

Date: March 20, 20223
Meeting Place: Microsoft Teams Meeting
+1 323-475-1528,,207711996#

Meeting Time: 8:00AM - 9:30 AM

Members Present: Idell Wilson *SFHP Member Advisory Committee Member*; Edward Evans *SFHP Member Advisory Committee Member*; Jaime Ruiz, MD, *Chief Medical Officer, Mission Neighborhood Health Center*; Kenneth Tai, MD *Chief Medical Officer, North East Medical Services*; Jackie Lam, MD *Medical Director and QI Director Northeast Medical Services*

Staff Present: Eddy Ang, MD *Chief Medical Director*; Shelley Fung-Yeung, MD *Medical Director, Health Services Administration*; Hanan Obeidi, MPH CHES *Vice President, Health Services Programs*; Leslie Mulhern, RN, CPHQ, CHCQM *Nurse Supervisor, Quality Review*; Grace Cariño, MPH *Supervisor, Grievances and Appeals*; Vaishali Patankar *Manager, HSPM*; José Méndez *Senior HEDIS Program Manager*; Matija Cale RN, MS *Director, Clinical Operations*; Tamsen Staniford *UM Nurse Manager, Prior Authorization*; Travis Tiani *Senior Manager, Member Services*; Michelle Faust, RN *Prior Authorization Nurse*; Jenna Colin-Arriola *Quality Review Nurse*; Courtney Spalding *Nurse Manager, Concurrent Review*; Yves Gibbons *Senior Program Manager, Quality & Access*; Kaitlin Hawkins PharmD BCPS *Manager, Pharmacy Operations*; Luke Nelson *Pharmacy Analyst*; Eileen Kim *Clinical Pharmacist*; Jessica Shost *Clinical Pharmacist*

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
Call to Order	<ul style="list-style-type: none">Meeting called to order at 8:19 AM with a quorum.		

Consent Calendar	<ul style="list-style-type: none"> • December 2022 QIC Minutes • DHCS Audit Updates • Q4 2022 Grievance Report • Q4 2022 Appeals Report • Q3 2022 ER Access Report • UM Committee Minutes (November & December 2022) • Health Services Policies & Procedures (P&P) updates • Facility Site Review Annual Report 2022 		Approved. <ul style="list-style-type: none"> • December 2022 QIC Minutes • DHCS Audit Updates • Q4 2022 Grievance Report • Q4 2022 Appeals Report • Q3 2022 ER Access Report • UM Committee Minutes (November & December 2022) • Health Services Policies & Procedures (P&P) updates • Facility Site Review Annual Report 2022
Quality Improvement	<ul style="list-style-type: none"> • Utilization Management Clinical Criteria <ul style="list-style-type: none"> ○ Clinical Operations P&P Utilization Management Clinical Criteria ○ Custodial (Long-Term) Care Clinical Criteria ○ Gender Affirming Services Medical Necessity Clinical Criteria ○ Private Duty Nursing Medical Necessity Clinical Criteria • 2023 Quality Improvement Scorecard • CMO Quality Measure Update • COVID-19 Therapeutics Dashboard <p><i>Eddy- On 3 criteria, what is the length of stay average vs Plan member stay?</i></p> <p><i>Leslie- SFHP members tend to run slightly longer than average, an average of 6-7 days, vs UMC.</i></p>	Yves will come back in April 2023 to provide updates unless people request earlier.	

<p><i>Eddy- The EPSDT, or Early and Periodic Screening, Diagnostic and Treatment Medi-Cal benefit has changed program name to Medi-Cal for Teens and Kids.</i></p> <p><i>Jose- Do we ever deny gender care services, or follow up for information?</i></p> <p><i>Tamsen- We always request more information before any potential denial.</i></p> <p><i>Ken- With Medi-Cal Rx, is DHCS providing claims data regularly?</i></p> <p><i>Kaitie- Yes, SFHP receives a daily data upload from DHCS/MCRX.</i></p> <p><i>Jaime- With 26 to 50 being the prenatal ages, pre/perinatal care is hard to identify.</i></p> <p><i>Eddy- Identifying pregnancy in members is a challenge and SFHP is working to improve identification processes.</i></p> <p><i>Kaitie- Do we have an address verification on member incentives before distribution?</i></p> <p><i>Yves- Our process identifies and flags “bounce-backs” and returned communications.</i></p> <p><i>Jose- Do any committee members see barriers to 6 visits for new births?</i></p> <p><i>Ken- A “Welcome to the Plan” or treatment calendar letter could help. Perhaps a care coordinator outreach with visit timeframes and reasons. Proactive bookings, tele-reminders and member education would all be helpful.</i></p> <p><i>Jaime- Medi-Cal Rx to Managed Care Plan transition for new births can cause a month or two gap in coordination.</i></p> <p><i>Eddy- Proactive management is the key take-away it seems.</i></p> <p><i>Jaime- During the pandemic, certain services like fluoride varnish were lessened because of close contact necessity. Pediatricians try to handle varnish applications during well visits to limit need for a second visit.</i></p> <p><i>Eddy- We will continue to solicit feedback and process improvement options. Perhaps a Quality and Strategy session to further include committee feedback.</i></p> <p><i>Kaitie- For COVID-19, what can the plan share with medical groups to improve care and communication?</i></p>		
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	<i>Jaime- More education opportunities. Who to call and where to access care.</i> <i>Kaitie- Our education is focused on the Test to Treat methodology.</i>		
	Meeting Adjourned at: 9:30 AM		

QI Committee Chair's Signature & Date: _____

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

MEMO

Date: May 31, 2023

To	Quality Improvement Committee
From	Lena Liu, Program Manager, Grievances and Appeals Phoebe Tong, Associate Program Manager, Grievances and Appeals
Regarding	Q1 2023 Grievance Report

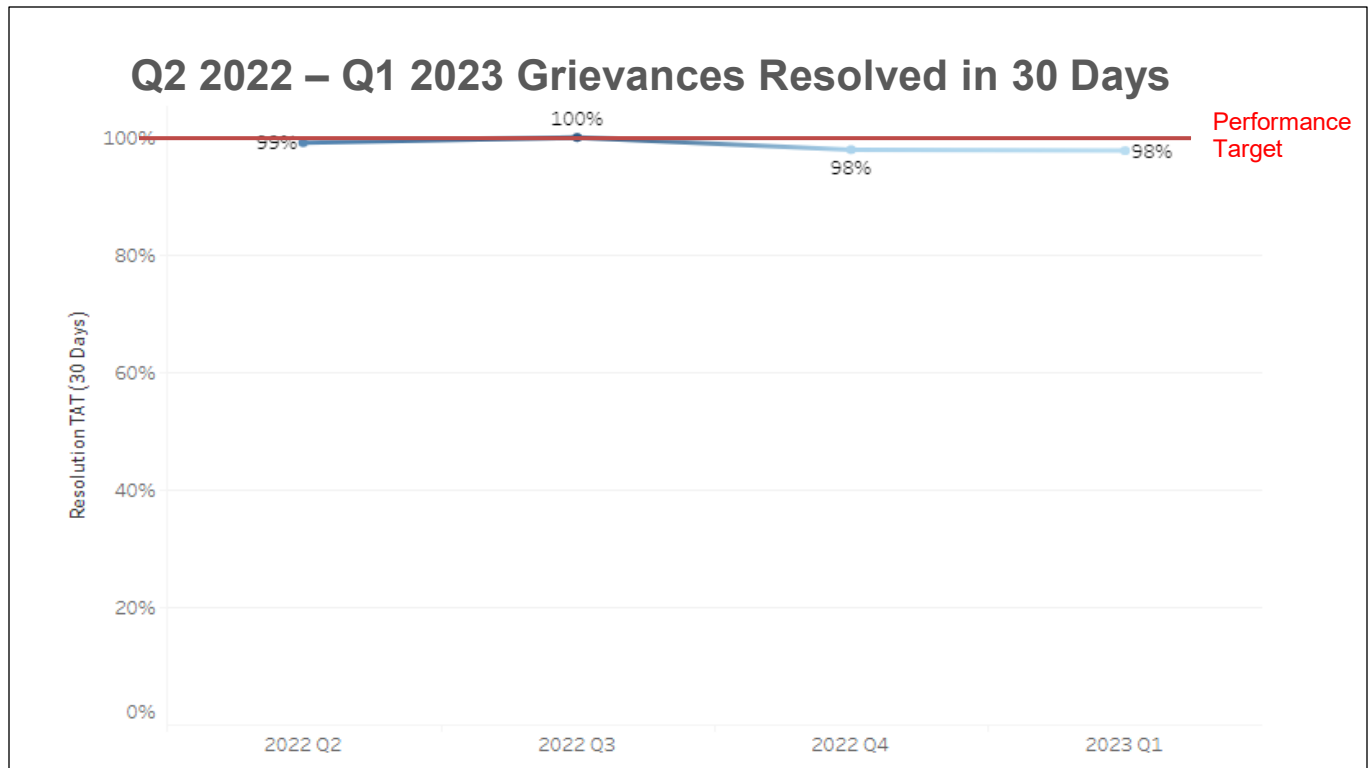
- SFHP received a total of 272 grievances in Q1 2023. The overall grievance volume has increased by 36% from 200 total grievances in Q4 2022.
- In Q1 2023, 5 out of 272 grievances were not closed within the required timeframe of 30 calendar days, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS). One expedited grievance was not closed within the required timeframe of 72 hours, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).
- In Q1 2023, 1 acknowledgement letter was not sent out within five calendar days, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).

SFHP's performance threshold for closing grievances within the required timeframe of 30 days is 99%. In Q1 2023, the percentage of grievances resolved within 30 calendar days was 98%. SFHP did not send out five resolution letters within the 30-calendar-day timeframe due to the following reasons:

- One resolution letter was late due to SFHP not receiving a timely grievance investigation response from the provider.
- Four resolution letters were late due to SFHP staff oversight.

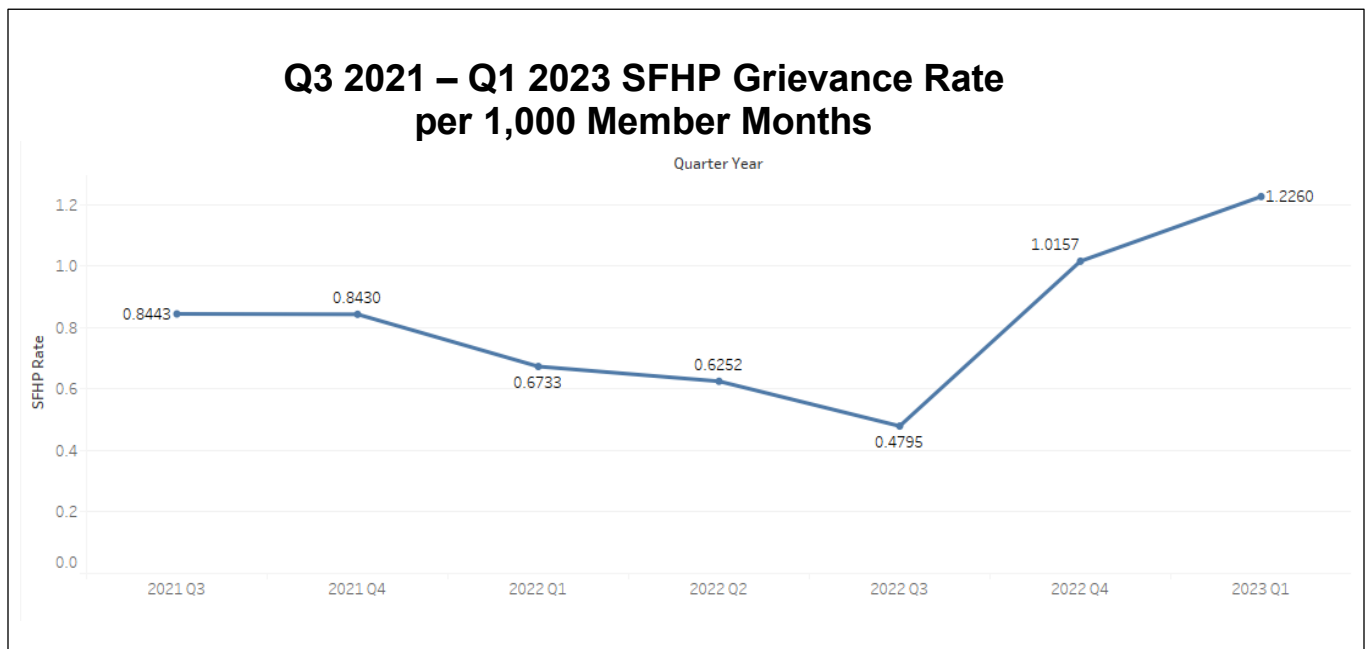
SFHP did not send out one resolution letter for an expedited grievance within the 72-hour timeframe due to SFHP staff oversight.

In Q1 2023, the percentage of acknowledgement letters sent out within five calendar days was 99%. SFHP did not send out one acknowledgement letter within five calendar days due to the case being entered late.

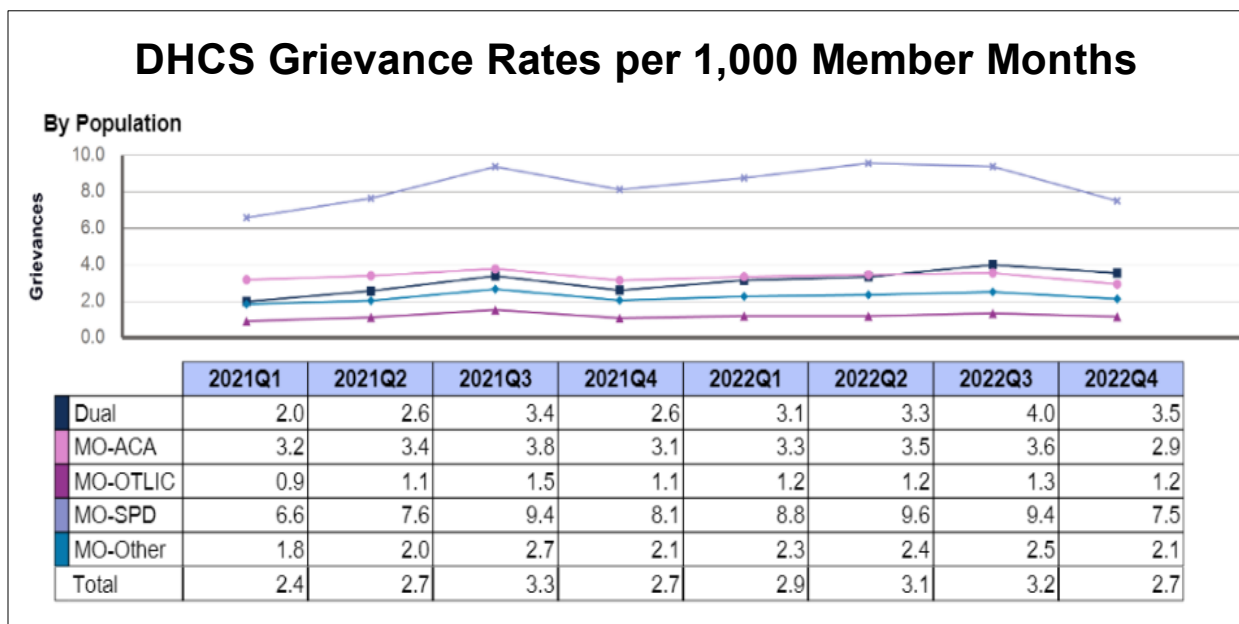


SFHP Grievance Rate

SFHP's grievance rate decreased from Q3 2021 to Q3 2022. The rate then started increasing from Q3 2022 through Q1 2023.



