



**Date:** February 24, 2022  
**Meeting Place:** Microsoft Teams Meeting  
 +1 323-475-1528 : Conference ID: 742 834 674#

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

**Members Present:** Fiona Donald, MD *Chief Medical Officer, SFHP*; Irene Conway *SFHP Member Advisory Committee Member*; Idell Wilson *SFHP Member Advisory Committee Member*; Ana Valdes, MD *Chief Healthcare Officer, Healthright360*; Claire Horton, MD *Chief Medical Officer, San Francisco Health Network*; Albert Yu, MD, MPH, MBA *Chief Health Information Officer, San Francisco Department of Public Health*; Edward Evans *SFHP Member Advisory Committee Member*; Jaime Ruiz, MD *Chief Medical Officer, Mission Neighborhood Health Center*; Lukejohn Day, MD *Chief Medical Officer, Zuckerberg San Francisco General Hospital*; Kenneth Tai, MD *Chief Medical Officer, North East Medical Services*; Jackie Lam, MD *Medical Director and QI Director Northeast Medical Services*

**Staff Present:** Bill Mace *Interim Senior Manager, Grievance & Appeals*; Tammie Chau PharmD, APh *Care Coordination Pharmacist*; Jennifer Forte RN, CN *Concurrent Review Nurse*; Matija Cale RN, MS *Director, Clinical Operations*; Edward Cho *Provider Relations Specialist*; Monica Baldzikowski RN, PHN *Senior Manager, Prior Authorizations*; Se Chung *Health Services Administrative Specialist*; Rashid Alexander *Interim Director Population Health and Quality*; Jose Mendez, *Senior HEDIS Program Manager*

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
<b>Call to Order</b>	Meeting called to order at 7:35 AM with a quorum. <ul style="list-style-type: none"> <li>Roll Call. New SFHP staff: Bill Mace.</li> <li>CMO / SFHP Updates               <ul style="list-style-type: none"> <li>John Grgurina, SFHP CEO retiring at end of March 2022.</li> </ul> </li> </ul>		

	<ul style="list-style-type: none"> <li>- Incoming CEO, Yolanda Richardson.</li> <li>- SFHP is celebrating 25<sup>th</sup> anniversary.</li> <li>- Medi-Cal Rx transition update: As of January 2022, Rx benefit has moved to State/Magellan. SFHP can help escalate issues.</li> </ul>		
<b>Consent Calendar</b>	<p>All in favor to approve consent calendar.</p> <ul style="list-style-type: none"> <li>-ER Report is Rx access post ER visit. Requirement by State. Suicidal Ideations being monitored in conjunction with behavior health access.</li> <li>-Grievance Report: Q4 2021 77% grievances resolved in 30 days. Increase in overall member grievances re: access to services, experience, delays in DME. SFHP has had significant staff changes in this department.</li> </ul>		<p>Approved.</p> <ul style="list-style-type: none"> <li>• Review of December 2021 Minutes</li> <li>• Q3 2021 ER Report</li> <li>• Q4 2021 Grievance Report</li> <li>• Q4 2021 Appeals Report</li> <li>• Q4 2021 PQI Report</li> <li>• UM Committee Minutes (Nov. – Dec. 2021)</li> <li>• HE P&amp;P Updates Summary (Nov. 2021 – Jan. 2022)</li> <li>• PDN Criteria 8.21</li> <li>• Non-Genital Gender Confirmation Criteria 11.21</li> <li>• Genital Gender Confirmation Criteria 11.2021</li> <li>• CO-57 UM Criteria</li> <li>• MCG 25<sup>th</sup> Edition – Summary of Changes</li> <li>• FSR 2021 Annual Report</li> </ul>
<b>Quality Improvement</b>	<ul style="list-style-type: none"> <li>• <i>UM Clinical Criteria</i></li> </ul> <p>Presented by: Matija Cale, RN, MS; Monica Baldzikowski, RN, PHN; Jennifer Forte, RN, CM</p>		

	<p>-SFHP internally developed UM clinical hierarchy determines which criteria is used decide medical necessity on a prior authorization request.</p> <p>1<sup>st</sup> criteria: Genital Gender Confirmation Services, Non-Genital Gender Confirmation Services, EPSDT (Early and Periodic Screening, Diagnostic, and Treatment services) Private Duty Nursing.</p> <p>2<sup>nd</sup> criteria: MCG Care Guidelines – evidence based clinical criteria. National recognized and used by SFHP concurrent review &amp; prior authorization teams. Updated at least 1/year.</p> <p>3<sup>rd</sup> criteria: State/Federal (Medi-Cal/CMS) criteria.</p> <p>4<sup>th</sup> criteria: Chief Medical Officer, internal physician reviewer, or MRIOA.</p> <p>-Top 3 MCG Guidelines used:</p> <ol style="list-style-type: none"> <li>1. General criteria: Observation (medically necessary but less acute conditions)</li> <li>2. Cellulitis criteria – inpatient and surgical care guideline. Frequently used guideline for skin infections. Includes elevated heart rate, low blood pressure, serve pain, etc.</li> <li>3. Systemic or Infections Conditions criteria -general recovery care guideline. 24<sup>th</sup> edition of MCG- guidance used for COVID related admissions. 25<sup>th</sup> edition of MCG- to include Acute Viral Illness guideline for COVID related admissions. Includes edema, lymphedema, etc.</li> </ol> <p>-SFHP Gender Affirmation Services criteria – developed in collaboration with WPATH Standards of Care and Gender Health SF. Criteria posted on SFHP website. For Members over 18 years old.</p> <p>Non-Genital Gender Confirmation Services criteria</p> <p>Genital Gender Confirmation Services criteria</p>		
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	<p>Currently mandated coverage of services but legislation SB-855 may causes changes.</p> <p><i>Dr. Claire Horton: How many cases are done per year? Average cost per patient?</i></p> <p><i>Dr. Fiona Donald: Important to look at all the services provided within the network (SFHN, SFCCC). Majority of members access through those networks.</i></p> <p><i>Monica Baldzikowski: Cost may be challenging because surgeries can be done over a long period of time. Will follow up with Dr. Horton.</i></p> <p>-SFHP EPSDT Private Duty Nursing criteria Directed towards children in Medi-Cal. Children have broader benefits. First review/covered by California Children Services (CCS), if denied, SFHP reviews. SFHP received 2 cases last year. SFHP uses Utah Medicaid program's acuity grid (also used by sister plans) to determine the number of hours needed. Hours determined in coordination with Member's Specialist and PCP.</p> <ul style="list-style-type: none"> <li>• Call to approve criteria. Approved by committee.</li> </ul> <p>• <b><i>DHCS Quality Strategy</i></b> Presented by: Fiona Donald, MD -COVID Vaccine: SF County 90% 1 dose, 66% boosted, SFHP members nearly at 70%. -DHCS Quality Strategy is very ambitious. 50 metrics identified with a focus on health disparities, maternity care (especially in Black and Native American communities), behavioral health, follow up for mental health and substance use disorder.</p>		
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	<p>-SFHP will look to focus health equity metrics in these areas: Colorectal cancer screening; blood pressure control; diabetes control; prenatal and postpartum care.</p> <p>-Current race/ethnicity data is self-reported.</p> <p>-Looking to add a 5<sup>th</sup> AIM health equity. 2009 Triple AIM created; 2014 4<sup>th</sup> AIM added.</p> <ul style="list-style-type: none"> <li>• Meeting adjourned at: 8:39 AM.</li> </ul>		
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QI Committee Chair's Signature & Date \_\_\_\_\_

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

# Emergency Room Visit / Prescription Access Report

## 4<sup>th</sup> Quarter 2021

### San Francisco Health Plan Medi-Cal LOB

#### Goal:

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

#### Methodology:

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

#### Findings:

#### Section 1 - ER Visits

In 4Q2021, 10,174 members had 15,612 ER visits, averaging 1.53 ER visits per member, which is slightly lower from the previous quarter (1.54). This reflects an ER visit by approximately 8.1% of the SFHP Medi-Cal membership within the quarter, which slightly decreased from 8.2% previously. Visits by ER facility and the number of Member ER visits increased compared to the previous quarter (15,752 and 10,212 respectively).

**Table 1A: Visits by ER Facility**

ER Facility	ER Visits
ZSFG AND TRAUMA CENTER	4,029
UCSF MEDICAL CENTER	2,707
ST FRANCIS MEMORIAL	1,744
ZSFG- ACUTE CARE 2	1,725
CPMC MISSION BERNAL CAMPUS- ACUTE CARE	1,479
CPMC VAN NESS CAMPUS-ACUTE CARE	956
CPMC PACIFIC CAMPUS- OUTPATIENT AND ER	702
ST MARYS MEDICAL CENTER	549
CHINESE HOSPITAL	467
CPMC DAVIES CAMPUS-ACUTE	373
KAISER HOSPITAL SF	265
Other ED Facilities	616
<b>TOTAL</b>	<b>15,612</b>

**Table 1B: Member ER Visits**

# ER Visits	Member
1	6,840
2	1,923
3	639
4	305
5	147
6	77
7	70
8	49
9	30
10	16
11+	78
<b>TOTAL</b>	<b>10,174</b>

## **Section 2 - Top Diagnoses**

Of the 15,612 ER visits in 4Q2021 7,596 visits (49%) resulted in a medication (from ER or pharmacy) within 72 hours of the ER Visit and 7,168 (46%) did not. Not all ER visits warranted medication treatment (i.e. chest pain, abdominal pain or altered mental status). Overall, the distribution of top ER visits by diagnoses category is shown in Table 2. COVID-19 related ER visits have decreased by 44% (136) compared to last quarter's 311 visits. Suicidal ideation diagnosis continues to be a top diagnosis during pandemic 4Q2021(131 visits) compared to pre-pandemic 4Q2019 (60 visits).

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

<b>Top Diagnoses Categories</b>	<b>ICD10</b>	<b>ER Visits</b>	<b>% of Visits</b>
Chest pain	R07.xx	1,052	6.7%
Abdominal pain	R10.xx	771	4.9%
Shortness of breath	R06.02	275	1.8%
Acute Upper Respiratory Infection Unspecified	J06.9	255	1.6%
Headache	R51.9	211	1.4%
Cough	R05	210	1.3%
Fever Unspecified	R50.9	169	1.1%
Head Injury Unspecified	S09.90	168	1.1%
Altered mental status	R41.82	168	1.1%
COVID-19	U07.1	136	0.9%
Suicidal Ideations	R45.851	131	0.8%
Dizziness and Giddiness	R42	126	0.8%
Abnormal Electrocardiogram	R94.31	115	0.7%
Nausea with Vomiting	R11.2	112	0.7%
Urinary Tract Infection	N39	105	0.7%
All Other Diagnoses		11,608	74.4%
<b>TOTAL</b>		<b>15,612</b>	<b>100.00%</b>

## **Section 3 - Key Diagnoses Category**

Selected key diagnoses with a high likelihood for ER discharge prescription are reported in Table 3. In 4Q2021, 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**

<b>Diagnoses Category</b>	<b>ICD10</b>	<b>RX Filled</b>	<b>ER Treated</b>	<b>No Rxs</b>	<b>ER Visit Total</b>	<b>% Treatment</b>
Asthma Exacerbation	J45.901, J45.909, J45.902	39	41	4	84	95%
COPD	J44, J44.1, J44.9	23	29	4	56	93%
Pneumonia	J18.9	11	7	2	20	90%
UTI	N39.0	51	16	8	75	89%

#### **Section 4 - Pharmacy Location**

For the members filling a prescription from a Pharmacy within 72 hours of their ER visit date, a further analysis evaluated the location of the pharmacy relative to where the member received emergency care and the hours of operation for these pharmacies. Of the 5,865 member visits to a pharmacy after an ER discharge, the top 15 most utilized pharmacies are reported in Table 4. Two 24-hour pharmacies in San Francisco and Daly City were top utilized. Access to a pharmacy after an ER visit can occur throughout the day and would not be limited to only after-hours. In this analysis, member visits are defined as unique days that prescriptions are filled for a member per unique pharmacy. The newest addition to the top pharmacies is Walgreens #1283 (500 Geary St) which is now the closest pharmacy to St. Francis Hospital. The other Walgreens closest to St. Francis last quarter have closed.

**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	679	11.58%
Walgreens 3711 (1189 Potrero Ave)	8AM – 10PM M-F, 8AM – 9PM Sat-Sun	394	6.72%
Walgreens 1327 (498 Castro St)	24 Hours	326	5.56%
Walgreens 5487 (5300 3rd St)	8AM – 9PM	304	5.18%
Walgreens 4609 (1301 Market St)	8AM – 9PM	239	4.08%
Chinese Hospital (845 Jackson St)	8AM – 7PM M-F, 9AM-5PM Sat-Sun	225	3.84%
Daniels Pharmacy(943 Geneva Ave)	9AM-6:30PM	179	3.05%
Walgreens 7150 (965 Geneva Ave)	9AM – 9PM	179	3.05%
Walgreens 4231 (2690 Mission St)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	168	2.86%
Walgreens 1626(2494 San Bruno Ave)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	160	2.73%
Walgreens 3185 (825 Market St)	8AM – 9PM M-F, 9AM – 5PM Sat, 10AM – 6PM Sun	118	2.01%
Walgreens 15331(500 Parnassus Ave J)	8:30AM-7PM M-F, 9AM-12:30PM, 1-5PM Sat-Sun	104	1.77%
Walgreens 1054(3398 Mission St)	9AM-9PM M-F, 9AM-1:30PM, 2PM-5PM SAT, 10AM-1:30PM, 2PM-6PM SUN	102	1.74%
Walgreens 324 (216 Westlake Ctr)	24 hours	98	1.67%
Walgreens 1283(500 Geary St)	9AM-1:30PM, 2-7PM M-F, 9am-1:30PM, 2-5PM SAT, Closed SUN	93	1.59%
All Other Pharmacy Locations		2,497	42.57%
<b>TOTAL</b>		<b>5,865</b>	<b>100.00%</b>

#### **Summary:**

No barrier to pharmacy access during after-hours was identified in this quarter. ER utilization was slightly lower in 4Q2021 compared to 3Q2021 (15,612 visits versus 15,752) with each



member utilizing the ER at 1.53 visits. About 49% of ER visits received a medication (from ER or pharmacy) within 72 hours of the ER visit, higher than last quarter (43%). 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

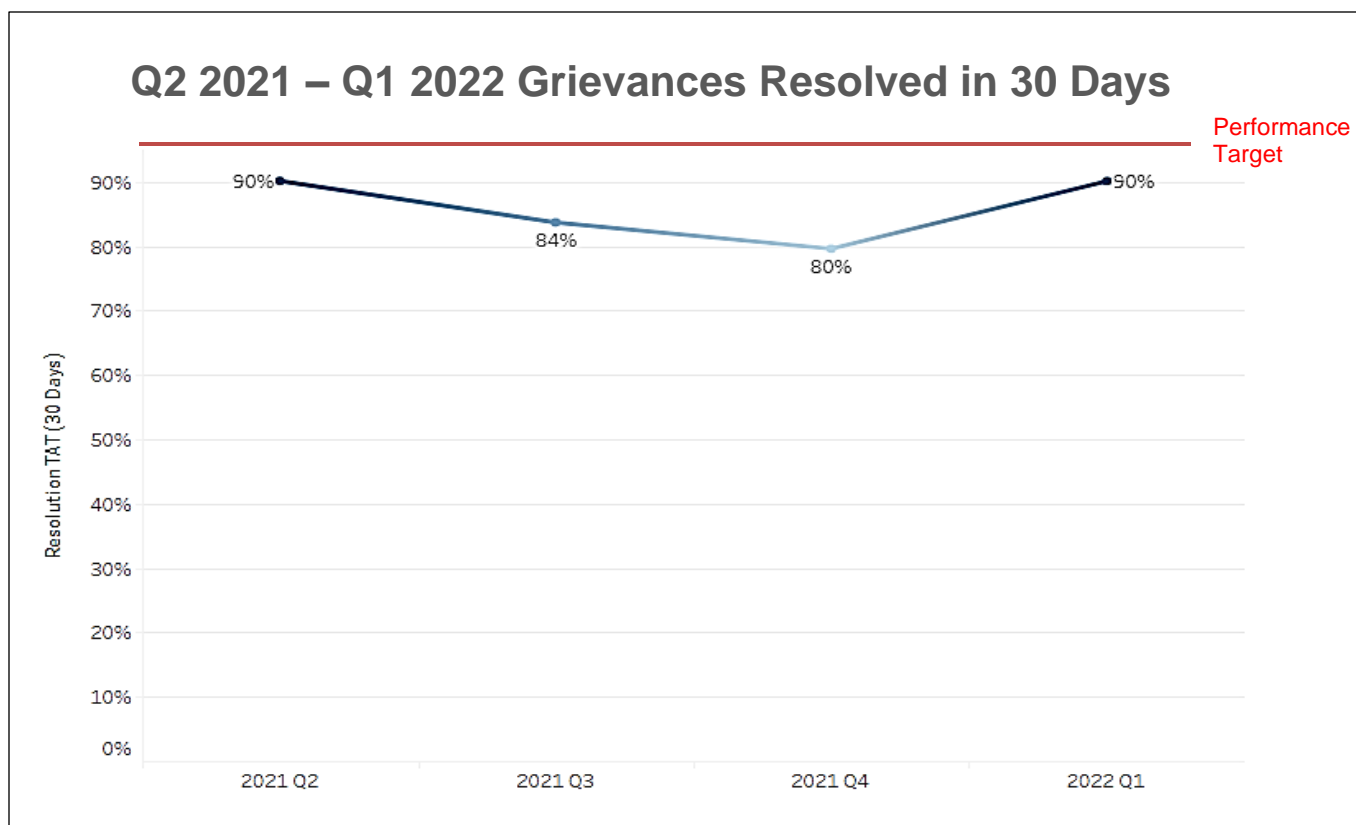
**Date:** May 17, 2022

<b>To</b>	<b>Quality Improvement Committee</b>
<b>From</b>	<b>Grace Cariño, MPH Program Manager, Grievances and Appeals</b>
<b>Regarding</b>	<b>Q1 2022 Grievance Report</b>

- SFHP received a total of 127 grievances in Q1 2022. Overall grievance volume increased by 5.8% from 120 total grievances in Q4 2021.
- In Q1 2022, 12 out of 127 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).
- One hundred 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).

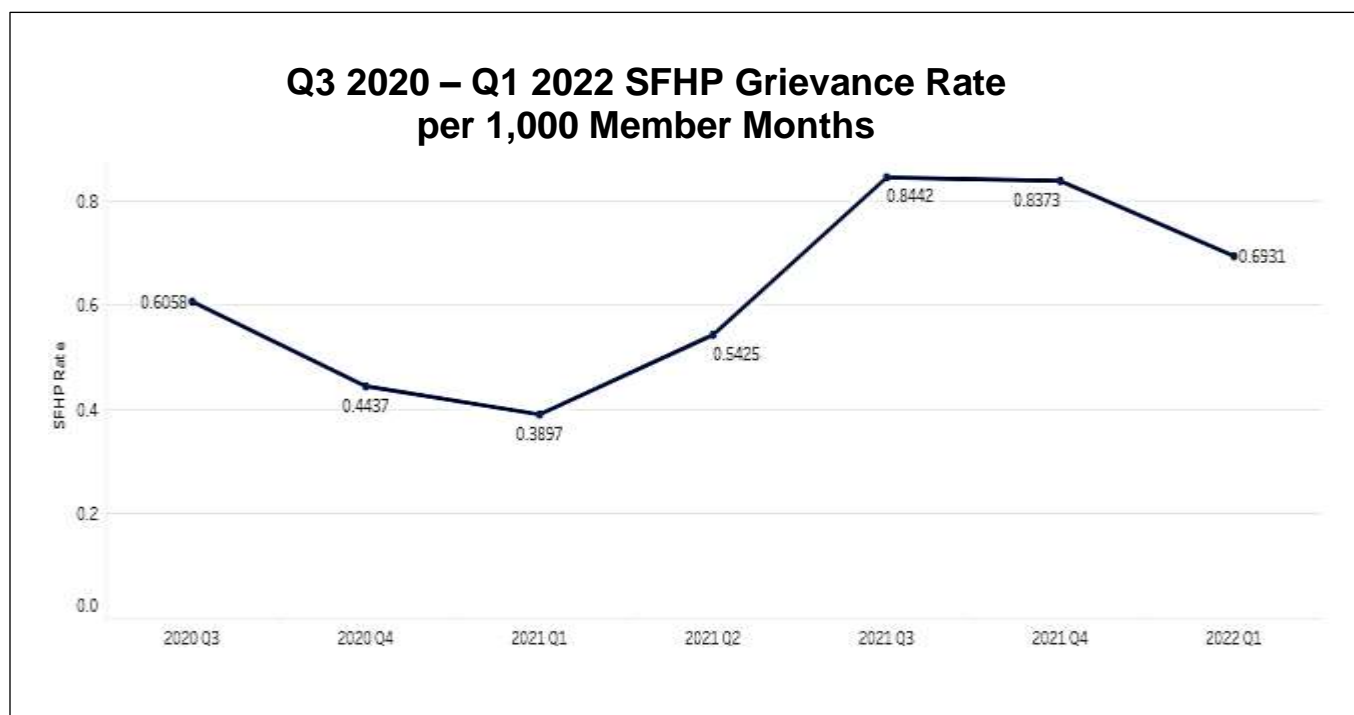
SFHP's performance threshold for closing grievances within the required timeframe of 30 days is 99%. In Q1 2022, the percentage of grievances resolved within 30 calendar days was 90%. SFHP was unable to close 12 cases within the 30-calendar day timeframe due to the following reasons:

- SFHP needed to obtain additional information to adequately address the member's concerns.
- SFHP did not receive timely grievance investigation responses from providers.
- Staff changes at SFHP.

