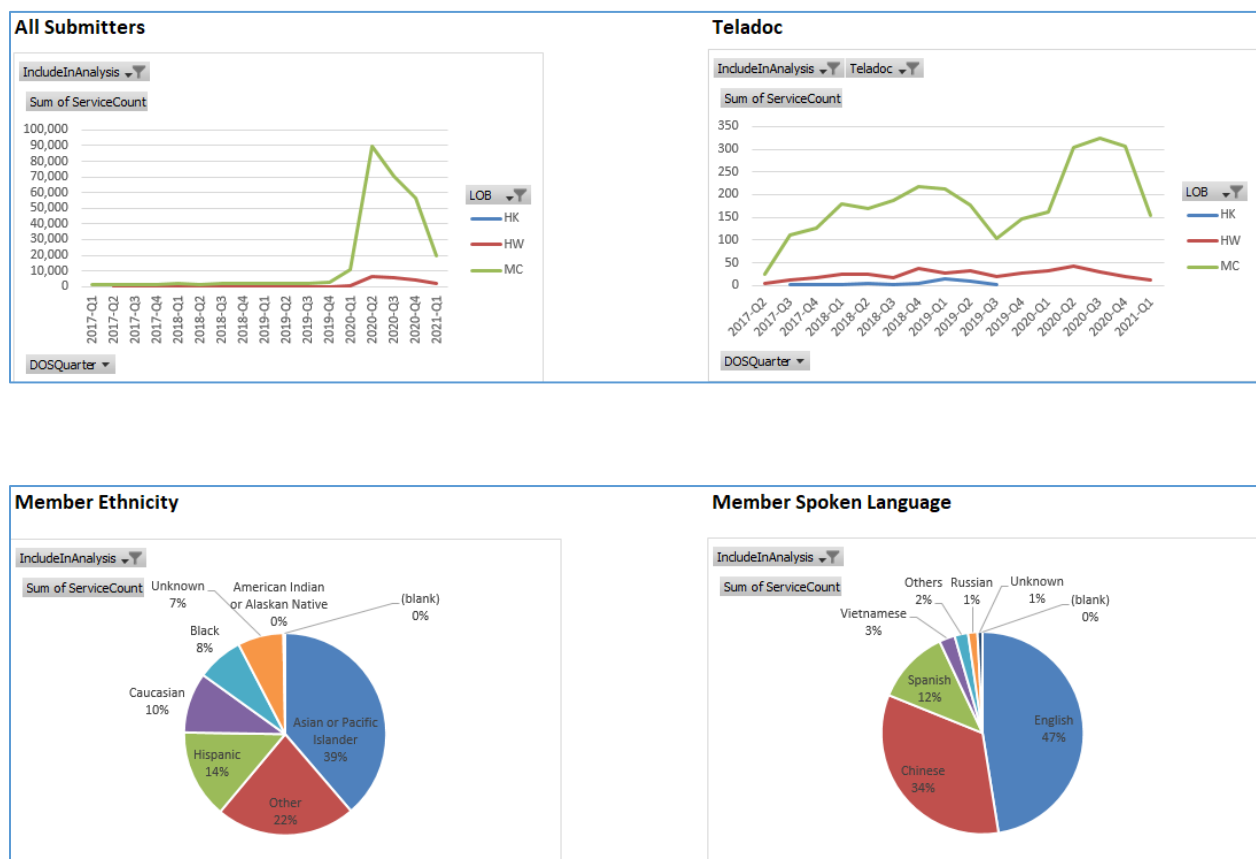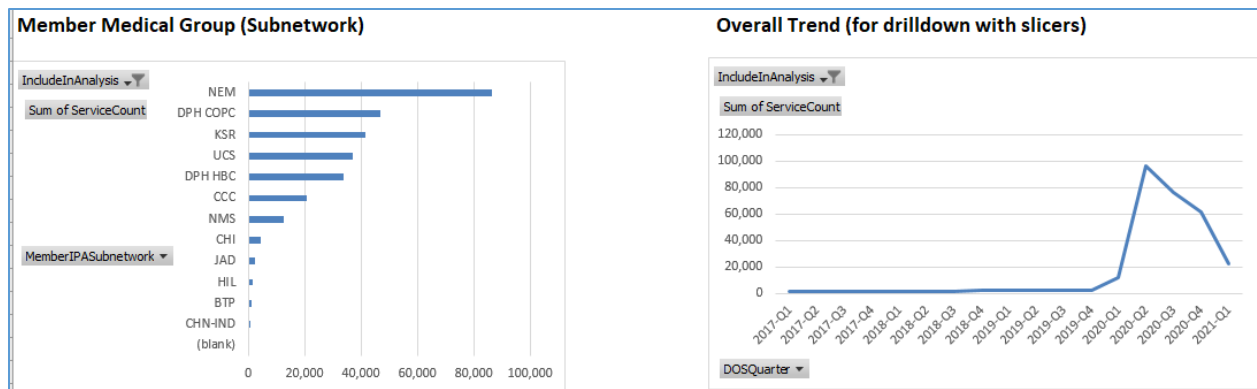
SUMMARY:
- Q1 2021 telehealth visits have declined since Q2 2020.
- 34% of Chinese speaking members used telehealth services.
  - These members are not using Teladoc
- NEMS, DPH COPC and Kaiser are the medical groups reporting the most telehealth visits.
- Jade, Hill Physicians and Brown & Toland are the bottom three medical groups not reporting telehealth visits.

Register through Eventbrite
password **SFHP**

Wednesday April 21, 2021	**Tuesday May 18, 2021**	**Tuesday June 15, 2021**
12:00pm – 1:30pm	8:00am – 9:30am	12:00pm – 1:30pm
tinyurl.com/Manage2021April	**tinyurl.com/Manage2021May**	**tinyurl.com/Manage2021June**

As a result of the COVID-19 pandemic, telephone and video visits are becoming a significant part of clinician practice. Although many of the care experience skills used during an in person visit still apply, telehealth visits require additional skills to result in positive outcomes. This program highlights those communication skills.

Telehealth interventions that focus on lifestyle change and leverage the power of social networks, such as virtual group visits, will allow for effective chronic disease management in the COVID-19 era.

Steps to Improve Member Engagement on Preventative Care

Learning Objectives

At the conclusion of this activity, attendees should have the ability to:

- Understand the benefits and risks of telehealth visits
- Use evidence-based service skills to improve clinical outcomes, as well as enhance patient satisfaction and clinician satisfaction when using telehealth to replace a physical visit
- Feel more prepared for the new alternative to physical visits

For All Encounters

For All Encounters the path to an effective, efficient, and satisfying visit for the patient and the provider is **C.L.E.A.R.**

- **C**onnect
- **L**isten
- **E**xplain
- **A**sk
- **R**econnect

The Key Strategies

- **Connect** with the patient as a person: take the social history first
- **Listen** to see things from the patient's perspective: let the patient talk and explore with curiosity
- **Empathize:** identify and respond to patient emotion
- **Explain, teach, and motivate** effectively: from the patients perspective
- **Reconnect** with a plan with partnership and hope

The 3 Most Important Communication Skills (Impacted by Telehealth)

Professionalism

- Appearance
- Communication Focus
- Technology
- Integration of Support Staff
- "Self Reflection"

Human Connection

- Presence
- Focus
- Strengthen the Bond

Accessibility/Appropriateness

- Appropriate problem
- Appropriate person
- Screen vs. Care
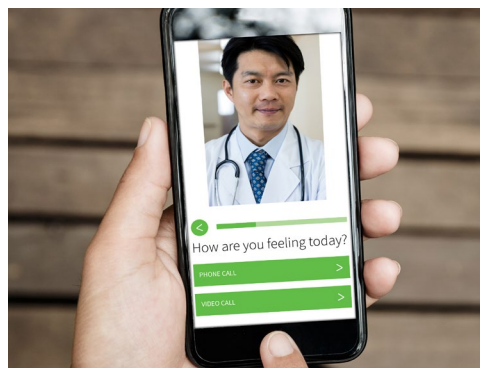
Register through Eventbrite: password **SFHP**

April 21   tinyurl.com/Manage2021April
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June 15   tinyurl.com/Manage2021June

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FOR PROVIDER PHYSICIANS, NURSES, OFFICE MANAGERS, MEDICAL ASSISTANTS, AND BEHAVIORAL HEALTH SPECIALISTS

Maximizing Telephone and Video Visit Effectiveness During COVID-19

Register through Eventbrite
password **SFHP**

Wednesday April 21, 2021	**Tuesday May 18, 2021**	**Tuesday June 15, 2021**
12:00pm – 1:30pm	8:00am – 9:30am	12:00pm – 1:30pm
tinyurl.com/Manage2021April	tinyurl.com/Manage2021May	tinyurl.com/Manage2021June

Checklist For a Telehealth Encounter

1 Pre-Visit

- Is telehealth the appropriate platform for the patient's clinical problem?
- Does the technology fit the skills/resources of the provider and the patient?
- Is your projected workspace private, secure, neat, organized, clean, and free of background distractions?
- Are you comfortable with the technology you and the patient will be using?
- Do you appear professional?
- Review the medical record and reason for visit prior to starting the call (minimize surprises)