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



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

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

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

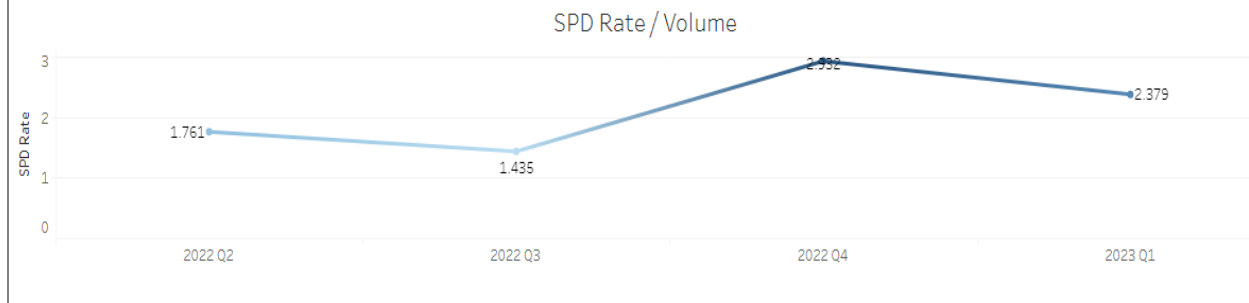
Grievances Filed by Seniors and Persons with Disabilities (SPD):

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

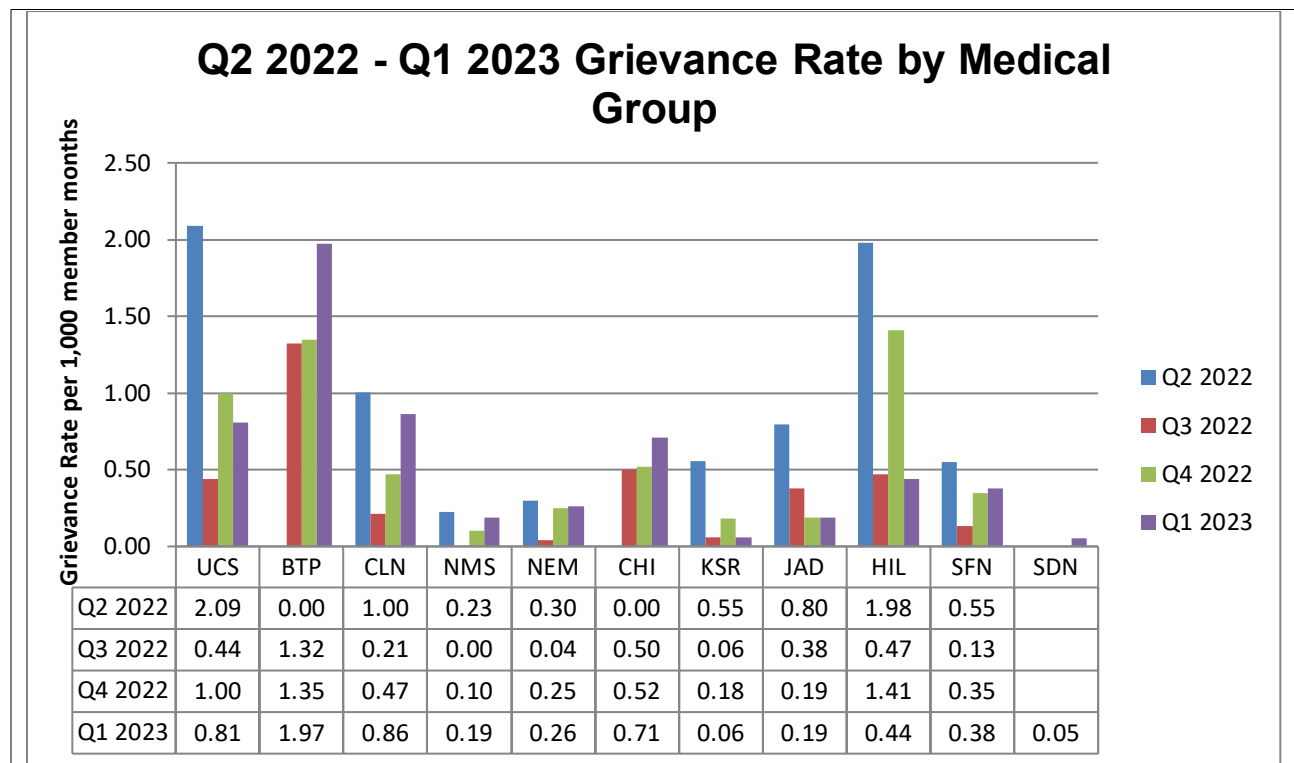
- In Q1 2023, 118 grievances were filed by SPD members. The number of grievances filed by SPDs increased by 37% compared to Q4 2022 when a total of 86 grievances were filed by SPD members.
- Grievances involving quality of service and quality of care continue to be the most common grievance categories for SPD members.

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

Q2 2022 – Q1 2023 SFHP SPD Grievance Rate



Grievance Rate by Medical Group:

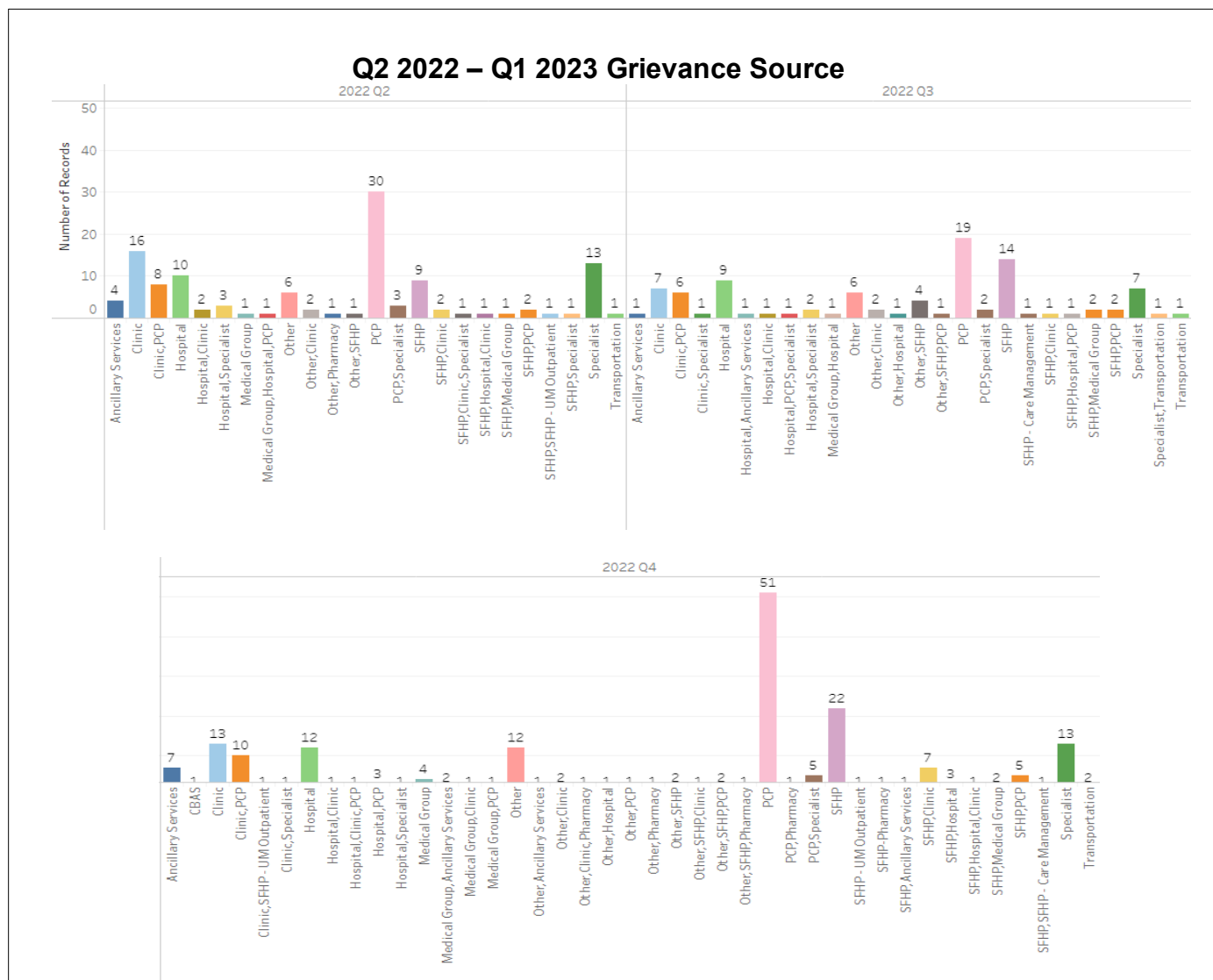


*Includes clinical and non-clinical grievances only.

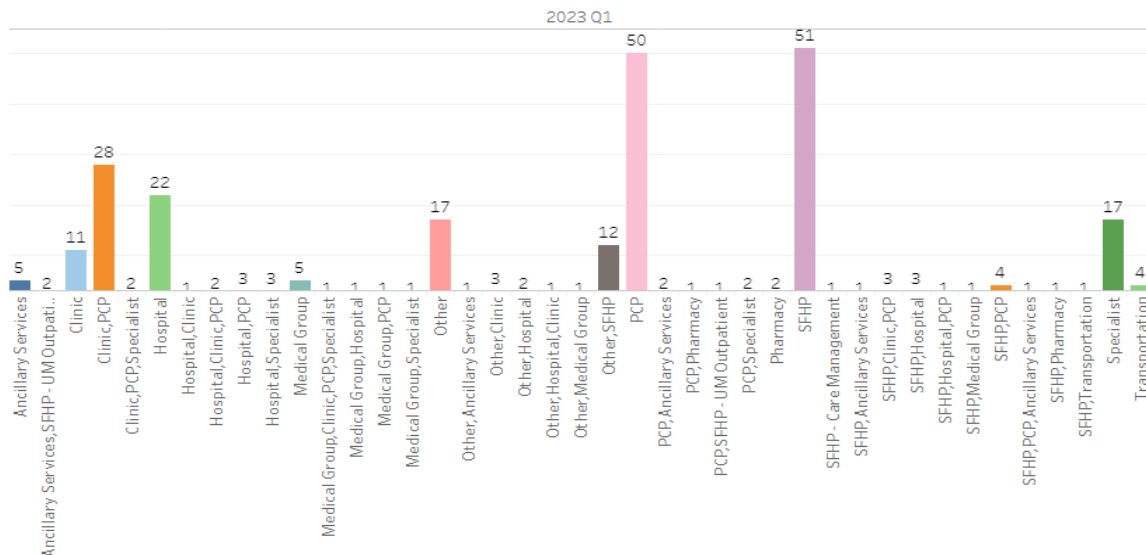
In Q1 2023, SDN was added as a new medical group for Medi-Cal members with Medicare coverage. Six of the medical groups' grievance rates increased, while three medical groups' grievance rates decreased compared to Q4 2022. One medical group's grievance rate stayed the same compared to Q4 2022.

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 2023 were those involving services provided by SFHP followed by the member's PCP and the member's clinic.

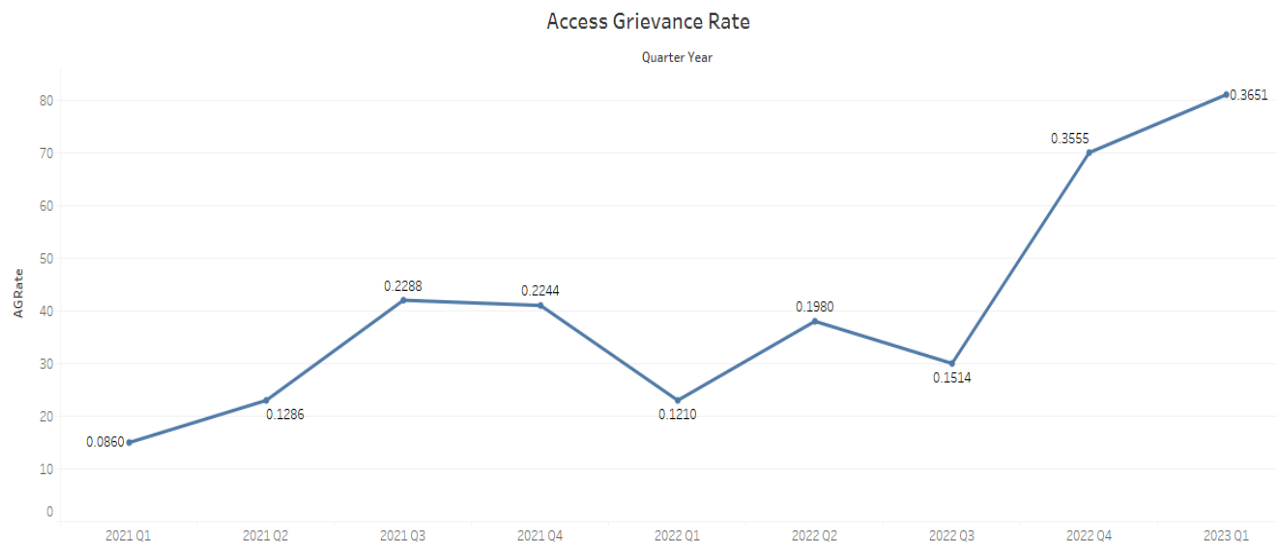


Q2 2022 – Q1 2023 Grievance Source (con't)



Access to Care Grievances:

The access grievance rate increased from Q1 2021 to Q3 2021 and then started decreasing from Q3 2021 to Q1 2022. The rate increased again in Q2 2022 and decreased in Q3 2022. The rate increased significantly from Q3 2022 to Q1 2023.

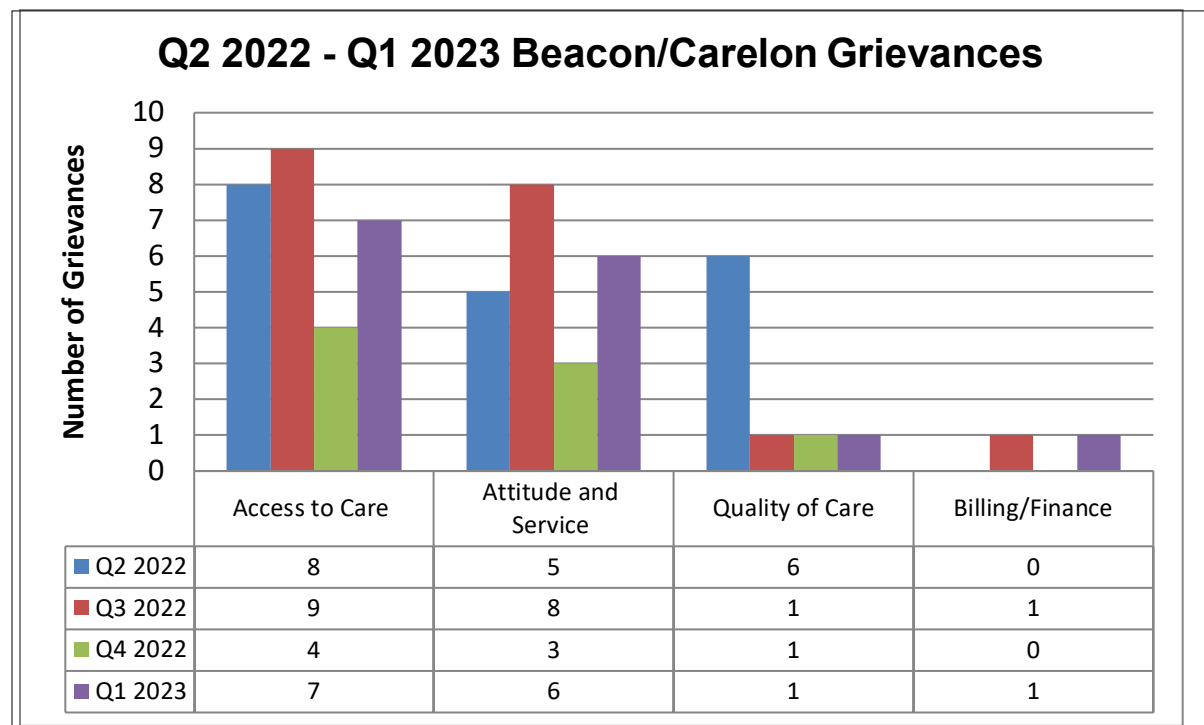


Access Grievances per 1,000 Member Months

Access Grievance Rate By Medical Group				
	Quarter Year			
	2022 Q2	2022 Q3	2022 Q4	2023 Q1
BTP		1.32	1.35	1.97
CHI		0.50	0.52	0.71
CLN	0.39	0.21	0.47	0.86
HIL	0.00	0.47	1.41	0.44
JAD	0.20	0.38	0.19	0.19
KSR	0.06	0.06	0.18	0.06
NEM	0.07	0.04	0.23	0.26
NMS	0.11		0.10	0.19
SDN				0.05
SFN	0.20	0.13	0.35	0.38
UCS	0.70	0.44	0.88	0.81

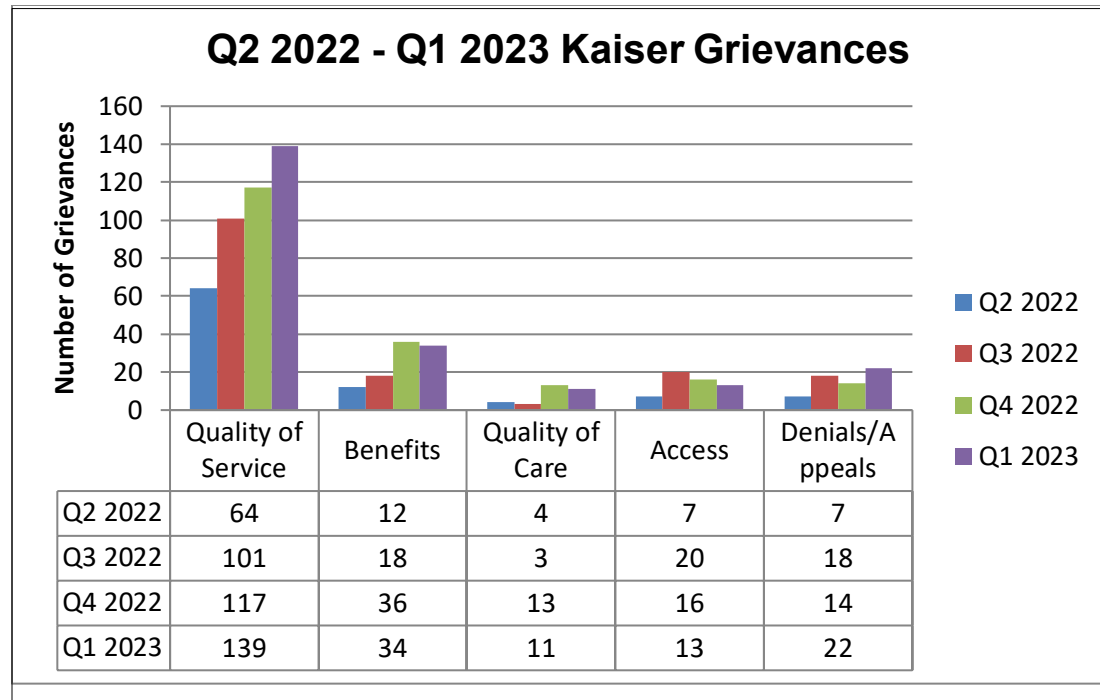
Beacon/Carelon:

As of 3/1/23, the name of Beacon Health Options was changed to Carelon. Carelon is SFHP's non-specialty mental health provider. Carelon is partially delegated to process grievances. Grievances received in Q1 2023 involved Access to Care followed by Attitude and Service, Quality of Care, and Billing/Finance. In Q1 2023, there was a grievance involving Billing/Finance, which was not seen regularly in previous quarters.