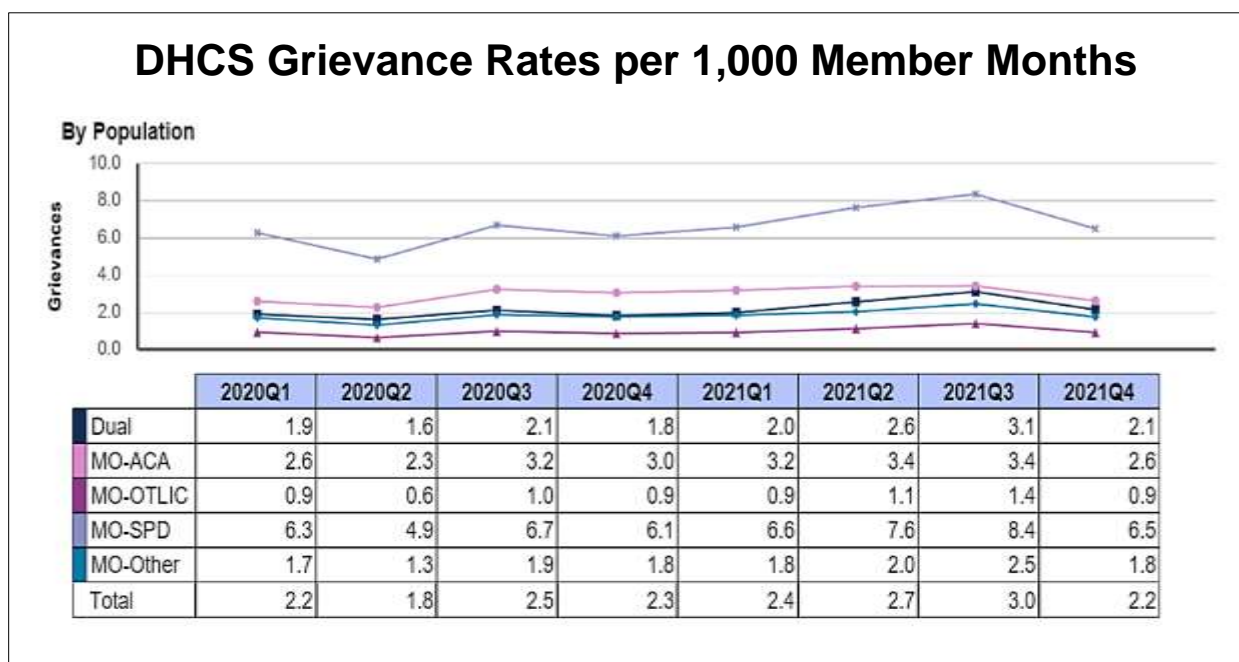


### **SFHP Grievance Rate**

SFHP's grievance rate decreased in Q4 2020 and Q1 2021. The rate then increased in Q2 2021 and Q3 2021. In Q3 2021, the rate increased due to the high number of newly enrolled Medi-Cal members. The rate then began to decrease in Q4 2021 and Q1 2022.



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



\*MO-ACA: Medi-Cal Only Affordable Care Act

\*MO-OTLIC: Medi-Cal Only Optional Targeted Low-Income Children

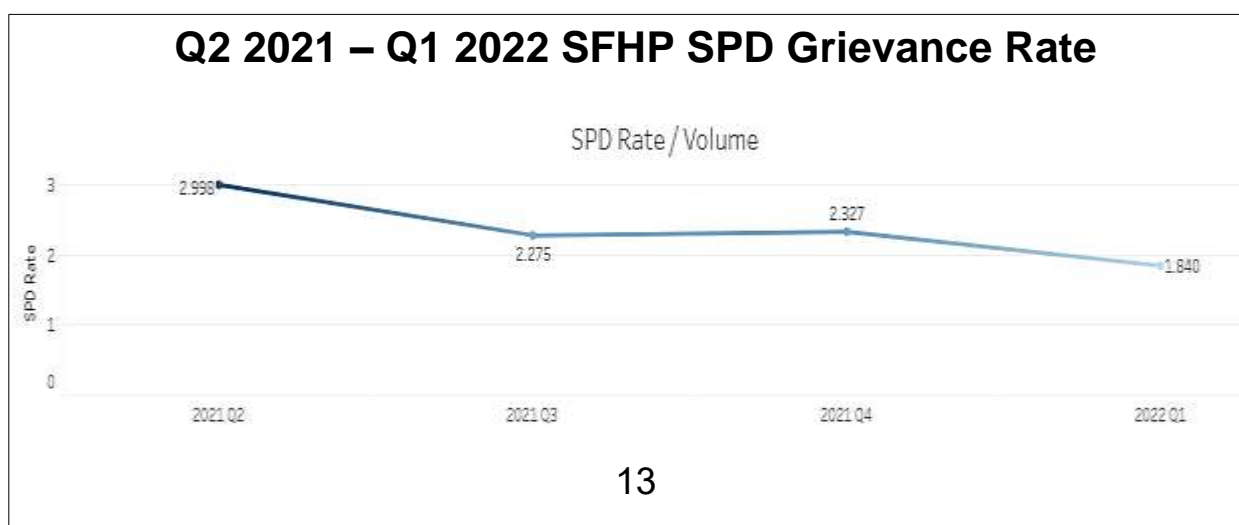
\*MO-SPD: Medi-Cal Only Seniors and Persons with Disabilities

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

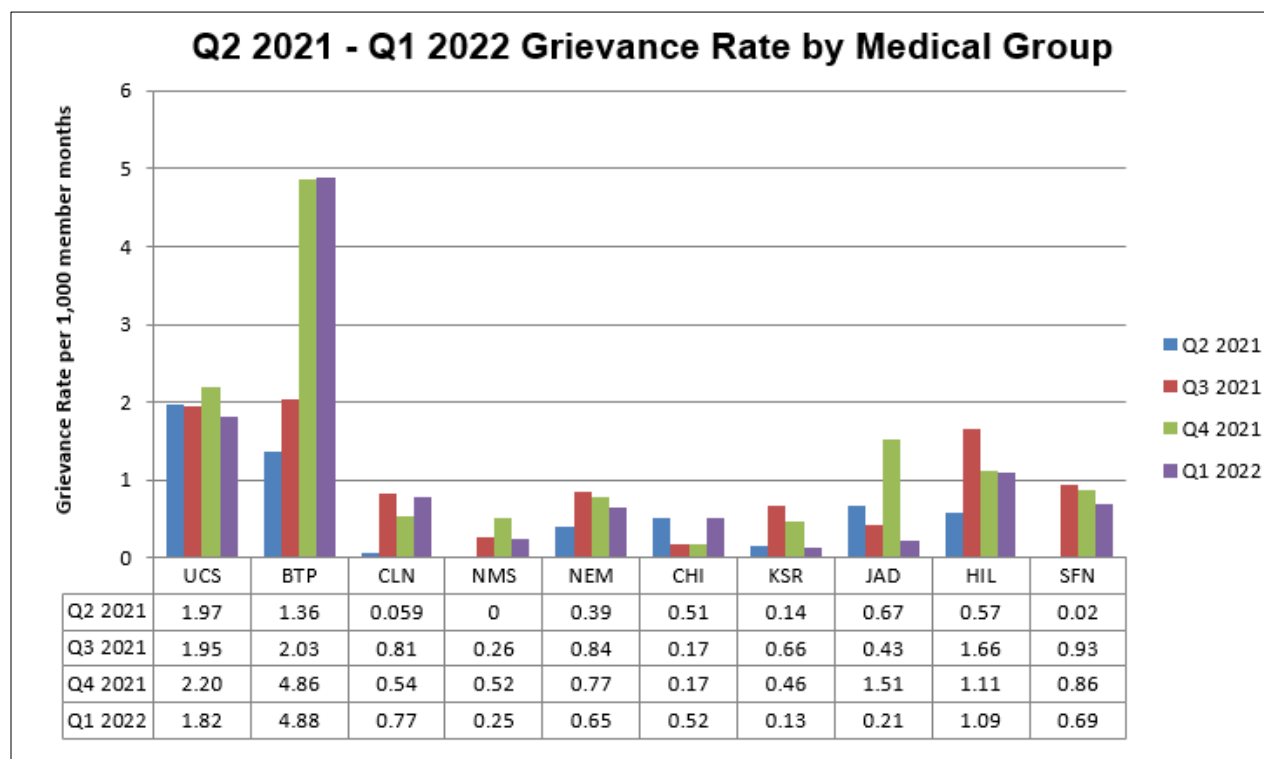
SFHP monitors grievances filed by members who are part of the SPD population.

- In Q1 2022, 48 grievances were filed by SPD members. The number of grievances filed by SPDs decreased by 25% compared to Q4 2021 when a total of 64 grievances were filed by SPD members.
- Grievances involving quality of service and quality of care continue to be the most common grievance categories for SPD members. This is similar for grievances filed by non-SPD members.

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



### **Grievance Rate by Medical Group:**



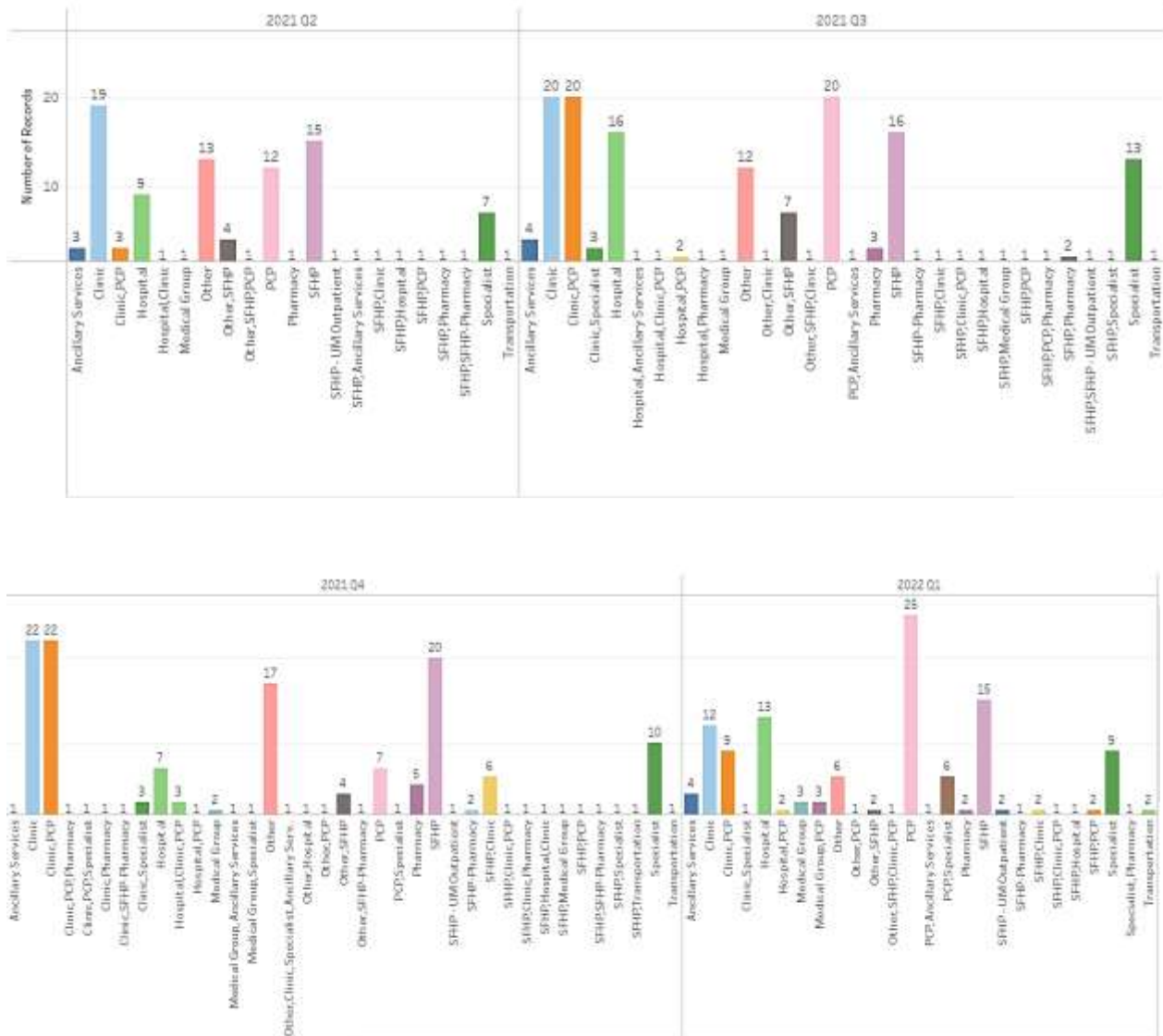
\*Includes clinical and non-clinical grievances only.

In Q1 2022, three of the medical group grievance rates increased whereas the remaining seven decreased compared to Q4 2021. SFHP will monitor BTP regarding the increase in grievances in Q4 2021 and Q1 2022.

### **Source of the grievances:**

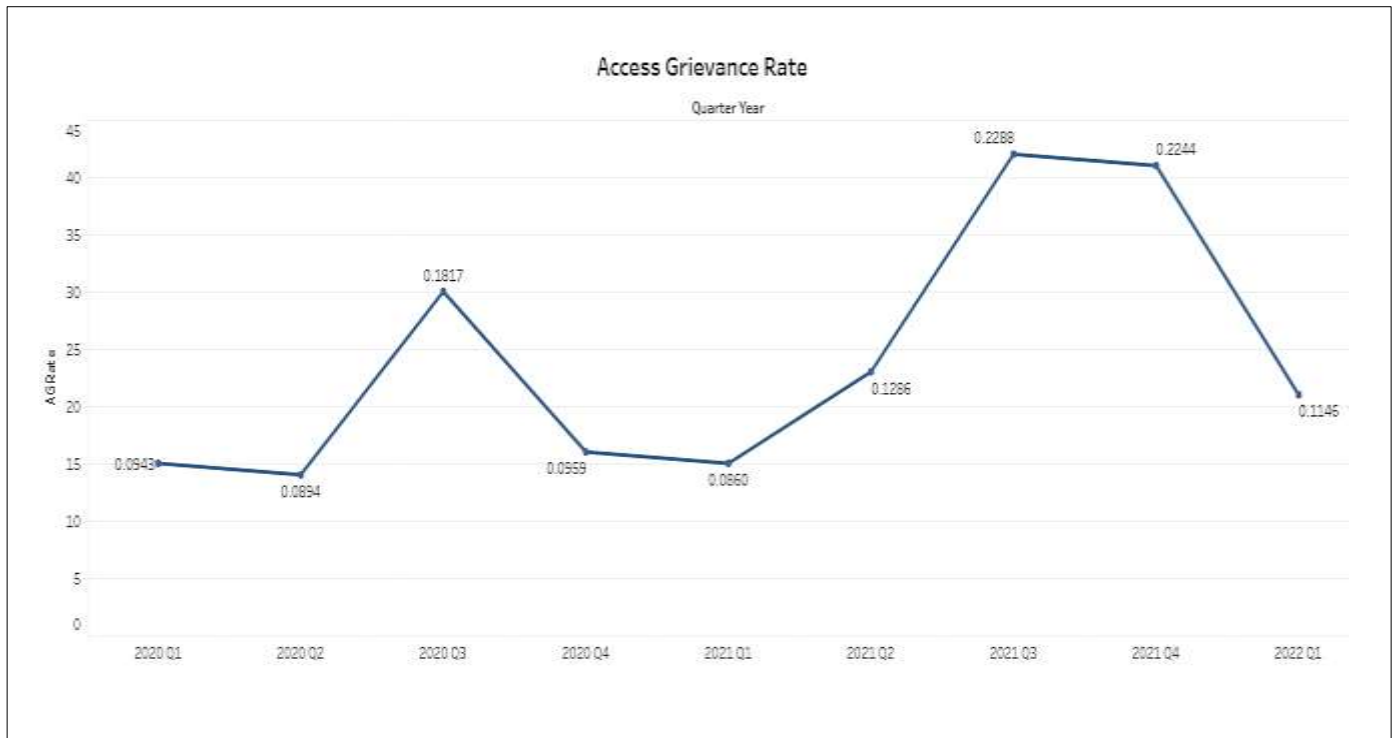
The graph below shows who was involved in the grievance e.g. member's Primary Care Provider (PCP), clinic staff, or specialist. The source of most grievances received in Q1 2022 were those involving services provided by the member's PCP followed by SFHP and the member's hospital.

## Q2 2021 – Q1 2022 Grievance Source



### **Access to Care Grievances:**

From Q1 2020 to Q2 2020, the access grievance rate decreased and then increased in Q3 2020. The rate then decreased in Q4 2020 and Q1 2021, then increased in Q2 2021. The rate then significantly increased in Q3 2021, then decreased in Q4 2021 and Q1 2022.