2 Beginning the Visit

A Technology Check Up at each encounter

- Introduce yourself professionally, explain role
- Are you connected to the right person?
- Can you hear me (and see me okay)?
- Can you hear them (and see them okay)?
- If you are not confident that technology will work, consider another alternative
- Before we start, technology explanation: privacy, scheduled into a time slot, (setting some time expectations) and meant as a convenience for the patient

3 Begin the Clinical Interaction

Connection—More important to invest in verbally than regular visit

- If new to you, get to know the patient (social history first)
  - Who is at home with you?
  - What work do you do?
- Listening and Eliciting the patient's perspective
  - Thanks, now tell me about your problem (let the patient talk)
  - Is there anything else? (Identify all of the patients concerns up front)
- Proceed as usual
  - Shorter sentences to keep engagement
  - More verbal empathy, since nonverbal is not as feasible

4 The Exam

In the patients eyes, the exam is formal, professional, and confidential procedure

- Avoid any exam that cannot meet those requirements–that requires a visit

5 Ending the Encounter

- Do a Final Check for Understanding and Satisfaction
  - "Because this is not the same as an office visit, I want to make sure you were able to follow all that we discussed."
  - "Do you have any questions?"
  - "Did handling your problems over the phone or by video work okay for you?
- Closing
  - Next Steps—reinforce what the patient is to do next
  - Follow up—partner with the patient going forward and explain how to reconnect
  - Close with hope on a positive note

Register through Eventbrite: password **SFHP**

April 21   tinyurl.com/Manage2021April
May 18   tinyurl.com/Manage2021May
June 15   tinyurl.com/Manage2021June

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Accessibility Monitoring Annual Update

Quality Improvement Committee
April 2021

Survey Administration

Highlights

Opportunities for Improvement

Corrective Action

QI-05 Monitoring of Accessibility of Provider Services

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Perception of access	Appointment access
Service wait times	Telephone and triage access

Wait Time & Triage Elements

Telephone Time-to-Answer

Telephone Time-to-Return

Office Wait Time

Daytime Clinical Triage

After Hours Clinical Triage

Wait Time & Triage Compliance Parameters

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Each Element
- 80% rate required for compliance

Response Rate
- Non-response does not contribute to compliance

Clinic or Site Level
- Compliance reflects individual PCP sites & clinics

Wait Time & Triage Highlights

Wait Time

- All medical groups and clinics reached **80%** compliance for Time-to-Answer & Office Wait Time
- SFHP reached **80%** compliance for Time-to-Return

Triage

- Increase in overall SFHP After Hours Triage compliance
  - **74%** in 2019
  - **98%** in 2020

Opportunity for Improvement: Telephone Triage

- DMHC & DHCS require that telephone triage or screening services are provided in a timely manner appropriate for the member's condition within30 minutes, 24 hours per day, 7 days per week

- Importance:
  - Members need access to telephone triage to assess medical issues
  - Provider office support staff have consistent method for routing member medical concerns
  - Providers are able to respond to medical issues that require more immediate resolution

- Fluctuating performance:

Triage Availability	During Business Hours	After Business Hours
2018	75%	78%
2019	86%	74%
2020	80%	98%

- How can SFHP improve?
  - What contributes to consistent triage availability during and after business hours?
  - What works well in providing telephone triage?
  - What are barriers in providing telephone triage?

Appointment Access Elements

Primary Care
- Routine
- Urgent
- Prenatal

Specialty
- Routine
- Urgent

Behavioral Health
- Routine
- Urgent

Ancillary
- Routine
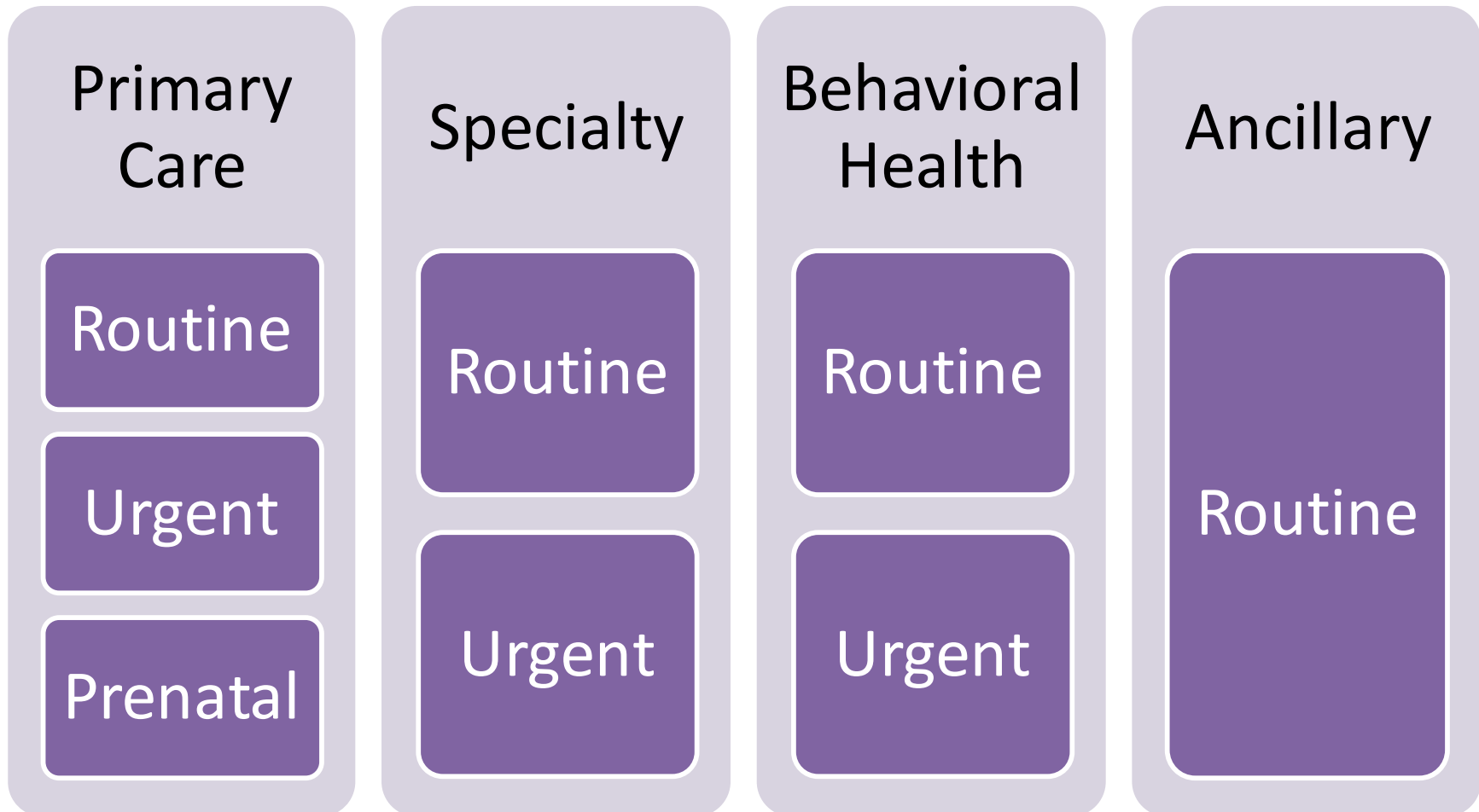
Specialty Types

Cardiology	**Dermatology**	**Endo-crinology**	**Gastro-enterology**
General Surgery	**Gynecology**	**Hematology**	**HIV/Infectious Disease**
Nephrology	**Neurology**	**Oncology**	**Ophthalmology**
	Physical Medicine & Rehabilitation	**Pulmonology**	

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grey: surveyed in previous years

Appointment Availability Compliance Parameters

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Each Element
- 80% rate required for compliance
- Under 80% results in a CAP

Response
- Seven days to respond to survey
- Non-response does not contribute to compliance
- 50% response rate required
- Under 50% results in a CAP

Site vs. Provider
- PCP: compliance reflects site
- All others: compliance reflects individual provider

Appointment Availability Highlights

Primary Care

- All provider groups reached **80%** for routine & prenatal appointments.

Behavioral Health

- All provider groups reached **80%** for routine psychiatry appointments.

Ancillary

- All provider groups reached **80%** for MRI and Physical Therapy Appointments

Appointment Availability Highlights

High – Impact Specialty

- Oncologists were markedly more compliant with urgent& routine appointments.
- Urgent: **65%** in 2020 vs. **33%** in 2019.
- Routine: **88%** in 2020 vs. **53%** in 2019.

Newly Surveyed Specialists

- Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology
- Majority of medical groups achieved 80% for routine appointments

Opportunity for Improvement: Specialty Urgent Appointments

- DMHC & DHCS requires SFHP to monitor and enforce urgent appointment availability

- 'Urgent' may have different interpretations and intentions
  - DMHC, DHCS, & SFHP want members to have expedient access to providers – appointment access within 96 hours of request
  - Providers may determine urgency based on a member's condition and not on a separate category of available appointments

- How can SFHP improve?
  - Providers can decline this question, but survey language does not state this explicitly. How can SFHP better inform providers to decline if urgent appointments are not offered?

  - When receiving appointment request, how do providers differentiate between routine appointments and those that need to be seen sooner?

  - For Corrective Action Plans, how can providers best respond to these that demonstrates improvement? How can SFHP assist providers in improving urgent appointment availability and/or differentiating urgent vs. routine?