Kaiser:

Kaiser is fully delegated to investigate and resolve grievances. There was a significant increase in the number of grievances received in Q1 2023. Most grievances received in Q1 2023 were grievances involving Quality of Service, which is consistent with previous quarters. In Q1 2023, grievances involving Benefits, Quality of Care, and Access decreased compared to Q4 2022 while Denials/Appeals increased.





MEMO

Date: June 23, 2023

To	Quality Improvement Committee
From	Lena Liu Program Manager, Grievances and Appeals
Regarding	Q1 2023 UM Medical and Pharmacy Appeals Activity

Q1-2023 Appeals Activity – Overview

During Q1-2023, there were a total of 14 appeals filed (medical – 6/pharmacy – 8)ⁱ. In Q1-2023, there were a total of 5,203 authorizationⁱⁱ requests (medical – 5,003/pharmacy – 200) and a total of 89 denials (medical – 21/pharmacy – 68).

On a per 1,000 total authorization basis:

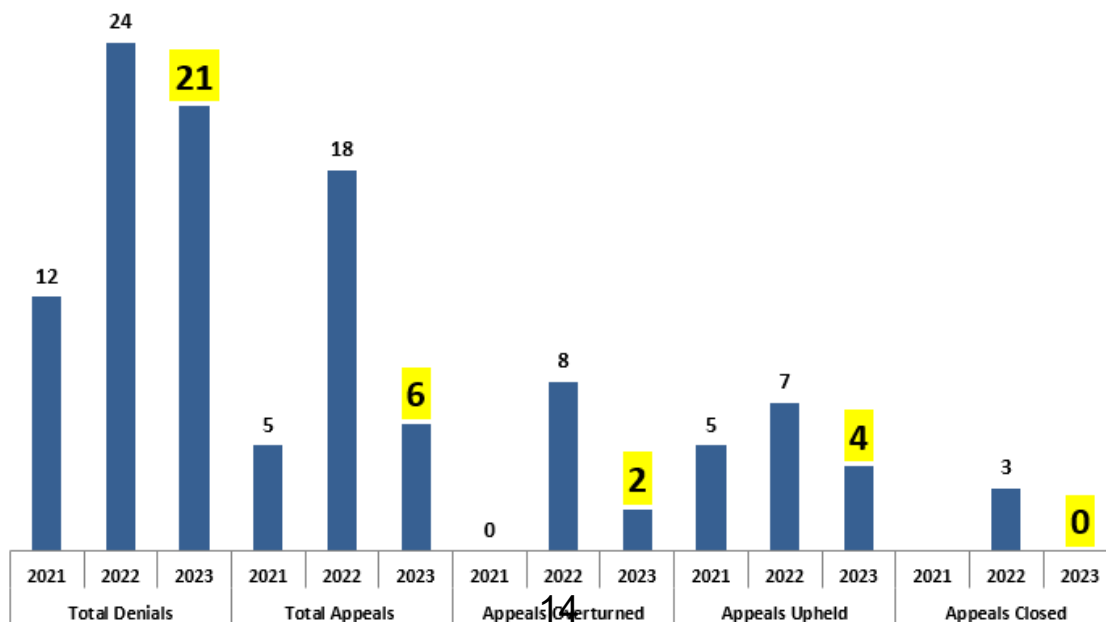
- 2.69 total appeals per 1,000 total authorizations
- 1.15 medical appeals per 1,000 total authorizations
- 1.54 pharmacy appeals per 1,000 total authorizations

Comparing appeal activity in Q1-2023 to Q4-2022:

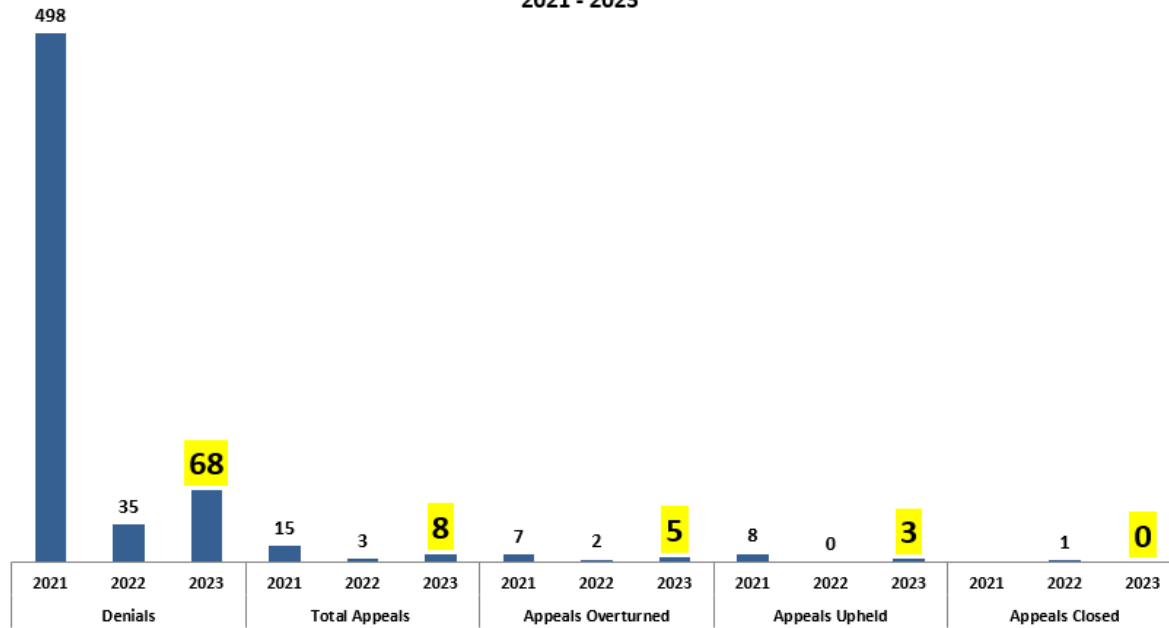
- 14 appeals in Q1-2023 vs. 11 appeals in Q4-2022
- 2.69 appeals/1000 in Q1-2023 vs. 2.39 appeals/1000 in Q4-2022

Of the 14 appeals in Q1-2023, 7 appeals were overturned (medical – 2/pharmacy – 5), which is a 50% overturn rate. This compares to a 55% overturn rate in Q4-2022 (6 overturned out of 11 appeals).

Medical Appeals Activity Q1 Year-over-Year 2021- 2023



Pharmacy Appeals Activity
Q1 Year-over-Year
2021 - 2023



Analysis

Q1-2022 – Q1-2023 Medical Denial Rates

Between Q1-2022 and Q1-2023, the medical denial rates ranged from 0.35% (Q3-2022) to 1.48% (Q2-2022):

	Medical Authorizations	Medical Denials	Medical Denial Rate
Q1-2022	5,136	24	0.47%
Q2-2022	4,595	68	1.48%
Q3-2022	5,383	19	0.35%
Q4-2022	4,409	30	0.68%
Q1-2023	5,003	21	0.42%

Q1-2022 – Q1-2023 Pharmacy Denial Rates

Between Q1-2022 and Q1-2023, the denial rates ranged from 22.96% (Q2-2022) to 34.24% (Q3-2022):

	Pharmacy Authorizations	Pharmacy Denials	Pharmacy Denial Rate
Q1-2022	120	35	29.12%
Q2-2022	135	31	22.96%
Q3-2022	146	50	34.24%
Q4-2022	198	60	30.30%
Q1-2023	200	68	34.00%

Q1-2022 – Q1-2023 Collective Medical & Pharmacy Appeal Rates per 1000 Denials

Between Q1-2022 and Q1-2023, the collective medical and pharmacy appeal rates per 1000 denials ranged from 12.22 (Q4-2022) to 35.6 (Q1-2022):

	Medical + Pharmacy Denials	Medical + Pharmacy Appeals	Medical + Pharmacy Appeals / 1000 Denials
Q1-2022	59	21	35.6
Q2-2022	99	16	16.16
Q3-2022	69	9	13.04
Q4-2022	90	11	12.22
Q1-2023	89	14	15.73

Q1-2023 Collective Medical & Pharmacy Appeal Adjudication Turn-Around-Time

Eighty-six percent of the standard medical and pharmacy appeals were adjudicated within 30-days in Q1-2023 compared to 91% in Q4-2022.

	Q1-2023		
	Total (Med + Pharm)	Medical	Pharmacy
Number (#) of Appeals	14	6	8
Percentage (%) of Appeals Adjudicated within 30-days	86%	67%	100%

Q1-2023 Member and Provider Appeal Activity

Of all appeals filed in Q1-2023, 50% were member initiated and 50% were provider initiated.

Of all appeals filed in Q1-2023, one appeal was expedited.

		Q1-2023		
		Total (Med + Pharm)	Medical	Pharmacy
Member	# of Initiated Appeals	7	6	1
	% of Total Appeals	50%	43%	7%
Provider	# of Initiated Appeals	7	0	7
	% of Total Appeals	50%	0%	50%
Member	# of Expedited Appeals	0	0	0
	% of Initiated Appeals	0%	0%	0%
Provider	# of Expedited Appeals	1	0	1
	% of Initiated Appeals	100%	0%	100%

Q1-2023 Basis for Overturned Appeals

One hundred percent of overturned appeals in Q1-2023 were based on additional clinical information submitted.

Q1-2023			
	Total (Med + Pharm)	Medical	Pharmacy
# of Overturned Appeals	7	2	5
% of Total Appeals	50%	14%	36%
# of Appeals overturned due to additional clinical information offered	7	2	5
% of Appeals overturned due to additional clinical information offered	100%	29%	71%
# Appeals overturned due to decision based on the same submitted clinical information	0	0	0
% Appeals overturned due to decision based on the same submitted clinical information	0%	0%	0%

Actions

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

ⁱ 0937ES Essette Grievance Report, Case Receipt Date 1/1/2023 - 3/31/2023 as of 6/23/2023 2:52PM.

ii Source for Medical data: Original_Q1-2023_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 6/23/2023

Date: June 29, 2023

To	Quality Improvement Committee
From	Leslie Mulhern, RN Michelle Faust, RN Jenna Colin-Arriola, RN Quality Review Nurse Quality Review Department
Regarding	Jan-Mar 2023 Potential Quality Issue Report

Case Reviews

Q1 2023 - Case types reviewed		Count
Source of Case Referrals		23
	Appeals/PDR	1
	Decline to File Grievances (Clinical)	1
	Grievances (Clinical)	9
	Internal referrals (not including grievances)	11
	External referrals	0
	Provider Preventable Condition (PPC)	1

Outcomes	Count	
	Opened for PQI investigation	23
	Formal PQI investigation	23
	Cases requiring external physician review or peer review	0
	Confirmed Quality Issue	3
	PQI cases resulting in Corrective Action Plan (CAP)	Pending
	Confirmed Provider Preventable Condition (PPC)	0
	PQI cases closed within 60-day turnaround time	1
	PQI cases closed outside 60-day turnaround time	7

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



SFHP PQI CASE LEVELING GRID

Provider Issues

P0	Care is appropriate	No action required
P1	Minor opportunity for improvement. Potential for or actual, minor adverse outcome to member.	An informal letter to the provider will be sent at reviewer's discretion. Response may or may not be required.
P2	Moderate opportunity for improvement and/or care deemed inappropriate. Potential for minor or moderate adverse outcome to member.	Letter to provider of concern, requesting a response in 14 business days. May recommend CAP and/or other interventions.
P3	Significant opportunity for improvement and/or care deemed inappropriate. Potential for significant adverse outcome to member.	Immediate communication to provider of concern requesting a response. May recommend CAP and/or other interventions. P3's may be referred to Provider Advisory Committee/Credentialing.

System Issues

S0	No system issue	No action required
S1	Minor opportunity for improvement. Potential for or actual, minor adverse outcome to member.	An informal letter to the provider will be sent at reviewer's discretion. Response may or may not be required.
S2	Moderate opportunity for improvement and/or care deemed inappropriate. Potential for minor or moderate adverse outcome to member.	Letter to provider of concern, requesting a response in 14 business days. May recommend CAP and/or other interventions.
S3	Significant opportunity for improvement and/or care deemed inappropriate. Potential for significant adverse outcome to member.	Immediate communication to provider of concern requesting a response. May recommend CAP and/or other interventions. S3's may be referred to Provider Advisory/Credentialing Committee.

Emergency Room Visit / Prescription Access Report

4th Quarter 2022

San Francisco Health Plan Medi-Cal LOB

Goal:

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

Methodology:

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

Findings:

Section 1 - ER Visits

In 4Q2022, 11,529 members had 17,122 ER visits, averaging 1.49 ER visits per member, which is slightly higher as the previous quarter (1.47). This reflects an ER visit by approximately 8.1% of the SFHP Medi-Cal membership within the quarter, which is slightly lower than the previous quarter. Visits by ER facility and the number of Member ER visits increased compared to the previous quarter (15,473 and 10,508 respectively).

Table 1A: Visits by ER Facility

ER Facility	ER Visits
ZSFG AND TRAUMA CENTER	3,766
UCSF MEDICAL CENTER	2,908
ZSFG- ACUTE CARE 2	2,295
ST FRANCIS MEMORIAL	1,664
CPMC MISSION BERNAL CAMPUS- ACUTE CARE	1,569
CPMC VAN NESS-ACUTE CARE	1,151
CPMC PACIFIC CAMPUS- OUTPATIENT AND ER	1,007
ST MARYS MEDICAL CENTER	559
CHINESE HOSPITAL	502
CPMC DAVIES CAMPUS-ACUTE	400
KAISER HOSPITAL SF	380
Other ED Facilities	753
TOTAL	17,122

Table 1B: Member ER Visits

# ER Visits	Member
1	7,637
2	2,324
3	752
4	366
5	162
6	96
7	48
8	40
9	30
10	15
11+	59
TOTAL	11,529

Section 2 - Top Diagnoses

Of the 17,122 ER visits in 4Q2022 7,292 visits (43%) resulted in a medication (from ER or pharmacy) within 72 hours of the ER Visit and 9,034(52%) did not. Not all ER visits warranted medication treatment (i.e. chest pain, abdominal pain or altered mental status). Overall, the distribution of top ER visits by diagnoses category is shown in Table 2. COVID-19 related ER visits have decreased by 24% (226 visits) compared to last quarter's 296 visits. Suicidal ideation diagnosis continues to be a top diagnosis during pandemic 4Q2022 (124 visits) compared to pre-pandemic 4Q2019 (60 visits).

Table 2: Percent ER Visits by Diagnoses (4Q2022)

Top Diagnoses Categories	ICD10	ER Visits	% of Visits
Chest pain	R07.xx	1,235	7.21%
Abdominal pain	R10.xx	835	4.88%
Acute Upper Respiratory Infection Unspecified	J06.9	498	2.91%
Cough	R05	268	1.57%
Shortness of breath	R06.02	260	1.52%
COVID-19	U07.1	226	1.32%
Fever Unspecified	R50.9	225	1.31%
Head Injury Unspecified	S09.90	217	1.27%
Flu Virus Other	J10.1	207	1.21%
Viral Infection Unspecified	B34.9	194	1.13%
Headache	R51.9	190	1.11%
Dizziness and Giddiness	R42	163	0.95%
Altered mental status	R41.82	130	0.76%
Nausea with Vomiting	R11.2	126	0.74%
Suicidal Ideations	R45.851	124	0.72%
Syncope and Collapse	R55	122	0.71%
All Other Diagnoses		12,102	70.68%
TOTAL		17,122	100.00%

Section 3 - Key Diagnoses Category

Selected key diagnoses with a high likelihood for ER discharge prescription are reported in Table 3. In 4Q2022, greater than 90% of ER visits for all key diagnoses received medication treatment within 72 hours of the visit.