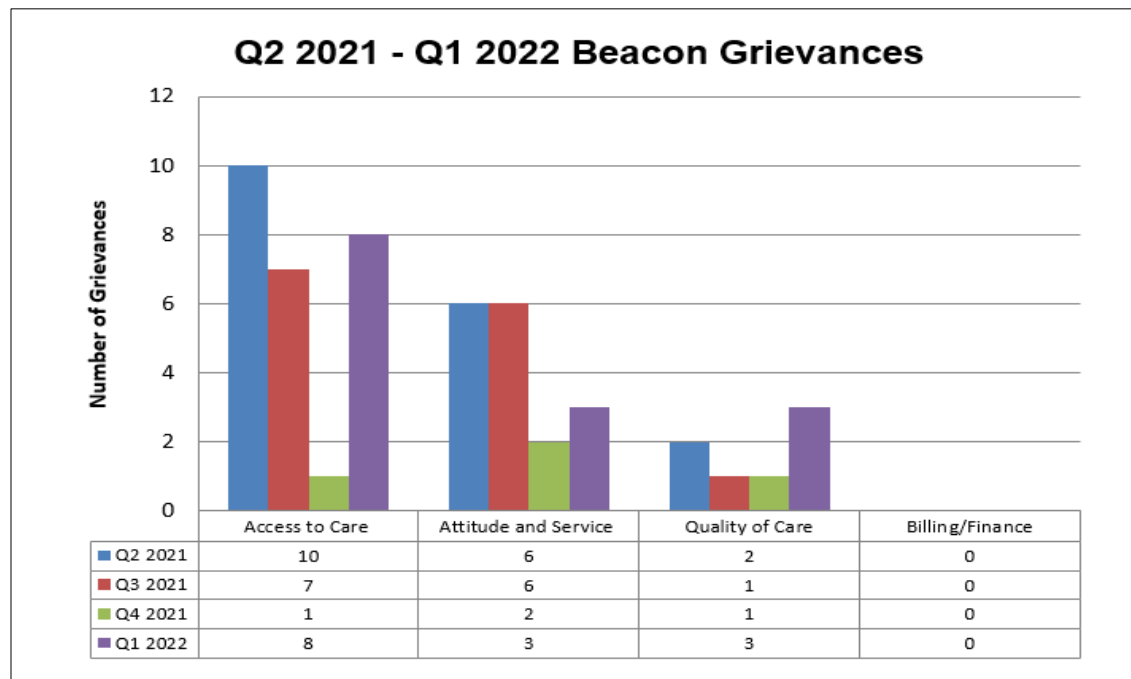


### **Access Grievances per 1,000 Member Months**

Access Grievance Rate By Medical Group				
	Quarter Year			
	2021 Q2	2021 Q3	2021 Q4	2022 Q1
BTP	0.00	1.36	3.47	0.70
CHI	0.00	0.17	0.00	0.17
CHN	0.63	0.00		
CLN	0.06	0.29	0.24	0.06
HIL	0.57	0.00	0.00	0.54
JAD	0.00	0.00	0.00	0.00
KSR	0.00	0.07	0.00	0.00
NEM	0.17	0.38	0.27	0.14
NMS		0.00	0.13	0.12
SFN	0.00	0.14	0.22	0.07
UCS	0.34	0.58	0.45	0.39

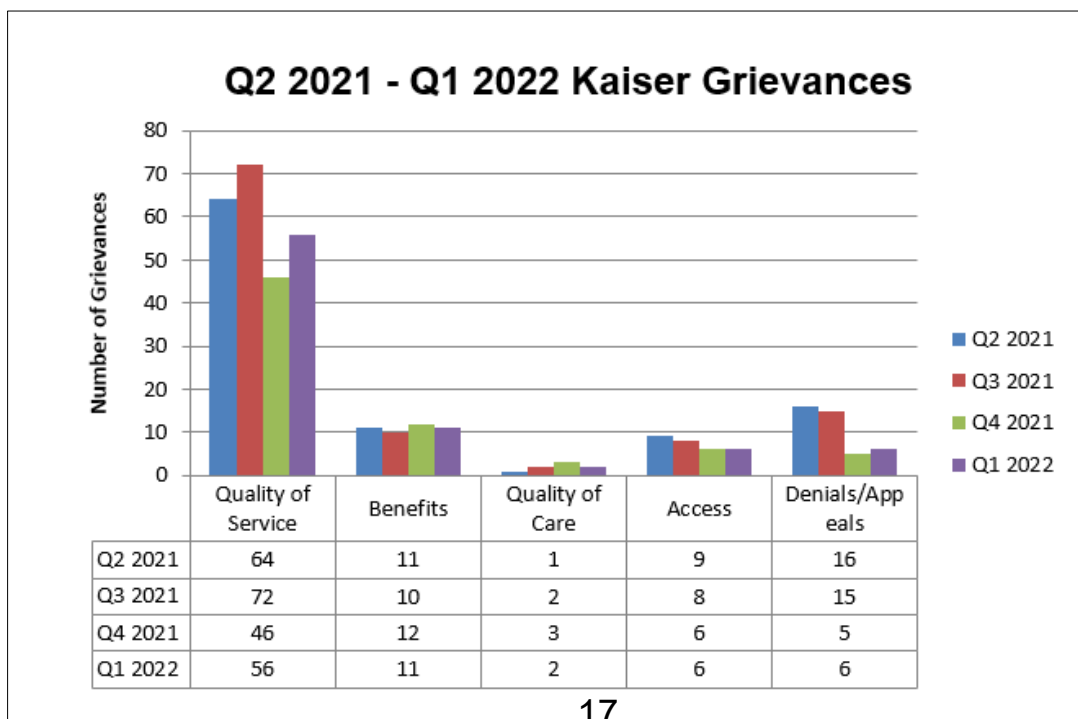
### **Beacon:**

Beacon Health Options is SFHP's non-specialty mental health provider. Beacon is partially delegated to process grievances. Most grievances received in Q1 2022 involved Access to Care followed by Attitude and Service and Quality of Care.



### **Kaiser:**

Kaiser is fully delegated to investigate and resolve grievances. Most grievances received in Q1 2022 were grievances involving Quality of Service and Benefits. This is consistent with previous quarters.





## MEMO

**Date:** June 1, 2022

<b>To</b>	<b>Quality Improvement Committee</b>
<b>From</b>	<b>Grace Cariño, MPH Program Manager, Grievances and Appeals</b>
<b>Regarding</b>	<b>Q1 2022 UM Medical and Pharmacy Appeals Activity</b>

### Q1-2022 Appeals Activity – Overview

During Q1-2022, there were a total of 21 appeals filed (medical – 18/pharmacy – 3)<sup>i</sup>. In Q1-2022, there were a total of 5,256 authorization<sup>ii</sup> requests (medical – 5,136/pharmacy – 120) and a total of 59 denials (medical – 24/ pharmacy – 35).

On a per 1,000 total authorization basis:

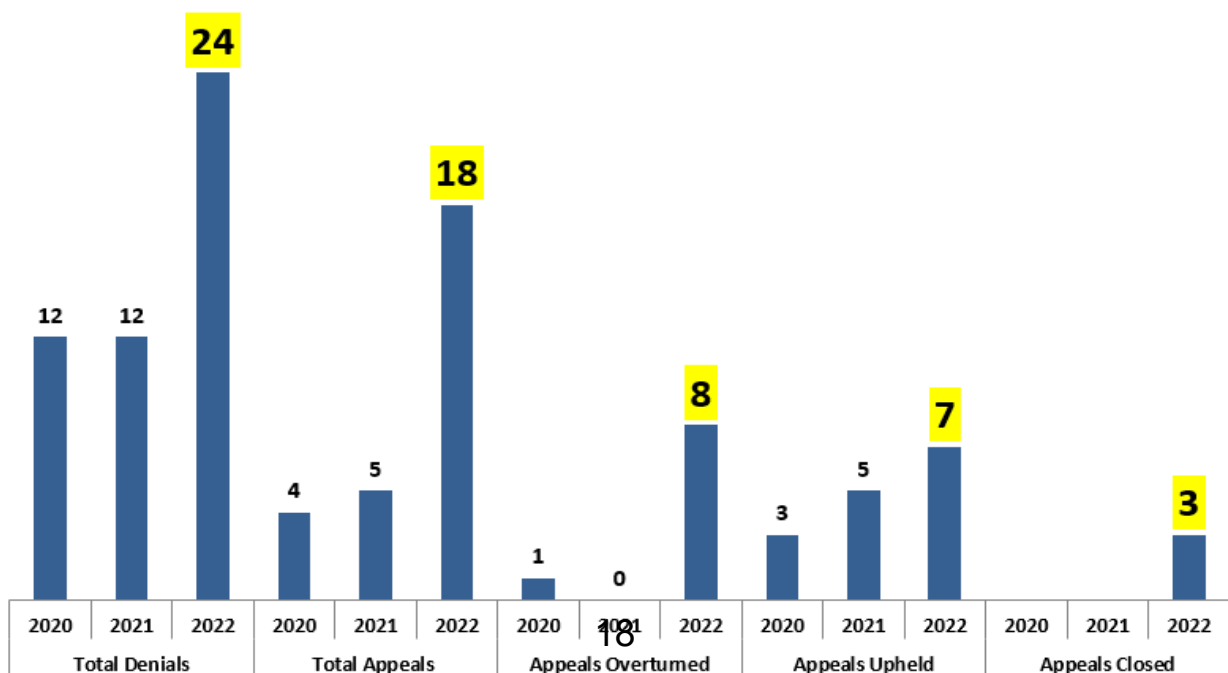
- 4.0 total appeals per 1,000 total authorizations
- 3.42 medical appeals per 1,000 total authorizations
- 0.57 pharmacy appeals per 1,000 total authorizations

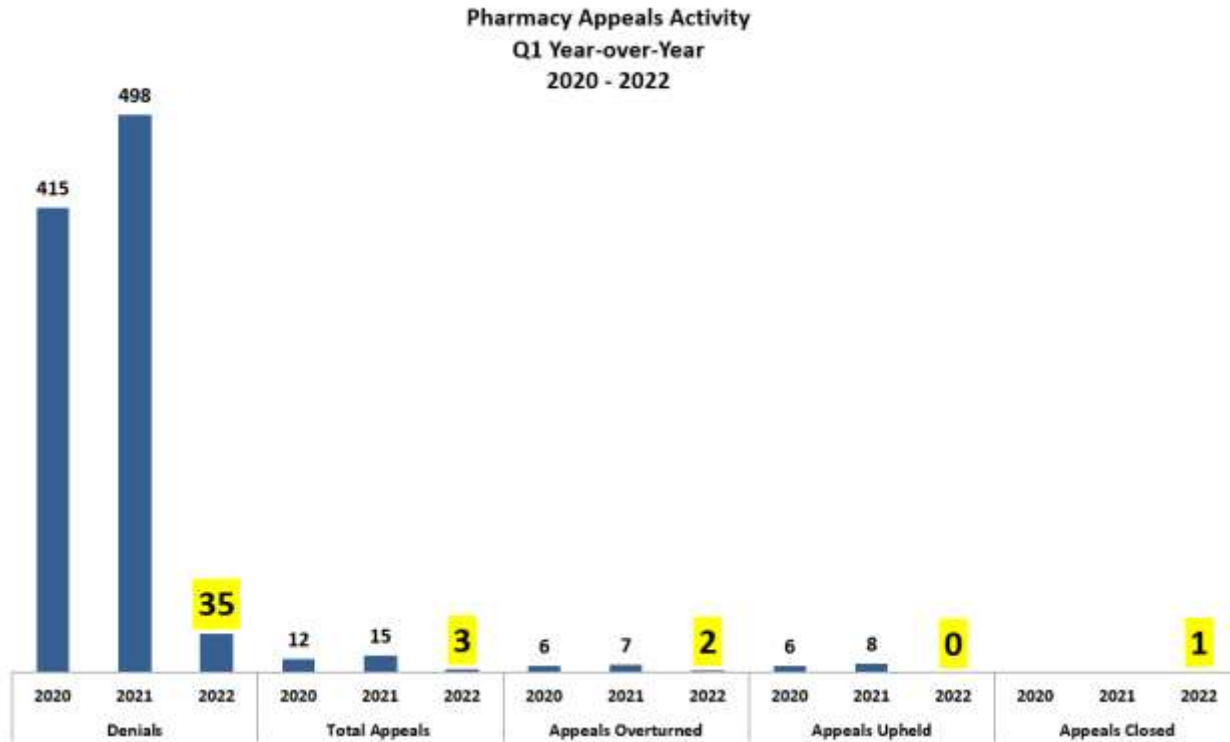
Comparing appeal activity in Q1-2022 to Q4-2021:

- 21 appeals in Q1-2022 vs. 38 appeals in Q4-2021
- 4.0 appeals/1000 in Q1-2022 vs. 6.77 appeals/1000 in Q4-2021

Of the 21 appeals in Q1-2022, 10 appeals were overturned (medical – 8/ pharmacy – 2), which is a 48% overturn rate. This compares to a 53% overturn rate in Q4-2021 (20 overturned out of 38 appeals).

### Medical Appeals Activity Q1 Year-over-Year 2020- 2022





## Analysis

### Q1-2021 – Q1-2022 Medical Denial Rates

Between Q1-2021 and Q1-2022, the medical denial rates ranged from 0.32% (Q1-2021) to 0.69% (Q4-2021):

	Medical Authorizations	Medical Denials	Medical Denial Rate
Q1-2021	3,762	12	0.32%
Q2-2021	3,801	13	0.34%
Q3-2021	3,989	22	0.55%
Q4-2021	3,759	26	0.69%
Q1-2022	5,136	24	0.47%

### Q1-2021 – Q1-2022 Pharmacy Denial Rates

Between Q1-2021 and Q1-2022, the denial rates ranged from 18.19% (Q3-2021) to 29.12% (Q1-2022):

	Pharmacy Authorizations	Pharmacy Denials	Pharmacy Denial Rate
Q1-2021	1,798	498	27.70%
Q2-2021	2,151	543	25.24%
Q3-2021	1,979	360	18.19%
Q4-2021	1,856	453	24.41%
Q1-2022	120	35	29.12%

### Q1-2021- Q1-2022 Collective Medical & Pharmacy Appeal Rates per 1000 Denials

Between Q1-2021 and Q1-2022, the collective medical and pharmacy appeal rates per 1000 denials ranged from 37.8 (Q3-2021) to 57.4 (Q1-2022):

	Medical + Pharmacy Denials	Medical + Pharmacy Appeals	Medical + Pharmacy Appeals / 1000 Denials
Q1-2021	510	20	39.2
Q2-2021	556	22	39.6
Q3-2021	556	21	37.8
Q4-2021	453	26	57.4
Q1-2022	59	21	35.6

### Q1-2022 Collective Medical & Pharmacy Appeal Adjudication Turn-Around-Time

Seventy-six percent of the medical and pharmacy appeals were adjudicated within 30-days in Q1-2022 compared to 79% in Q4 2021 and 100% in Q3 2021.

- Grievance and Appeal staffing continued to be an issue in Q1 2022. In Q1 2022, SFHP continued to hold daily cross department huddles to address grievance and appeal cases and hired additional staff.
- SFHP continues to monitor Grievance and Appeals TAT and adjust processes and staffing as needed.

	Q1-2022		
	Total (Med + Pharm)	Medical	Pharmacy
Number (#) of Appeals	21	18	3
Percentage (%) of Appeals Adjudicated within 30-days	76%	72%	100%

### Q1-2022 Member and Provider Appeal Activity

Of all appeals filed in Q1-2022, 62% were member initiated and 38% were provider initiated.

Of all appeals filed in Q1-2022, four appeals were expedited.

		Q1-2022		
		Total (Med + Pharm)	Medical	Pharmacy
Member	# of Initiated Appeals	13	13	0
	% of Total Appeals	62%	62%	0%
Provider	# of Initiated Appeals	8	5	3
	% of Total Appeals	38%	24%	14%
Member	# of Expedited Appeals	1	1	0
	% of Initiated Appeals	8%	8%	0%
Provider	# of Expedited Appeals	3	2	1
	% of Initiated Appeals	38%	25%	13%

### Q1-2022 Basis for Overturned Appeals

One hundred percent of overturned appeals in Q1 2022 were based on additional clinical information submitted.

	Q1-2022		
	Total (Med + Pharm)	Medical	Pharmacy
# of Overturned Appeals	10	8	2
% of Total Appeals	48%	38%	10%
# of Appeals overturned due to additional clinical information offered	10	8	2
% of Appeals overturned due to additional clinical information offered	100%	80%	20%
# 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.

<sup>i</sup> 0937ES Essette Grievance Report, Case Receipt Date 1/1/2022 - 3/31/2022 as of 6/1/22 12:19PM.

<sup>ii</sup> Source for Medical data: Original\_Q1-2022\_AllAuthorizationsData. As of 5.2020, the following data classes are no longer counted in the authorization (auth) total:

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

Source for Pharmacy Data: E-mail from 6/1/22



**Date:** 06/07/22

<b>To</b>	<b>Quality Improvement Committee</b>
<b>From</b>	<b>Michelle Faust, RN, BSN Leslie Mulhern, RN, CPHQ, CHCQM Quality Review Nurse Appeals &amp; Grievances</b>
<b>Regarding</b>	<b>Quarter 1, 2022 Potential Quality Issue Report</b>

### Case Reviews

<b>Q 1 2022 - Case types reviewed</b>	<b>Count</b>
<b>Total cases reviewed for PQI</b>	<b>160</b>
Appeals	21
Decline to File Grievances (Clinical)	34
Grievances (Clinical)	105
Internal referrals (not including grievances)	0
External referrals	1
Provider Preventable Condition (PPC)	0

<b>Outcomes</b>	<b>Count</b>
Opened for PQI investigation	10
Formal PQI investigation (PQI letter)	X
Cases requiring external physician review or peer review	0
Confirmed Quality Issue	1
PQI cases resulting in Corrective Action Plan (CAP)	0
Confirmed Provider Preventable Condition (PPC)	0
PQI cases closed within 60-day turnaround time	6
PQI cases closed outside 60-day turnaround time	4

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

**PQI Final Determination**  
PRACTITIONER PERFORMANCE AND SYSTEM RANKING

<b>Severity Level (P= Provider Issue S= System Issue)</b>	<b>Definition</b>	<b>Action/Follow-up</b>	<b>Final case status note in Essette</b>
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:** Trends identified during Quarter 1 2022: Two PQIs regarding the same Hyperbaric Oxygen Therapy (HBOT) provider.

## Confirmed Quality Issues

### Case #1

**Initial Complaint/Findings:** Referred for PQI from an appeal submitted by Hyperbaric oxygen therapy (HBOT) provider. Referred for PQI to review for potential fraud, waste, or abuse. Member was post-op from having abdominal fat grafted to the hips and buttocks. Plastic surgeon referred this member for Hyperbaric Oxygen Therapy due to “compromised soft tissue flap/graft.”

**Investigation:** This case was investigated through both the appeal and PQI process, from medical records that were sent from the HBOT provider. Similar cases presented by same provider have already been reviewed by MRIOA board-certified plastic surgeons who have all deemed hyperbaric oxygen therapy for these free fat grafts to the abdomen, thigh, and/or buttocks are not standard of care and not medically necessary.

**Findings:** Clinical documentation did not support the diagnosis of an ischemic graft, as a free fat graft does not by its nature have an intact blood supply, and medical justification of the use of hyperbaric oxygen therapy as the given diagnosis of ischemic graft is misleading and may be considered fraudulent from the standpoint of accessing medical services by knowingly using an unsubstantiated diagnosis. Therefore, it can be concluded that there is a possibility of fraud in this case.

**Follow-up/Recommendations:** Please refer this case as well as similar cases by the same plastic surgeon and hyperbaric oxygen therapy provider to the Peer Review Committee for their review and determination. I would also recommend that this be reported to the Medical Board of California if this is determined to be fraudulent.

### CASE #2


**Initial Complaint/Findings:** Referred for PQI from an appeal submitted by Hyperbaric oxygen therapy (HBOT) provider. Referred for PQI to review for potential fraud, waste, or abuse. Member was post-op from having Phase I phalloplasty with vaginectomy. Plastic surgeon referred this member for Hyperbaric Oxygen Therapy due to “compromised/threatened/failed soft tissue flap/graft.”

**Investigation:** This case was investigated through both the appeal and PQI process, from medical records that were sent from the HBOT provider. This case was presented to MRIOA for review by a board-certified plastic surgeon who deemed hyperbaric oxygen therapy as not medically necessary and not standard of care.

**Findings:** Clinical documentation did not support the diagnosis of an ischemic graft, and medical justification of the use of hyperbaric oxygen therapy as the given diagnosis of ischemic graft is misleading and may be considered fraudulent from the standpoint of accessing medical services by knowingly using an unsubstantiated diagnosis. Therefore, it can be concluded that there is a possibility of fraud in this case.

**Follow-up/Recommendations:** No further medical review as this case has already had appeals that were upheld by multiple avenues including DMHC and MRIOA review.