Corrective Action

- Request corrective action for <80% compliance and/or <50% response rate

- Groups and clinic submit plans and corresponding evidence to be approved by SFHP

- Groups and clinics with repeat CAPs from previous year & declining rates must include additional plans

2020 APPOINTMENT AVAILABILITY REPORT

Date: March 26, 2021

Provider Appointment Availability

San Francisco Health Plan (SFHP) administers the Provider Appointment Availability Survey and the Daytime Survey to evaluate appointment availability. The Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS) require SFHP to monitor appointment availability in order to ensure that health care services are provided to patients in a timely manner appropriate for the nature of the patient's condition and consistent with professional practice.

Executive Summary of Results

Accomplishments:

- SFHP reached 80% compliance in urgent and routine primary care appointments, prenatal care appointments, routine cardiology, routine gastroenterology, routine hematology, urgent and routine HIV/infectious disease, routine oncology, routine ophthalmology, routine orthopedic surgery, routine otolaryngology, routine physical medicine and rehabilitation, routine pulmonology, urgent and routine non-physician mental health providers, routine psychiatry, physical therapy and MRI appointments. (Table 5, page 6).

- Of SFHP medical groups meeting the 80% compliance requirement for each appointment standard, 95% of standards remained the same or increased from 2019 to 2020 for providers that SFHP previously surveyed in 2019 (table 3, page 4). SFHP will continue to request corrective action from each group that did not meet the 80% compliance requirement and provide technical assistance to the groups when requested.

Opportunities for Improvement:

- Urgent appointment availability for gynecology and psychiatry providers decreased from 2019 to 2020. Urgent and routine appointment availability for primary care also decreased from 2019 to 2020, while remaining above the 80% compliance requirement (Table 5).

- Newly surveyed specialty types significantly contributed to low response rates (Table 6). Collecting responses from Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology providers within seven business days of surveying is a priority for next measurement year. In addition to issuing corrective action to groups not meeting compliance rates of 80%, SFHP will issue corrective action to provider groups not reaching a 50% response rate by provider type (Table 4, page 5).

Barriers:

Provider groups face a number of barriers providing timely access to care. Some barriers are more prevalent in safety net settings while others are specific to smaller practices with fewer resources to leverage.

Barriers include:

- Supply of providers – some provider groups' supply of appointments with providers is fixed due to resident and attending schedules or the number of part time providers working in a specific system or clinic.

- Variation in use of emerging appointment reminders, self-scheduling technology and alternative visits – provider groups demonstrate uneven uptake or implementation of technologies such as telemedicine, electronic appointment reminders, and member self-scheduling. Provider groups also show uneven uptake

1

of alternative visits such as nurse visits or group visits. Electronic tools are less optimized for low literacy or non-English speaking member and may require customizations or additional investments to fully leverage.

- Team based care – some clinics and health systems effectively utilize care team members to ensure good access while other settings may not be able to employ or as effectively utilize other licensed providers (e.g. health educator, pharmacist, behavioral health clinician).
- Electronic consult for specialty care – with the right technology in place, many consults can be managed without the need for a face-to-face visit. Different specialty care arrangements and coordination efforts as well as very recent changes in reimbursement options impact access to and timeliness of specialty care.
- Private behavioral health practitioners – SFHP's behavioral health network include both public and private providers. While private providers are contracted, they may not have availability to accept new clients. Depending on their caseload they may close their practice or limit the number of new clients they accept based on their ability to provide timely initial and ongoing appointments.
- Social determinants of health – transportation, housing and employment related barriers can impact members' ability to make and keep appointments. Missed appointments that go unused can contribute poorer access.

Infrastructure needs include technological improvements (member self-scheduling, robo-call appointment reminders), ability to provide care beyond typical face-to-face visits, effective provider recruitment and retention strategies, and processes to inform/manage expectations with members. Overall, SFHP's strategy is to work with each medical group individually to address appointment availability, clinic capacity and scheduling techniques.

Next Steps:
- SFHP requested Corrective Action Plans (CAP) for any group that falls below the 80% compliance rate and/or the 50% response rate. SFHP will provide technical assistance and coaching to provide best practices for improving access to care, survey responsiveness, and instructions on how to accurately submit a CAP.

Survey Methodology:

SFHP utilizes two surveys to assess appointment availability for each regulation as described in Table 1: the Provider Appointment Availability Survey (PAAS) and the Daytime Survey. SFHP implemented PAAS through survey vendor Sutherland Healthcare from September to December of 2020 and reported the results in March 2021. This methodology ensures that an appropriate number of providers for each county and network are surveyed to produce statistically reliable and comparable results across all health plans. Provider types included in PAAS are: cardiologists, dermatologists, endocrinologists, gastroenterologists, general surgeons, gynecologists, hematologists, HIV & infectious disease provider, nephrologists, neurologists, oncologists, ophthalmologists, orthopedic surgeons, otolaryngologists, physical medicine & rehabilitation providers, pulmonologists, non-physician mental health care provider, psychiatrists, and ancillary providers. The number of providers to be surveyed for each county and network is determined separately for each of the provider survey types. Ancillary providers included those delivering MRI and physical therapy services. SFHP selected a random sample of provider type for each medical group. SFHP determined sample sizes from DMHC's Measurement Year 2019 PAAS methodology which DMHC calculated to produce confidence limits of plus or minus 5% for an expected compliance rate of 85% with a 95% confidence level.

SFHP utilized the 2019 PAAS methodology recommended by DMHC. Provider sites had five business days to respond to the faxed or e-mailed survey. Non-responsive providers received follow-up phone calls after the initial five business days to collect survey responses over the phone. Providers had two business days to respond to follow-up phone calls. Calls in

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which the respondent refused to respond to the survey or failed to return the phone call within the allotted time were categorized as non-responsive. Responses to the survey where respondents did not provide a compliant answer for the appointment wait time elements described in Table 1 were categorized as non-compliant. SFHP aggregated results of individual providers from completed surveys to obtain a compliance rate for each medical group. SFHP requires 80% compliance rate for each access standard and a 50% response rate by provider type. A plan for corrective action is required when a group or clinic does not meet the 80% compliance requirement and/or the 50% response requirement.

SFHP conducted the Daytime Survey in November and December of 2020. SFHP surveyed contracted providers and clinic sites that provide routine primary care (including internal medicine, pediatrics, and family/general medicine). Each provider group's survey population is an audit of primary care and therefore contains sites for primary care providers within the medical group. As this survey is a census, the results of the survey provide a true measure of the population and thus no sampling error.

For each unique site surveyed, SFHP sent faxes or emails containing or linking to the Daytime Survey. SFHP requested information regarding access to the first available urgent and primary care appointments at the entire site. Additionally SFHP requested if the provider office site offered prenatal care appointments; those that provided prenatal appointments were further surveyed regarding the next available prenatal care appointment available at that provider site. Provider sites had ten business days to respond to the faxed or e-mailed Daytime Survey. Responses that did not provide a compliant answer for the appointment wait time elements described in Table 1 were categorized as non-compliant. SFHP aggregated results of individual primary care sites to obtain a compliance rate for each medical group. SFHP requires 80% compliance rate for urgent, routine, prenatal care appointment availability in primary care and a 50% survey response rate. A plan for corrective action is required when a group or clinic does not meet the 80% compliance requirement and/or the 50% response requirement.

Table 1: Appointment Requirements

Provider Appointment Type	Urgent Appointment	Routine Appointment	Corresponding Survey
Primary Care Appointments	Within 48 hrs. without prior authorization	Within 10 business days	Daytime Survey
Prenatal Care Appointment	N/A	Within 10 business days	Daytime Survey
Specialty Care Appointments	Within 96 hrs. with prior authorization	Within 15 business days	Provider Appointment Availability Survey
Non-Physician Behavioral Health Appointments	Within 96 hrs. with prior authorization	Within 10 business days	Provider Appointment Availability Survey
Ancillary Appointments	N/A	Within 15 business days	Provider Appointment Availability Survey

Survey Analysis:

Overall results indicate that SFHP reached 80% compliance in urgent and routine primary care appointments, prenatal care appointments, routine cardiology, routine gastroenterology, routine hematology, urgent and routine HIV/infectious disease, routine oncology, routine ophthalmology, routine orthopedic surgery, routine otolaryngology, routine physical medicine and rehabilitation, routine pulmonology, urgent and routine non-physician mental health providers, routine psychiatry, physical therapy and MRI appointments. SFHP did not meet 80% compliance for all other appointment types. For the eleven newly surveyed specialty types, Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology,

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significant non-responsiveness to the survey contributed to smaller than intended sample sizes, resulting in imprecise assessment of appointment availability. In comparison to 2019, 2020 results indicate that gynecology, oncology, and behavioral health provider types were more responsive to the survey. Sutherland Healthcare fielded PAAS on behalf of SFHP for all non-primary care provider types. Sutherland Healthcare contracts with many other California health plans for PAAS and shares survey results between them. This method conducted by the vendor lowers survey fatigue from providers, resulting in the increase in responsiveness for non-behavioral provider specialties.