Table 3: ER Visit – Key Diagnoses Category

Diagnoses Category	ICD10	RX Filled	ER Treated	No Rxs	ER Visit Total	% Treatment
Asthma Exacerbation	J45.901, J45.909, J45.902	89	34	3	126	98%
Pneumonia	J18.9	47	19	3	69	96%
UTI	N39.0	54	21	3	78	96%
COPD	J44, J44.1, J44.9	21	28	3	52	94%

Section 4 - Pharmacy Location


For the members filling a prescription from a Pharmacy within 72 hours of their ER visit date, a further analysis evaluated the location of the pharmacy relative to where the member received emergency care and the hours of operation for these pharmacies. Of the 6,779 member visits to a pharmacy after an ER discharge, the top 15 most utilized pharmacies are reported in Table 4. The only 24-hour pharmacy in San Francisco was also the most utilized. Access to a pharmacy after an ER visit can occur throughout the day and would not be limited to only after-hours. In this analysis, member visits are defined as unique days that prescriptions are filled for a member per unique pharmacy.

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

Pharmacy	Hours of Operation	Mbr Visits	% of Visits
SF General (1001 Potrero Ave)	9AM – 8PM M-F, 9AM-1PM Sat	593	8.75%
Walgreens 3711 (1189 Potrero Ave)	8AM – 10PM M-F, 8AM – 9PM Sat-Sun	474	6.99%
Walgreens 1327 (498 Castro St)	24 Hours	386	5.69%
Walgreens 5487 (5300 3rd St)	8AM – 9PM	351	5.18%
Walgreens 4609 (1301 Market St)	8AM – 9PM	310	4.57%
Walgreens 7150 (965 Geneva Ave)	9AM – 9PM	293	4.32%
Chinese Hospital (845 Jackson St)	8AM – 7PM M-F, 9AM-5PM Sat-Sun	249	3.67%
Walgreens 1626(2494 San Bruno Ave)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	192	2.83%
Walgreens 4231 (2690 Mission St)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	187	2.76%
Walgreens #3558 (1301 Franklin St)	9AM-9PM M-F, 9AM-1:30PM, 2PM-5PM Sat, 10AM-1:30PM, 2PM-6PM Sun	173	2.55%
NEMS-San Bruno (2574 San Bruno Ave)	8AM-6PM M-F, 8AM-12PM, 1PM-5PM Sat	158	2.33%
Daniels Pharmacy (943 Geneva Ave)	9AM-6:30PM	157	2.32%
Walgreens 1054(3398 Mission St)	9AM-9PM M-F, 9AM-1:30PM, 2PM-5PM Sat, 10AM-1:30PM, 2PM-6PM Sun	152	2.24%
Walgreens 3185 (825 Market St)	8AM – 9PM M-F, 9AM – 5PM Sat, 10AM – 6PM Sun	148	2.18%
Walgreens 1283 (500 Geary St)	9AM to 1:30PM, 2PM to 7PM M-F, 9AM to 1:30PM, 2PM to 5PM Sat	142	2.09%
NEMS Chinatown (1520 Stockton St)	8AM-6PM M-F, 8AM-12PM, 1PM-5PM Sat	125	1.84 %
CVS 9577 (7191 Warner Avenue, Huntington Beach, CA) Mail Order	10AM to 1:30PM, 2PM to 8PM M-F, 10AM to 1:30PM, 2PM to 6PM Sat, 11AM to 1:30PM, 2PM to 5PM Sun	120	1.77%
Scriptsite Pharmacy (870 Market St #1028)	9:30AM-5:30PM M-F	118	1.74%
All Other Pharmacy Locations		2,451	36.16%
TOTAL		6,779	100.00%

Summary:

No barrier to pharmacy access during after-hours was identified in this quarter. ER utilization was slightly higher in 4Q2022 compared to 3Q2022 (17,122 visits versus 15,473) with each member utilizing the ER at 1.49 visits. About 43% of ER visits received a medication (from ER or pharmacy) within 72 hours of the ER visit, which was same as 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.

 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 11 January 2023 1:00 – 3:00PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly meeting. Meeting frequency is a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.</p>	
<p>Present:</p>	<p><u>Clinical Operations</u> Matija Cale, SeDessie Harris; April Tarpey; Morgan Kerr; Eddy Ang; Kirk McDonald; Tony Tai (NP); Tamsen Staniford; Chris Ball; Susan Porter; Stephanie Penrod</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim</p>	<p><u>Compliance</u> Monica Fong; Crystal Garcia</p> <p><u>Quality Review Team</u> Michelle Faust Leslie Mulhern Jenna Colin</p> <p><u>Guests</u></p>
<p>Optional Attendees</p>	<p>Shost, Jessica (Pharmacy); Nathoo, Aryn (Care Management); Obeidi, Hanan (Health Services Programs); Rudy Wu (Business Analytics); Tammie Chau (Pharmacy)</p>	
<p>Not Present (NP):</p>	<p>Tony Tai</p>	
<p><i>Quorum (details after the Action Items section below)</i></p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Interim – Eddy Ang) • Senior Medical Director (vacant) • Director, Clinical Operations, RN (Matija Cale) • Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • Manager, Long Term Care Nurses (Susan Porter, RN) • Manager, Clinical Operations (Morgan Kerr, MBA) • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Program Manager, Clinical Operations, PhD (Kirk McDonald) 	

Documents Presented:	DRAFT_Agenda_UMC_Jan-2023_vC-1.9.23 Draft_Minutes_UMC_December_v1.9.23 12.8.22-1.3.23_0937ES_Essette_Grievance_Report_v1.3.23 SFH.IMR.CC_UMC Report_2023.01.09 DRAFT_UMC_Charter_v1.11.23 Kaiser Mental Health Cases 1-11-2023 update GPR_DRG_New_SNFD_San Francisco Health Medicaid_20221201 TeamReview-DRAFT_GenderAffirmServMedNecessCriteria_Post-SOC8_v1.5.23 Tamsen_Stephanie_Prior Auth Updates_v1.11.23 Dec-2022_ProductivityDashboard_12.15.22 Dec-2022_PhoneProductivityDashboard_v12.15.22
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Consent Calendar – January to December 2023

ITEM #	Document	Review Schedule	Outcome	Comments	Meeting notes
	Quarterly Varis/APRDRG	<ul style="list-style-type: none"> Dec 2022 March 2023 June 2023 September 2023 December 2023 	•	•	<ul style="list-style-type: none"> Compliance Team / UMC 1.23 presented
	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing MCG 25 th edition; and 26 th Edition (6.22) PP CO-57	<ul style="list-style-type: none"> Gender Affirming Services (Jan 2023 UMC) QIC February 2023 September/October 2023 (All criteria) 	•	•	•
	Annual (CY2022) benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> Annual (Q3) 		•	•

	Internal Audit of Authorization Requests Report Q3-2022 Report (Feb UMC) Q4-2022 Report Q1-2023 Report Q2-2023 Report Q3-2023 Report	•	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q3-2022; this includes the UAT results of the new audits for: PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. Q4-2022; This includes the inaugural audits of PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. 	•
	2022 Utilization Program Evaluation Annual Review and Approval	• Feb 2023 UMC Meeting	•	•	•
	Updated UMC Charter and Reports/Documents Review Calendar	•	<ul style="list-style-type: none"> Added 2 new quorum members. UMC voted, quorum met, to approve. 	•	• January 2023 UMC
	2023 Specialty Referral Reports	•	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q4-2022 / Annual 2022 Report – Feb UMC Q1-2023 Report Q2-2023 Q3-2023 	•
	2022 UM Program Description	<ul style="list-style-type: none"> UMC Q1-2023 (Final version) QIC (Feb 2023) 	•	<ul style="list-style-type: none"> Oct 2022 UMC meeting. Reviewed the Interim UM Program Description with the PAD/LTC/Pharmacy updates. January 	•
	2022 UM Program Evaluation	• Annual (Q1-2023)	•	•	•

	Topic	Brought By	Time	Agenda	MINUTES
1	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review 	Matija	1:00 PM – 1:20	<ul style="list-style-type: none"> Agenda reviewed. Action Items Approval of December draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard 	<ul style="list-style-type: none"> Minutes were approved by quorum. Action Items Clinical Operation KPI Dashboards

	<ul style="list-style-type: none"> Medical/Pharmacy Directors' Dashboards 			<ul style="list-style-type: none"> Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard (Quarterly) <ul style="list-style-type: none"> Q4-2022 (February UMC) Q1-2023 Q2-2023 Q3-2023 	<ul style="list-style-type: none"> <ul style="list-style-type: none"> The TAT is on target, working on improving the background metric feeds. The same for the other red arrow items. The metrics improvements are moved to June 2023 due to other priorities. UM Trending <ul style="list-style-type: none"> Q3-2022 <ul style="list-style-type: none"> A three month lag Admits / 1000mm shows a downward trend from August. Will look at Q4-2022 to provide a better context of the trend. Sepsis still high COVID is dropping. Discussed the top 3 for admits per 1000/MM. <ul style="list-style-type: none"> Will be working on to engage the resources from the cross functional teams to address the top 3 items. 40% higher usage rate for ER from the African American population; source Hanan's / Eddy's research. <ul style="list-style-type: none"> Plan on tying in with equity for this issue. Positive finding on Asian African American, White Hispanic sepsis remains high – going to a deeper dive on this metric. The disparities between the SF populations were revealing. Can we look at the admission factors geographically? Due to environmental context. <ul style="list-style-type: none"> Rudi can make a map with zip codes. Used the State average metrics from 2021 (per Eddy). Potentially a physician access issue due to cut in Medicare reimbursement and moving out of the area. ED and Acute pages <ul style="list-style-type: none"> Costs have decreased in Q2/Q3-2022. Cost per visit has decreased. <ul style="list-style-type: none"> Why? <ul style="list-style-type: none"> The PMPM costs are strictly related to inpatient acute. The overall PMPM rate is lower.
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					<ul style="list-style-type: none"> ○ Is Varis doing a better job following up? ○ Need to dive deeper.
2	<ul style="list-style-type: none"> • Medical/Pharmacy Appeals (RAMP 0937ES): Upheld and Overturned • Independent Medical Review (IMR); State Fair Hearings (SFH); Consumer Complaints 	<ul style="list-style-type: none"> • April – DMG appeal cases • Leslie Mulhern; Michelle Faust – CHN/UCSF cases • Jessica – Pharmacy Appeals • Monica – Compliance 	1.20 PM – 1:30	<ul style="list-style-type: none"> • Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> ○ UM – Appeals - 1 <ul style="list-style-type: none"> ▪ Upheld appeals – 0 ▪ Overturned appeals – 1 ○ Pharmacy – Appeals - 1 <ul style="list-style-type: none"> ▪ Upheld appeals – 0 ▪ Overturned appeals – 1 • Compliance <ul style="list-style-type: none"> ○ IMR – 3 ○ SFH – 0 ○ Consumer Complaints – 1 	<ul style="list-style-type: none"> • CPSA221221001 <ul style="list-style-type: none"> ○ Question – did the member come through ED? Yes. ○ No changes to policies or processes. • MA221216001 <ul style="list-style-type: none"> ○ The information on the original request did present the issue, so probably could have approved on the original request. ○ Pharmacy did follow-up w/ Magellan about this – reeducation. And did review the criteria in this type of situation – a patient on opioid. Magellan made a commitment to provide team coaching on this topic. • Compliance <ul style="list-style-type: none"> ○ No changes to policy or processes. ○ 12/28 case this is the same case as the appeal - CPSA221221001
3	LTC/Duals/SFN FFS	Matija	1:30 PM – 1:40		This was an open discussion.
4	UMC Quorum – Add two new voting members	Matija	1:40 PM - 1:45.		<ul style="list-style-type: none"> • Adding Susan Porter / Morgan Kerr to Quorum list. • Quorum approved the change
5	Gender Affirming Services Criteria (Updated/revised) Review / Discussion	Tamsen	1:45 PM-2:10		<ul style="list-style-type: none"> • Vote – Approved the criteria by quorum vote, • See the notes embedded in the document. • The members do have a network of support outside of the criteria/policy standards to ensure a quality outcome. • Aligned w/ WPATH. • The future state of the criteria will just have a link to DHCS APL 20-018 (Ensuring Access to Transgender Services), the WPATH SOC 8 Version, SB855, and California State Law. Rather than having a separate homegrown criteria. This strategy is based on how other Sister plans publicly communicate their Gender Affirming Services information/criteria. • This issue of gender affirming services and adolescents. Given the current political climate about adolescents accessing gender affirming service, and due to safety concerns for providers and for SFHP employees, this information will be made available on request vs. being placed on SFHP.org. • Other major changes around language – and included a definition section.

					<ul style="list-style-type: none"> • Strategy for socializing <ul style="list-style-type: none"> ○ Can do a QIC vote for approval off cycle; given QIC may be changing their meeting schedule to 1x/quarter. ○ Given the providers have WPATH access and are familiar with their criteria, we can wait for the socialization of the criteria. ○ The SFHP policy is a summarization and is not a new reference, so when denying a service should not quote the GAFS criteria. ○ For internal socialization only at this stage. ○ The current criteria are no more restrictive than SB-855.
6	Quarterly APR-DRD Varis Audit	Crystal Garcia	2:10 PM – 2:20		<ul style="list-style-type: none"> • VARIS <ul style="list-style-type: none"> ○ Table 1 in the document is based on days of service. ○ Varis began working at the end of 2020. <ul style="list-style-type: none"> ▪ Therefore, 2022 is lower than 2021, but this is still in process. The 2021 claims are the low hanging fruit. And providers changes based on the Varis audits make 2022 lower (perhaps). Claim lags will make 2022 higher. ○ UCSF is the largest – look at the document on page 2. Biggest recoup on septicemia. See the table of the top 5 DRGs. Upcoding issues. ○ Meet w/ Varis monthly. ○ The claims are only the number of recovery not the total claims reviewed.
7	PA Process Approval Update	Tamsen/Stephanie	2:20 PM – 2:30		<ul style="list-style-type: none"> • Walked through the PPT deck. • ACOG updated their criteria. • Medical Supplies <ul style="list-style-type: none"> ○ No DME • Grade B is a major improvement. • Slide 7 <ul style="list-style-type: none"> ○ Adding additional queues to expedite the sorting; target is handling a request by Day 2. ○ Will expedite the move of the requests quicker to the nurses.
8	Final – UM Program Description 2022 UM Program Evaluation	Kirk	2:30 PM– 2:35	Just an FYI only (UM Program Description) UM Evaluation to be distributed	<ul style="list-style-type: none"> • Update on DHCS audits. And prime documents.
9	Review	Kirk	2:35 PM– 2:40		<ul style="list-style-type: none"> •

January 2023

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Hanan/Eddy (?)	<ul style="list-style-type: none"> African American, White Hispanic sepsis remains high – going to a deeper dive on this metric. 	
2.	Rudi	<ul style="list-style-type: none"> Can we look at the admission factors geographically? Due to environmental context. Rudi can make a map by zip codes. 	
3.	Rudy (?) Crystal (?)	<ul style="list-style-type: none"> Cost per ED/acute visit has decreased. Why? The PMPM costs are strictly related to inpatient acute. The overall PMPM rate is lower. Is Varis doing a better job following up? Need to dive deeper. 	
4.	Crystal	<ul style="list-style-type: none"> An issue of Laser Away being in Marin - and might be an issue of the time/distance standards - need to follow-up ---- Crystal will take care of this. 	
5.	Wayne Pan	<ul style="list-style-type: none"> Need to follow-up. Discuss Kaiser mental health access trends with CMO and Quality Review team. How is Kaiser addressing access issues? At what point is a trend confirmed and a CAP warranted? May require engagement from Access Committee 	

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
10.5.22	Tamsen/Tony	<ul style="list-style-type: none"> PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. 	1.9.23 - Jan 2023- relying on manual check implemented for Health Services KPI spreadsheet until Tableau KPI report logic updates can be prioritized into BA work. Tamsen to follow up with Tony and Jay for new timeline.	2
10.5.22	SeDessie / Hanan	<ul style="list-style-type: none"> Work with the PHM Team to determine what is driving the Septicemia rate; related to the data in the Top 10 DRG table in the Utilization Trending Dashboard 2022. Need to breakout the metrics by member population, risk stratification/segmentation. 	1.11.23 – in progress	2
10.5.22	Tamsen	Final decision if UCSF Laser Clinic should be removed from the community referral list as a hair removal provider, given USCF closed its clinic.	<p>1.9.23:- LaserAway still unresponsive. Should PNO continue to pursue? UM has received no requests for this vendor.</p> <ul style="list-style-type: none"> - Gender Confirmation Center (Dr. Mosser's practice) is still currently only providing surgical site and facial hair reduction. - Tamsen awaiting timely access confirmation from North Bay Aesthetics (closed until this week for holidays). <p>North Bay is able to schedule next day and has plenty of availability so location would be the only concern at this time to keep pursuing a contract or global LOA with Laser Away</p>	2
11.16.22	Pharmacy Team	New asthma medical management intervention program: new care management staff will be educated about this program.	1.11.23 – completed.	3
11.16.22	Monica Fong	Given the number of issues with Kaiser's mental health services, is there a pattern? The Compliance Team will monitor this issue and keep the UMC posted if trends emerge. The Compliance Team is also waiting for DMHC's response before further action.	<p>12.05.2022: During 2022 there were seven cases related to Kaiser and mental health (6 Consumer Complaints/ 1 IMR case).</p> <ul style="list-style-type: none"> 5 cases occurred in October or November 2022; 4 related to appointments with psychiatrists; 1 related to CoC for ABA therapy. > 4 pending decisions > 1 w/ decision (related to appt): No finding of non-compliance 	2

12.07.22	Wayne Pan	Conduct peer to peer with NEMS MD. Confirm if NEMS is updating protocols for urgent OON appointment requests. Does NEMS attempt to confirm in-network availability prior to issuing a denial?	1.11.23 – completed.	3
12.07.22	Wayne Pan	Discuss Kaiser mental health access trends with CMO and Quality Review team. How is Kaiser addressing access issues? At what point is a trend confirmed and a CAP warranted? May require engagement from Access Committee	1.11.23 – need to follow-up.	2
12.07.22	Kirk	Review Specialty Referral Tracking process for opportunities	1.9.23 – will address formally after DHCS Audit prep is completed.	2

Parking Lot


ITEM #	DATE	OWNER	ACTION ITEMS	STATUS
1.	2.16.21	Monica / Jim	<ul style="list-style-type: none"> Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers. 	<ul style="list-style-type: none"> 6.2.22 – Should we remove this? This would need to be a CMO driven request, as it is a resource request from SFN, and it is not required by regulators. I don't know how this request should be prioritized against current regulatory requests from SFHP for SFN (Compliance reporting, auditing, etc.)
2.	2.24.22	AI UMC Members	<ul style="list-style-type: none"> Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be 	<ul style="list-style-type: none"> 2.24.22 - This is ongoing for 2022

			included in the UMC Charter as an out-of-scope item.	
3.	4.06.22	SeDessie / Eddy Ang	<ul style="list-style-type: none"> • Work w/ Eddy Ang on OBS metrics. • Need to be consistent in how OBS rules are applied. 	<ul style="list-style-type: none"> • 5.4.22: SeDessie, Matija, Eddy working on priorities--medium category
4.	11.22	Eddy	<ul style="list-style-type: none"> • Laser Hair Removal Provider Network 	<ul style="list-style-type: none"> • Need monitor the laser hair removal provider network as a standing item for the new few UMC meetings to address the potential audit.