 <p><b>SAN FRANCISCO HEALTH PLAN™</b></p>	<p><b>Utilization Management Committee (UMC)</b>  <b>25 January 2022</b>  <b>11AM - Noon</b></p> <p><b>Meeting Invite / Conference connection through Microsoft Teams</b></p>	
<p><b>Meeting called by:</b></p>	<p>Matija Cale</p>	
<p><b>Type of meeting:</b></p>	<p>Mandatory – Monthly Recurring</p>	<p><b>Recorder:</b> K. M. McDonald</p>
<p><b>Present:</b></p>	<p><b><u>Clinical Operations</u></b>  Matija Cale, Monica Baldzikowski; SeDessie Harris, Tamsen Staniford; Kirk McDonald; April Tarpey; Morgan Kerr; Tony Tai; Fiona Donald</p> <p><b><u>Pharmacy</u></b>  Tammy Chau</p>	<p><b><u>Compliance</u></b>  Betty DeLos Reyes Clark</p> <p><b><u>Access and Care Experience</u></b>  1.22 – The A&amp;G Team is in transition.</p> <p><b><u>Guest</u></b>  Debra Hagemann (ClearLink Partners)</p>
<p><b>Not Present:</b></p>	<p>Nicole Ylagan (A&amp;G Team; as of Jan '22 on LOA); Kaitlin Hawkins; Jessica Shost; Crystal Garcia</p>	
<p><b><i>Quorum (details after the Action Items section below)</i></b></p>	<ul style="list-style-type: none"> <li>• Chief Medical Officer, MD (Fiona)</li> <li>• Senior Medical Director: (<b>vacant as of 10.28.21</b>)</li> <li>• Director, Clinical Operations, RN (Matija)</li> <li>• Senior Manager, Prior Authorization, RN (Monica)</li> <li>• Manager, Concurrent Review and Care Transitions, RN (SeDessie)</li> <li>• UM Nurse Manager, Prior Authorizations, RN (Tamsen)</li> <li>• Program Manager, Clinical Operations, PhD (Kirk)</li> <li>• Director, Pharmacy, Pharm. D. (<b>vacant as of 1.22</b>)</li> <li>• Manager, Pharmacy (<b>vacant as of 1.22</b>)</li> </ul> <hr/> <p>Not Present</p>	
<p><b>Documents Presented:</b></p>	<p>Final_Agenda_UMC_Jan_v1.25.22  DRAFT_Minutes_UMC_Dec_v1.21.22  Clinical Operations Dashboard_Tableau_v1.19.22</p>	

	UM Director Dashboard_Dec 2021_01 19 22 0937ES Essette Grievance Report_12.2.21-1.20.22_v1.20.22 SFH.IMR.CC_UMC Report_2022.01.25 Q3-2021_InternalAudit_UMC-Slides_v1.24.22 EssetteAuths_December 2021_1 13 2022 UM Phone Metrics - December 2021_v1.19.22
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**Consent Calendar – January to December 2022**

ITEM #	Document	Review Schedule	Outcome	Decisions
1.	2022 UM Program Description	<ul style="list-style-type: none"> <li>Annual (Q4)</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
2.	2022 UM Program Evaluation	<ul style="list-style-type: none"> <li>Annual (Q1-2023)</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
3.	UM Criteria for Non-Genital Gender Confirmation Services  UM Criteria for Genital Gender Confirmation Services  UM Criteria for EPSDT Private Duty Nursing  PP CO-57	<ul style="list-style-type: none"> <li>Special Review for NCQA 2023 Renewal Survey</li> <li>Feb 24, 2022</li> </ul>	<ul style="list-style-type: none"> <li>UMC approved by quorum vote</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
4.	Annual benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> <li>Annual (Q2/Q3)</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
5.	Internal Audit of Authorization Requests Report Q3-2021	<ul style="list-style-type: none"> <li>Jan 2022</li> </ul>	<ul style="list-style-type: none"> <li>No vote required.</li> <li>Documenting review and discussion by the UMC.</li> </ul>	<ul style="list-style-type: none"> <li>NA</li> </ul>
6.	Specialty Referral Report Q4 - 2021	<ul style="list-style-type: none"> <li>April 2022 UMC Meeting</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

7.	2021 Utilization Program Evaluation Annual Review and Approval	<ul style="list-style-type: none"> <li>Feb 2022 UMC Meeting</li> </ul>	•	•
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	Topic	Brought By	Time	MINUTES	Decision
1.	Standing Items: <ul style="list-style-type: none"> <li>Approval of minutes</li> <li>Action Items review</li> <li>Parking lot review</li> <li>Medical/Pharmacy Directors' Dashboards</li> </ul>	Matija	11:00 – 11:10	<ul style="list-style-type: none"> <li>Agenda reviewed.</li> <li>Action Items</li> <li>CO Director Dashboard               <ul style="list-style-type: none"> <li>Omicron has impacted the authorization metrics.</li> </ul> </li> <li>Pharmacy Dashboard (<b>on hold</b>)               <ul style="list-style-type: none"> <li>The Pharmacy Team is currently updating the dashboard given the new pharmacy structure starting in January 2022.</li> <li>Will tentatively present a dashboard Q1-2022</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Agenda approved.</li> <li>December UMC minutes approved.</li> </ul>
2.	<ul style="list-style-type: none"> <li>Medical/Pharmacy Appeals: Upheld and Overturned</li> <li>Independent Medical Review (IMR)</li> <li>State Fair Hearings (SFH)</li> <li>Consumer Complaints</li> </ul>	<ul style="list-style-type: none"> <li>April – DMG appeal cases</li> <li>Tamsen – CHN/UCSF cases</li> <li>Jessica – Pharmacy Appeals</li> <li>Betty</li> </ul>	11:10 – 11:20	<ul style="list-style-type: none"> <li>Appeals (See appendix for brief summary of overturned appeals.)               <ul style="list-style-type: none"> <li>UM – Appeals - 7                   <ul style="list-style-type: none"> <li>Upheld appeals – 5</li> <li>Overturned appeals – 2</li> </ul> </li> <li>Pharmacy – Appeals - 2                   <ul style="list-style-type: none"> <li>Upheld appeals – 0</li> <li>Overturned appeals – 2</li> <li>One of the OT appeals was a duplicate.</li> </ul> </li> </ul> </li> <li>Compliance               <ul style="list-style-type: none"> <li>IMR – 4; (1 Kaiser)                   <ul style="list-style-type: none"> <li>IMR hearing for an appeal about 10 injections for GenVisc denied by NEMS and upheld on appeal by SFHP because MCG criteria not met. Overturned by DMHC in IMR.</li> </ul> </li> <li>SFH – 2</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>UM Appeals               <ul style="list-style-type: none"> <li>For authorizations for EPSDT services: if MCG criteria is not met, the nurses need to send the auth to a MD for review and for the final decision to</li> </ul> </li> </ul>

	Topic	Brought By	Time	MINUTES	Decision
				<ul style="list-style-type: none"> <li>○ Consumer Complaints – 0</li> </ul>	<p>approved or deny.</p> <ul style="list-style-type: none"> <li>• Pharmacy Appeals <ul style="list-style-type: none"> <li>○ No change to processes or policies.</li> </ul> </li> </ul>
3.	Discussion regarding same procedure by same provider denied multiple times	Fiona/Matija	11:20-11:40	<ul style="list-style-type: none"> <li>• A provider has been submitting multiple PAs for hyperbaric oxygen therapy (HBOT) for the same rendering provider.</li> <li>• PQIs have been submitted to the A&amp;G Team about this situation.</li> <li>• As of 1.25.22, there are 4 cases open.</li> <li>• No need to change current processes or procedures; PQI option remains as a potential actionable process.</li> </ul>	<ul style="list-style-type: none"> <li>• To date, will continue to follow standard procedures.</li> <li>• Review MCG criteria, if not medically necessary, then deny.</li> <li>• If appealed, submit to MRloA (Plastic Surgeon SME) for review.</li> <li>• If denied, reach out to the provider(s) to explain details of the denial.</li> </ul>
4.	Status Update  Follow-up with the Pharmacy/PNO for the potential for local pharmacies to have/obtain licenses to supply DME in order to provide DME like CGMs after Medi-CalRx go-live.	Kaitlin Hawkins	11:40 – 11:45		No action required, the DME benefit is covered under both the pharmacy and medical benefits.

	Topic	Brought By	Time	MINUTES	Decision
5.	Q3 Internal Audit Results	Kirk	11:45 – 11:50	<ul style="list-style-type: none"> <li>Reviewed the document – Q3-2021_InternalAudit_UMC-Slides_v1.24.22.</li> <li>PA Q3-2021 Clinical Operations Medical Necessity Audit <ul style="list-style-type: none"> <li>The compliance rate with State (DHCS /DMHC) and NCQA requirements was 100%. 16 files total were audited: 16 files were compliant, and 0 files were non-compliant.</li> </ul> </li> <li>CCR Q3-2021 Clinical Operations Medical Necessity Audit <ul style="list-style-type: none"> <li>The compliance rate with State (DHCS /DMHC) and NCQA requirements was 100%. 16 files total were audited: 16 files were compliant, and 0 files were non-compliant.</li> </ul> </li> <li>Non-clinical Q3-2021 Clinical Operations Medical Necessity Audit <ul style="list-style-type: none"> <li>The compliance rate with State (DHCS /DMHC) and NCQA requirements was 100%. 16 files total were audited: 16 files were compliant, and 0 files were non-compliant.</li> </ul> </li> </ul>	
6.	QIC – February 2022 Meeting and Criteria Approval for NCQA	Matija	11:50 – 11:52	<ul style="list-style-type: none"> <li>Will be presenting the following criteria at the February QIC meeting: <ul style="list-style-type: none"> <li>Gender Affirmation criteria</li> <li>Private Duty Nursing criteria</li> <li>CO-57</li> </ul> </li> </ul>	Approved by quorum vote.
7.	Recap / Action Item Review	Kirk	11:52-11:55		

#### Action Items – January 2022 UMC

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Betty	<ul style="list-style-type: none"> <li>To send the DMHC decision about IMR hearing for an appeal about 10 injections for GenVisc to Matija and Fiona.</li> </ul>	

**Action Items – December 2021 UMC**

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Fiona / Betty	<ul style="list-style-type: none"> <li>Assist Betty with a State Fair Hearing on Monday 12.20.21.</li> </ul>	Completed: Fiona and Shelley attended the hearing with Betty on 1/20/22.
2.	Wayne Pan / Crystal	<ul style="list-style-type: none"> <li>Review auth requests for Hypoborate Oxygen for potential PQIs.</li> <li>Compliance to reach out to Wayne (Betty?)</li> </ul>	There is an IMR pending, but I don't know what the outcome is yet. Crystal and her team were working on investigating potential fraud, so perhaps the action item was for Crystal?
3.	Tamsen	<ul style="list-style-type: none"> <li>Develop a consistent msg. to DMGs about the criteria difference between SFHP and Medical RX for CGMs to address potential confusion about whether to bill SFHP or DHCS.</li> </ul>	1.25.22 – draft is out for review.
4.	Fiona	<ul style="list-style-type: none"> <li>A backup plan for Appeals and Grievance coverage for last week in December.</li> </ul>	Completed: cross-functional support in place.

**Legend**

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
1.19.21	Monica	> PA TAT Tables: formally requesting IT Team to assist in correcting this issue	1.25.22 – meeting with Tony Tai.	2
11.20.20	Monica	> No prior authorization will be required for BPM. > Work with the Configuration Team to set BPM benefit limits. > Work with the Fraud, Waste Abuse Team (Compliance) regarding ability for Pondera software to monitor BPM claims.	1.25.22 – if live and no PA is required.	3

		> Work with PNO regarding access to quality BPMs at Medi-Cal prices.		
11.20.20	Angie / Monica / Tamsen	> GAFS Hair reduction criteria are missing from the MGC gap analysis.	11.3.11 - On hold	4
12.15.20	Ravid/Matija	<ul style="list-style-type: none"> <li>• Appeals MA210624001 and MA210629001</li> <li>• Will follow up with the MCG representative regarding the original denials, based on the current MCG algorithms, and being overturned based on input from MRloA .</li> </ul>	11/1/21- Ravid unable to provide additional samples. Will table this and ask appeals team to track and see if we need to reach out to MCG if we continue to overturn their criteria based on MRloA.	4
2.16.21	Monica/Tamsen	<ul style="list-style-type: none"> <li>• Regarding the overturned UM appeal (MA210706002)</li> <li>• Need to ask PNO who is the in-network provider for orthopedic (joint) consultation.</li> </ul>	1.25.22 – resolved.	3
2.16.21	Monica	> Will work with PNO about the GAFS surgeons' proposal for increasing their ownership role in surgery coordination.	11.3.21 - on hold. Waiting until we make more than stop-gap changes to existing GAFS criteria.	4
2.16.21	Monica / Jim	Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers.	On hold to further notice.	4
11.03.21	Monica	<ul style="list-style-type: none"> <li>• Meet with Fiona, Betty regarding the case where a Member received approval for 7 in-office visits at Stanford and received a skin tag removal (12/9 visit), which is considered a cosmetic procedure, but we approved payment.</li> </ul>	1.25.22 – resolved.	3
11.03.21	Betty / SeDessie (?)	<ul style="list-style-type: none"> <li>• Expedited consumer complaint (8.21.21) re. disenrollment.</li> <li>• Will discuss with the CCR Team further. <ul style="list-style-type: none"> <li>o Better decision tree for handling disenrollments.</li> <li>o Need to handle on a case-by-case basis.</li> </ul> </li> </ul>	1.25.22 - Crystal and Betty informed SeDessie and Morgan that they should continue with the usual disenrollment processes. The existing decision tree is sufficient. We may be asked by DHCS Ombudsman to follow up on unusual cases, but those will be handled on a case-by-case basis. We tried to ask DHCS for more clarification on what they consider a long-term acute care (LTAC) facility, but DHCS has not provided us with any further information or clarity.	3

11.03.21	April	<ul style="list-style-type: none"> <li>• Regarding the overturned UM appeal (MA210706002)</li> <li>• Need to ask PNO who is the in-network provider for orthopedic (joint) consultation.</li> </ul>	12.16.21: Still gathering information. Will revisit this due to resource constraints in A&G (email Thu 12/16/2021 7:33 AM).	2
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#### Parking Lot

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



## Appendix

### Appeals / Overturned – January 2022

APPEALS AND GRIEVANCES							
Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name of Service or Medication
MA211206001	Member Appeal	NEM	Overturned	SFHP-Pharmacy	Appeal for the denied PA of Pain Ease Mist Spray.	Decided to overturn the original denial decision because it meets SFHP medical necessity criteria. The provider shared additional information showing other medications were not effective for the member's condition.	Pain Ease Mist Spray
MA211216002	Member Appeal	BTP	Overturned	Medical Group	Member wanted a referral to see an out of network provider, but it was denied. Member is part of the Brown and Toland Network and wanted a referral to see a OON rheumatologist, but Brown and Toland denied the referral.	SFHP reviewed the appeal and decided to overturn the original denial decision because the member had seen the OON rheumatologist prior to enrolling with SFHP and is eligible for continuity of care.	To see an OON provider
MA220107001	Member Appeal	SFN	Overturned	SFHP - UM Outpatient	An appeal for the procedure of pediatrics tonsillectomy and adenoidectomy (T&A) and drug induced sleep endoscopy.	SFHP reviewed the appeal and decided to overturn the original denial decision because it was determined the services can be covered under early and periodic screening, diagnostic and treatment (EPSDT) services.	Tonsillectomy and adenoidectomy (T&A) and laryngoscopy

**AuthSubClass: December 2021**


<b>AuthSubClass</b>	<b>Total Count</b>
Acute Rehab	2
ED to IP	2
Carve-Out	3
Home Hospice	3
Dialysis	10
Radiation Oncology	10
Home Infusion	21
Orthotics & Prosthetics	22
Transportation	24
Home Health Care	26
Chemotherapy	39
Skilled Nursing Facility	42
Transgender Services	46
PT, OT, ST	55
Pediatric/Neonatal	56
Surgeries with Anesthesia	64
Outpatient Services	85
Maternity	89
Medical Supplies	102
Durable Medical Equipment	121
Radiology	149
Diagnostics and Procedures	166
Office Visits	496
Acute Inpatient	542

**Authorizations by Type: December 2020 to December 2021**

Month	Year	Inpatient Auth Count	Outpatient Auth Count
December	2020	540	1195
January	2021	545	1314
February	2021	526	1335
March	2021	545	1314
April	2021	567	1519
May	2021	574	1543
June	2021	590	1472
July	2021	693	1562
August	2021	701	1708
September	2021	545	1314
October	2021	626	1605
November	2021	649	1493
December	2021	736	1439

**AuthSubClass per 1000: December 2020 to December 2021**

<b>AuthSubClass</b>	<b>Per 1000</b>
Home Hospice	0.584
Carve-Out	0.766
Acute Rehab	1.131
Dialysis	1.752
Portal DME/Med Supplies	2.518
Home Infusion	5.584
Radiation Oncology	7.482
Home Health Care	12.409
Transportation	12.409
Chemotherapy	13.212
Orthotics & Prosthetics	13.504
Pediatric/Neonatal	19.635
Skilled Nursing Facility	19.708
Surgeries with Anesthesia	24.088
Transgender Services	27.336
PT, OT, ST	33.540
Maternity	42.226
Outpatient Services	44.307
Medical Supplies	53.577
Durable Medical Equipment	65.620
Diagnostics and Procedures	66.825
Radiology	71.058
Acute Inpatient	205.511
Office Visits	255.219

 <p><b>SAN FRANCISCO HEALTH PLAN™</b></p>	<p><b>Utilization Management Committee (UMC)</b>  <b>24 February 2022</b>  <b>10AM - 11AM</b></p> <p><b>Meeting Invite / Conference connection through Microsoft Teams</b></p>	
<p><b>Meeting called by:</b></p>	<p>Matija Cale</p>	
<p><b>Type of meeting:</b></p>	<p>Mandatory – Monthly Recurring</p>	<p><b>Recorder:</b> K. M. McDonald</p>
<p><b>Present:</b></p>	<p><b><u>Clinical Operations</u></b>  Matija Cale, Monica Baldzikowski; SeDessie Harris, Tamsen Staniford; Kirk McDonald; April Tarpey; Morgan Kerr; Tony Tai; Fiona Donald</p> <p><b><u>Pharmacy</u></b>  Tammy Chau, Kaitlin Hawkins, Jacqueline Hon (Intern)</p>	<p><b><u>Compliance</u></b>  Betty DeLos Reyes Clark, Monica Fong</p> <p><b><u>Access and Care Experience</u></b>  Bill Mace</p> <p><b><u>Guest</u></b>  Debra Hagemann (ClearLink Partners); Rudy Wu</p>
<p><b>Not Present:</b></p>	<p>Nicole Ylagan (A&amp;G Team; as of Jan '22 on LOA); Crystal Garcia</p>	
<p><b><i>Quorum (details after the Action Items section below)</i></b></p>	<ul style="list-style-type: none"> <li>• Chief Medical Officer, MD (Fiona)</li> <li>• Senior Medical Director: (<b>The new Sr. Medical Director will start on 3.1.22 and will attend the April UMC meeting.</b>)</li> <li>• Director, Clinical Operations, RN (Matija)</li> <li>• Senior Manager, Prior Authorization, RN (Monica)</li> <li>• Manager, Concurrent Review and Care Transitions, RN (SeDessie)</li> <li>• UM Nurse Manager, Prior Authorizations, RN (Tamsen)</li> <li>• Program Manager, Clinical Operations, PhD (Kirk)</li> </ul>	
<p><b>Documents Presented:</b></p>	<p>Draft_Agenda_UMC_Feb_v2.17.22  Draft_Minutes_UMC_Jan_v2.17.22  0937ES Essette Grievance Report_1.21.22-2.15.22_v2.16.22  Tableau_CO_KPI_Dashboard_Jan-2022_v2.16.22</p>	

	UM Director Dashboard_Jan 2022_02 16 22 Pharmacy_Dashboard_4Q2021_01_26_22 FinalDraft_2021_UMProgEval_v2.17.22 Draft-ClinOps_UMC-Charter_vC-2.17.22 UMCCharterReports.Documents.Review.1.31.22 UM Phone Metrics - January 2022 EssetteAuths_January 2022_2 14 2022
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### Consent Calendar – January to December 2022

ITEM #	Document	Review Schedule	Outcome	Decisions
1.	UM Criteria for Non-Genital Gender Confirmation Services  UM Criteria for Genital Gender Confirmation Services  UM Criteria for EPSDT Private Duty Nursing  MCG 25 <sup>th</sup> edition  PP CO-57	<ul style="list-style-type: none"> <li>Special Review for NCQA 2023 Renewal Survey</li> <li>Feb 24, 2022</li> </ul>	<ul style="list-style-type: none"> <li>UMC approved by quorum vote (January 2022 UMC)</li> <li>QIC approved the criteria (Q1-2022 meeting)</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
2.	Annual benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> <li>Annual (Q2/Q3)</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
3.	Internal Audit of Authorization Requests Report Q3-2021	<ul style="list-style-type: none"> <li>Jan 2022</li> </ul>	<ul style="list-style-type: none"> <li>No vote required.</li> <li>Documenting review and discussion by the UMC.</li> </ul>	<ul style="list-style-type: none"> <li>NA</li> </ul>
4.	2021 Utilization Program Evaluation Annual Review and Approval	<ul style="list-style-type: none"> <li>Feb 2022 UMC Meeting</li> </ul>	<ul style="list-style-type: none"> <li>UMC approved by quorum vote.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
5.	Updated UMC Charter and Reports/Documents Review Calendar	<ul style="list-style-type: none"> <li>Feb 2022</li> </ul>	<ul style="list-style-type: none"> <li>UMC approved by quorum vote.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