Survey Limitations:

Some medical groups' sample sizes significantly varied between 2019 and 2020. One contributor to sample size change is due to the timing of the survey. SFHP determined sample frames for the Appointment Availability Surveyed from the December 2019 SFHP annual network provider roster, with surveying from September 2020 to December 2020, and reporting of results in March 2021. In the time lapse of 15 months, some providers may terminate with medical groups and become ineligible for reporting in medical groups samples. Additionally, the sample size is dependent on survey responses. As shown in Table 6, pages 5, since specialty types were more responsive to the provider survey in 2020, their sample sizes increased.

Table 2: Results Key

Green	Scores marked in green indicate higher scores in 2020 from 2019
Red	Scores marked in red indicate lower scores in 2020 from 2019
Yellow	Scores highlighted in yellow indicate that the group did not reach 80% compliance for the access standard
Blue	Scores highlighted in blue indicate that the group did not reach 50% compliance for the provider type

Table 3: Aggregate of Medical Group and Clinic Compliance (80%)

Provider Type	Compliance Element	MY 2019 Medical groups and clinics achieving 80% compliance	MY 2019 Medical groups and clinics achieving 80% compliance
Primary Care	Urgent	86%	93%
	Routine	100%	100%
	Prenatal	100%	100%
Cardiology	Urgent	17%	38%
	Routine	33%	75%
Dermatology	Urgent	Not surveyed in 2019	0%
	Routine		43%
Endocrinology	Urgent	17%	88%
	Routine	17%	63%
General Surgery	Urgent	Not surveyed in 2019	25%
	Routine		50%
Gastroenterology	Urgent	38%	38%
	Routine	75%	100%
Gynecology	Urgent	50%	38%
	Routine	50%	75%
Hematology	Urgent	Not surveyed in 2019	20%
	Routine		100%

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Provider Type	Compliance Element	MY 2019 Medical groups and clinics achieving 80% compliance	MY 2019 Medical groups and clinics achieving 80% compliance
HIV & Infectious Diseases	Urgent	Not surveyed in 2019	50%
	Routine		83%
Nephrology	Urgent	Not surveyed in 2019	14%
	Routine		50%
Neurology	Urgent	Not surveyed in 2019	42%
	Routine		29%
Oncology	Urgent	0%	50%
	Routine	0%	83%
Ophthalmology	Urgent	Not surveyed in 2019	29%
	Routine		57%
Orthopedics	Urgent	Not surveyed in 2019	13%
	Routine		88%
Otolaryngology	Urgent	Not surveyed in 2019	50%
	Routine		100%
Physical Medicine & Rehabilitation	Urgent	Not surveyed in 2019	20%
	Routine		100%
Pulmonology	Urgent	Not surveyed in 2019	71%
	Routine		71%
Non-Physician Behavioral Health Providers	Urgent	0%	100%
	Routine	50%	100%
Psychiatry	Urgent	0%	13%
	Routine	100%	100%
MRI	Routine	100%	100%
Physical Therapy	Routine	50%	100%

Table 4: Aggregate of Medical Group and Clinic Response (50%)

Provider Type	MY 2019 Medical groups and clinics achieving 50% response rate	MY 2020 Medical groups and clinics achieving 50% response rate
Primary Care	93%	94%
Cardiology, Endocrinology, Gastroenterology	88%	88%
Gynecology , Oncology	71%	100%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	N/A	75%

Provider Type	MY 2019 Medical groups and clinics achieving 50% response rate	MY 2020 Medical groups and clinics achieving 50% response rate
Psychiatry	80%	100%
Non-Physician Behavioral Health providers	100%	100%
Ancillary	100%	100%

Table 5: Appointment Availability Compliance Rates

SFHP Overall		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	160	4%	96%	154	9%	91%
	Routine	164	0%	100%	167	1%	99%
	Prenatal	43	0%	100%	54	0%	100%
Cardiology	Urgent	73	60%	40%	118	29%	71%
	Routine	78	32%	68%	120	13%	87%
Dermatology	Urgent	Not surveyed in 2019			42	69%	31%
	Routine				50	40%	60%
Endocrinology	Urgent	40	52%	48%	41	51%	49%
	Routine	45	62%	38%	45	22%	78%
Gastroenterology	Urgent	35	46%	54%	53	36%	64%
	Routine	42	48%	52%		8%	92%
General Surgery	Urgent	Not surveyed in 2019			50	48%	52%
	Routine				51	24%	76%
Gynecology	Urgent	87	41%	59%	148	51%	49%
	Routine	123	36%	64%	162	28%	72%
Hematology	Urgent	Not surveyed in 2019			25	52%	48%
	Routine					4%	96%
HIV/Infectious Diseases	Urgent	Not surveyed in 2019			19	16%	84%
	Routine				21	10%	90%
Nephrology	Urgent	Not surveyed in 2019			51	43%	57%
	Routine				56	25%	75%
Neurology	Urgent	Not surveyed in 2019			56	43%	57%
	Routine				70	26%	74%
Oncology	Urgent	30	67%	33%	69	35%	65%
	Routine		47%	53%	77	12%	88%
Ophthalmology	Urgent	Not surveyed in 2019			63	35%	65%
	Routine				72	18%	82%
Orthopedics	Urgent	Not surveyed in 2019			73	66%	34%
	Routine				72	11%	89%
Otolaryngology	Urgent	Not surveyed in 2019			27	22%	78%
	Routine				31	6%	94%
Physical Medicine & Rehabilitation	Urgent	Not surveyed in 2019			8	50%	50%
	Routine					0%	100%
Pulmonology	Urgent	Not surveyed in 2019			16	25%	75%
	Routine				18	17%	83%

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SFHP Overall		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Non-MD Behavioral	Urgent	322	30%	70%	241	16%	84%
	Routine	335	25%	75%	248	4%	96%
Psychiatry	Urgent	72	35%	65%	165	44%	56%
	Routine	82	7%	93%	173	1%	99%
MRI	Routine	31	0%	100%	44	0%	100%
Physical Therapy	Routine	9	33%	67%	12	0%	100%

Table 6: Appointment Availability Response Rates

SFHP Overall	MY 2019 sample size	MY 2019 response	MY 2020 sample size	MY 2020 response
All Provider Types	1162	69%	2,413	66%
Primary Care	195	86%	211	80%
Cardiology, Endocrinology, Gastroenterology	181	91%	241	90%
Gynecology, Oncology	275	56%	349	68%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	Not surveyed in 2019		1,007	47%
Psychiatry	174	48%	224	77%
Non-Physician Mental Health	296	66%	319	78%
Ancillary Providers	41	98%	62	90%

Table 7: Appointment Availability Compliance Rates

Beacon Health Options		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Non-MD Behavioral	Urgent	67	40%	60%	81	19%	81%
	Routine	74	34%	66%	84	2%	98%
Psychiatry	Urgent	22	27%	73%	39	46%	54%
	Routine	23	13%	87%	43	2%	98%

Table 8: Appointment Availability Response Rates

Beacon Health Options	MY 2019 sample size	MY 2019 response	MY 2020 sample size	MY 2020 response
All Provider Types	161	61%	164	77%
Non-MD Behavioral	131	56%	113	74%
Psychiatry	30	80%	51	84%

Table 9: Appointment Availability Compliance Rates

Brown and Toland Physicians		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	14	0%	100%	14	14%	86%
	Routine		0%	100%	16	6%	94%
	Prenatal	3	0%	100%	6	0%	100%
Cardiology	Urgent	10	60%	40%	8	0%	100%
	Routine		40%	60%		12%	88%
Dermatology		Not surveyed in 2019			2	50%	50%
						0%	100%
Endocrinology	Urgent	5	60%	40%	1	100%	0%
	Routine	6	100%	0%		0%	100%
Gastroenterology	Urgent	5	20%	80%	5	60%	40%
	Routine		0%	100%		0%	100%
General Surgery	Urgent	Not surveyed in 2019			4	50%	50%
	Routine					50%	50%
Gynecology	Urgent	18	39%	61%	22	32%	68%
	Routine	22	32%	68%		14%	86%
Hematology	Urgent	Not surveyed in 2019			1	100%	0%
	Routine					0%	100%
HIV/Infectious Diseases	Urgent	Not surveyed in 2019			1	100%	0%
	Routine					0%	100%
Nephrology	Urgent	Not surveyed in 2019			4	25%	75%
	Routine					25%	75%
Neurology	Urgent	Not surveyed in 2019			2	50%	50%
	Routine					100%	0%
Oncology	Urgent	3	67%	33%	3	67%	33%
	Routine		67%	33%	4	50%	50%
Ophthalmology	Urgent	Not surveyed in 2019			6	33%	67%
	Routine				8	25%	75%
Orthopedics	Urgent	Not surveyed in 2019			4	25%	75%
	Routine					0%	100%
Otolaryngology	Urgent	Not surveyed in 2019			3	33%	67%
	Routine					0%	100%
Physical Medicine & Rehabilitation	Urgent	Not surveyed in 2019			2	50%	50%
	Routine					0%	100%
Pulmonology	Urgent	Not surveyed in 2019			2	0%	100%
	Routine					0%	100%
Psychiatry	Urgent	Not surveyed in 2019			1	100%	0%
	Routine					0%	100%
MRI	Routine	5	0%	100%	7	0%	100%
Physical Therapy	Routine	1	0%	100%	2	0%	100%