Appeals / Overturned – December 2022

APPEALS AND GRIEVANCES							
Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name of Service or Medication
CPSA221221001	Clinical Post-Service Appeal	SFN	Overturned	SFHP	<p>This is an authorization to approve an inpatient stay. The authorization was denied based on Medi-Cal guidelines; the medical records did not indicate it was medically necessary for an inpatient hospital stay. The member said the denial letter stated the member's heart rate, blood pressure was normal, and the pain was under control, therefore, the member did not need an inpatient hospital stay.</p> <p>The member stated they just followed the doctor's instructions. Member stated they had surgery and after the surgery, they could not sit up or open their eyes because they felt dizzy and weak. The</p>	San Francisco Health Plan reviewed the appeal and decided to overturn the original denial decision. This request is now approved for an inpatient stay based on the stay being medically necessary.	Inpatient Hospital Stay

					<p>member added they had diarrhea on the day of the surgery and the day after. The member had intravenous fluid and medication, the member had a discussion about this with the doctor, and the doctor said this was abnormal. The member would like to have the inpatient stay authorization approved.</p>		
MA221216001	Member Appeal	SFN	Overtured	SFHP-Pharmacy	<p>The provider wants to appeal the denial of the Ramelteon 8MG tablet.</p> <p>The member is elderly with insomnia exacerbated by the member's steroid use to help control the size of a brain tumor. Melatonin has not been helpful for this condition. The member has chronic pain in their extremities as a result of their brain tumor and surgery, which is currently being treated with both gabapentin and oxycodone. Both of these medications cause significant sedation; therefore, the member should not take benzodiazepines or hypnotics including the step therapy medications temazepam, zolpidem, zaleplon, or eszopiclone. Not only will these medications add to the sedating effects of the member's pain medications, but the member is also at a significant risk of increased falls due to the member's hemiplegia from their brain tumor.</p>	<p>San Francisco Health Plan reviewed the appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because SFHP received additional information to showing Ramelteon is medically necessary.</p>	Ramelteon

 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 11 January 2023 1:00 – 3:00PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly meeting. Meeting frequency is a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.</p>	<p>Recorder: K. M. McDonald</p>
<p>Present:</p>	<p><u>Clinical Operations</u> Matija Cale, SeDessie Harris; April Tarpey; Morgan Kerr; Eddy Ang; Kirk McDonald; Tony Tai; Tamsen Staniford; Chris Ball; Susan Porter; Stephanie Penrod</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim</p>	<p><u>Compliance</u> Monica Fong; Crystal Garcia</p> <p><u>Quality Review Team</u> Michelle Faust Leslie Mulhern Jenna Colin</p> <p><u>Guests</u></p>
<p>Optional Attendees</p>	<p>Shost, Jessica (Pharmacy); Nathoo, Aryn (Care Management); Obeidi, Hanan (Health Services Programs); Rudy Wu (Business Analytics); Tammie Chau (Pharmacy)</p>	
<p>Not Present:</p>		
<p><i>Quorum (details after the Action Items section below)</i></p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Interim – Eddy Ang) • Senior Medical Director (vacant) • Director, Clinical Operations, RN (Matija Cale) • Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • Manager, Long Term Care Nurses (Susan Porter, RN) • Manager, Clinical Operations (Morgan Kerr, MBA) • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Program Manager, Clinical Operations, PhD (Kirk McDonald) 	

Documents Presented:	DRAFT_Agenda_UMC_Jan-2023_vC-1.9.23 Draft_Minutes_UMC_December_v1.9.23 12.8.22-1.3.23_0937ES_Essette_Grievance_Report_v1.3.23 SFH.IMR.CC_UMC Report_2023.01.09 DRAFT_UMC_Charter_v1.11.23 Kaiser Mental Health Cases 1-11-2023 update TeamReview-DRAFT_GenderAffirmServMedNecessCriteria_Post-SOC8_v1.5.23 Tamsen_Stephanie_Prior Auth Updates_v1.11.23 Dec-2022_ProductivityDashboard_12.15.22 Dec-2022_PhoneProductivityDashboard_v12.15.22
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Consent Calendar – January to December 2023

ITEM #	Document	Review Schedule	Outcome	Comments	Meeting notes
	Quarterly Varis/APRDRG	<ul style="list-style-type: none"> Dec 2022 March 2023 June 2023 September 2023 December 2023 	•	•	• Compliance Team
	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing MCG 25 th edition; and 26 th Edition (6.22) PP CO-57	<ul style="list-style-type: none"> Gender Affirming Services (Jan 2023 UMC) QIC February 2023 September/October 2023 (All criteria) 	•	•	•
	Annual (CY2022) benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> Annual (Q3) 		•	•

	Internal Audit of Authorization Requests Report Q3-2022 Report (Feb UMC) Q4-2022 Report Q1-2023 Report Q2-2023 Report Q3-2023 Report	•	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q3-2022; this includes the UAT results of the new audits for: PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. Q4-2022; This includes the inaugural audits of PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. 	•
	2022 Utilization Program Evaluation Annual Review and Approval	• Feb 2023 UMC Meeting	•	•	•
	Updated UMC Charter and Reports/Documents Review Calendar	•	•	•	•
	2023 Specialty Referral Reports	•	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q4-2022 / Annual 2022 Report – Feb UMC Q1-2023 Report Q2-2023 Q3-2023 	•
	2022 UM Program Description	<ul style="list-style-type: none"> UMC Q1-2023 (Final version) QIC (Feb 2023) 	•	<ul style="list-style-type: none"> Oct 2022 UMC meeting. Reviewed the Interim UM Program Description with the 	•

				PAD/LTC/Pharmacy updates. • January	
	2022 UM Program Evaluation	• Annual (Q1-2023)	•	•	•

	Topic	Brought By	Time	Agenda	MINUTES
1	Standing Items: <ul style="list-style-type: none"> • Approval of minutes • Action Items review • Parking lot review • Medical/Pharmacy Directors' Dashboards 	Matija	1:00 PM – 1:20	<ul style="list-style-type: none"> • Agenda reviewed • Action Items • Approval of November draft minutes • CO Director Dashboard • Clinical Operations – KPI Dashboard • Clinical Operations – UM Trending Report Review (inpatient Admissions) • Pharmacy Dashboard (Quarterly) <ul style="list-style-type: none"> ○ Q4-2022 (February UMC) ○ Q1-2023 ○ Q2-2023 ○ Q3-2023 	
2	<ul style="list-style-type: none"> • Medical/Pharmacy Appeals (RAMP 0937ES): Upheld and Overturned • Independent Medical Review (IMR); State Fair Hearings (SFH); Consumer Complaints 	<ul style="list-style-type: none"> • April – DMG appeal cases • Leslie Mulhern; Michelle Faust – CHN/UCSF cases • Jessica – Pharmacy Appeals • Monica – Compliance 	1:20 PM – 1:30	<ul style="list-style-type: none"> • Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> ○ UM – Appeals - 1 <ul style="list-style-type: none"> ▪ Upheld appeals – 0 ▪ Overturned appeals – 1 ○ Pharmacy – Appeals - 1 <ul style="list-style-type: none"> ▪ Upheld appeals – 0 ▪ Overturned appeals – 1 • Compliance <ul style="list-style-type: none"> ○ IMR – 3 ○ SFH – 0 ○ Consumer Complaints – 1 	
3	LTC/Duals/SFN FFS	Matija	1:30 PM – 1:40		

4	UMC Quorum – Add two new voting members	Kirk	1:40 PM - 1:45.		Adding Susan Porter / Morgan Kerr to Quorum list.
5	Gender Affirming Services Criteria (Updated/revised) Review / Discussion	Tamsen	1:45 PM- 2:10		
6	Quarterly APR-DRD Varis Audit	Crystal Garcia	2:10 PM – 2:20		
7	PA Process Approval Update	Tamsen/Stephanie	2:20 PM – 2:30		
8	Final – UM Program Description 2022 UM Program Evaluation	Kirk	2:30 PM– 2:35	Just an FYI only (UM Program Description) UM Evaluation to be distributed	
9	Review	Kirk	2:35 PM– 2:40		

January 2023

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

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
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10.5.22	Tamsen/Tony	<ul style="list-style-type: none"> • PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. • Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. 	<p>1.9.23 - Jan 2023- relying on manual check implemented for Health Services KPI spreadsheet until Tableau KPI report logic updates can be prioritized into BA work.</p> <p>Tamsen to follow up with Tony and Jay for new timeline.</p>	2
10.5.22	SeDessie / Hanan	<ul style="list-style-type: none"> • Work with the PHM Team to determine what is driving the Septicemia rate; related to the data in the Top 10 DRG table in the Utilization Trending Dashboard 2022. o Need to breakout the metrics by member population, risk stratification/segmentation. 	11.11.22 – Recommend revisiting in Q1 2023 due to numerous other high level competing priorities.	2
10.5.22	Tamsen	Final decision if UCSF Laser Clinic should be removed from the community referral list as a hair removal provider, given USCF closed its clinic.	<p>1.9.23:- LaserAway still unresponsive. Should PNO continue to pursue? UM has received no requests for this vendor.</p> <p>- Gender Confirmation Center (Dr. Mosser's practice) is still currently only providing surgical site and facial hair reduction.</p> <p>- Tamsen awaiting timely access confirmation from North Bay Aesthetics (closed until this week for holidays).</p> <p>North Bay is able to schedule next day and has plenty of availability so location would be the only concern at this time to keep pursuing a contract or global LOA with Laser Away</p>	2
11.16.22	Pharmacy Team	New asthma medical management intervention program: new care management staff will be educated about this program.	1.9.23 - presented to CM Ops meeting on 1/5/23	2
11.16.22	Monica Fong	Given the number of issues with Kaiser's mental health services, is there a pattern? The Compliance Team will monitor this issue and keep the UMC posted if trends emerge. The Compliance Team is also waiting for DMHC's response before further action.	<p>12.05.2022: During 2022 there were seven cases related to Kaiser and mental health (6 Consumer Complaints/ 1 IMR case).</p> <ul style="list-style-type: none"> • 5 cases occurred in October or November 2022; 4 related to appointments with psychiatrists; 1 related to CoC for ABA therapy. > 4 pending decisions > 1 w/ decision (related to appt): No finding of non-compliance 	2

12.07.22	Wayne Pan	Conduct peer to peer with NEMS MD. Confirm if NEMS is updating protocols for urgent OON appointment requests. Does NEMS attempt to confirm in-network availability prior to issuing a denial?	12.07.2022: NEMs confirmed they attempt to outreach; however, they rarely reach a live person at the ZSFG Specialty Clinics. This is SFHP's experience as well and when this occurs, SFHP approves OON request. 12.29.2022: PNO team asked to share feedback with appropriate ZSFG stakeholders.	2
12.07.22	Wayne Pan	Discuss Kaiser mental health access trends with CMO and Quality Review team. How is Kaiser addressing access issues? At what point is a trend confirmed and a CAP warranted? May require engagement from Access Committee		2
12.07.22	Kirk	Review Specialty Referral Tracking process for opportunities	1.9.23 – will address formally after DHCS Audit prep is completed.	2

Parking Lot

ITEM #	DATE	OWNER	ACTION ITEMS	STATUS
1.	2.16.21	Monica / Jim	<ul style="list-style-type: none"> Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers. 	<ul style="list-style-type: none"> 6.2.22 – Should we remove this? This would need to be a CMO driven request, as it is a resource request from SFN, and it is not required by regulators. I don't know how this request should be prioritized against current regulatory requests from SFHP for SFN (Compliance reporting, auditing, etc.)
2.	2.24.22	AI UMC Members	<ul style="list-style-type: none"> Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be 	<ul style="list-style-type: none"> 2.24.22 - This is ongoing for 2022

			included in the UMC Charter as an out-of-scope item.	
3.	4.06.22	SeDessie / Eddy Ang	<ul style="list-style-type: none"> • Work w/ Eddy Ang on OBS metrics. • Need to be consistent in how OBS rules are applied. 	<ul style="list-style-type: none"> • 5.4.22: SeDessie, Matija, Eddy working on priorities--medium category
4.	11.22	Eddy	<ul style="list-style-type: none"> • Laser Hair Removal Provder Network 	<ul style="list-style-type: none"> • Need monitor the laser hair removal provider network as a standing item for the new few UMC meetings to address the potential audit.

Appeals / Overturned – December 2022

APPEALS AND GRIEVANCES							
Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name of Service or Medication
CPSA221221001	Clinical Post-Service Appeal	SFN	Overturned	SFHP	This is an authorization to approve an inpatient stay. The authorization was denied based on Medi-Cal guidelines; the medical records did not indicate it was medically necessary for an inpatient hospital stay. The member said the denial letter stated the member's heart rate, blood pressure was normal, and the pain was under control, therefore, the member did not need an	San Francisco Health Plan reviewed the appeal and decided to overturn the original denial decision. This request is now approved for an inpatient stay based on the stay being medically necessary.	Inpatient Hospital Stay

					<p>inpatient hospital stay.</p> <p>The member stated they just followed the doctor's instructions. Member stated they had surgery and after the surgery, they could not sit up or open their eyes because they felt dizzy and weak. The member added they had diarrhea on the day of the surgery and the day after. The member had intravenous fluid and medication, the member had a discussion about this with the doctor, and the doctor said this was abnormal. The member would like to have the inpatient stay authorization approved.</p>		
MA221216001	Member Appeal	SFN	Overtured	SFHP-Pharmacy	<p>The provider wants to appeal the denial of the Ramelteon 8MG tablet.</p> <p>The member is elderly with insomnia exacerbated by the member's steroid use to help control the size of a brain tumor. Melatonin has not been helpful for this condition. The member has chronic pain in their extremities as a result of their brain tumor and surgery,</p>	<p>San Francisco Health Plan reviewed the appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because SFHP received additional information to showing Ramelteon is medically necessary.</p>	Ramelteon

					<p>which is currently being treated with both gabapentin and oxycodone. Both of these medications cause significant sedation; therefore, the member should not take benzodiazepines or hypnotics including the step therapy medications temazepam, zolpidem, zaleplon, or eszopiclone. Not only will these medications add to the sedating effects of the member's pain medications, but the member is also at a significant risk of increased falls due to the member's hemiplegia from their brain tumor.</p>		
--	--	--	--	--	---	--	--

UM Productivity - Phone

Purpose:

Provide an automated dashboard to monitor phone related metrics in the UM department.

Data Source:

EDW_Report

Metrics:

Call Volume, Average Call duration, Abandonment Rate, % call answered in 30 seconds

Definitions:

Call Volume: Total number of phone calls including incoming, outgoing and intercom.

Average Call duration: total call duration divided by call volume.