		UMC Meeting		
6.	Specialty Referral Report Annual - 2021	<ul style="list-style-type: none"> <li>April 2022 UMC Meeting</li> </ul>	•	•
7.		•	•	•
8.	UM Criteria for Non-Genital Gender Confirmation Services  UM Criteria for Genital Gender Confirmation Services  UM Criteria for EPSDT Private Duty Nursing  PP CO-57	<ul style="list-style-type: none"> <li>2022 Annual Review (UMC)</li> <li>2022 Annual Review (QIC)</li> </ul>	•	•
9.	2022 UM Program Description	<ul style="list-style-type: none"> <li>Annual (Q4)</li> <li>UMC</li> <li>QIC</li> </ul>	•	•
10	2022 UM Program Evaluation	<ul style="list-style-type: none"> <li>Annual (Q1-2023)</li> </ul>	•	•

	Topic	Brought By	Time	MINUTES	Decision
1.	Standing Items: <ul style="list-style-type: none"> <li>Approval of minutes</li> <li>Action Items review</li> <li>Parking lot review</li> <li>Medical/Pharmacy</li> </ul>	Matija	10:00 – 10:10	<ul style="list-style-type: none"> <li>Agenda reviewed</li> <li>Approval of Minutes</li> <li>Action Items               <ul style="list-style-type: none"> <li>All action items were reviewed and updated.</li> </ul> </li> <li>CO Director Dashboard               <ul style="list-style-type: none"> <li>Focused on the Tableau version of the Clin Ops metrics.</li> <li>Member census keeps increasing.</li> <li>PA's, subsequently, are increasing.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>January UMC minutes approved.</li> </ul>

	Topic	Brought By	Time	MINUTES	Decision
	Directors' Dashboards			<ul style="list-style-type: none"> <li>○ Despite the staffing challenges, authorization turn-around-times are in compliance.</li> <li>• Pharmacy Dashboard <ul style="list-style-type: none"> <li>○ The metrics for the Medication Therapy Management (MTM) Tasks and Interventions are decreasing because of SFHP's enhanced care management program. Therefore, lower level of clients engaged with SFHP's pharmacy services.</li> </ul> </li> </ul>	
2.	<ul style="list-style-type: none"> <li>• Medical/Pharmacy Appeals: Upheld and Overturned</li> <li>• Independent Medical Review (IMR)</li> <li>• State Fair Hearings (SFH)</li> <li>• Consumer Complaints</li> </ul>	<ul style="list-style-type: none"> <li>• April – DMG appeal cases</li> <li>• Tamsen – CHN/UCSF cases</li> <li>• Jessica – Pharmacy Appeals</li> <li>• Betty</li> </ul>	10:10 – 10:15	<ul style="list-style-type: none"> <li>• Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> <li>○ UM – Appeals - 3 <ul style="list-style-type: none"> <li>▪ Upheld appeals – 3</li> <li>▪ Overturned appeals – 0</li> </ul> </li> <li>○ Pharmacy – Appeals - 0 <ul style="list-style-type: none"> <li>▪ Upheld appeals – 0</li> <li>▪ Overturned appeals – 0</li> </ul> </li> </ul> </li> <li>• Compliance <ul style="list-style-type: none"> <li>○ IMR – 2</li> <li>○ SFH – 1</li> <li>○ Consumer Complaints – 3</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• IMR / Hyperbaric oxygen treatments for body contouring from bilateral mastectomy.</li> <li>• This IMR was for a specific case.</li> <li>• No need to change current processes for GenVisc requests.</li> <li>• Consumer Complaint / BTP Member wants wanted to authorize visit to an OON Rheumatologist.</li> <li>• Member qualified for continuity of care.</li> </ul>
3.	UM Trending Dashboard (Prototype)	Rudy Wu	10:15 – 10:35	<ul style="list-style-type: none"> <li>• Rudy provided a detailed walk through of the draft model of the UM Trending Dashboard.</li> <li>• Purpose: This dashboard provides SFHP with a review of our utilization across different metrics.</li> <li>• Metrics: admits per 1000 member months, outpatient visits per 1000 member months, emergency department visits per 1000 member months, average length of stays, bed days per 1000 member months, readmission rate, APRDRG cost PMPM, acute inpatient stays per</li> </ul>	<ul style="list-style-type: none"> <li>• UMC provided input on format and content changes; refer to Action Items below.</li> <li>• UMC will review regularly to analyze trends and discuss with DMGs.</li> </ul>



	Topic	Brought By	Time	MINUTES	Decision
				1000 member months, per visit cost, per diem cost, average HSRV payment weight.	
4.	2021 UM Program Evaluation	Matija	10:35 10:40-	UMC Vote	<ul style="list-style-type: none"> <li>• UMC approved by quorum.</li> <li>• An open item is what is out-of-scope for the UMC.</li> <li>• UMC members decided to monitor what is out-of-scope based on subsequent UMC meetings.</li> <li>• When an item is identified as out-of-scope, to add this item to the out-of-scope section in the Charter – an ad hoc approach to completing this part of the charter.</li> </ul>
5.	Draft UMC Charter and Reporting Calendar	Matija	10:40 – 10:55	UMC Vote	UMC approved both documents by quorum.
6.	Recap / Action Item Review	Kirk		Reviewed the new action items	

#### Action Items – February 2022 UMC

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Fiona	<ul style="list-style-type: none"> <li>• IMR / GenVisc</li> <li>• Fiona will send the details of the IMR to the medical directors' group for further discussion.</li> </ul>	
2.	April	<ul style="list-style-type: none"> <li>• To include UM perspective about continuity of care in DMG trainings.</li> </ul>	
3.	Rudy	<ul style="list-style-type: none"> <li>• Requested updates to the Trend Report <ul style="list-style-type: none"> <li>○ A trend graph per Medical Group, especially for SHN network, showing Admits / 1000MM</li> <li>○ Provide a legend for what the various colors mean.</li> </ul> </li> </ul>	Completed 2/27/22

		<ul style="list-style-type: none"> <li>Set-up the filter to show the prior quarter for a metric.</li> </ul>	
4.	AI UMC Members	<ul style="list-style-type: none"> <li>Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be included in the UMC Charter as an out-of-scope item.</li> </ul>	On-going

#### Legend

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

Owner(s)	Action Item(s)	Comments	Status
Monica	> PA TAT Tables: formally requesting IT Team to assist in correcting this issue	1.25.22 - will be meeting w/ Tony Tai.	2
Ravid/Matija	<ul style="list-style-type: none"> <li>Appeals MA210624001 and MA210629001</li> <li>Will follow up with the MCG representative regarding the original denials, based on the current MCG algorithms, and being overturned based on input from MRloA .</li> </ul>	2.24.22 On hold until further notice. When the senior MD is onboard, and if there are more cases, we can determine if we need to meet with MCG.	4
Monica / Jim	Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers.	On hold to further notice.	4
April	<ul style="list-style-type: none"> <li>Regarding the overturned UM appeal (MA210706002)</li> <li>Need to ask PNO who is the in-network provider for orthopedic (joint) consultation.</li> </ul>	12.16.21: Still gathering information. Will revisit this due to resource constraints in A&G (email Thu 12/16/2021 7:33 AM).	2
Betty	To send the DMHC decision about IMR hearing for an appeal about 10 injections for GenVisc to Matija and Fiona.	Completed. On 1/25/2022, material sent to Fiona/Matija. No change in process needed.	3
Wayne Pan / Crystal	Review auth requests for Hypoborate Oxygen for potential PQIs. Compliance to reach out to Wayne.	There is an IMR pending, but I don't know what the outcome is yet. Crystal and her team were working on investigating potential fraud, so perhaps the action item was for Crystal?	2
Tamsen	Develop a consistent msg. to DMGs about the criteria difference between SFHP and Medical RX for CGMs to address potential confusion about whether to bill SFHP or DHCS.	2.23.22 <ul style="list-style-type: none"> <li>Message was drafted and provided to Angie in PNO Jan 25th, followed up 2/22 and still awaiting confirmation DMGs were provided the information.</li> <li>Same message was also included in the February Provider Newsletter.</li> </ul>	2

**Parking Lot**

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

## Appendix

### **Appeals / Overturned – February 2022**

There were no overturned medical or pharmacy appeals.

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

**AuthSubClass: January 2022**

<b>AuthSubClass</b>	<b>Total Count</b>
Acute Rehab	2
Carve-Out	2
Dialysis	2
ED to IP	3
Radiation Oncology	11
Home Infusion	13
Chemotherapy	24
Transportation	25
Home Health Care	27
Skilled Nursing Facility	35
Orthotics & Prosthetics	44
Pediatric/Neonatal	46
PT, OT, ST	51
Surgeries with Anesthesia	51
Transgender Services	62
Medical Supplies	94
Maternity	103
Outpatient Services	104
Radiology	125
Durable Medical Equipment	133
Diagnostics and Procedures	188
Office Visits	473
Acute Inpatient	566

**Authorizations by Type: January 2021 – January 2022**

Month	Year	Inpatient Auth Count	Outpatient Auth Count
January	2021	545	1314
February	2021	526	1335
March	2021	545	1314
April	2021	567	1519
May	2021	574	1543
June	2021	590	1472
July	2021	693	1562
August	2021	701	1708
September	2021	545	1314
October	2021	626	1605
November	2021	649	1493
December	2021	736	1439
January	2022	763	1421

**AuthSubClass per 1000: January 2021 – January 2022**

<b>AuthSubClass</b>	<b>Per 1000</b>
Home Hospice	0.574
Carve-Out	0.790
Acute Rehab	1.077
Dialysis	1.436
Portal DME/Med Supplies	2.154
Home Infusion	5.529
Radiation Oncology	7.396
Transportation	12.171
Home Health Care	12.207
Chemotherapy	13.033
Orthotics & Prosthetics	13.787
Skilled Nursing Facility	19.280
Pediatric/Neonatal	19.603
Surgeries with Anesthesia	24.127
Transgender Services	27.968
PT, OT, ST	33.282
Maternity	42.617
Outpatient Services	45.525
Medical Supplies	52.777
Durable Medical Equipment	65.235
Radiology	68.897
Diagnostics and Procedures	69.221
Acute Inpatient	208.811
Office Visits	252.504

**Policies and Procedures (P&Ps) Updates and Monitoring**  
February 2022 through May 2022

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

**P&P Updates:**

<b>Policy</b>	<b>Summary of New Policy and Updates</b>
<b>CARE-01: Care Management Programs: Time-Limited Care Coordination and Child, Adolescent and Transition Age Youth Programs</b>	<b><u>Policy Updates (New ECM Benefit):</u></b> <ul style="list-style-type: none"> <li>• Changes Title</li> <li>• Deletes references to Health Homes Program throughout</li> <li>• Adds ECM, where applicable</li> </ul>
<b>CARE-03: Client and Staff Safety</b>	<b><u>Policy Updates (New ECM Benefit):</u></b> <ul style="list-style-type: none"> <li>• Updates Related P&amp;Ps</li> </ul>
<b>CARE-04: Complex Care Management</b>	<b><u>Policy Updates (New ECM Benefit):</u></b> Updates Related P&Ps
<b>CARE-05: Coordination of Care</b>	<b><u>Policy Updates (New ECM Benefit):</u></b> <ul style="list-style-type: none"> <li>• Updates CARE-01 and CARE-13 Titles</li> <li>• Updates Related P&amp;Ps</li> </ul>
<b>CARE-06: Local Education Agency Services in the San Francisco Unified School District</b>	<b><u>Policy Updates (Biennial Review):</u></b> <ul style="list-style-type: none"> <li>• Updated department names.</li> </ul>
<b>CARE-07: Golden Gate Regional Center</b>	<b><u>Policy Updates (Biennial Review):</u></b> <ul style="list-style-type: none"> <li>• Clarified the responsible individuals in the Monitoring tasks.</li> <li>• Updated department names.</li> </ul>
<b>CARE-08: HIPAA &amp; Field-Based Privacy &amp; Security</b>	<b><u>Policy Updates (New ECM Benefit):</u></b> <ul style="list-style-type: none"> <li>• Updates Related P&amp;Ps</li> </ul>
<b>CARE-11: Behavioral Health Treatment (BHT) for Members Under Age 21</b>	<b><u>Policy Updates (Biennial Review):</u></b> <ul style="list-style-type: none"> <li>• Updated department names.</li> </ul>
<b>CARE-13: Enhanced Care Management (ECM)</b>	New Policy (New ECM Benefit)
<b>CARE-14: Community Supports (ILOS) Services</b>	New Policy (New Community Support Benefit)



<b>Policy</b>	<b>Summary of New Policy and Updates</b>
<b>CARE-15: Community Supports (ILOS) Provider Service Delivery Requirements</b>	New Policy (New Community Support Benefit)
<b>CLS-03: Member Advisory Committee</b>	<b><u>Policy Updates (Biennial Review):</u></b> PROCEDURES <ul style="list-style-type: none"> <li>Added review by MAC of grievance and appeal logs</li> </ul>
<b>CLS-04: Population Needs Assessment</b>	<b><u>Policy Updates (Biennial Review):</u></b> PROCEDURE <ul style="list-style-type: none"> <li>Assigned specific staff to tasks in place of “SFHP”</li> <li>Clarified that the QI Program Team submits the PNA to DHCS Health Education Department</li> </ul> MONITORING <ul style="list-style-type: none"> <li>Corrected description of DHCS submission process to reflect current processes</li> </ul>
<b>CLS-05: Health Education Standards</b>	<b><u>Policy Updates (Biennial Review &amp; Process Update):</u></b> POLICY STATEMENT <ul style="list-style-type: none"> <li>Adds that individuals who are not QHEs may not approve health education materials.</li> </ul> PROCEDURE <ul style="list-style-type: none"> <li>Adds process for “Determination of Category of Member Materials.”</li> <li>Adds that health education materials are reviewed every 5 years <i>or any time the material is changed</i>.</li> </ul> ADDITIONAL CHANGES <ul style="list-style-type: none"> <li>Updates Affected Departments</li> <li>Updates Related P&amp;Ps and Other Related Documents</li> <li>Updates References</li> </ul>
<b>CO-03: Major Organ Transplants</b>	<b><u>Policy Updates (DHCS Approved; MOT Benefit Updates):</u></b> <ul style="list-style-type: none"> <li>Adds process for transportation/travel expenses.</li> </ul>
<b>CO-19: Specialty Care and Standing Referrals</b>	<b><u>Policy Updates (Biennial Review):</u></b> PROCEDURE <ul style="list-style-type: none"> <li>Updated <i>Specialty Care Referral Tracking process</i>. We no longer outreach to members directly, only the member’s PCPs.</li> </ul> MONITORING <ul style="list-style-type: none"> <li>Updated to align with CO P&amp;Ps</li> <li>Updated HOI to Member Services</li> <li>In referral tracking monitoring paragraph, removed <i>member eligibility</i> and outreach to <i>member</i></li> </ul> RELATED DOCUMENTS <ul style="list-style-type: none"> <li>Added CODTP Specialty Referral Tracking</li> </ul>
<b>CO-28: Transportation Services and Authorization Requirements</b>	<b><u>Policy Updates (DHCS Approved; MOT Benefit Updates):</u></b> <ul style="list-style-type: none"> <li>Adds that MOT donors requesting NEMT services do not require a completed SFHP Physician Certification Statement form.</li> </ul>

Policy	Summary of New Policy and Updates
<b>CO-38: Durable Medical Equipment</b>	<p><b><u>Policy Updates (Biennial Review):</u></b></p> <p>POLICY STATEMENT</p> <ul style="list-style-type: none"> <li>• Replaced <i>DME Authorization Policy</i> reference with “this policy” to clarify there is no supplementary document we are referring too.</li> <li>• Added EPSDT component of Medi-Cal medical necessity definition.</li> </ul> <p>PROCEDURE</p> <ul style="list-style-type: none"> <li>• Added process details clarifying PCP’s submit prescriptions directly to DME vendors.</li> <li>• Removed - DME evaluation can substitute for provider prescription.</li> <li>• Specified prescriptions must be signed within 12 months (defined current prescription in definition section).</li> <li>• Clarified DME vendor is responsible for authorization submission to SFHP as they determine service codes, modifiers, etc.</li> <li>• Added - SFHP may initiate DME Eval process if it is unclear whether prescribed item will meet member needs.</li> <li>• Clarified SFHP does not modify requested services based on DME eval. SFHP denies and shares DME eval with prescriber.</li> <li>• Removed <i>Enuresis Alarms</i> section. Medi-Cal website does not call this out as a non-covered benefit. For SFHP, no auth is req for PAR providers.</li> <li>• Replaced repetitive 12-month prescription statement with “current prescription” which is newly defined below</li> <li>• Removed <i>Reevaluation</i> section as it is not a regulatory requirement or a current practice of PA Team.</li> <li>• Updated auth requirements for wheelchairs.</li> <li>• Added Loaner Wheelchair requirements.</li> <li>• Removed Medi-Cal criteria for <i>Augmentative and Alternative Communication Devices and Speech Generating Devices</i> section. MCG Criteria is used instead.</li> </ul> <p>MONITORING</p> <ul style="list-style-type: none"> <li>• Updated to align with CO P&amp;Ps</li> <li>• Updated HOI to Member Services.</li> </ul> <p>DEFINITIONS</p> <ul style="list-style-type: none"> <li>• Updated Medical Necessity</li> <li>• Added Current Prescription</li> </ul> <p>REFERENCES</p> <ul style="list-style-type: none"> <li>• Added DME Billing Codes and Reimbursement Rate attachment.</li> </ul> <p>APEPENDIX</p> <ul style="list-style-type: none"> <li>• Updated <i>Rental Only</i> code list to align with Medi-Cal Billing Guidelines</li> </ul>
<b>PHARM-08: Annual Review of Formulary, Prior Authorization Criteria, and Policies</b>	<p><b><u>Policy Updates (Biennial Review):</u></b></p> <ul style="list-style-type: none"> <li>• Removed sections impacted by Medi-Cal RX carve-out throughout policy.</li> <li>• Added reference to DMHC APL 21-002 for criteria review for Mental Health/Substance Use Disorder.</li> </ul> <p>Updated References.</p>

<b>Policy</b>	<b>Summary of New Policy and Updates</b>
<b>PHARM-13: After-Hours Pharmacy Access</b>	<b><u>Policy Updates (Biennial Review):</u></b> <ul style="list-style-type: none"> <li>• Updated Monitoring.</li> <li>• Updated department names.</li> </ul>
<b>QI-01: Quality Improvement Committee</b>	<b><u>Policy Updates (Biennial Review):</u></b> <ul style="list-style-type: none"> <li>• Updated titles throughout.</li> <li>• Updated department names.</li> <li>• Updated Related Documents.</li> <li>• Updated References.</li> </ul>
<b>QI-11: Physician Advisory, Peer Review, and Credentialing Committee</b>	<b><u>Policy Updates (Biennial Review):</u></b> <ul style="list-style-type: none"> <li>• Added reference to CMO review process in CR-02 and CR-06.</li> <li>• Updated department names.</li> <li>• Updated Related Documents.</li> <li>• Updated References.</li> </ul>
<b>QI-16: Monitoring Member Experience</b>	<b><u>Policy Updates (Biennial Review):</u></b> <ul style="list-style-type: none"> <li>• Updates Department and Committee Names Throughout</li> </ul>