Table 10: Appointment Availability Response Rates

Brown and Toland Physicians	MY 2019 sample size	MY 2019 response	MY 2020 sample size	MY 2020 response
All Provider Types	76	87%	141	83%
Primary Care	17	82%	21	76%
Cardiology, Endocrinology, Gastroenterology	23	91%	16	88%
Gynecology, Oncology	30	83%	30	87%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	Not surveyed in 2019		62	55%
Psychiatry	Not surveyed in 2019		1	100%
Ancillary Providers	6	100%	11	82%

Table 11: Appointment Availability Compliance Rates

Chinese Community Healthcare Association		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	39	3%	97%	30	13%	87%
	Routine		0%	100%	33	3%	97%
	Prenatal	4	0%	100%	5	0%	100%
Cardiology	Urgent	2	0%	100%	3	0%	100%
	Routine		0%	100%		0%	100%
Dermatology	Urgent	Not surveyed in 2019			1	100%	0%
	Routine					0%	100%
Endocrinology	Urgent	3	0%	100%	4	25%	75%
	Routine		0%	100%		0%	100%
Gastroenterology	Urgent	3	33%	67%	4	50%	50%
	Routine		0%	100%		0%	100%
General Surgery	Urgent	Not surveyed in 2019			5	40%	60%
	Routine					0%	100%
Gynecology	Urgent	5	0%	100%	6	17%	83%
	Routine		20%	80%		0%	100%
Hematology	Urgent	Not surveyed in 2019			1	100%	0%
	Routine					0%	100%
Nephrology	Urgent	Not surveyed in 2019			N/A	N/A	N/A
	Routine				1	0%	100%
Neurology	Urgent	Not surveyed in 2019			2	0%	100%
	Routine				3	33%	67%
Ophthalmology	Urgent	Not surveyed in 2019			5	20%	80%
	Routine					20%	80%
Orthopedics	Urgent	Not surveyed in 2019			1	0%	100%
	Routine					0%	100%

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Chinese Community Healthcare Association		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Otolaryngology	Urgent	Not surveyed in 2019			3	33%	67%
	Routine					0%	100%
Physical Medicine & Rehabilitation	Urgent	Not surveyed in 2019			1	100%	0%
	Routine					0%	100%
Pulmonology	Urgent	Not surveyed in 2019			1	0%	100%
	Routine					0%	100%
Psychiatry	Urgent	Not surveyed in 2019			1	0%	100%
	Routine					0%	100%

Table 12: Appointment Availability Response Rates

Chinese Community Healthcare Association	MY 2019 sample size	MY 2019 response	MY 2020 sample size	MY 2020 response
All Provider Types	58	91%	95	77%
Primary Care	44	91%	41	80%
Cardiology, Endocrinology, Gastroenterology	9	89%	11	100%
Gynecology, Oncology	5	100%	7	86%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	Not surveyed in 2019		35	63%
Psychiatry	Not surveyed in 2019		1	100%

Table 13: Appointment Availability Compliance Rates

Hill Physicians		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	23	0%	100%	26	8%	92%
	Routine	26	0%	100%	27	0%	100%
	Prenatal	7	0%	100%	9	0%	100%
Cardiology	Urgent	6	50%	50%	5	20%	80%
	Routine		0%	100%		0%	100%
Dermatology	Urgent	Not surveyed in 2019			1	100%	0%
	Routine					0%	100%
Endocrinology	Urgent	3	33%	67%	3	33%	67%
	Routine		33%	67%		0%	100%
Gastroenterology	Urgent	3	33%	67%	4	25%	75%
	Routine		0%	100%		0%	100%
General Surgery	Urgent	Not surveyed in 2019			5	40%	60%
	Routine					40%	60%
Gynecology	Urgent	5	20%	80%	4	0%	100%
	Routine	8	25%	75%		0%	100%

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Hill Physicians		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Nephrology	Urgent	Not surveyed in 2019			6	83%	17%
	Routine					17%	83%
Ophthalmology	Urgent	Not surveyed in 2019			9	44%	56%
	Routine				11	9%	91%
Orthopedics	Urgent	Not surveyed in 2019			3	67%	33%
	Routine					0%	100%
MRI	Routine	12	0%	100%	1	0%	100%
Physical Therapy	Routine	Not surveyed in 2019			17	0%	100%

Table 14: Appointment Availability Response Rates

Hill Physicians	MY 2019 sample size	MY 2019 response	MY 2020 sample size	MY 2020 response
All Provider Types	65	91%	116	72%
Primary Care	32	84%	38	71%
Cardiology, Endocrinology, Gastroenterology	12	100%	13	92%
Gynecology, Oncology	9	89%	5	80%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	Not surveyed in 2019		40	65%
Ancillary Providers	12	100%	20	90%

Table 15: Appointment Availability Compliance Rates

Jade Healthcare		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	19	0%	100%	18	6%	94%
	Routine		0%	100%	22	0%	100%
	Prenatal	1	0%	100%	3	0%	100%
Cardiology	Urgent	13	69%	31%	18	33%	67%
	Routine		23%	77%		28%	72%
Dermatology	Urgent	Not surveyed in 2019			8	75%	25%
	Routine				10	40%	60%
Endocrinology	Urgent	7	43%	57%	5	60%	40%
	Routine		57%	43%		20%	80%
Gastroenterology	Urgent	5	60%	40%	9	22%	78%
	Routine	6	67%	33%		11%	89%
General Surgery	Urgent	Not surveyed in 2019			8	62%	38%
	Routine					37%	63%
Gynecology	Urgent	9	89%	11%	37	65%	35%
	Routine	16	44%	56%	39	33%	67%

Jade Healthcare		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Hematology	Urgent	Not surveyed in 2019			5	50%	50%
	Routine				6	0%	100%
HIV/Infectious Disease	Urgent	Not surveyed in 2019			2	0%	100%
	Routine					0%	100%
Nephrology	Urgent	Not surveyed in 2019			11	45%	55%
	Routine				12	17%	83%
Neurology	Urgent	Not surveyed in 2019			15	47%	53%
	Routine				20	25%	75%
Oncology	Urgent	7	86%	14%	14	43%	57%
	Routine		57%	43%	16	6%	94%
Ophthalmology	Urgent	Not surveyed in 2019			16	37%	63%
	Routine				18	28%	72%
Orthopedics	Urgent	Not surveyed in 2019			19	84%	16%
	Routine					16%	84%
Otolaryngology	Urgent	Not surveyed in 2019			6	33%	67%
	Routine				7	14%	86%
Physical Medicine & Rehabilitation	Urgent	Not surveyed in 2019			1	100%	0%
	Routine					0%	100%
Pulmonology	Urgent	Not surveyed in 2019			1	100%	0%
	Routine				2	50%	50%
Psychiatry	Urgent	Not surveyed in 2019			1	100%	0%
	Routine					0%	100%
MRI	Routine	4	0%	100%	7	0%	100%
Physical Therapy	Routine	3	0%	100%	4	0%	100%

Table 16: Appointment Availability Response Rates

Jade Healthcare	MY 2019 sample size	MY 2019 response	MY 2020 sample size	MY 2020 response
All Provider Types	117	64%	400	57%
Primary Care	26	73%	27	81%
Cardiology, Endocrinology, Gastroenterology	30	87%	33	97%
Gynecology, Oncology	53	43%	83	66%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	Not surveyed in 2019		245	43%
Psychiatry	Not surveyed in 2019		1	100%
Ancillary Providers	8	88%	11	100%

Table 17: Appointment Availability Compliance Rates

Northeast Medical Services		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	20	5%	95%	28	11%	89%
	Routine	21	0%	100%	29	0%	100%
	Prenatal	8	0%	100%	11	0%	100%
Cardiology	Urgent	14	86%	14%	15	27%	73%
	Routine	15	33%	67%	16	25%	75%
Dermatology	Urgent	Not surveyed in 2019			4	50%	50%
	Routine				5	40%	60%
Endocrinology	Urgent	12	67%	33%	4	0%	100%
	Routine		75%	25%		0%	100%
Gastroenterology	Urgent	4	75%	25%	10	20%	80%
	Routine		0%	100%		0%	100%
General Surgery	Urgent	Not surveyed in 2019			13	62%	38%
	Routine				14	36%	64%
Gynecology	Urgent	30	37%	63%	42	45%	55%
	Routine	35	20%	80%	44	16%	84%
HIV/Infectious Diseases	Urgent	Not surveyed in 2019			3	33%	67%
	Routine					0%	100%
Nephrology	Urgent	Not surveyed in 2019			12	0%	100%
	Routine				13	0%	100%
Neurology	Urgent	Not surveyed in 2019			8	37%	63%
	Routine				11	27%	73%
Oncology	Urgent	4	50%	50%	5	0%	100%
	Routine		50%	50%	6	17%	83%
Ophthalmology	Urgent	Not surveyed in 2019			13	37%	63%
	Routine				15	7%	93%
Orthopedics	Urgent	Not surveyed in 2019			3	67%	33%
	Routine				6	33%	67%
Otolaryngology	Urgent	Not surveyed in 2019			5	20%	80%
	Routine				6	0%	100%
Physical Medicine & Rehabilitation	Urgent	Not surveyed in 2019			1	100%	0%
	Routine					0%	100%
Pulmonology	Urgent	Not surveyed in 2019			1	0%	100%
	Routine					0%	100%
MRI	Routine	10	0%	100%	13	0%	100%
Physical Therapy	Routine	1	0%	100%	2	0%	100%