Abandonment Rate: number of abandoned call (defined by Interaction System) divided by call volume

% call answered in 30 seconds: number of call answered under 30 seconds divided by call volume

This dashboard contains phone data in the past 36 months and is refreshed daily



12/14/2022 9:06:03
AM



EDW_REPORT



Email Support

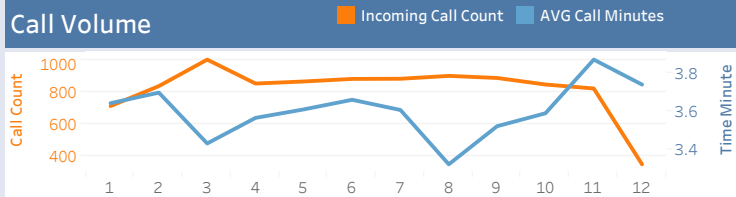


Business Analytics

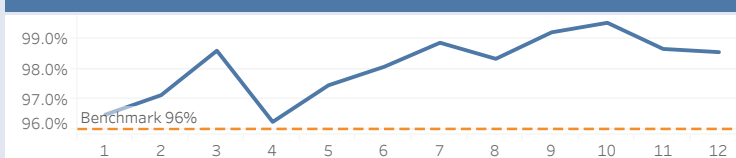
Incoming Call Summary Page - December 2022

12-Month Trend

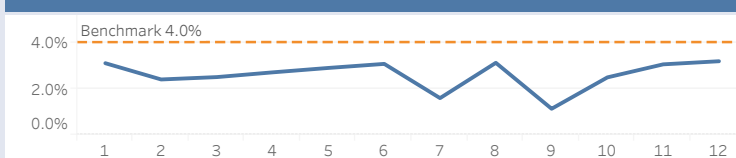
Call Volume



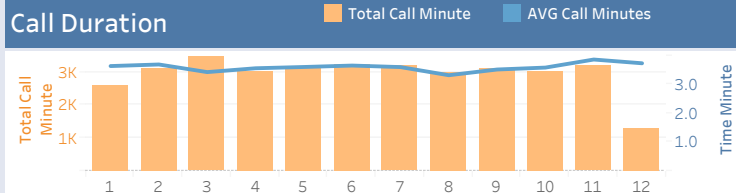
% Calls Answered in 30 Seconds



Abandonment Rate



Call Duration



December 2022

Call Volume

346

MOM ▼-57.9% YOY ▼-54.9%

Answered in 30s

98.6%

MOM ▼-0.1% YOY ▲0.5%

Abandon Rate

3.2%

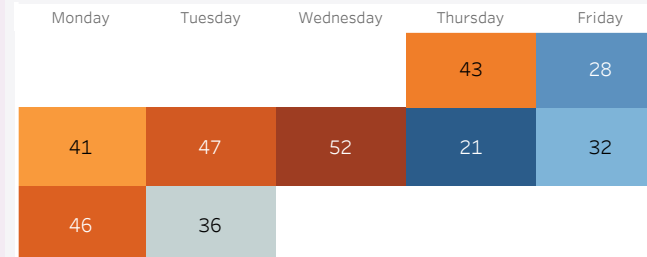
MOM ▲0.1% YOY ▼-0.6%

AVG Call Duration

3.7

MOM ▼-3.4% YOY ▲14.6%

Call Volume December 2022 - Hover cursor over to see hourly breakdown for the day.



Top 10 Callers - January 2022 to December 2022

- hover cursor over to see abandoned call details

Caller Name	Call Count	Abandonment Rate	AVG Call Minutes
UCSF	1,955	3.1%	3.3
SF PUBLIC HLTH	447	2.9%	4.0
WIRELESS CALLER	414	1.4%	4.0
%13500%	296	4.4%	3.6
415 5477800	290	4.5%	3.9
SUTTER HEALTH	224	2.2%	3.6
Zuckerberg San	170	7.1%	3.2
AdaptHealth	164	1.2%	4.7
916 2979966	136	2.2%	2.8
Dam, Allan	123	0.0%	2.3

Dashboard Filters

Select End Month
December 2022

Trend Look Back Period
12

Phone Queue

- ☒ Clinical Services
- ☒ In Patient
- ☒ LongTermCare



12/14/2022 9:06:03 AM



Clinical Ops Productivity Dashboard Details

Purpose:
This dashboards allows the user to evaluate the volume of faxes, care days and outpatient auths that were finalized. In addition, the dashboards allow users to drill down into TAT performance for each TAT rule relevant to fax and auth types. Open faxes and auths that are currently open are also quantified. Last, the user can evaluate a specific employee's closure rate and TAT performance over time.

Histograms are provided to visualize the distribution of faxes, care days and OP auths over the number of hours and days that passed until the item was finalized.

Metrics:
- Open and Finalized fax, care day and OP auth volume
- TAT % Compliance based on specific rules for faxes and auths (24 hrs, 72 hrs, 2 business days, 5 business days and 30 calendar days)

Metrics Related to Employee data:
Essette Employee user data maintained on an Excel spreadsheet will drive the groups overall rates and which employees can be compared to the overall rate. The Excel document is located at: \\SR_SNAP\Tableau_Files\Health Services\JM OPS Phone Users\Clin Ops Phone Tracking - Staff List.xlsx

Median Per Day Per Employee provides the overall median per day per employee of finalized auths and care days based on filters applied that can be compared to the median per day for each employee.

Avg Time to Finalize metrics:
Fax by employee dashboard: The unit value for is in # of business days for routine faxes and # of hours for expedited faxes
IP and OP Auths by Employee dashboards: The unit value is based on the rule listed - # of hours, business days or calendar days.

Definitions:
The base unit to quantify faxes are individual fax records in the Essette fax management backend table.

The base unit to quantify care days and outpatient authorizations is an instance the care day or outpatient authorization was opened for review. Thus, the same care day or outpatient auth can be counted multiple times if it were opened and finalized multiple times. This concept is labeled as "Reviews" throughout the dashboard.

Outpatient Definition:
If AuthClass is either "DMEPOS" or "Outpatient" then it's "Outpatient"
OR if AuthClass is "Inpatient" and Admission Source is "Planned Admission" and the auth does not have an associated care day, then it's 'Outpatient'

Inpatient Definition:
if AuthClass is "Inpatient" and AuthSubClass is "Acute Rehab" then "Skilled Care"
Or if AuthClass is "Inpatient" and AuthSubClass is "Skilled Nursing Facility" then "Skilled Care"
Otherwise, everything else is "Inpatient"

TAT Rules:
Faxes: All IP and expedited OP faxes meeting the TAT rule have to be finalized within 24 hours of received date. Standard OP Faxes must be finalized within 2 business days.

Care Days:
The following grid details which TAT rule the care day falls into:

Auth Priority	Auth Type	Rule
Expedited	Retrospective	User coding error (TAT not measured)
Expedited	Pre-Authorization	User coding error (TAT not measured)
Routine	Pre-Authorization	User coding error (TAT not measured)
Routine	Retrospective	30 calendar days
Routine	Concurrent Review	5 business days
Expedited	Concurrent Review	72 hours

Authorizations:
The following grid details which TAT rule the OP auth falls into:

Auth Priority	Auth Type	Rule
Expedited	Retrospective	User coding error (TAT not measured)
Expedited	Concurrent Review	User coding error (TAT not measured)
Routine	Concurrent Review	User coding error (TAT not measured)
Routine	Retrospective	30 calendar days
Routine	Pre-Authorization	5 business days
Expedited	Pre-Authorization	72 hours

**Holidays are not excluded from hours or days TAT rule calculations

Benchmark Sources:
TBD

Data Refresh Schedule:
Fax & Auth data is refreshed daily at 8:30 (TBD) am and is one day old (DWH refreshes @ 6:30 am & EDW_REPORT refreshes @ 8 am)

Clinical Operations Fax Management Productivity KPI Dashboard

Faxes received between 11/14/2022 & 12/13/2022

Inpatient Faxes	
Received	
1,863	
Finalized	Open (regardless of date params)
Finalized	Total Open
1,856	7
Finalized Non-Compliant TAT Metrics	Open Non-Compliant TAT Metrics
Finalized Over 24 hrs	Open Over 24 hrs
59	7

Outpatient Faxes		
Received		
2,552		
Finalized	Open (regardless of date params)	
Finalized	Total Open	
Expedited	Routine	Routine
642	1,513	397
Finalized Non-Compliant TAT Metrics	Open Non-Compliant TAT Metrics	
Finalized Expedited Over 24 hrs	Expedited Faxes Open Over 24 hrs	
7		
Finalized Routine Faxes Over 2 Business Days	Routine Faxes Open Over 2 Business Days	
1,014	321	

Dashboard Filters

Start Date
11/14/2022

End Date
12/13/2022

Fax Queue Name
All

Fax Management Productivity Drill Down

Faxes received between 11/14/2022 & 12/13/2022



Employee Fax Management Productivity Drill Down

Faxes Finalized between 11/14/2022 & 12/13/2022

Overall Avg # Finalized Faxes			
DocPriority	Median Per Day Per Employee	Fax Cnt	Avg Time to Finalize (exp-hrs/rout-days)
Expedited	3	966	3
Routine	10	3,090	2

Avg # Finalized Faxes by Employee				
Essette User ID	DocPriority	Median Per Day Per Employee	Fax Cnt	Avg Time to Finalize (exp-hrs/rout-days)
3462	Expedited	3.0	80	3.2
	Routine	17.0	353	0.1
70	Expedited	2.0	62	4.9
	Routine	19.0	352	3.7
76	Expedited	3.0	120	1.2
	Routine	17.5	283	2.3
148	Expedited	1.0	21	15.1
	Routine	19.0	267	0.2

Total Faxes Received
4,450

Dashboard Filters

Start Date
11/14/2022

End Date
12/13/2022

Fax Queue Name
All

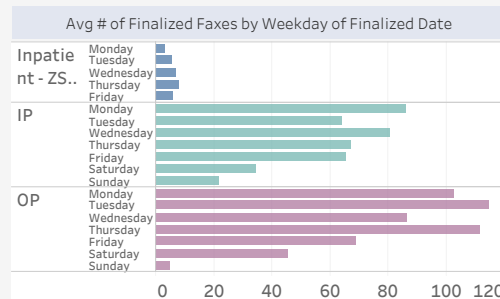
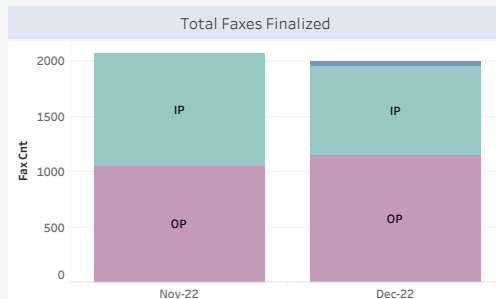
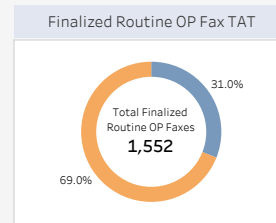
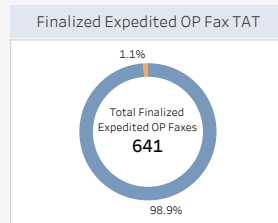
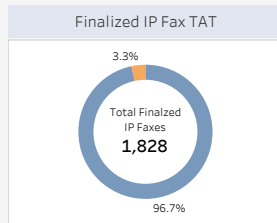
Fax Priority
All

When filtering on Team or Manager, only faxes closed by Employees maintained on Essette User list will be shown

Team
All

Position
All

Essette User ID
All



Clinical Operations Authorization Productivity KPI Dashboard

Review Requested Dates: 11/14/2022 to 12/13/2022

Inpatient Care Days	
Reviews Requested	
869	
Finalized	Open (regardless of date params)
Finalized	Open
849	2
Finalized Non-Compliant TAT Metr..	Open Non-Compliant TAT Metrics
Finalized Over 72 hrs	Open Over 72 hrs
Finalized > 5 Business Days	Open > 5 Business Days
Finalized > 30 Calendar Days	Open > 30 Calendar Days

Outpatient Auths	
Reviews Requested	
2,061	
Finalized	Open (regardless of date params)
Finalized	Open
1,927	123
Finalized Non-Compliant TAT Metr..	Open Non-Compliant TAT Metrics
Finalized Over 72 hrs	Open Over 72 hrs
3	
Finalized > 5 Business Days	Open > 5 Business Days
28	2
Finalized > 30 Calendar Days	Open > 30 Calendar Days

Dashboard Filters

Start Date
11/14/2022

End Date
12/13/2022

IP Type
Inpatient

MedGroup
All

Care Day Authorization Reviews Productivity Drill Down

Reviews between 11/14/2022 & 12/13/2022

Non-Compliant Finalized Care Days
Exceeding 72 hrs

No Care Days Violated TAT rules
for date range selected

Non-Compliant Finalized Care Days
Exceeding 5 Business Days

No Care Days Violated TAT rules
for date range selected

Non-Compliant Finalized Care Days
Exceeding 30 calendar Days

No Care Days Violated TAT rules
for date range selected

Dashboard Filters

Start Date
11/14/2022

End Date
12/13/2022

MedGroup
All

IP Type
Inpatient

LOB
All

Care Day Reviews - Finalized Non-Compliant TAT by Review Request Month/Year

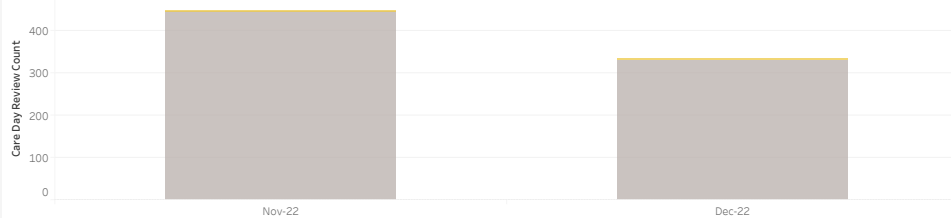
No Care Days Violated TAT rules for date range selected

TAT IP Compliance Rule

Finalized Care Day Reviews by Review Request Date

Select Slicer Auth Volume
Auth Priority

Dimension
Routine
Expedited



Open Care Days by TAT Rule (filters do not apply)

OP - IP Classification

Care Days by Hours Open (72 hour rule)

Care Days by # Business Days Open (5 day rule)

Care Days by # of Calendar Days Open (30 day rule)

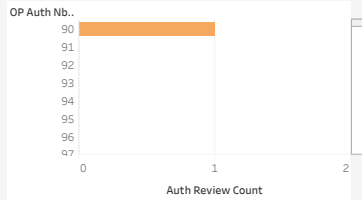


OP - IP Classification
Inpatient

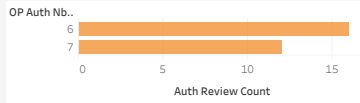
OP Authorization Productivity Drill Down

Reviews between 11/14/2022 & 12/13/2022

Non-Compliant Finalized OP Auths Exceeding 72 hrs



Non-Compliant Finalized OP Auths Exceeding 5 Business Days



Non-Compliant Finalized OP Auths Exceeding 30 Calendar Days

Dashboard Filters

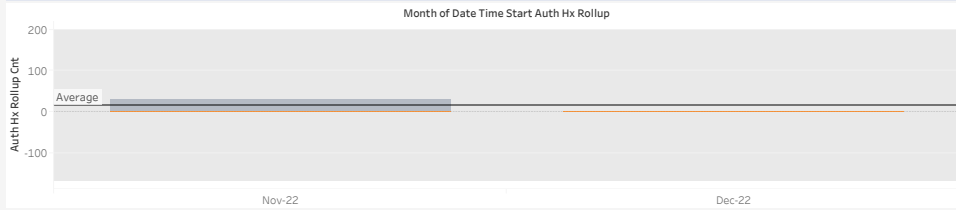
Start Date
11/14/2022

End Date
12/13/2022

MedGroup
All

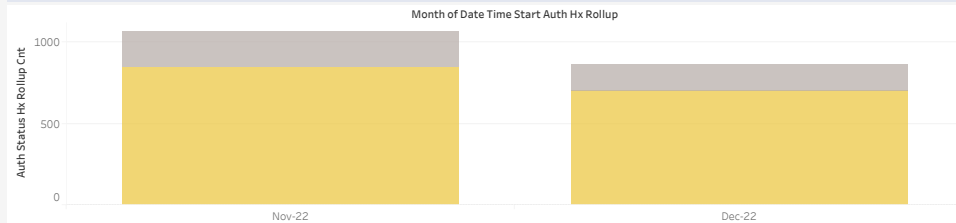
LOB
All

OP Finalized Non Compliant TAT by Review Request Date



TAT OP Compliance Rule
☒ <= 5 Business Days
☒ <= 72 Hours

OP Finalized Auth Review Volume by Review Request Date



Select Slicer Auth Volume
Auth Priority

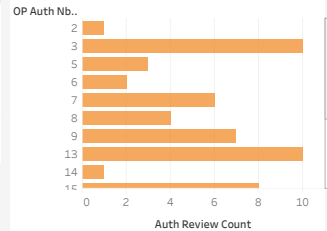
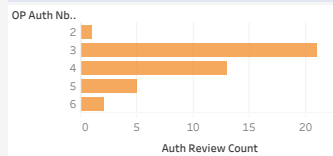
Selected Dimension Auth ..
☒ Expedited
☒ Routine

Open OP Auths by TAT Rule (filters do not apply)