Measure	Measure Definition	Denom-inator	Baseline	Target	Current Performance	Planned Activities	Updates on Activities
Provider Appointment Availability Survey – 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)	1,090	80.9%	82.9%	57.9%	<ul style="list-style-type: none"> <li>Request Corrective Action Plans of provider groups performing below 80% compliance rate and below 50% response rate.</li> <li>Provide technical assistance with Corrective Action Plans.</li> <li>Train network providers on proving successful telehealth visits</li> </ul>	<ul style="list-style-type: none"> <li>Access survey results shared with regulators and communicated to Access Compliance Committee.</li> <li>Corrective Action Plans delivered to provider network groups.</li> </ul>
Health Plan Consumer Assessment of Healthcare Providers and Systems (HP-CAHPS) Rating of Health Plan	Increase the rate of NCQA Rating of Health Plan	258	59.3%	61.3%	59%	<ul style="list-style-type: none"> <li>Implement and communicate member experience YouTube videos.</li> <li>Identify access-related issues via the Access Compliance Committee and develop plans to address found issues.</li> <li>Conduct CAHPS surveying off-cycle from annual HP-CAHPS</li> <li>Promote SFHP’s telehealth services to increase access to care.</li> </ul>	<ul style="list-style-type: none"> <li>Administered off-cycle CAHPS in December 2021.</li> <li>Promoted member experience videos on SFHP website and member newsletter.</li> </ul>
Inpatient Admissions	Decrease the amount of inpatient admissions	1,380,223	96.72	82.8	87.6	<ul style="list-style-type: none"> <li>Review diagnostic related groups that are driving utilization in Utilization Management Committee</li> <li>Recommend care management programs to look address driver population</li> </ul>	<ul style="list-style-type: none"> <li>Sepsis identified at top driver.</li> </ul>
Complex Care Management Follow Up on Clinical Depression	Increase the percentage of clients in Complex Care Management programs who screen positive for depression and receive follow up care	4	60%	80%	100%	<ul style="list-style-type: none"> <li>Train staff in mental health, particularly on severe mental illness (SMI) and community resources, in order to ensure that staff is equipped to identify signs and symptoms of clinical depression, address client safety including connection to behavioral health services.</li> <li>Clinical Supervisors to review monthly reports with staff and to coach staff to ensure members are screened and receive appropriate follow up.</li> <li>Coach and conduct role-playing activities to reduce the rate of members declining PHQ-9 screening.</li> <li>Complete bi-monthly staff self-audits which will enable Coordinators to identify and remedy any gaps in the member’s care plan including completing the PHQ-9 screening when indicated.</li> <li>Clinical Supervisors to conduct quarterly audits to ensure best practices and regulatory requirements are met.</li> </ul>	<ul style="list-style-type: none"> <li>Completed all planned activities including offering the following trainings for the Coordinators and RNs thus far: Conservatorship/ECM Provider Core Tenets trainings/Palliative and Hospice Care: Supporting clients during end of life/ Intensive Case Management: Overview and referral process/Domestic Violence 101 /Cognitive Behavioral Therapy.</li> <li>New hires were retrained on completing PHQ-9 screenings.</li> </ul>
Care Management Follow Up on Clinical Depression	Increase the percentage of clients in Care Management programs who screen positive for depression and receive follow up care	25	89%	90%	96%	<ul style="list-style-type: none"> <li>Train staff in mental health, particularly on severe mental illness (SMI) and community resources, in order to ensure that staff is equipped to identify signs and symptoms of clinical depression, address client safety including connection to behavioral health services.</li> <li>Clinical Supervisors to review monthly reports with staff and to coach staff to ensure members are screened and receive appropriate follow up.</li> <li>Coach and conduct role-playing activities to reduce the rate of members declining PHQ-9 screening.</li> <li>Complete bi-monthly staff self-audits which will enable Coordinators to identify and remedy any gaps in the member’s care plan including completing the PHQ-9 screening when indicated.</li> <li>Clinical Supervisors to conduct quarterly audits to ensure best practices and regulatory requirements are met.</li> </ul>	<ul style="list-style-type: none"> <li>Completed all planned activities including offering the following trainings for the Coordinators and RNs thus far: Conservatorship/ECM Provider Core Tenets trainings/Palliative and Hospice Care: Supporting clients during end of life/ Intensive Case Management: Overview and referral process/Domestic Violence 101 /Cognitive Behavioral Therapy.</li> <li>New hires were retrained on completing PHQ-9 screenings.</li> </ul>

Measure	Measure Definition	Denom- inator	Baseline	Target	Current Performance	Planned Activities	Updates on Activities
Complex Care Management Client Perception of Health	Improve Complex Care Management client's perception of their health based on change in self-reported health status	6	58%	60%	50%	<ul style="list-style-type: none"> <li>· Clinical Supervisors and Medical Director coaching the CM Nurses and Community Coordinators to assess for client barriers and gaps in health education and connection to PCP.</li> <li>· CM Management have developed a 2-year training syllabus for the team, to include trainings on subjects the team have identified gaps in and areas management feel would benefit the team in their ongoing work with members.</li> <li>· 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.</li> <li>· Utilization of Milliman Care Guidelines (MCG) condition specific assessments and MCG health education materials by CM Nurses.</li> </ul>	<ul style="list-style-type: none"> <li>· Associate Medical Director met bi-weekly with the Care Management Nurses and joined the Care Management Nurses and Clinical Supervisors meetings to provide individual feedback on health coaching and education efforts as needed.</li> <li>· Pharmacy team provided the Care Management team with MedTalks on: Chronic Kidney Disease/ Cholesterol/ Transgender and Gender affirming care/Drug coverage for Medicare beneficiaries.</li> </ul>
Care Management Client Perception of Health	Improve Care Management client's perception of their health based on change in self-reported health status	62	61.5%	63%	58%	<ul style="list-style-type: none"> <li>· Clinical Supervisors and Medical Director coaching the CM Nurses and Community Coordinators to assess for client barriers and gaps in health education and connection to PCP.</li> <li>· CM Management have developed a 2-year training syllabus for the team, to include trainings on subjects the team have identified gaps in and areas management feel would benefit the team in their ongoing work with members.</li> <li>· 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.</li> <li>· Utilization of Milliman Care Guidelines (MCG) condition specific assessments and MCG health education materials by CM Nurses.</li> </ul>	<ul style="list-style-type: none"> <li>· Associate Medical Director met bi-weekly with the Care Management Nurses and joined the Care Management Nurses and Clinical Supervisors meetings to provide individual feedback on health coaching and education efforts as needed.</li> <li>· Pharmacy team provided the Care Management team with MedTalks on: Chronic Kidney Disease/ Cholesterol/ Transgender and Gender affirming care/Drug coverage for Medicare beneficiaries.</li> </ul>
Complex Care Management Client Satisfaction	Improve Complex Care Management client's satisfaction with Care Management Services to achieve their health goals	1	100%	90%	0%	<ul style="list-style-type: none"> <li>· Maintain a process to triage members into longer-term case management programs when requested by member or indicated by member's self-efficacy skills.</li> <li>· Provide more thorough life skills, health education and training to members as it pertained to their health maintenance.</li> <li>· Improve communication of care plan goal progress between Care Management staff and members.</li> <li>· CM staff completes a 6 month reassessment and review of care plan including goals with member</li> </ul>	<ul style="list-style-type: none"> <li>· Offered the following trainings for the Coordinators and RNs: Conservatorship/ECM Provider Core Tenets trainings/Palliative and Hospice Care: Supporting clients during end of life/ Intensive Case Management: Overview and referral process/Domestic Violence 101 /Cognitive Behavioral Therapy and MedTalks on Chronic Kidney Disease/ Cholesterol/ Transgender and Gender affirming care/Drug coverage for Medicare beneficiaries.</li> <li>· Completed the Spring 2022 Member Survey cycle.</li> </ul>
Care Management Client Satisfaction	Improve Care Management client's satisfaction with Care Management Services to achieve their health goals	20	97%	90%	65%	<ul style="list-style-type: none"> <li>· Maintain a process to triage members into longer-term case management programs when requested by member or indicated by member's self-efficacy skills.</li> <li>· Provide more thorough life skills, health education and training to members as it pertained to their health maintenance.</li> <li>· Improve communication of care plan goal progress between Care Management staff and members.</li> <li>· CM staff completes a 6 month reassessment and review of care plan including goals with member</li> </ul>	<ul style="list-style-type: none"> <li>· Offered the following trainings for the Coordinators and RNs: Conservatorship/ECM Provider Core Tenets trainings/Palliative and Hospice Care: Supporting clients during end of life/ Intensive Case Management: Overview and referral process/Domestic Violence 101 /Cognitive Behavioral Therapy and MedTalks on Chronic Kidney Disease/ Cholesterol/ Transgender and Gender affirming care/Drug coverage for Medicare beneficiaries.</li> <li>· Completed the Spring 2022 Member Survey cycle.</li> </ul>

Measure	Measure Definition	Denom-inator	Baseline	Target	Current Performance	Planned Activities	Updates on Activities
HbA1c in Poor Control	Decrease the number of members who have Diabetes in poor control	411	41.05%	34.05%	34.79%	<ul style="list-style-type: none"> <li>Promote screening for members diabetes through member incentives.</li> <li>Conduct Drug Utilization Review with members with diabetes prescribed multiple diabetes medications.</li> <li>Enroll members with diabetes into the medically tailored meals program administered by Project Open Hand.</li> </ul>	<ul style="list-style-type: none"> <li>Enrolled 30 members with diabetes and pre-diabetes with Project Open Hand's medically tailored meals and groceries.</li> <li>Member incentives are delayed until new fiscal year.</li> </ul>
Opioid & Benzodiazepine Co-prescribing	Reduce the rate of opioid and benzodiazepine co-prescribing	2,961	8.5%	7%	7.5%	<ul style="list-style-type: none"> <li>Work with mental health and substance use specialist providers to create and distribute provider information how to taper members off benzodiazepines and alternate treatments for anxiety and insomnia.</li> </ul>	<ul style="list-style-type: none"> <li>SFHP staff are working on educational materials for providers.</li> </ul>
Buprenorphine Prescription	Increase the percentage of members with Opioid Use Disorder with a buprenorphine prescription	1,986	22%	30%	21.9%	<ul style="list-style-type: none"> <li>Outreach to methadone clinic providers in order to better support the use of MAT.</li> <li>Monitor buprenorphine adherence using the repository.</li> <li>Consider targeted outreach to members with buprenorphine single fills or their providers.</li> <li>Disseminate educational material to members on MAT options.</li> </ul>	<ul style="list-style-type: none"> <li>Monitoring of buprenorphine adherence ongoing.</li> <li>Provider outreach is delayed due to the barriers of the ongoing COVID-19 pandemic and the pharmacy transition from Medi-Cal managed care.</li> </ul>
High Dose Opioid Prescriptions	Reduce the number of members on high dose opioid prescriptions	2,073	8%	6%	4.4%	<ul style="list-style-type: none"> <li>Work with mental health and substance use specialist providers to create and distribute provider information on buprenorphine prescribing</li> </ul>	<ul style="list-style-type: none"> <li>Provider outreach is delayed due to the barriers of the ongoing COVID-19 pandemic and the pharmacy transition from Medi-Cal managed care.</li> </ul>
Medication Therapy Management	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	59	89.3%	90%	83%	<ul style="list-style-type: none"> <li>Monitor the pharmacist resource requirements needed to support the population of members engaged in Care Management and Care Transitions team.</li> <li>Assess for additional efficiencies in workflow and member assessment configurations.</li> <li>Continue reviewing members in the initial assessment process which recommends an MTM assessment and establishes the denominator population for this measure.</li> </ul>	<ul style="list-style-type: none"> <li>Piloted program to assess members medications and created a workflow to provide clinical recommendations if medications were not covered for the Care Management team to inform the client and/or provider.</li> <li>Improved medication adherence by providing fanny packs and 3 options of medi-sets to members engaged in Care Management programs.</li> </ul>
Pharmacy Transition	Outreach to targeted members of pharmacy transition support	5,835	NA	80%	100%	<ul style="list-style-type: none"> <li>Send pre-transition outreach letter to all medium- and high-risk members offering plan support.</li> <li>Provide high-risk member profiles to delegated medical groups to facilitate provider-member communication.</li> <li>Coordinate direct member outreach for high-risk members engaged in Care Management, Care Transitions, and Beacon services.</li> <li>Provide education and resources to internal member-facing staff to support continuity of care related to pharmacy transition.</li> </ul>	<ul style="list-style-type: none"> <li>Completed analysis to target coverage gaps directly, regardless of high risk member status. These gap drugs were provided to SF-DPH in May 2022, who can identify impacted members via EMR. The list is being developed into a memo to share with other medical groups.</li> <li>Conducted call tracking post-1/1/2022 and required minimal calls. Pharmacy team supported all inquiries as required by Customer Service.</li> <li>SFHP Pharmacy staff has maintained the internal Medi-Cal pharmacy transition information library and updated FAQs as needed, as well as providing coverage updates via email as needed.</li> </ul>

Measure	Measure Definition	Denom -inator	Baseline	Target	Current Performance	Planned Activities	Updates on Activities
COVID-19 Vaccination	Increase the rate of members vaccinated for COVID-19	147,194	N/A	≤ 10% less than percent age of SF residen ts who have receive d first dose	76.5%	<ul style="list-style-type: none"> <li>· Incentivize members 12 years and up to receive vaccination through the COVID Vaccine Incentive.</li> <li>· Conduct letter outreach and live phone outreach to unvaccinated members 12 years and up to provide vaccine information and coordination of vaccination appointments and transportation to vaccination appointments.</li> <li>· Provide grants to provider groups and community-based organizations for outreach to underserved populations.</li> <li>· Coordinate with the SF Department of Public Health and community organizations via weekly meetings.</li> <li>· Letter outreach to members 5 – 11 to communicate need for members to be vaccinated.</li> <li>· Provider outreach via provider newsletters and SFHP website update.</li> </ul>	<ul style="list-style-type: none"> <li>· Completed letter and phone outreach was completed for all unvaccinated members. SFHP conducted live call outreach to all members with no record of vaccination ages 12 years and up. Transportation services were given to member who needed them to travel to a vaccine site.</li> <li>· Provided grants to 16 community-based organizations who completed COVID-19 vaccine outreach and navigation services to improve the vaccination rates for populations of focus.</li> <li>· Coordinated with the SF Department of Public Health and other community organizations throughout the implementation of all COVID-19 vaccine activities.</li> </ul>

# Accessibility Monitoring Annual Update

## Quality Improvement Committee

### June 2022



# Access Monitoring Overview



Survey Administration

Highlights

Medical Groups achieving 80%

Opportunities for Improvement

Next Steps

# QI-05 Monitoring of Accessibility of Provider Services

Perception of  
access

Appointment  
access

Wait times in  
providers  
offices

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

## 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

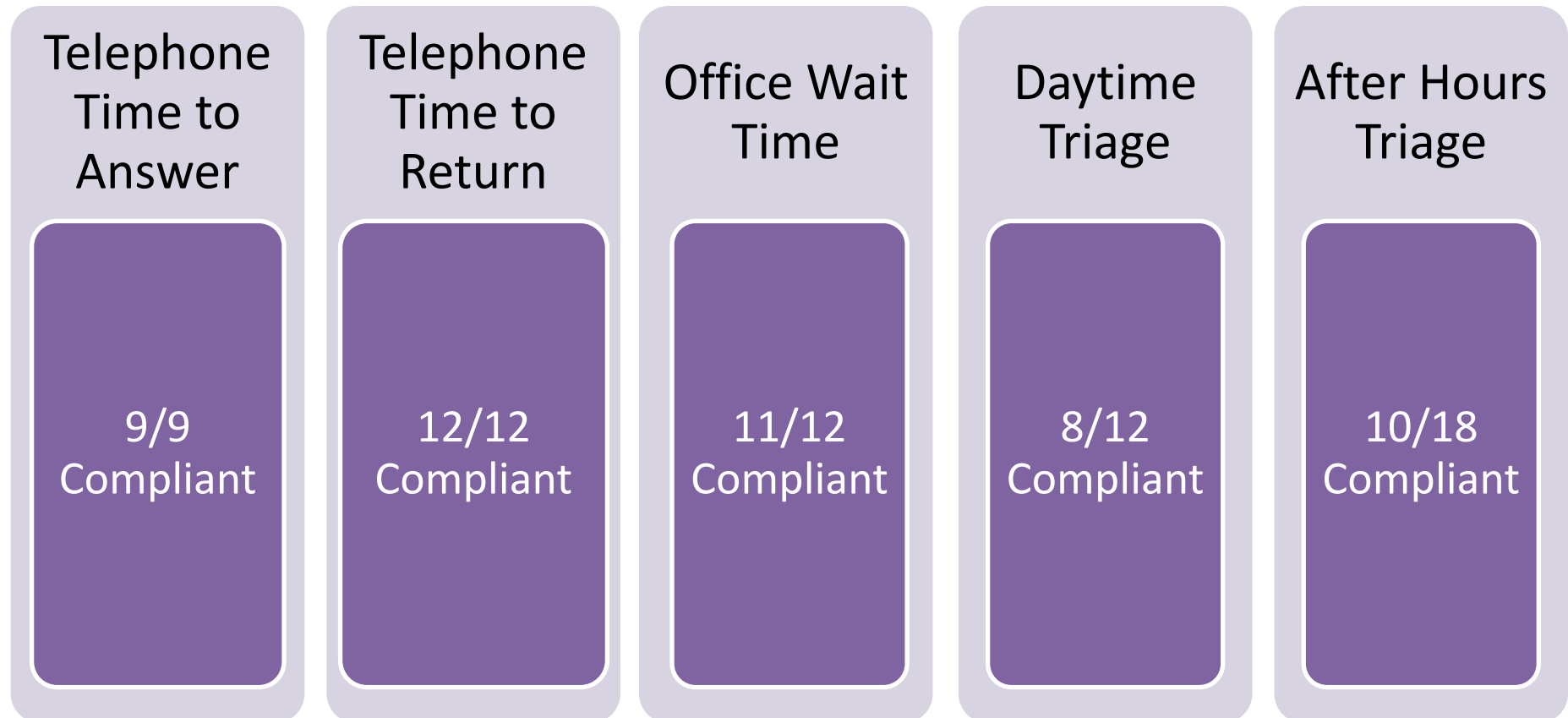
- All medical groups reached **80%** compliance for Time-to-Answer & Office Wait Time
- SFHP reached **80%** compliance for Time-to-Return

## Triage

- Increase in overall SFHP Daytime Hours Triage compliance
  - **80%** in 2021
  - **85%** in 2022

# Medical Groups and Clinics

## Achieving 80% for Each Element



# Opportunities for Improvement

- 
- Improve compliance with clinical triage after office hours

- 
- Improve consistency between after-hours and daytime clinical triage

# Wait Time & Triage Next Steps

Complete  
corrective  
action process

Offer TA &  
plan for 2022  
fielding



# 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**

# Appointment Availability Compliance Parameters

## 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 and clinics reached **80%** for routine & prenatal appointments.

## Specialty

- DHCS required specialists were more responsive
- **52%** in 2021 vs. **47%** in 2020.