Table 18: Appointment Availability Response Rates

Northeast Medical Services	MY 2019 sample size	MY 2019 response	MY 2020 sample size	MY 2020 response
All Provider Types	112	91%	239	82%
Primary Care	26	81%	33	88%
Cardiology, Endocrinology, Gastroenterology	32	97%	31	97%

Northeast Medical Services	MY 2019 sample size	MY 2019 response	MY 2020 sample size	MY 2020 response
Gynecology, Oncology	43	91%	52	96%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	Not surveyed in 2019		107	67%
Ancillary Providers	11	100%	16	94%

Table 19: Appointment Availability Compliance Rates

Northeast Medical Services with SFHN		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	10	0%	100%	11	0%	100%
	Routine		0%	100%		0%	100%
	Prenatal	8	0%	100%	9	0%	100%
Cardiology	Urgent	Not surveyed in 2019			1	100%	0%
	Routine					0%	100%
Endocrinology	Urgent	Not surveyed in 2019			5	40%	60%
	Routine				6	33%	67%
Gastroenterology	Urgent	1	0%	100%	1	0%	100%
	Routine		0%	100%		0%	100%
General Surgery	Urgent	Not surveyed in 2019			1	0%	100%
	Routine					0%	100%
Gynecology	Urgent	9	0%	100%	4	0%	100%
	Routine	10	0%	100%		0%	100%
Hematology	Urgent	Not surveyed in 2019			1	0%	100%
	Routine					0%	100%
HIV/Infectious Diseases	Urgent	Not surveyed in 2019			2	0%	100%
	Routine					0%	100%
Nephrology	Urgent	Not surveyed in 2019			2	100%	0%
	Routine					100%	0%
Neurology	Urgent	Not surveyed in 2019			2	0%	100%
	Routine					0%	100%
Oncology	Urgent	Not surveyed in 2019			1	0%	100%
	Routine					0%	100%
Orthopedics	Urgent	Not surveyed in 2019			3	33%	67%
	Routine					0%	100%
Otolaryngology	Urgent	Not surveyed in 2019			1	0%	100%
	Routine					0%	100%
Pulmonology	Urgent	Not surveyed in 2019			1	0%	100%
	Routine					0%	100%
Psychiatry	Urgent	2	50%	50%	2	100%	0%
	Routine		0%	100%		0%	100%
Physical Therapy	Routine	1	100%	0%	1	0%	100%

Table 20: Appointment Availability Response Rates

Northeast Medical Services with SFHN	MY 2019 sample size	MY 2019 response	MY 2020 sample size	MY 2020 response
All Provider Types	25	96%	43	93%
Primary Care	10	100%	11	100%
Cardiology, Endocrinology, Gastroenterology	1	100%	10	80%
Gynecology, Oncology	11	91%	5	100%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	Not surveyed in 2019		13	100%
Psychiatry	2	100%	3	67%
Ancillary Providers	1	100%	1	100%

Table 21: Appointment Availability Compliance Rates

SF Behavioral Health Services		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Non-MD Behavioral	Urgent	118	24%	76%	160	14%	86%
	Routine	120	20%	80%	164	4%	96%
Psychiatry	Urgent	39	36%	64%	72	28%	72%
	Routine	42	7%	93%	74	0%	100%

Table 22: Appointment Availability Response Rates

SF Behavioral Health Services	MY 2019 sample size	MY 2019 response	MY 2020 sample size	MY 2020 response
All Provider Types	232	71%	302	79%
Non-MD Behavioral	165	74%	206	80%
Psychiatry	67	64%	96	77%

Table 23: Appointment Availability Compliance Rates

San Francisco Consortium of Community Clinics		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	12	25%	75%	9	11%	89%
	Routine		0%	100%	10	0%	100%
	Prenatal	3	0%	100%	3	0%	100%

Table 24: Appointment Availability Response Rates

San Francisco Consortium of Community Clinics	MY 2019 sample size	MY 2019 response	MY 2020 sample size	MY 2020 response
Primary Care	15	80%	14	71%

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Table 25: Appointment Availability Compliance Rates

San Francisco Health Network		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	13	8%	92%	12	8%	92%
	Routine		0%	100%	13	0%	100%
	Prenatal	7	0%	100%	6	0%	100%
Cardiology	Urgent	Not surveyed in 2019			1	100%	0%
	Routine					0%	100%
Dermatology	Urgent	Not surveyed in 2019			2	100%	0%
	Routine					50%	50%
Endocrinology	Urgent	Not surveyed in 2019			2	100%	0%
	Routine				3	67%	33%
Gastroenterology	Urgent	1	0%	100%	1	0%	100%
	Routine		0%	100%		0%	100%
General Surgery	Urgent	Not surveyed in 2019			1	0%	100%
	Routine					0%	100%
Gynecology	Urgent	1	0%	100%	3	33%	67%
	Routine		0%	100%		0%	100%
HIV/Infectious Diseases	Urgent	Not surveyed in 2019			5	0%	100%
	Routine					0%	100%
Nephrology	Urgent	Not surveyed in 2019			3	100%	0%
	Routine					100%	0%
Neurology	Urgent	Not surveyed in 2019			1	0%	100%
	Routine					0%	100%
Oncology	Urgent	Not surveyed in 2019			1	0%	100%
	Routine					0%	100%
Ophthalmology	Urgent	Not surveyed in 2019			3	0%	100%
	Routine					0%	100%
Orthopedics	Urgent	Not surveyed in 2019			6	50%	50%
	Routine					0%	100%
Physical Medicine & Rehabilitation	Urgent	Not surveyed in 2019			3	0%	100%
	Routine					0%	100%
Pulmonology	Urgent	Not surveyed in 2019			4	0%	100%
	Routine					0%	100%
Psychiatry	Urgent	3	33%	67%	7	57%	43%
	Routine		0%	100%		0%	100%
Physical Therapy	Routine	1	100%	0%	1	0%	100%

Table 26: Appointment Availability Response Rates

San Francisco Health Network	MY 2019 sample size	MY 2019 response	MY 2020 sample size	MY 2020 response
All Provider Types	20	90%	71	81%
Primary Care	13	100%	13	100%
Cardiology, Endocrinology, Gastroenterology	3	33%	12	42%
Gynecology, Oncology	3	67%	4	100%

San Francisco Health Network	MY 2019 sample size	MY 2019 response	MY 2020 sample size	MY 2020 response
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	Not surveyed in 2019		33	85%
Psychiatry	3	100%	8	88%
Ancillary Providers	1	100%	1	100%

Table 27: Appointment Availability Compliance Rates

University of California San Francisco		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	10	0%	100%	6	0%	100%
	Routine		0%	100%	6	0%	100%
	Prenatal	2	0%	100%	2	0%	100%
Cardiology	Urgent	28	50%	50%	67	31%	69%
	Routine	32	41%	59%	68	9%	91%
Dermatology	Urgent	Not surveyed in 2019			24	67%	33%
	Routine				29	45%	55%
Endocrinology	Urgent	10	60%	40%	17	65%	35%
	Routine	14	57%	43%	19	26%	74%
Gastroenterology	Urgent	13	54%	46%	19	47%	53%
	Routine	19	84%	16%		16%	84%
General Surgery	Urgent	Not surveyed in 2019			13	38%	62%
	Routine					0%	100%
Gynecology	Urgent	10	90%	10%	30	77%	23%
	Routine	26	77%	23%	40	57%	43%
Hematology	Urgent	Not surveyed in 2019			16	50%	50%
	Routine					6%	94%
HIV/Infectious Diseases	Urgent	Not surveyed in 2019			6	17%	83%
	Routine				8	25%	75%
Nephrology	Urgent	Not surveyed in 2019			13	46%	54%
	Routine				15	33%	67%
Neurology	Urgent	Not surveyed in 2019			26	50%	50%
	Routine				31	23%	77%
Oncology	Urgent	16	63%	38%	45	36%	64%
	Routine		38%	63%	49	10%	90%
Ophthalmology	Urgent	Not surveyed in 2019			11	36%	64%
	Routine				12	25%	75%
Orthopedics	Urgent	Not surveyed in 2019			34	68%	32%
	Routine				33	12%	88%
Otolaryngology	Urgent	Not surveyed in 2019			9	11%	89%
	Routine				11	9%	91%

University of California San Francisco		MY 2019			MY 2020		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Pulmonology	Urgent	Not surveyed in 2019			6	50%	50%
	Routine				7	29%	71%
Psychiatry	Urgent	6	50%	50%	42	64%	36%
	Routine	12	0%	100%	44	2%	98%
Physical Therapy	Routine	2	50%	50%	1	0%	100%

Table 28: Appointment Availability Response Rates

University of California San Francisco	MY 2019 sample size	MY 2019 response	MY 2020 sample size	MY 2020 response
All Provider Types	276	47%	826	51%
Primary Care	10	100%	11	55%
Cardiology, Endocrinology, Gastroenterology	71	92%	115	92%
Gynecology, Oncology	121	35%	163	55%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	Not surveyed in 2019		472	38%
Psychiatry	72	17%	63	70%
Ancillary Providers	2	100%	2	50%

2020 TELEPHONE AND PROVIDER OFFICE WAIT TIME

Date: March 26, 2021

Access Monitoring Requirements

The Department of Health Care Services (DHCS) contractually requires SFHP to implement and maintain a procedure for monitoring provider offices' time to answer and return telephone calls and average wait time in offices. SFHP's Daytime Survey is an annual survey of these requirements.