OP Auths by Hours Open (72 hour rule)

OP Auths by # Business Days Open (5 day rule)

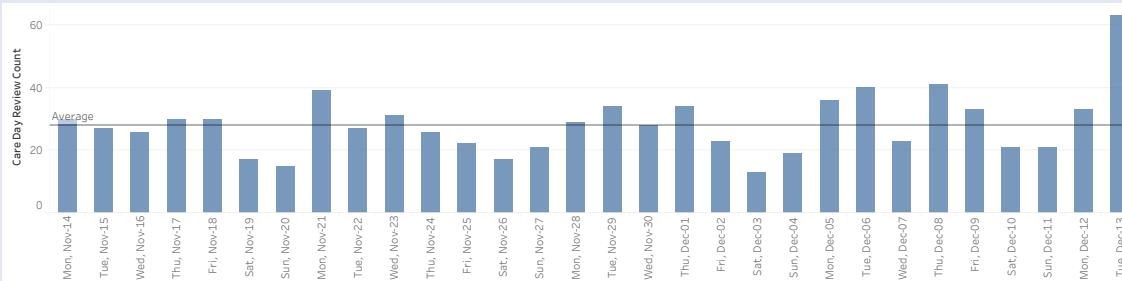
OP Auths by # Calendar Days Open (30 day rule)



Care Day Auth Productivity Drill Down - By Employee

Reviews between 11/14/2022 & 12/13/2022

Finalized Care Day Reviews by Day of Review Request Date ☒ Inpatient



Total Reviews Requested

869

Start Date
11/14/2022

End Date
12/13/2022

IP Type
All

Team
All

Position
All

EssetteUserID Final CD Stat..
All

Overall Avg # Finalized Care Day Reviews

Avg # Finalized Care Day Reviews by Employee

TAT IP Compliance Rule	CD Median Per Day Per Employee	CD Review Count	Avg to Finalize (for rule)	EssetteUserID Final C..	TAT IP Compliance..	CD Median Per Day For Employee	CD Review Count	Avg to Finalize (for rule)
<= 30 Calendar Days	6.0	7.0	3.6	84	<= 30 Calendar Days	1.0	1	0.0
					<= 72 Hours	6.5	142	12.3
<= 72 Hours	4.0	687.0	11.9	99	<= 72 Hours	7.0	119	10.8
					No Rule		6	
No Rule	1.0	153.0		3203	<= 30 Calendar Days	1.0	1	6.0
					<= 72 Hours	4.0	102	11.6
User Error	1.0	2.0			No Rule	1.0	5	
				69	<= 72 Hours	4.0	82	13.2
					No Rule		1	

TAT IP Compliance Rule
(applies to the left 2 graphs only)
All

Finalized Care Days TAT Compliance

	<= 72 Hours	<= 30 Calendar Days
TAT Compliant	100.0%	100.0%

Non Compliant

Finalized Care Day Reviews by # Hours Open

Non Compliant

Finalized Care Day Reviews by # Business Days Open

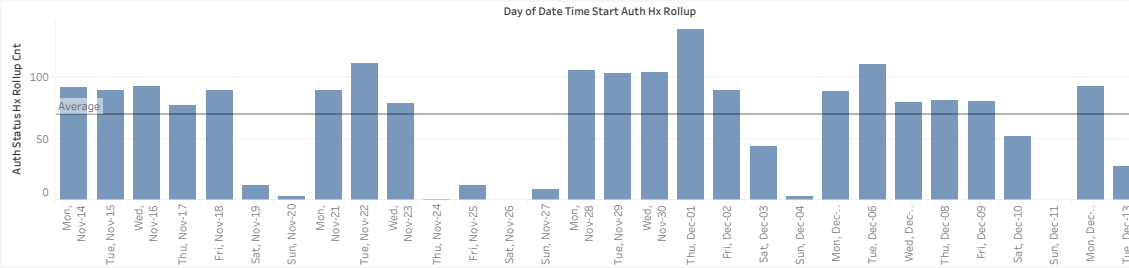
Non Compliant

Finalized Care Day Reviews by # Calendar Days Open

OP Auth Productivity Drill Down - By Employee

Reviews between 11/14/2022 & 12/13/2022

OP Finalized Auths by Day Of Requested Date



Total Reviews Requested

2,061

Dashboard Filters

Start Date

11/14/2022

End Date

12/13/2022

Team

All

Position

All

EssetteUserID Final Auth St..

All

Avg Finalized OP Auths - Overall

TAT OP Compliance Rule	OP Median Per Day Per Employee	OP Auth Review Count	Avg Time to Finalize (for rule)
<= 5 Business D..	4	1,281	1.3
<= 30 Calendar ..	1	56	12.7
<= 72 Hours	2	358	8.1
No Rule	2	232	

Avg Finalized OP Auths By Employee

EssetteUse rID Final Au th Sta..	TAT OP Compliance Rule	OP Median Per Day For Employee	OP Auth Review Count	Avg Time to Finalize (for rule)
131	<= 5 Business Days	9.0	211.0	0.9
	<= 30 Calendar Days	2.0	19.0	4.4
	<= 72 Hours	4.5	88.0	4.7
	No Rule	1.0	11.0	
3372	<= 5 Business Days	7.0	164.0	1.7
	<= 30 Calendar Days	3.0	15.0	19.2
	<= 72 Hours	2.0	43.0	10.9
	No Rule			
34	<= 5 Business Days	6.0	150.0	2.2

TAT OP Compliance Rule

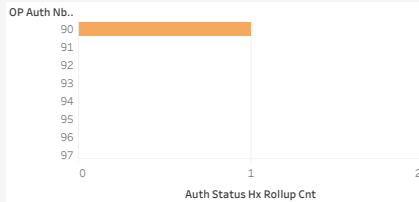
(applies to the left 2 graphs onl

All

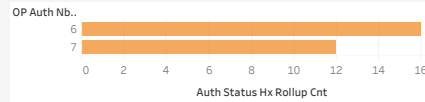
Finalized OP Auths TAT Compliance

	<= 72 Hours	<= 5 Business Days	<= 30 Calendar Days
TAT Compliant	99.16%	97.81%	100.00%
TAT Non-Compliant	0.84%	2.19%	

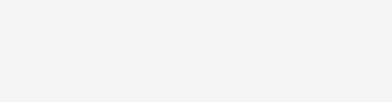
Non Compliant
Finalized OP Auths by # Hours Open




Non Compliant
Finalized OP Auths by # Business Days Open



Non Compliant
Finalized OP Auths by # Calendar Days Open



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

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

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

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

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

UMC Agenda

	Topic	Brought By	Time	Agenda	Notes
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	Matija	2:00 – 2:15	<ul style="list-style-type: none"> Agenda reviewed Action Items Approval of November draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard (Quarterly) <ul style="list-style-type: none"> Q2-2022 (presented 8-3-22) Q3-2022 (UMC in November) Q4-2022 (UMC in February 2023) 	<ul style="list-style-type: none"> November minutes were approved Clinical Op's KPI Dashboard <ul style="list-style-type: none"> Known data discrepancies in PA Auth Volume and TAT metrics. Despite discrepancies, TAT compliance remains strong for PA and CCR teams. See related action item for timeline on fix. Total Auth Volume (YoY and MoM): Continues to Trend upward for PA and CCR teams Denial Volume: 0.5% for PA & 7% for CCR UM Trending and CO Director dashboards are not available until 10th calendar day of each month due to data update schedule. Review postponed until Jan 2023
2.	<ul style="list-style-type: none"> Medical/Pharmacy Appeals: Upheld and Overturned Independent Medical Review (IMR) State Fair Hearings (SFH) Consumer Complaints 	<ul style="list-style-type: none"> April – DMG appeal cases Leslie Mulhern; Michelle Faust – CHN/UCSF cases Jessica – Pharmacy Appeals Betty 	2:15 – 2:30	<ul style="list-style-type: none"> Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> UM – Appeals - 2 <ul style="list-style-type: none"> Upheld appeals – 0 Overturned appeals – 2 Pharmacy – Appeals - 0 <ul style="list-style-type: none"> Upheld appeals – 0 Overturned appeals – 0 	Appeals <ul style="list-style-type: none"> UM (Medical Groups) <ul style="list-style-type: none"> CPSA221111001 (NEM MG) <ul style="list-style-type: none"> Overturned for timely access standards – urgent care visits should be provided within 48 hours of request if no authorization is required or 96 hours if an authorization is required. SFHP MD to conduct peer to peer and

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

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

Action Items – December 2022 UMC

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

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

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
5.4.22	Rudy	For ALOS metric, assess whether an indicator can be added to identify if high ALOS is/isn't attributed to a one-off case.	12.6.22- Slated for next release w/ LTC updates – after Jan 2023	2
10.5.22	Tamsen/Tony	<ul style="list-style-type: none"> PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. 	12.6.22- In progress- manual fixes implemented for excel dashboard, but Tableau needs reporting logic updated; Tamsen working with Tony and BA on timeline for the updates as part of planned phase 2, which has been a lower priority than other 1/1/23-focused BA work.	2
10.5.22	SeDessie / Hanan	<ul style="list-style-type: none"> Work with the PHM Team to determine what is driving the Septicemia rate; related to the data in the Top 10 DRG table in the Utilization Trending Dashboard 2022. Need to breakout the metrics by member population, risk stratification/segmentation. 	11.11.22 – Recommend revisiting in Q1 2023 due to numerous other high level competing priorities	2
10.5.22	Tamsen	Final decision if UCSF Laser Clinic should be removed from the community referral list as a hair removal provider, given USCF closed its clinic.	<p>11.14.12 Currently:</p> <ol style="list-style-type: none"> Gender Confirmation Center (Dr. Mosser's practice) is the only in-network option, but only does surgical site and facial hair removal. North Bay Aesthetics is the only provider offering body hair laser, they are out of network <p>12.6.2022- Leslie recommended LaserAway to PNO. Lindsay Shon will be reaching out. Current options remain the same as noted 11/14/22.</p>	2
11.16.22	Pharmacy Team	New asthma medical management intervention program: new care management staff will be educated about this program.	11.22.22 - Tammie C. is presenting information to the CM Ops meeting on 12/8.	2
11.16.22	Grace Carino Kaitlin Hawkins	Appeal - MA220928001: potential change to policy or process. Recommend that the questions posed to MRloA should be reviewed prior to being sent to MRloA; also, Pharmacy needs to be pulled into the appeals process at an earlier stage to determine the appropriate use for MRloA requests for this type of pharmaceutical request.	12.6.2022: Met on 12/1. Developed a process flow ensuring pharmacy input prior to routing case to MD, and also allowing for pharmacy input in developing questions for MRloA. To be trialed	3

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

Parking Lot

ITEM #		OWNER	ACTION ITEMS	STATUS
1.	2.16.21	Monica / Jim	<ul style="list-style-type: none"> Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers. 	<ul style="list-style-type: none"> 6.2.22 – Should we remove this? This would need to be a CMO driven request, as it is a resource request from SFN, and it is not required by regulators. I don't know how this request should be prioritized against current regulatory requests from SFHP for SFN (Compliance reporting, auditing, etc.)
2.	2.24.22	AI UMC Members	<ul style="list-style-type: none"> Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be included in the UMC Charter as an out-of-scope item. 	<ul style="list-style-type: none"> 2.24.22 - This is ongoing for 2022
3.	4.06.22	SeDessie / Eddy Ang	<ul style="list-style-type: none"> • Work w/ Eddy Ang on OBS metrics. • Need to be consistent in how OBS rules are applied. 	<ul style="list-style-type: none"> 5.4.22: SeDessie, Matija, Eddy working on priorities--

				medium category
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Appendix

Appeals / Overturned – November 2022

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

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

1.11.23
v.14

Version History

Version	Version Date	Version Author	Document Change(s) & Reason for Change(s)
1.0	12.22.2021	<ul style="list-style-type: none"> • K. M. McDonald • M. Cale • Consultant / Debra Hagemann, RN, Clearlink Partners, LLC 	Document creation – merging ClearLink Partners and current UMC Charter (v12.16.21).
1.1	1.31.2022	<ul style="list-style-type: none"> • K. M. McDonald • M. Cale 	Document edited
2.0	10.6.22	<ul style="list-style-type: none"> • K. M. McDonald • M. Cale 	UMC voted, quorum met, to change the UMC meeting frequency from monthly to every other month. Cycle will begin with December 2022 UMC meeting.
2.1	11.16.22	<ul style="list-style-type: none"> • K. M. McDonald • M. Cale 	UM re-voted, quorum met, to change the UMC meeting frequency to a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.
3.0	1.11.23	<ul style="list-style-type: none"> • K. M. McDonald 	Expanded the UMC membership to include Manager, Clinical Operations and Nurse Manager, LTC. These two positions will also be granted voting rights.

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General Overview

Purpose

This charter shall constitute the structure, operation, membership, and responsibilities of the San Francisco Health Plan (SFHP) Utilization Management Committee (UMC).

The UMC is committed to ensuring no aspect of SFHP's clinical operations may adversely affect the health and safety of its members.

The UMC reviews clinical operational policies, and relevant contractual language, to ensure they do not encourage barriers to care and services which may adversely affect the health and safety of the organization's members.

The UMC monitors and evaluates the San Francisco Health Plan's (SFHP) Utilization Management (UM) Program and ensures the UM program is compliant with the requirements of SFHP policies, the Medi-Cal Contract, NCQA Health Plan standard requirements, the California (CA) Department of Health Care Services (DHCS), the CA Department of Managed Health Care (DMHC), and related Federal and State laws and regulations.

Membership

Committee member is listed in the table below:

Department	Time Commitment per month (including meeting time)	Voting Rights
Chief Medical Officer, MD	2 hr + any assigned action item	Yes
Senior Medical Director, MD	2 hr + any assigned action item	Yes
Director, Clinical Operations, RN	2 hr + any assigned action item	Yes
Senior Manager, Prior Authorization, RN	2 hr + any assigned action item	Yes
Senior Manager, Clinical Operations, CCRT, RN	2 hr + any assigned action item	Yes
UM Nurse Manager, Prior Authorizations, RN	2 hr + any assigned action item	Yes
Program Manager, Clinical Operations, PhD	2 hr + any assigned action item	Yes
Manager, Pharmacy Operations, Pharm.D	2 hr + any assigned action item	Yes
Manager, Clinical Operations	2 hr + any assigned action item	Yes
Nurse Manager, LTC	2 hr + any assigned action item	Yes
*Director of Clinical Services – Beacon Health Options (ad hoc) Valid State Clinical License required (RN, LCSW, LMFT, PhD or PsyD)		The UMC membership, with voting rights limited to behavioral health and mental health motions.

*Medical Director (MD/ Psychiatry) – College Health IPA (Beacon Health Options) (ad hoc)		The UMC membership, with voting rights limited to behavioral health and mental health motions.
*Behavioral Health Manager		No
VP Health Services Programs		Yes
VP Health Services Operations		Yes
DMG & Quality Nurse		Yes
Supervisor Grievance and Appeals		No
Senior Manager, Care Management		No
Compliance Representative		Yes
Interim Director, Quality		Yes

*Will attend committee meetings depending on the meeting's agenda or by request of other committee members. The representative will also be available for ad-hoc questions as necessary.

SFHP designees become members of the UMC through appointment by SFHP CMO and as recommended by the Clinical Operations Director.

Others in attendance are by invitation (not regularly attending), should have a clearly defined purpose for attendance. Subject matter expert (SME) may be invited by the UMC for a specific agenda topic(s).

Scope of Work

The following areas will be considered in-scope for the UMC Committee:

Developing and executing a UM Plan

- The UMC shall provide council to the SFHP CMO on the Strategic plan, SFHP Policies and Procedures, UM Criteria, Performance monitoring and sanctions. Advice and counsel shall be achieved through sharing of ideas, solution focused dialogue, and research.
- Set utilization management priorities based on the SFHP strategic and annual work plans and/or contractual/public policy expectations.
- Determine policy and practices for pharmacy and medical authorizations, medical necessity and level of care criteria, and utilization management standards that are consistent with member advocacy, regulatory requirements, and best practices.

Monitoring and evaluating the UM Plan

- Participate in the development of authorization and utilization management monitoring criteria and tools to assure compliance with approved policies and standards.
- Review and monitor pharmacy and medical utilization patterns and analysis to detect and recommend remediation of over/under or inappropriate utilization for delegated and non-delegated medical groups.
- Perform utilization management functions sufficient to analyze and make recommendations relating to controlling costs, mitigating risk, and assuring quality of care.