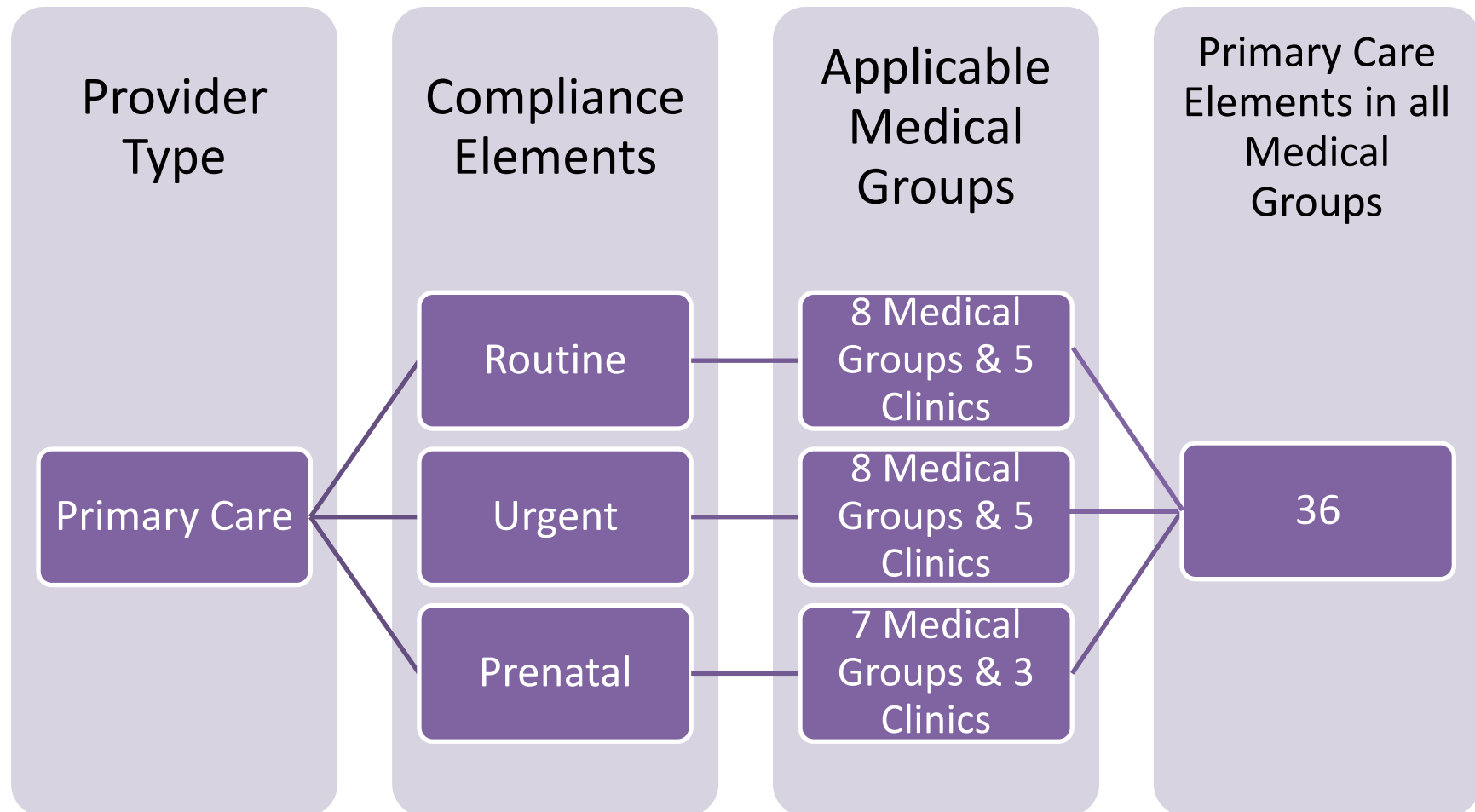
## Behavioral Health

- Mental health providers were more responsive
- Psychiatry: **94%** in 2021 vs. **77%** in 2020
- Non-physicians: **84%** in 2021 vs. **78%** in 2020

## Ancillary

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

# Medical Groups and Clinics by Each Element



# Medical Groups and Clinics Achieving 80% for Each Element

## Primary Care

33/36  
Compliant

## Specialty Care

66/235  
Compliant

## Behavioral Health

15/26  
Compliant

## Ancillary Care

4/4  
Compliant

# PAAS Next Steps

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

Close clinic & group  
corrective action:  
end of 2022

Plan for 2022 PAAS  
fielding & offer TA

## **2021 ACCESS TO TRIAGE SERVICES**

**Date:** April 25, 2022

### **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 business hours (Table D, page 3).

#### **Opportunities/Barriers:**

- Seventy-seven percent of SFHP providers provide after-hours triage within 30 minutes, which fell short of the goal of 80% (Table D, page 3).
- The number of groups reaching 80% compliance in triage within 30 minutes after business hours decreased (Table C, page 2).
- SFHP identified two barriers to meeting 80% compliance in providing triage within 30 minutes after business hours. When new providers or clinics join SFHP, they may not be updating after-hours recorded messages to include language that communicates to members how to reach their provider after-hours and when they can expect to hear from a provider. Additionally, for providers and clinics already contracted with SFHP, they may be altering their after-hours recorded message and removing either the description of how to reach a provider and/or removing the description that a member can expect to hear back from a provider within 30 minutes.

#### **Planned Actions:**

- 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 December 2021 through January 2022 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.

SFHP assessed access to triage after business hours and emergency instructions through the 2021 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 2021 than in 2020
Red	Scores marked in red indicate lower scores in 2021 than in 2020
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

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

Compliance Element	Medical groups and clinics achieving 80% compliance (MY 2020)	Medical groups and clinics achieving 80% compliance (MY 2021)
Emergency Instructions	89%	100%
Daytime Triage	59%	67%
After-Hours Triage	89%	58%

**Table D: Measurement Year 2020 – 2021 Telephone Triage Compliance Rates**

Medical Group	Survey Element	MY 2020 Survey n	MY 2020 Compliance Rate	MY 2021 Survey n	MY 2021 Compliance Rate
<b>BHO</b>	Emergency Instructions	1	100%	1	100%
	After-Hours Triage		100%		100%
<b>BTP</b>	Emergency Instructions	21	100%	12	100%
	Daytime Triage	16	81%	6	50%
	After-Hours Triage	21	100%	13	77%
<b>CCHCA</b>	Emergency Instructions	41	100%	23	100%
	Daytime Triage	33	94%	9	89%
	After-Hours Triage	41	100%	23	74%
<b>HILL</b>	Emergency Instructions	38	92%	25	100%
	Daytime Triage	27	78%	11	91%
	After-Hours Triage	38	92%	25	52%
<b>JADE</b>	Emergency Instructions	27	100%	14	86%
	Daytime Triage	22	86%	7	100%
	After-Hours Triage	27	100%	14	93%
<b>NEMS</b>	Emergency Instructions	33	100%	21	100%
	Daytime Triage	29	86%	12	100%
	After-Hours Triage	33	100%	22	91%
<b>NMS</b>	Emergency Instructions	11	100%	9	100%
	Daytime Triage		91%		100%
	After-Hours Triage		100%	11	100%
<b>SFBHS</b>	Emergency Instructions	1	100%	1	100%
	After-Hours Triage		100%		100%
<b>SFCCC &amp; IC</b>	Emergency Instructions	14	86%	6	100%
	Daytime Triage	10	40%		100%
	After-Hours Triage	14	86%	3	100%



Medical Group	Survey Element	MY 2020 Survey <i>n</i>	MY 2020 Compliance Rate	MY 2021 Survey <i>n</i>	MY 2021 Compliance Rate
SFHN	Emergency Instructions	13	100%	13	100%
	Daytime Triage		62%		92%
	After-Hours Triage		100%		92%
UCSF	Emergency Instructions	11	100%	8	100%
	Daytime Triage	6	50%	8	50%
	After-Hours Triage	11	100%	10	60%
SFHP	Emergency Instructions	211	98%	139	98%
	Daytime Triage	169	80%	80	85%
	After-Hours Triage	211	98%	144	77%

**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.

## 2021 APPOINTMENT AVAILABILITY REPORT

**Date:** April 25, 2022

### 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), the Department of Health Care Services (DHCS), and the National Committee for Quality Assurance (NCQA) 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 psychiatry, physical therapy, and MRI appointments. (Table 5, page 6).
- There was an overall increase in overall response rate from 66% in 2020 to 68% in 2021, with significant increases from primary care and mental health providers (Table 6, page 7). 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 6).

#### Opportunities for Improvement:

- Of SFHP medical groups meeting the 80% compliance requirement for each appointment standard, 95% of standards remained the same or decreased from 2020 to 2021 for providers that SFHP previously surveyed in 2020 (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.

#### 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 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.
- High-impact and high-volume providers – oncology, obstetrics & gynecology. Overall compliance rates for all SFHP’s high volume obstetrics & gynecology providers (table 5 page 6) increased for urgent appointments from 49% in 2020 to 64% in 2021 and decreased for routine appoints from 72% in 2020 to 70% in 2021. Despite the increase in urgent appointment availability and slight decrease in routine appointment availability, more medical groups did not reach the minimum 80% compliance in 2021 than in 2020 for appointment availability for obstetrics and gynecology appointment availability (table 3, page 5). SFHP’s high impact oncology providers decreased in appointment availability more significantly (table 5 page 7) from 65% in 2020 to 44% in 2021 for urgent availability and from 88% in 2020 to 66% in 2021 for routine appointment availability. A potential barrier for oncology appointment availability is in the low response rate from 2020 to 2021.
- 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.

#### Planned Actions:

- 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 2021 to January of 2022 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 as required by the DMHC include cardiologists, endocrinologists, gastroenterologists, non-physician mental health care provider, psychiatrists, and ancillary providers. SFHP surveys additional provider types as required by DHCS: dermatologists, general surgeons, hematologists, HIV & infectious disease provider, nephrologists, neurologists, ophthalmologists, orthopedic surgeons, otolaryngologists, physical medicine & rehabilitation providers, and pulmonologists. Finally, SFHP also surveys provider types to meet NCQA standards: oncologists, identified by SFHP as the top high-impact provider type and obstetrics & gynecologists as the top high-volume provider type. 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 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 from December 2021 to February 2022. 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**

<b>Provider Appointment Type</b>	<b>Urgent Appointment</b>	<b>Routine Appointment</b>	<b>Corresponding Survey</b>
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 as shown in table 5, page 5, indicate that SFHP reached 80% compliance in urgent and routine primary care appointments, prenatal care appointments, routine psychiatry, physical therapy, and MRI appointments. SFHP did not meet 80% compliance for all other appointment types. For the specialty types cardiology, endocrinology,

gastroenterology, obstetrics & gynecology, oncology, significant non-responsiveness to the survey contributed to smaller than intended sample sizes, resulting in imprecise assessment of appointment availability. In comparison to 2020, 2021 results indicate that primary care, dermatology, ENT/otolaryngology, general surgery, hematology, HIV/infectious diseases, nephrology, neurology, ophthalmology, orthopedic surgery, physical medicine, pulmonology, 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 2020 and 2021. 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 2020 SFHP annual network provider roster, with surveying from September 2021 to January 2022, and reporting of results in March 2022. 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 7, since specialty types were more responsive to the provider survey in 2021, their sample sizes increased.

### Self-Reported Member Access Data

Please note that no opportunities for improving network adequacy emerged from access complaints and appeals for 2021 which is demonstrated by a less than one complaint and appeal per 1,000 member threshold for each category. Please refer to the report entitled 2021 Annual Grievance Report in Appendix B in the Annual Access Report.

**Table 2: Results Key**

Green	Scores marked in green indicate higher scores in 2021 from 2020
Red	Scores marked in red indicate lower scores in 2021 from 2020
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%)**

The purpose of this table is to demonstrate the aggregate compliance for all medical groups for each provider type by compliance element. For example, in 2021 two out of eight medical groups reached 80% compliance with urgent cardiology appointments, which equates to 25% of medical groups reaching 80% compliance.

Provider Type	Compliance Element	MY 2020 Medical groups and clinics achieving 80% compliance	MY 2021 Medical groups and clinics achieving 80% compliance
Primary Care	Urgent	93%	69%
	Routine	100%	100%
	Prenatal	100%	100%
Cardiology	Urgent	38%	25%
	Routine	75%	38%
Dermatology	Urgent	0%	0%
	Routine	43%	38%



Provider Type	Compliance Element	MY 2020 Medical groups and clinics achieving 80% compliance	MY 2021 Medical groups and clinics achieving 80% compliance
Endocrinology	Urgent	88%	88%
	Routine	63%	25%
Gastroenterology	Urgent	38%	25%
	Routine	100%	38%
General Surgery	Urgent	25%	25%
	Routine	50%	50%
Obstetrics & Gynecology	Urgent	38%	13%
	Routine	75%	63%
Hematology	Urgent	20%	20%
	Routine	100%	71%
HIV & Infectious Diseases	Urgent	50%	40%
	Routine	83%	33%
Nephrology	Urgent	14%	25%
	Routine	50%	38%
Neurology	Urgent	42%	0%
	Routine	29%	14%
Oncology	Urgent	50%	14%
	Routine	83%	71%
Ophthalmology	Urgent	29%	13%
	Routine	57%	25%
Orthopedics	Urgent	13%	13%
	Routine	88%	38%
Otolaryngology	Urgent	50%	0%
	Routine	100%	14%
Physical Medicine & Rehabilitation	Urgent	20%	14%
	Routine	100%	43%
Pulmonology	Urgent	71%	0%
	Routine	71%	0%
Non-Physician Behavioral Health Providers	Urgent	100%	0%
	Routine	100%	0%
Psychiatry	Urgent	13%	38%
	Routine	100%	78%
MRI	Routine	100%	100%
Physical Therapy	Routine	100%	100%



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

The purpose of this table is to demonstrate the aggregate compliance for all medical groups for each provider type by response rate. For example, in 2021 five out of eight medical groups reached 50% survey response for oncology and obstetrics & gynecology providers, which equates to 63% of medical groups 50% survey response.

Provider Type	MY 2020 Medical groups and clinics achieving 50% response rate	MY 2021 Medical groups and clinics achieving 50% response rate
Primary Care	94%	69%
Cardiology, Endocrinology, Gastroenterology	88%	100%
Obstetrics & Gynecology , Oncology	100%	63%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	75%	75%
Psychiatry	100%	100%
Non-Physician Behavioral Health providers	100%	100%
Ancillary	100%	100%

**Table 5: Appointment Availability Compliance Rates**

The purpose of this table is to demonstrate the appointment availability compliance for all providers across SFHP by provider type and by compliance element. For example, in 2021 81 out of 111 cardiologists were able to provide a routine specialty care appointment within 21 business days, which equates to 73% of cardiologists being compliant with the routine appointment standard.

SFHP Overall		MY 2020			MY 2021		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	154	9%	91%	150	17%	83%
	Routine	167	1%	99%	152	0%	100%
	Prenatal	54	0%	100%	32	0%	100%
Cardiology	Urgent	118	29%	71%	107	50%	50%
	Routine	120	13%	87%	111	27%	73%
Dermatology	Urgent	42	69%	31%	63	87%	13%
	Routine	50	40%	60%	67	75%	25%
Endocrinology	Urgent	41	51%	49%	56	59%	41%
	Routine	45	22%	78%	68	43%	57%
Gastroenterology	Urgent	53	36%	64%	64	56%	44%
	Routine		8%	92%	78	37%	63%
General Surgery	Urgent	50	48%	52%	64	58%	42%
	Routine	51	24%	76%	82	32%	68%
Obstetrics & Gynecology	Urgent	148	51%	49%	148	36%	64%
	Routine	162	28%	72%	175	30%	70%

<b>SFHP Overall</b>		<b>MY 2020</b>			<b>MY 2021</b>		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Hematology	Urgent	25	52%	48%	17	76%	24%
	Routine		4%	96%	39	62%	38%
HIV/Infectious Diseases	Urgent	19	16%	84%	15	87%	13%
	Routine	21	10%	90%	17	71%	29%
Nephrology	Urgent	51	43%	57%	30	50%	50%
	Routine	56	25%	75%	33	30%	70%
Neurology	Urgent	56	43%	57%	73	73%	27%
	Routine	70	26%	74%	92	49%	51%
Oncology	Urgent	69	35%	65%	43	56%	44%
	Routine	77	12%	88%	47	34%	66%
Ophthalmology	Urgent	63	35%	65%	80	56%	44%
	Routine	72	18%	82%	114	49%	51%
Orthopedics	Urgent	73	66%	34%	80	67%	33%
	Routine	72	11%	89%	94	43%	57%
Otolaryngology	Urgent	27	22%	78%	23	57%	43%
	Routine	31	6%	94%	35	54%	46%
Physical Medicine & Rehabilitation	Urgent	8	50%	50%	14	71%	29%
	Routine		0%	100%		50%	50%
Pulmonology	Urgent	16	25%	75%	22	77%	23%
	Routine	18	17%	83%	24	58%	42%
Non-MD Behavioral	Urgent	241	16%	84%	212	55%	45%
	Routine	248	4%	96%	247	30%	70%
Psychiatry	Urgent	165	44%	56%	237	43%	57%
	Routine	173	1%	99%	240	8%	92%
MRI	Routine	44	0%	100%	30	0%	100%
Physical Therapy	Routine	12	0%	100%	1	0%	100%

**Table 6: Appointment Availability Response Rates**

The purpose of this table is to demonstrate the appointment availability survey response rate by provider type. Specialty provider types are further grouped by the specialties required by each regulatory or accrediting body: Cardiology, Endocrinology, and Gastroenterology for the DMHC, Obstetrics & Gynecology and Oncology for NCQA, and Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology for the DHCS.

<b>SFHP Overall</b>	<b>MY 2020 sample size</b>	<b>MY 2020 response</b>	<b>MY 2021 sample size</b>	<b>MY 2021 response</b>
All Provider Types	2,413	66%	2,604	68%
Primary Care	211	80%	160	95%
Cardiology, Endocrinology, Gastroenterology	241	90%	295	88%
Obstetrics & Gynecology, Oncology	349	68%	381	58%

<b>SFHP Overall</b>	<b>MY 2020 sample size</b>	<b>MY 2020 response</b>	<b>MY 2021 sample size</b>	<b>MY 2021 response</b>
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	1,007	47%	1,184	52%
Psychiatry	224	77%	256	94%
Non-Physician Mental Health	319	78%	294	84%
Ancillary Providers	62	90%	34	91%

**Table 7: Appointment Availability Compliance Rates**

The purpose of odd-numbered tables seven through 27 is to demonstrate the appointment availability compliance for providers within each medical group by provider type and by compliance element. For example, in 2021 39 out of 42 psychiatrists contracted with Beacon Health Options for SFHP were able to provide a routine specialty care appointment within 21 business days, which equates to 93% of psychiatrists being compliant with the routine appointment standard.

<b>Beacon Health Options</b>		<b>MY 2020</b>			<b>MY 2021</b>		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Non-MD Behavioral	Urgent	81	19%	81%	57	42%	58%
	Routine	84	2%	98%	67	25%	75%
Psychiatry	Urgent	39	46%	54%	41	54%	46%
	Routine	43	2%	98%	42	7%	93%

**Table 8: Appointment Availability Response Rates**

The purpose of even-numbered tables eight through 28 is to demonstrate the appointment availability survey response rate by provider type. Specialty provider types are grouped by the specialties required by each regulatory or accrediting body: Cardiology, Endocrinology, and Gastroenterology for the DMHC, Obstetrics & Gynecology and Oncology for NCQA, and Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology for the DHCS.