Table A: Wait Time Elements

Survey Element	Definition	Performance Threshold
Telephone Time to Answer	Wait time on telephone to schedule appointment does exceed 10 minutes.	80%
Telephone Time to Return	Providers will return non-urgent calls by the end of the following business day.	80%
Provider Office Wait Time	Wait time at provider offices before appointments does not exceed 30 minutes.	80%

The Telephone Time to Answer standard matches SFHP Customer Service maximum wait time of 10 minutes, set by the Department of Managed Health Care. The Telephone Time to Return standard was developed with feedback from SFHP's Member Advisory Council (MAC) and medical group leadership.

Executive Summary of Results

Accomplishments:
- SFHP's network scored above 80% in office wait time, and provider telephone time to answer and return (Table C, page 3).

Opportunities/Barriers:
- Three groups did not reach 80% in telephone time to return and one group did not reach 80% in telephone time to answer (Table C).

Next Steps:
- SFHP will communicate survey results for wait time elements to provider groups. SFHP will request plans for corrective action for any group that falls below the 80% compliance rate.

Survey Methodology

SFHP conducted the Daytime Survey in November and December 2020 during business hours. SFHP surveyed contracted SFHP providers and clinic sites providing routine primary care (including internal medicine, pediatrics, and family/general medicine). Additionally, SFHP surveyed SFHP's contracted behavioral health care call centers. Each medical group's survey population is a census of primary care sites and therefore contains all phone numbers for primary care providers within the medical group. For each unique site surveyed, SFHP sent faxes or emails with a link to the Daytime Survey. SFHP requested information regarding the amount of time members wait in the waiting room, and the length of time to hear back from a provider or office staff in the event of a member expressing a non-urgent issue. SFHP surveyed SFHP's contracted behavioral health call centers on telephone time to answer and return and not provider office wait time as members do not wait in person for their call centers. Primary care sites that track average wait time on the telephone before calls are answered were asked to supply their average wait time. Provider sites had ten business days to respond to the survey.

1

Responses that did not provide a compliant answer for access elements described in Table A are categorized as non-compliant. SFHP aggregated results to obtain a compliance rate for each medical group. A plan for corrective action is required when a group or clinic does not meet the 80% compliance requirement for office wait time, telephone time to answer, or telephone time to return.

Survey Results
Table B: Results & Provider Group Key

Green	Scores marked in green indicate higher scores in 2020 than in 2019
Red	Scores marked in red indicate lower scores in 2020 than in 2019
Yellow	Scores highlighted in yellow indicate that the group did not reach 80% compliance for the access standard
BHO	Beacon Health Options
BTP	Brown and Toland Medical Group
CCHCA	Chinese Community Health Care Association
HILL	Hill Physicians Medical Group
JADE	Jade Health Care Medical Group
NEMS	North East Medical Services
NMS	North East Medical Services with SFHN
SFCCC & IC	San Francisco Community Clinic Consortium & Independent Clinics
SFHN	San Francisco Health Network
UCSF	University of California San Francisco Medical Group
SFHP	San Francisco Health Plan Overall

Table C: 2019-2020 Wait Time Compliance Rates

Medical Group	Survey Element	MY 2019 Survey *n*	MY 2019 Compliance Rate	MY 2020 Survey *n*	MY 2020 Compliance Rate
BHO	Telephone Time to Answer	1	100%	1	100%
	Telephone Time to Return		100%		100%
BTP	Telephone Time to Answer	10	100%	6	100%
	Telephone Time to Return	14	100%	16	94%
	Provider Office Wait Time		100%		94%
CCHCA	Telephone Time to Answer	26	100%	9	100%
	Telephone Time to Return	40	100%	33	97%
	Provider Office Wait Time		100%		100%
HILL	Telephone Time to Answer	7	100%	8	100%
	Telephone Time to Return	27	100%	27	93%
	Provider Office Wait Time		100%		96%
JADE	Telephone Time to Answer	9	100%	7	100%
	Telephone Time to Return	19	100%	22	100%
	Wait Time in Waiting Room		100%		100%

2

Medical Group	Survey Element	MY 2019 Survey *n*	MY 2019 Compliance Rate	MY 2020 Survey *n*	MY 2020 Compliance Rate
NEMS	Telephone Time to Answer	16	94%	10	100%
	Telephone Time to Return	21	95%	29	100%
	Wait Time in Waiting Room		100%		97%
NMS	Telephone Time to Answer	10	90%	4	100%
	Telephone Time to Return		100%	11	100%
	Wait Time in Waiting Room		100%		100%
SFCCC & IC	Telephone Time to Answer	1	100%	1	100%
	Telephone Time to Return	12	67%	10	60%
	Wait Time in Waiting Room		100%		100%
SFHN	Telephone Time to Answer	11	91%	3	33%
	Telephone Time to Return	13	92%	13	62%
	Wait Time in Waiting Room		77%		100%
UCSF	Telephone Time to Answer	4	100%		83%
	Telephone Time to Return	10	50%	6	67%
	Wait Time in Waiting Room		100%		100%
SFHP	Telephone Time to Answer	96	97%	55	95%
	Telephone Time to Return	168	93%	169	91%
	Wait Time in Waiting Room	166	98%	167	91%

NOTE: Kaiser Permanente is a fully delegated medical group and was not included in the survey. Kaiser submits their access reports directly to DHCS.

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HEALTH PLAN™

Here for you

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

2020 ACCESS TO TRIAGE SERVICES

Date: March 26, 2021

Access Monitoring Requirements

The Department of Managed Health Care (DMHC) and the Department of Health Care Services (DHCS) require SFHP to monitor accessibility requirements for telephonic triage. DMHC and DHCS require primary care and behavioral health providers offer 24-hour coverage with the ability to access a clinician within 30 minutes of the member's request. In addition, DMHC and DHCS require that providers inform members on how to access emergency care when calling a provider.

Executive Summary of Results

Accomplishments:

- SFHP's network reached 80% compliance in providing accurate emergency instructions and triage during and after business hours (Table D, page 4).
- The overall rate of compliance for providing triage after business hours increased from 74% in 2019 to 98% in 2020 (Table D).

Opportunities/Barriers:

- The number of groups reaching 80% compliance in triage during business hours decreased (Table C, page 3).

Next Steps:

- SFHP will request plans for corrective action for any group that falls below the 80% compliance rate (Table D).
- SFHP will provide technical assistance and coaching to provide best practices for improving access to care, survey responsiveness, and instructions on how to accurately submit a corrective action plan.

Survey Methodology

SFHP conducted the Daytime and After-Hours triage surveys from November through December 2020 during and after business hours. SFHP surveyed contracted providers and clinic sites that providing routine primary care (including internal medicine, pediatrics, and family/general medicine). Additionally, SFHP surveyed SFHP's contracted behavioral health care call centers. Each medical group's survey population is a census of primary care sites and therefore contains all phone numbers for primary care providers within the medical group.

For each unique site surveyed, SFHP sent faxes or emails linking to the Daytime Survey. SFHP requested information regarding the amount of time to hear back from a provider in the event of a member expressing an urgent need to speak with a clinician during business hours. Provider sites had ten business days to respond to the survey. Providers which refused to respond to the survey or failed to return the phone call within the allotted time were categorized as non-responsive. SFHP requires a 50% response rate for the Daytime Survey. A plan for corrective action is required when a group or clinic does not meet the 50% response requirement. In the 2020 Daytime Survey all but one medical group or clinic met the 50% response requirement.

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SFHP assessed access to triage after business hours and emergency instructions through the 2020 After-Hours Survey. For each unique phone number surveyed, SFHP relayed that SFHP was conducting an access compliance survey. SFHP requested information regarding the amount of time to hear back from a provider in the event of a member expressing an urgent need to speak with a clinician after hours and what instructions members are given in the event of an emergency.

Responses that did not provide a compliant answer for access elements described in Table A were categorized as non-compliant. SFHP aggregated results to obtain a compliance rate for each medical group and clinic. SFHP requires 80% compliance rate for emergency instructions, daytime and after-hours triage. A plan for corrective action is required when a group or clinic does not meet the 80% compliance requirement.

Table A: Triage Requirements

Survey Element	Definition
Emergency Instructions	Correct emergency instructions to go to nearest hospital or call 911 if members experience an emergency.
Daytime Triage	Triage call from a licensed clinician within 30 minutes of request during operating hours when members have an urgent (not emergency) medical need.
After-Hours Triage	Triage return call from a licensed clinician within 30 minutes of request after operating hours when members have an urgent (not emergency) medical need.

Table B: Results & Provider Group Key

Green	Scores marked in green indicate higher scores in 2020 than in 2019
Red	Scores marked in red indicate lower scores in 2020 than in 2019
Yellow	Scores highlighted in yellow indicate that the group did not reach 80% compliance for the access standard
BHO	Beacon Health Options
BTP	Brown and Toland Medical Group
CCHCA	Chinese Community Health Care Association
HILL	Hill Physicians Medical Group
JADE	Jade Health Care Medical Group
NEMS	North East Medical Services
NMS	North East Medical Services with SFHN
SFBHS	San Francisco Behavioral Health Services
SFCCC & IC	San Francisco Community Clinic Consortium & Independent Clinics
SFHN	San Francisco Health Network
UCSF	University of California San Francisco Medical Group
SFHP	San Francisco Health Plan Overall

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Table C: Aggregate of Medical Group Compliance (80%)

Compliance Element	Medical groups and clinics achieving 80% compliance (MY 2019)	Medical groups and clinics achieving 80% compliance (MY 2020)
Emergency Instructions	93%	89%
Daytime Triage	73%	59%
After-Hours Triage	57%	89%

Table D: MY2019-2020 Telephone Triage Compliance Rates

Medical Group	Survey Element	MY 2019 Survey *n*	MY 2019 Compliance Rate	MY 2020 Survey *n*	MY 2020 Compliance Rate
BHO	Emergency Instructions	1	100%	1	100%
	Daytime Triage		100%		100%
	After-Hours Triage		100%		100%
BTP	Emergency Instructions	14	100%	21	100%
	Daytime Triage		71%	16	81%
	After-Hours Triage		71%	21	100%
CCHCA	Emergency Instructions	32	100%	41	100%
	Daytime Triage	40	93%	33	94%
	After-Hours Triage	32	72%	41	100%
HILL	Emergency Instructions	27	94%	38	92%
	Daytime Triage		74%	27	78%
	After-Hours Triage		56%	38	92%
JADE	Emergency Instructions	19	92%	27	100%
	Daytime Triage		95%	22	86%
	After-Hours Triage		72%	27	100%
NEMS	Emergency Instructions	21	100%	33	100%
	Daytime Triage		86%	29	86%
	After-Hours Triage		95%	33	100%
NMS	Emergency Instructions	10	100%	11	100%
	Daytime Triage		100%		91%
	After-Hours Triage		100%		100%
SFBHS	Emergency Instructions	1	100%	1	100%
	Daytime Triage		100%		100%
	After-Hours Triage		100%		100%
SFCCC & IC	Emergency Instructions	12	92%	14	86%
	Daytime Triage		92%	10	40%
	After-Hours Triage		67%	14	86%
SFHN	Emergency Instructions	13	85%	13	100%
	Daytime Triage		100%		62%
	After-Hours Triage		92%		100%

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Medical Group	Survey Element	MY 2019 Survey *n*	MY 2019 Compliance Rate	MY 2020 Survey *n*	MY 2020 Compliance Rate
UCSF	Emergency Instructions	10	100%	11	100%
	Daytime Triage		50%	6	50%
	After-Hours Triage		60%	11	100%
SFHP	Emergency Instructions	160	97%	211	98%
	Daytime Triage	168	86%	169	80%
	After-Hours Triage	160	74%	211	98%

NOTE: Kaiser Permanente is a fully delegated medical group and was not included in the survey. Kaiser submits their access reports directly to DHCS and DMHC.

SFHP and COVID-19 Vaccine

Goals:

- Support SFDPH goals of equitable vaccine access to impacted communities

- Align communication re: vaccine availability

- Support outreach and scheduling for SFHP members and populations served by our providers

- Address barriers to vaccine access and hesitancy

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COVID-19 Latest News

COVID-19 Vaccine & Distribution in San Francisco

Vaccine Distribution Phases – Updated 3/30/2021

PHASE 1A ★
- Healthcare workers ✓
- Long-term care residents ✓

Now Vaccinating

PHASE 1B ★
- People ages 65 and over ✓
- Sector Populations:
  - Agriculture and Food ✓
  - Education and Childcare ✓
  - Emergency Services ✓

Now Vaccinating

★
- People ages 16-64 with high-risk health conditions ✓ (COVID19.CA.GOV)

Now Vaccinating

☆
- Individuals 50 or older **Starts April 1, 2021**
- Individuals 16 or older **Starts April 15, 2021**

Get More COVID-19 Vaccine Information »

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Source: www.sfhp.org

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CA Dept of Public Health →

Blue Shield TPA for CDPH Vaccine Distribution →

Covid Command Center/DPH

Public Authority IHSS

SFHP

SFDPH Clinics
NEMS
SFCCC Clinics
HR360

Pharmacy and Other Vaccine Providers

Direct Federal Partnerships
-FQHCs
-Pharmacy Chains

FEMA sites-

Oakland Coliseum

Local Pharmacies: e.g. Alto Pharmacy Mission Wellness

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CVS -RiteAID
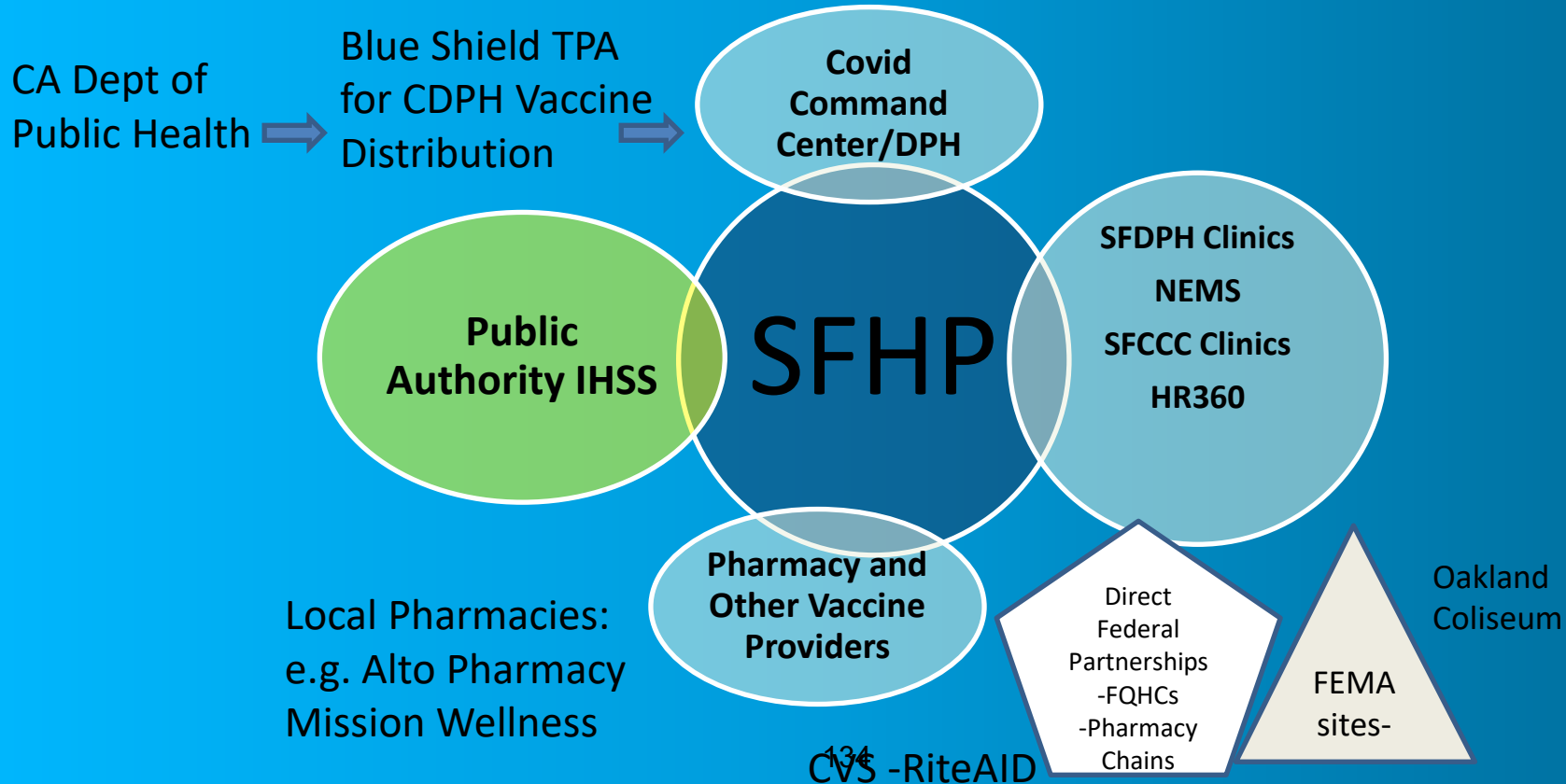
What has SFHP done to date?

- Convenes weekly cross functional calls
  - Covid Command, Public Authority/HSA,
  - DPH/SFHN/HR360/SFHP/CCS
- Supported coordination and outreach efforts to high risk populations
  - California Children's services, CBAS recipients, Targeted Zip codes,

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What has SFHP done to date?

- Supported vaccine appointment scheduling for clinics and populations
  - TTS call center
  - Outbound and inbound call capacity
  - Texts/Robocalls/Letters to eligible populations
  - Translation of materials in 10 languages

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- Addressing barriers to vaccine
  - Transportation—expanding options
  - Vaccine hesitancy workgroups
- Development and Monitoring of Vaccine Data
  - Covid Vaccine Dashboard
    - Claims, CAIR data

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COVID Vaccination Summary Dashboard

Questions?

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