<b>Beacon Health Options</b>	<b>MY 2020 sample size</b>	<b>MY 2020 response</b>	<b>MY 2021 sample size</b>	<b>MY 2021 response</b>
All Provider Types	164	77%	124	88%
Non-MD Behavioral	113	74%	81	83%
Psychiatry	51	84%	43	98%

**Table 9: Appointment Availability Compliance Rates**

<b>Brown and Toland Physicians</b>		<b>MY 2020</b>			<b>MY 2021</b>		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	14	14%	86%	15	33%	67%
	Routine	16	6%	94%		7%	93%
	Prenatal	6	0%	100%	2	0%	100%
Cardiology	Urgent	8	0%	100%	5	0%	100%
	Routine		12%	88%		0%	100%
Dermatology	Urgent	2	50%	50%	2	50%	50%
	Routine		0%	100%		0%	100%

Brown and Toland Physicians		MY 2020			MY 2021		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Endocrinology	Urgent	1	100%	0%	3	33%	67%
	Routine		0%	100%	4	0%	100%
Gastroenterology	Urgent	5	60%	40%	7	14%	86%
	Routine		0%	100%		0%	100%
General Surgery	Urgent	4	50%	50%	8	37%	63%
	Routine		50%	50%		0%	100%
Obstetrics & Gynecology	Urgent	22	32%	68%	24	46%	54%
	Routine		14%	86%		21%	79%
Hematology	Routine	1	0%	100%	2	0%	100%
HIV/Infectious Diseases	Urgent	1	100%	0%	1	0%	100%
	Routine		0%	100%		0%	100%
Nephrology	Urgent	4	25%	75%	5	100%	0%
	Routine		25%	75%		80%	20%
Neurology	Urgent	2	50%	50%	5	40%	60%
	Routine		100%	0%		40%	60%
Oncology	Urgent	3	67%	33%	3	0%	100%
	Routine	4	50%	50%		0%	100%
Ophthalmology	Urgent	6	33%	67%	10	60%	40%
	Routine	8	25%	75%	18	61%	39%
Orthopedics	Urgent	4	25%	75%	8	37%	63%
	Routine		0%	100%		0%	100%
Otolaryngology	Urgent	3	33%	67%	4	25%	75%
	Routine		0%	100%		0%	100%
Physical Medicine & Rehabilitation	Urgent	2	50%	50%	3	67%	33%
	Routine		0%	100%		33%	67%
Pulmonology	Urgent	2	0%	100%	3	67%	33%
	Routine		0%	100%		33%	67%
Psychiatry	Urgent	1	100%	0%	1	0%	100%
	Routine		0%	100%		0%	100%
MRI	Routine	7	0%	100%	6	0%	100%

**Table 10: Appointment Availability Response Rates**

Brown and Toland Physicians	MY 2020 sample size	MY 2020 response	MY 2021 sample size	MY 2021 response
All Provider Types	141	83%	148	84%
Primary Care	21	76%	15	100%
Cardiology, Endocrinology, Gastroenterology	16	88%	16	100%
Obstetrics & Gynecology, Oncology	30	87%	30	90%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	62	55%	79	75%

<b>Brown and Toland Physicians</b>	<b>MY 2020 sample size</b>	<b>MY 2020 response</b>	<b>MY 2021 sample size</b>	<b>MY 2021 response</b>
Psychiatry	1	100%	1	100%
Ancillary Providers	11	82%	7	86%

**Table 11: Appointment Availability Compliance Rates**

<b>Chinese Community Healthcare Association</b>		<b>MY 2020</b>			<b>MY 2021</b>		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	30	13%	87%	29	21%	79%
	Routine	33	3%	97%		10%	90%
	Prenatal	5	0%	100%	1	0%	100%
Cardiology	Urgent	3	0%	100%	3	0%	100%
	Routine		0%	100%	2	0%	100%
Dermatology	Urgent	1	100%	0%	2	50%	50%
	Routine		0%	100%		0%	100%
Endocrinology	Urgent	4	25%	75%	3	33%	67%
	Routine		0%	100%		67%	33%
Gastroenterology	Urgent	4	50%	50%	5	20%	80%
	Routine		0%	100%		0%	100%
General Surgery	Urgent	5	40%	60%	3	0%	100%
	Routine		0%	100%		0%	100%
Obstetrics & Gynecology	Urgent	6	17%	83%	8	25%	75%
	Routine		0%	100%		12%	88%
Hematology	Urgent	1	100%	0%	1	0%	100%
	Routine		0%	100%		0%	100%
Nephrology	Urgent	Not surveyed in 2020			2	0%	100%
	Routine	1	0%	100%		0%	100%
Neurology	Urgent	2	0%	100%	2	50%	50%
	Routine	3	33%	67%	3	33%	67%
Oncology	Urgent	Not surveyed in 2020			1	100%	0%
	Routine					0%	100%
Ophthalmology	Urgent	5	20%	80%	3	67%	33%
	Routine		20%	80%	7	14%	86%
Orthopedics	Urgent	1	0%	100%	4	25%	75%
	Routine		0%	100%		25%	75%
Otolaryngology	Urgent	3	33%	67%	2	50%	50%
	Routine		0%	100%	3	33%	67%
Physical Medicine & Rehabilitation	Urgent	1	100%	0%	1	0%	100%
	Routine		0%	100%		0%	100%
Pulmonology	Urgent	1	0%	100%	1	100%	0%
	Routine		0%	100%		100%	0%
Psychiatry	Urgent	1	0%	100%	1	0%	100%
	Routine		0%	100%		0%	100%

**Table 12: Appointment Availability Response Rates**

<b>Chinese Community Healthcare Association</b>	<b>MY 2020 sample size</b>	<b>MY 2020 response</b>	<b>MY 2021 sample size</b>	<b>MY 2021 response</b>
All Provider Types	95	77%	90	86%
Primary Care	41	80%	29	100%
Cardiology, Endocrinology, Gastroenterology	11	100%	12	92%
Obstetrics & Gynecology, Oncology	7	86%	9	100%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	35	63%	39	69%
Psychiatry	1	100%	1	100%

**Table 13: Appointment Availability Compliance Rates**

<b>Hill Physicians</b>		<b>MY 2020</b>			<b>MY 2021</b>		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	26	8%	92%	26	31%	69%
	Routine	27	0%	100%	27	4%	96%
	Prenatal	9	0%	100%	4	0%	100%
Cardiology	Urgent	5	20%	80%	4	25%	75%
	Routine		0%	100%	5	20%	80%
Dermatology	Urgent	1	100%	0%	2	50%	50%
	Routine		0%	100%		0%	100%
Endocrinology	Urgent	3	33%	67%	3	33%	67%
	Routine		0%	100%	4	50%	50%
Gastroenterology	Urgent	4	25%	75%	3	67%	33%
	Routine		0%	100%		0%	100%
General Surgery	Urgent	5	40%	60%	3	0%	100%
	Routine		40%	60%	4	0%	100%
Obstetrics & Gynecology	Urgent	4	0%	100%	5	0%	100%
	Routine	8	0%	100%		0%	100%
Nephrology	Urgent	6	83%	17%	5	0%	100%
	Routine		17%	83%	6	0%	100%
Ophthalmology	Urgent	9	44%	56%	11	45%	55%
	Routine	11	9%	91%	18	28%	72%
Orthopedics	Urgent	3	67%	33%	4	25%	75%
	Routine		0%	100%	5	0%	100%
Physical Medicine & Rehabilitation	Urgent	Not surveyed in 2020			1	100%	0%
	Routine					0%	100%
MRI	Routine	1	0%	100%	14	0%	100%

**Table 14: Appointment Availability Response Rates**

Hill Physicians	MY 2020 sample size	MY 2020 response	MY 2021 sample size	MY 2021 response
All Provider Types	116	72%	110	85%
Primary Care	38	71%	29	93%
Cardiology, Endocrinology, Gastroenterology	13	92%	13	92%
Obstetrics & Gynecology, Oncology	5	80%	6	83%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	40	65%	48	75%
Ancillary Providers	20	90%	24	93%

**Table 15: Appointment Availability Compliance Rates**

Jade Healthcare		MY 2020			MY 2021		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	18	6%	94%	19	17%	83%
	Routine	22	0%	100%	20	11%	89%
Cardiology	Urgent	18	33%	67%	17	65%	35%
	Routine		28%	72%	16	44%	56%
Dermatology	Urgent	8	75%	25%	12	83%	17%
	Routine	10	40%	60%		58%	42%
Endocrinology	Urgent	5	60%	40%	11	82%	18%
	Routine		20%	80%	14	57%	43%
Gastroenterology	Urgent	9	22%	78%	7	71%	29%
	Routine		11%	89%	11	46%	64%
General Surgery	Urgent	8	62%	38%	10	70%	30%
	Routine		37%	63%	19	26%	74%
Obstetrics & Gynecology	Urgent	37	65%	35%	29	38%	62%
	Routine	39	33%	67%	37	43%	57%
Hematology	Urgent	5	50%	50%	4	100%	0%
	Routine	6	0%	100%	10	80%	20%
HIV/Infectious Disease	Routine	2	0%	100%	1	100%	0%
Nephrology	Urgent	11	45%	55%	7	29%	71%
	Routine	12	17%	83%	8	0%	100%
Neurology	Urgent	15	47%	53%	19	89%	11%
	Routine	20	25%	75%	24	58%	42%
Oncology	Urgent	14	43%	57%	6	67%	33%
	Routine	16	6%	94%	7	57%	43%
Ophthalmology	Urgent	16	37%	63%	23	57%	43%
	Routine	18	28%	72%	29	48%	52%



Jade Healthcare		MY 2020			MY 2021		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Orthopedics	Urgent	19	84%	16%	11	100%	0%
	Routine		16%	84%	13	54%	46%
Otolaryngology	Urgent	6	33%	67%	3	67%	33%
	Routine	7	14%	86%	8	62%	38%
Physical Medicine & Rehabilitation	Urgent	1	100%	0%	1	100%	0%
	Routine		0%	100%		100%	0%
Pulmonology	Urgent	1	100%	0%	5	80%	20%
	Routine	2	50%	50%	6	67%	33%
Psychiatry	Urgent	1	100%	0%	4	0%	100%
	Routine		0%	100%		50%	50%
MRI	Routine	7	0%	100%	3	0%	100%
Physical Therapy	Routine	4	0%	100%	1	0%	100%

**Table 16: Appointment Availability Response Rates**

Jade Healthcare	MY 2020 sample size	MY 2020 response	MY 2021 sample size	MY 2021 response
All Provider Types	400	57%	384	64%
Primary Care	27	81%	20	100%
Cardiology, Endocrinology, Gastroenterology	33	97%	46	91%
Obstetrics & Gynecology, Oncology	83	66%	72	61%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	245	43%	237	55%
Psychiatry	1	100%	4	100%
Ancillary Providers	11	100%	5	80%

**Table 17: Appointment Availability Compliance Rates**

Northeast Medical Services		MY 2020			MY 2021		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	28	11%	89%	22	18%	82%
	Routine	29	0%	100%		5%	95%
	Prenatal	11	0%	100%	7	0%	100%
Cardiology	Urgent	15	27%	73%	29	59%	41%
	Routine	16	25%	75%	30	30%	70%
Dermatology	Urgent	4	50%	50%	7	57%	43%
	Routine	5	40%	60%		29%	71%
Endocrinology	Urgent	4	0%	100%	11	73%	27%
	Routine		0%	100%	13	38%	62%



Northeast Medical Services		MY 2020			MY 2021		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Gastroenterology	Urgent	10	20%	80%	8	37%	63%
	Routine		0%	100%	13	31%	69%
General Surgery	Urgent	13	62%	38%	13	23%	77%
	Routine	14	36%	64%	20	10%	90%
Obstetrics & Gynecology	Urgent	42	45%	55%	55	22%	78%
	Routine	44	16%	84%		9%	91%
Hematology	Routine	Not surveyed in 2020			1	0%	100%
HIV/Infectious Diseases	Urgent	3	33%	67%	1	0%	100%
	Routine		0%	100%		0%	100%
Nephrology	Urgent	12	0%	100%	3	33%	67%
	Routine	13	0%	100%	4	25%	75%
Neurology	Urgent	8	37%	63%	18	78%	22%
	Routine	11	27%	73%	22	55%	45%
Oncology	Urgent	5	0%	100%	7	29%	71%
	Routine	6	17%	83%		14%	86%
Ophthalmology	Urgent	13	37%	63%	16	56%	44%
	Routine	15	7%	93%	22	41%	59%
Orthopedics	Urgent	3	67%	33%	8	37%	63%
	Routine	6	33%	67%		25%	75%
Otolaryngology	Urgent	5	20%	80%	4	50%	50%
	Routine	6	0%	100%	5	60%	40%
Physical Medicine & Rehabilitation	Urgent	1	100%	0%	3	33%	67%
	Routine		0%	100%		0%	100%
Pulmonology	Urgent	1	0%	100%	3	67%	33%
	Routine		0%	100%		33%	67%
MRI	Routine	13	0%	100%	8	0%	100%

**Table 18: Appointment Availability Response Rates**

Northeast Medical Services	MY 2020 sample size	MY 2020 response	MY 2021 sample size	MY 2021 response
All Provider Types	239	82%	284	86%
Primary Care	33	88%	22	100%
Cardiology, Endocrinology, Gastroenterology	31	97%	59	95%
Obstetrics & Gynecology, Oncology	52	96%	68	91%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	107	67%	127	76%
Ancillary Providers	16	94%	8	100%

**Table 19: Appointment Availability Compliance Rates**

Northeast Medical Services with SFHN		MY 2020			MY 2021		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	11	0%	100%	10	0%	100%
	Routine		0%	100%		0%	100%
	Prenatal	9	0%	100%	6	0%	100%
Cardiology	Urgent	1	100%	0%	4	75%	25%
	Routine		0%	100%		25%	75%
Dermatology	Urgent	Not surveyed in 2020			4	100%	0%
	Routine					100%	0%
Endocrinology	Urgent	5	40%	60%	6	17%	83%
	Routine	6	33%	67%		17%	83%
Gastroenterology	Urgent	1	0%	100%	9	78%	22%
	Routine		0%	100%	10	60%	40%
General Surgery	Urgent	1	0%	100%	7	100%	0%
	Routine		0%	100%		71%	29%
Obstetrics & Gynecology	Urgent	4	0%	100%	4	25%	75%
	Routine		0%	100%	5	0%	100%
Hematology	Urgent	1	0%	100%	1	100%	0%
	Routine		0%	100%		0%	100%
HIV/Infectious Diseases	Urgent	2	0%	100%	1	100%	0%
	Routine		0%	100%		100%	0%
Nephrology	Urgent	2	100%	0%	2	100%	0%
	Routine		100%	0%		100%	0%
Neurology	Urgent	2	0%	100%	6	50%	50%
	Routine		0%	100%		33%	67%
Oncology	Urgent	1	0%	100%	2	100%	0%
	Routine		0%	100%		0%	100%
Ophthalmology	Urgent	Not surveyed in 2020			1	0%	100%
	Routine					0%	100%
Orthopedics	Urgent	3	33%	67%	8	62%	38%
	Routine		0%	100%	10	50%	50%
Otolaryngology	Urgent	1	0%	100%	3	33%	67%
	Routine		0%	100%		33%	67%
Psychiatry	Urgent	2	100%	0%	18	28%	72%
	Routine		0%	100%		0%	100%

**Table 20: Appointment Availability Response Rates**

Northeast Medical Services with SFHN	MY 2020 sample size	MY 2020 response	MY 2021 sample size	MY 2021 response
All Provider Types	43	93%	156	58%
Primary Care	11	100%	10	100%
Cardiology, Endocrinology, Gastroenterology	10	80%	24	83%
Obstetrics & Gynecology, Oncology	5	100%	32	22%

Northeast Medical Services with SFHN	MY 2020 sample size	MY 2020 response	MY 2021 sample size	MY 2021 response
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	13	100%	72	49%
Psychiatry	3	67%	18	100%

**Table 21: Appointment Availability Compliance Rates**

SF Behavioral Health Services		MY 2020			MY 2021		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Non-MD Behavioral	Urgent	160	14%	86%	155	59%	41%
	Routine	164	4%	96%	180	31%	69%
Psychiatry	Urgent	72	28%	72%	95	34%	66%
	Routine	74	0%	100%	97	8%	92%

**Table 22: Appointment Availability Response Rates**

SF Behavioral Health Services	MY 2020 sample size	MY 2020 response	MY 2021 sample size	MY 2021 response
All Provider Types	302	79%	318	87%
Non-MD Behavioral	206	80%	213	85%
Psychiatry	96	77%	105	92%

**Table 23: Appointment Availability Compliance Rates**

San Francisco Consortium of Community Clinics		MY 2020			MY 2021		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	9	11%	89%	6	0%	100%
	Routine	10	0%	100%		0%	100%
	Prenatal	3	0%	100%	3	0%	100%

**Table 24: Appointment Availability Response Rates**

San Francisco Consortium of Community Clinics	MY 2020 sample size	MY 2020 response	MY 2021 sample size	MY 2021 response
Primary Care	14	71%	12	50%

**Table 25: Appointment Availability Compliance Rates**

San Francisco Health Network		MY 2020			MY 2021		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	12	8%	92%	13	0%	100%
	Routine	13	0%	100%		0%	100%
	Prenatal	6	0%	100%	6	0%	100%

San Francisco Health Network		MY 2020			MY 2021		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Cardiology	Urgent	1	100%	0%	2	50%	50%
	Routine		0%	100%		50%	50%
Dermatology	Urgent	2	100%	0%	6	100%	0%
	Routine		50%	50%		100%	0%
Endocrinology	Urgent	2	100%	0%	6	50%	50%
	Routine	3	67%	33%		33%	67%
Gastroenterology	Urgent	1	0%	100%	10	70%	30%
	Routine		0%	100%	11	55%	45%
General Surgery	Urgent	1	0%	100%	7	100%	0%
	Routine		0%	100%		71%	29%
Obstetrics & Gynecology	Urgent	3	33%	67%	3	33%	67%
	Routine		0%	100%	4	0%	100%
Hematology	Urgent	Not surveyed in 2020			1	100%	0%
	Routine					0%	100%
HIV/Infectious Diseases	Urgent	5	0%	100%	4	100%	0%
	Routine		0%	100%		100%	0%
Nephrology	Urgent	3	100%	0%	3	67%	33%
	Routine		100%	0%		67%	33%
Neurology	Urgent	1	0%	100%	7	43%	57%
	Routine		0%	100%		14%	86%
Oncology	Urgent	1	0%	100%	2	100%	0%
	Routine		0%	100%		0%	100%
Ophthalmology	Urgent	3	0%	100%	2	50%	50%
	Routine		0%	100%		50%	50%
Orthopedics	Urgent	6	50%	50%	11	73%	27%
	Routine		0%	100%	13	62%	38%
Otolaryngology	Urgent	Not surveyed in 2020			1	100%	0%
	Routine					100%	0%
Physical Medicine & Rehabilitation	Urgent	3	0%	100%	3	100%	0%
	Routine		0%	100%		100%	0%
Pulmonology	Urgent	4	0%	100%	3	100%	0%
	Routine		0%	100%		100%	0%
Psychiatry	Urgent	7	57%	43%	22	27%	73%
	Routine		0%	100%		0%	100%

**Table 26: Appointment Availability Response Rates**

San Francisco Health Network	MY 2020 sample size	MY 2020 response	MY 2021 sample size	MY 2021 response
All Provider Types	71	81%	186	59%
Primary Care	13	100%	13	100%
Cardiology, Endocrinology, Gastroenterology	12	42%	25	76%
Obstetrics & Gynecology, Oncology	4	100%	29	21%

San Francisco Health Network	MY 2020 sample size	MY 2020 response	MY 2021 sample size	MY 2021 response
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	33	85%	97	52%
Psychiatry	8	88%	22	100%

**Table 27: Appointment Availability Compliance Rates**

University of California San Francisco		MY 2020			MY 2021		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Primary Care	Urgent	6	0%	100%	11	0%	100%
	Routine	6	0%	100%		9%	91%
	Prenatal	2	0%	100%	3	0%	100%
Cardiology	Urgent	67	31%	69%	43	47%	53%
	Routine	68	9%	91%	47	23%	77%
Dermatology	Urgent	24	67%	33%	28	100%	0%
	Routine	29	45%	55%	32	97%	3%
Endocrinology	Urgent	17	65%	35%	13	69%	31%
	Routine	19	26%	74%	18	50%	50%
Gastroenterology	Urgent	19	47%	53%	15	67%	33%
	Routine		16%	84%	18	50%	50%
General Surgery	Urgent	13	38%	62%	13	77%	23%
	Routine		0%	100%	14	57%	43%
Obstetrics & Gynecology	Urgent	30	77%	23%	20	80%	20%
	Routine	40	57%	43%	37	68%	32%
Hematology	Urgent	16	50%	50%	10	70%	30%
	Routine		6%	94%	23	70%	30%
HIV/Infectious Diseases	Urgent	6	17%	83%	8	100%	0%
	Routine	8	25%	75%	9	67%	33%
Nephrology	Urgent	13	46%	54%	3	100%	0%
	Routine	15	33%	67%		33%	67%
Neurology	Urgent	26	50%	50%	16	81%	19%
	Routine	31	23%	77%	25	52%	48%
Oncology	Urgent	45	36%	64%	22	59%	41%
	Routine	49	10%	90%	25	44%	56%
Ophthalmology	Urgent	11	36%	64%	14	64%	36%
	Routine	12	25%	75%	17	88%	12%
Orthopedics	Urgent	34	68%	32%	26	85%	15%
	Routine	33	12%	88%	33	52%	48%
Otolaryngology	Urgent	9	11%	89%	6	83%	17%
	Routine	11	9%	91%	11	73%	27%
Physical Medicine & Rehabilitation	Urgent	Not surveyed in 2020			2	100%	0%
	Routine					100%	0%

University of California San Francisco		MY 2020			MY 2021		
		Sample size	Non-compliant	Compliant	Sample size	Non-compliant	Compliant
Pulmonology	Urgent	6	50%	50%	7	71%	29%
	Routine	7	29%	71%	8	50%	50%
Psychiatry	Urgent	42	64%	36%	55	58%	42%
	Routine	44	2%	98%		13%	87%

**Table 28: Appointment Availability Response Rates**

University of California San Francisco	MY 2020 sample size	MY 2020 response	MY 2021 sample size	MY 2021 response
All Provider Types	826	51%	793	49%
Primary Care	11	55%	11	100%
Cardiology, Endocrinology, Gastroenterology	115	92%	100	83%
Obstetrics & Gynecology, Oncology	163	55%	135	46%
Dermatology, ENT/Otolaryngology, General Surgery, Hematology, HIV/Infectious Diseases, Nephrology, Neurology, Ophthalmology, Orthopedic Surgery, Physical Medicine, Pulmonology	472	38%	485	37%
Psychiatry	63	70%	62	90%