Recommend improvement strategies

- Recommend cross-functional enhancements to Discharge Planning, Complex Case Management, Pharmacy, Care Coordination, etc.
- Establish improvement priorities based on results of inter-rater reliability, provider feedback, external audit feedback, appeal reviews, and utilization data.
- The following areas will be out-of-scope for the XX Committee:

Roles & Responsibilities

Roles	Responsibilities
Chair/Facilitator	<ol style="list-style-type: none"> 1. Ensure that meeting agenda and all relevant documents are circulated to the committee members 1 day in advance of the meeting. 2. Officiate and conduct the meetings. 3. Delegate responsibilities to committee members, as needed. 4. Provide leadership and ensure that the committee complies with its responsibilities.
Scribe (TBD)	<ol style="list-style-type: none"> 1. Schedule committee meetings and notify members of date, time, and place of meeting. 2. Ensure decisions and meeting minutes are complete and accurately documented. 3. Retain and distribute meeting minutes for committee review.
Other committee members	<ol style="list-style-type: none"> 1. Committee members will serve as their department's representative. 2. Each department represented at the committee must dedicate 1 hour of staff time per month outside of committee meeting time. The hourly commitment is not limited to the current committee member, but may also be divided or delegated, as necessary. 3. Committee members will attend monthly meetings. If a member cannot attend, they will notify the meeting facilitator (in advance) and send an alternate representative who is empowered to make decisions and vote. 4. Committee members are responsible for reviewing the agenda prior, complete assigned action items and be prepared to actively participate in discussion.

The committee will be responsible for the following deliverables:

- Sign-off (majority vote) on requests

Committee Decision-Making Process and Escalation

- The committee members will be guided by the principle of consensus while making committee decisions.
- When a consensus cannot be reached, the committee will adopt a strategy of extending committee dialogue and gathering additional information to work towards a consensus.
 - If consensus is still not achieved, any committee member may call for a member vote.
 - The purpose of the vote is to show the strength of support of the members' minority and majority opinions on the subject under discussion. The outcome of the vote will be escalated to the SFHP CMO.
 - The committee's vote outcome is not binding on the CMO but is used to inform the CMO about the committee members positions on the subject under discussion.
 - The CMO, on reviewing the information submitted by the committee, is the arbiter of the final decision/recommendation to be adopted by the committee before further action is taken on the subject under discussion.

Meeting Standards

Quorum attendance

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

Meeting frequency

- Regular Meetings:
 - The UMC meeting frequency to a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.
- Special Meetings: Special meetings shall occur as determined by the consensus of the group and as business of the body necessitates.
- Attendance at Meetings: Members shall regularly attend or send a designee who is prepared to act on behalf of the appointed member.
- Agenda: The Agenda shall be prepared by the SFHP Program Manager Clinical Operations in consultation with and approval by the UMC Chairperson(s) and shall be distributed in advance of the meeting with related attachments. To the extent possible the agenda shall clarify the context of a discussion to support the need for SMEs or in determining an alternate for meeting attendance.
- Key Decisions: The scribe (Program Manager Clinical Operations) shall prepare a meeting summary that reflects key decisions and required actions to occur after the meeting. The required actions shall specify directly responsible individuals, deliverables, and due dates. Committee recommendations will be made available to the appropriate committee and/or council (i.e., SFHP Committees and Teams).

General Committee Meeting Workflow

1. Standing Items:
 - a. Approval of Minutes
 - b. Action Items Review
 - c. Parking Lot Review
 - d. Reports/Document Review
 - i. Review schedule is located in the document [UMC Reports & Document Review Calendar](#)
2. Medical/Pharmacy Appeals
 - a. Discussion will focus on overturned appeals requiring a policy and/or a process change.
3. Compliance Review of UM related
 - a. Independent Medical Review (IMR)
 - b. State Fair Hearings (SFH)
 - c. Consumer Complaints
4. Consent Calendar Vote – if applicable
5. Ad Hoc Topics within scope outlined above from the Committee Members
6. Recap / Action Item Review

Member Conduct/Ground Rules (Following SFHP Meeting Norms)

1. TIME
 - a. Start on time
 - b. Be prepared
 - c. End 5 minutes early
2. Expectations
 - a. Set agendas
 - b. Be present
 - c. Define Roles
 - d. Actively listen
 - e. No sidebar conversations
 - f. Be device free
 - g. One speaker at a time
3. Acknowledge
 - a. Work together towards a common outcome
 - b. Acknowledge differing opinions
 - c. Treat others the way you wish to be treated
4. Move to Action
 - a. Establish a clear process to meet goals
 - b. Agree on action items
 - c. Define who does what by when and how we will follow up
5. Shared Accountability
 - a. Take ownership
 - b. Follow through on responsibilities and commitment
 - c. Respect and support the team's decisions

Charter Review

This charter will be reviewed and reassessed by the committee at least annually, and any proposed changes will be reviewed by all members prior to approval.

GENDER AFFIRMING SERVICES MEDICAL NECESSITY CRITERIA

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



SURGICAL SERVICES

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

Documentation showing these requirements are met must be recent (within 3 months of the authorization request).

WPATH SOC-8 Criteria for Surgery for Adultsⁱ

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

WPATH SOC-8 Criteria for Surgery for Adolescents^{vii}

- a. Gender diversity/incongruence is marked and sustained over time;
- b. Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care;

- c. Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
- d. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally.
- e. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
 - ii. *Please note that fertility preservation is not a Medi-Cal benefit.*
- f. At least 12 months of gender-affirming hormone therapy or longer, if required, to achieve the desired surgical result for gender-affirming procedures, including breast augmentation, orchiectomy, vaginoplasty, hysterectomy, phalloplasty, metoidioplasty, and facial surgery as part of gender-affirming treatment unless hormone therapy is either not desired or is medically contraindicated.

DHCS Criteria for Reconstructive Surgery^{viii}

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

NON-SURGICAL SERVICES

Gender-affirming non-surgical services include*, but are NOT LIMITED to: injectable natural and synthetic fillers, toxins, sculpting agents; laser and electrolysis hair removal/reduction for surgical site, face, and body; postsurgical micropigmentation, such as nipples or neophallus; prosthetics, padding, chest or genital binding/compression garments (not postsurgical); voice and communication therapies; physician administered drugs such as hormones and puberty blocking agents; and fertility preservation (for Healthy Worker members only^{ix,x}). Please note that hyperbaric oxygen therapy and lymphatic massage are not medically indicated after fat grafting. Therefore, they are excluded from these non-surgical services criteria. Criteria in this section mirrors the language or intent of The World Professional Association for Transgender Health (WPATH) *Standards of Care, 8th Version* (SOC-8) and the DHCS reconstructive statute. Please see these source documents for more in-depth information. **SFHP Criteria for Non-Surgical Services**

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

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

- 1. Member's planned gender affirming treatments can result in infertility.^{xi,xii,xiii,xiv,xv}

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- b. Meets diagnostic criteria for gender incongruence prior to gender-affirming hormone treatment in regions where a diagnosis is necessary to access health care;
- c. Demonstrates capacity to consent for the specific gender-affirming hormone treatment;

- d. Other possible causes of apparent gender incongruence have been identified and excluded;
- e. Mental health and physical conditions that could negatively impact the outcome of treatment have been assessed, with risks and benefits discussed;
- f. Understands the effect of gender-affirming hormone treatment on reproduction and they have explored reproductive options.
 - i. *Please note that fertility preservation is not a Medi-Cal benefit.*

3. For Adolescents

- a. Gender diversity/incongruence is marked and sustained over time;
- b. Meets the diagnostic criteria of gender incongruence in situations where a diagnosis is necessary to access health care;
- c. Demonstrates the emotional and cognitive maturity required to provide informed consent/assent for the treatment;
- d. Mental health concerns (if any) that may interfere with diagnostic clarity, capacity to consent, and gender-affirming medical treatments have been addressed; sufficiently so that gender-affirming medical treatment can be provided optimally.
- e. Informed of the reproductive effects, including the potential loss of fertility and the available options to preserve fertility;
 - i. *Please note that fertility preservation is not a Medi-Cal benefit.*
- f. Reached Tanner stage 2.



TERMINOLOGY

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

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

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

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

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

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

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^{viii} DHCS APL 20-018, *ENSURING ACCESS TO TRANSGENDER SERVICES*.

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPsandPolicyLetters/APL2020/APL20-018.pdf>

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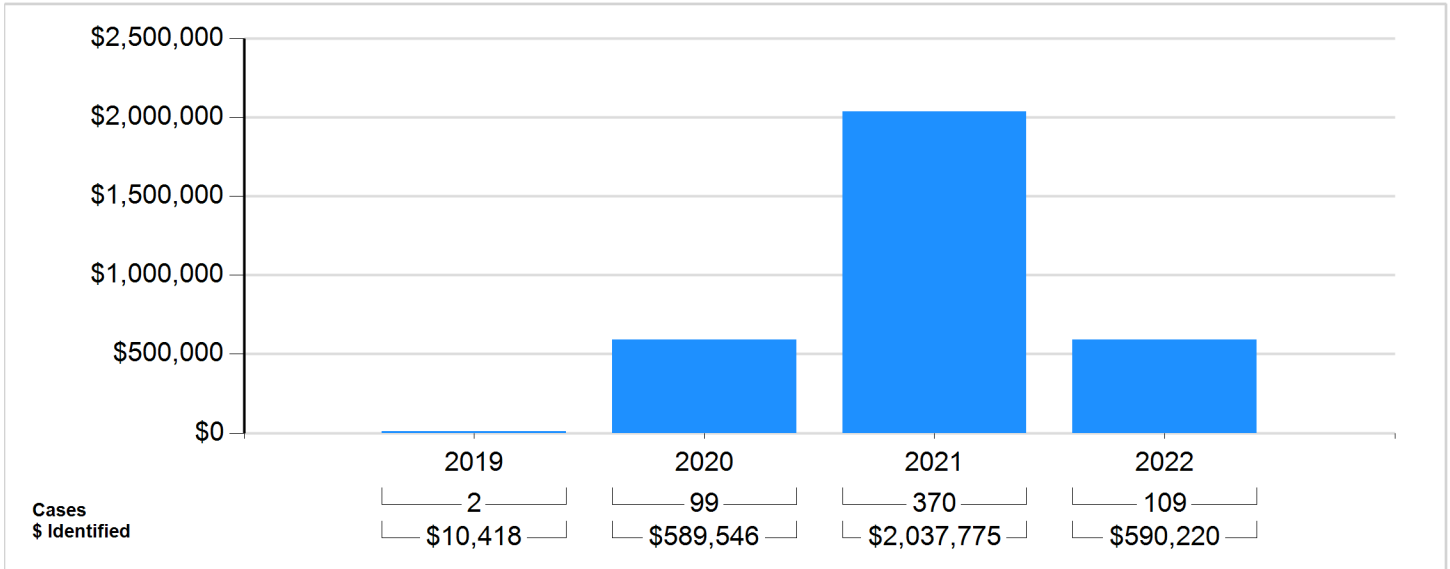


San Francisco Health Medicaid Graphical Program Report As of Thursday, December 1, 2022

Identified Cases and Dollars by Type:

These are program to date figures which represent the amount of accounts receivable VARIS has identified for the client. Number of cases with identified recoupment by error type and fiscal year.

PLEASE NOTE: The fact that these numbers are based on service date, current year figures do not reflect all the claims for the calendar year. Figures from previous fiscal years may change as the records from those date ranges are received, processed and audited.

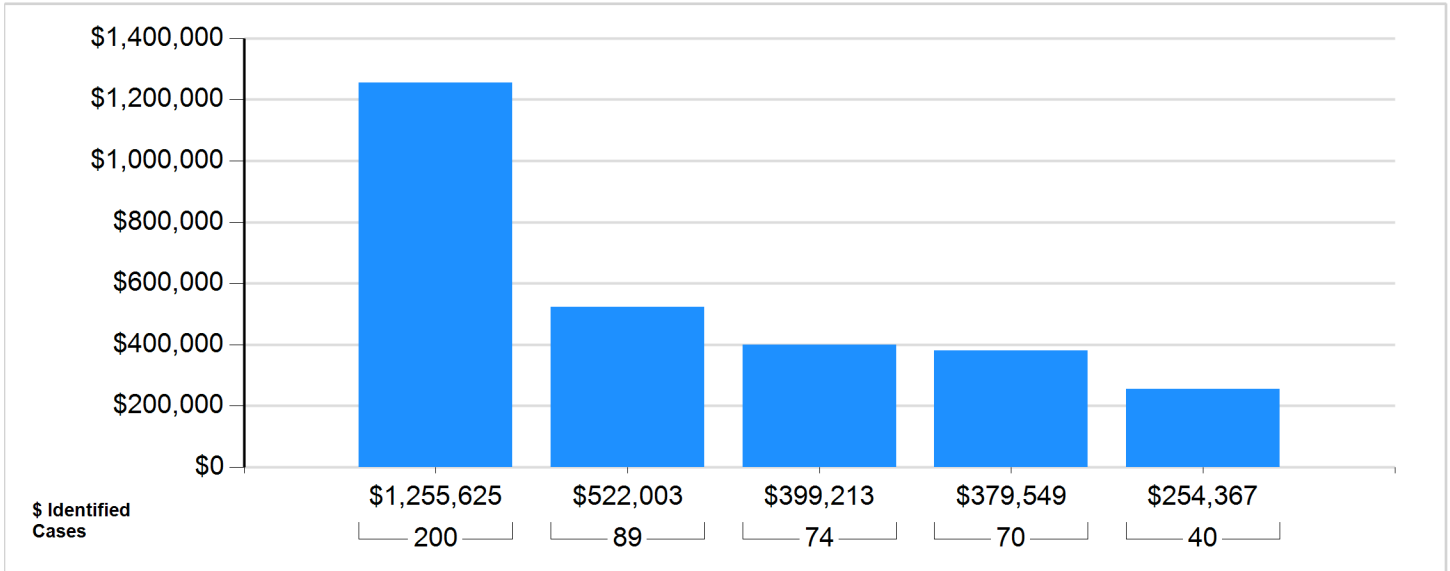


YEAR	DRG Change		Total	
2019	2	\$10,418	2	\$10,418
2020	99	\$589,546	99	\$589,546
2021	370	\$2,037,775	370	\$2,037,775
2022	109	\$590,220	109	\$590,220
Total	580	\$3,227,959	580	\$3,227,959

San Francisco Health Medicaid Graphical Program Report As of Thursday, December 1, 2022

Top 5 Providers:

Top (up to 5 Providers) for recoupment dollars and number of cases with recoupment.



Provider Name		Total Recoupment	
Total	UCSF Medical Center	200	\$1,255,625
Total	California Pacific Medical Center - Saint Luke's Campus	89	\$522,003
Total	California Pacific Medical Center - Pacific Campus	74	\$399,213
Total	Saint Francis Memorial Hospital	70	\$379,549
Total	Saint Mary's Medical Center	40	\$254,367



San Francisco Health Medicaid Graphical Program Report As of Thursday, December 1, 2022

Overall Averages:

Averages based on actual findings.

Code Name	Average Recoupment
DRG Change	\$5,565

Top 5 DRGs:

Top DRGs by Recoupment findings.

LOB	DRG	Drg Desc	Total Recoupment	
Total	7204	SEPTICEMIA & DISSEMINATED INFECTIONS	36	\$331,375
Total	1374	MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	12	\$85,280
Total	7104	INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	6	\$110,282
Total	1304	RESPIRATORY SYSTEM DIAGNOSIS W VENTILATOR SUPPORT 96+ HOURS	3	\$85,246
Total	6954	CHEMOTHERAPY FOR ACUTE LEUKEMIA	2	\$87,632

Kaiser Mental Health Cases – 1-11-2023 update

Compliance and Regulatory Affairs (CRA) reviewed Department of Managed Health Care (DMHC) Independent Medical Review (IMR) and Consumer Complaint (CC) cases related to Kaiser mental health-related issues, received during 2022. During 2022 there have been a total of eight DMHC Consumer Complaint and IMR cases related to Kaiser and mental health (six Consumer Complaints and two IMR cases). The bolded text is what has been updated since the last meeting.

- Five cases occurred in October or November 2022; four were related to appointments with psychiatrists.
- **The one IMR case in December was a consumer complaint in October that was moved to IMR.**
- **Of the eight cases, two are still pending DMHC's decision.**

#	Month	Type of Case	Description	DMHC Decision
1	July	CC	Continuous partial hospitalization and therapist services and Paxil for Anxiety	Kaiser/SFHP acted in compliance as requests were appropriately denied. Also granted partial return to plan for continuous partial hospitalization and therapy. Complaint regarding Paxil was closed because DMHC does not have authority as it is a Medi-Cal Pharmacy benefit.
2	August	CC	ADHD evaluation	Case was returned to plan.
3,4,5	October	CC	Three (3) cases – All requested appointments with psychiatrists.	One of the cases, no decision, yet. One of the cases, a return to plan was granted. One of the cases SFHP was found to have acted in compliance; Member's request

				for transcranial magnetic stimulation for depression was moved to IMR in a December IMR case.
6	November	CC	Requested appointment with psychiatrist.	No finding of non-compliance.
7	November	IMR	Continuity of care for speech, feeding, and ABA therapy services.	SFHP/Kaiser's decision was upheld, and services were determined to be not medically necessary.
8	December	IMR	Member would like a psychiatrist. Member is also requesting transcranial magnetic stimulation for depression. This case was a consumer complaint in October.	No decision, yet.

Prior Authorizations Efficiencies Effort

Stephanie Penrod, Tamsen Staniford

PA Team Efficiencies Effort

- Stephanie Penrod, Clinical Operations Analyst, leading effort with Tamsen Staniford, PA Nurse Manager, and Chris Ball, Supervisor PA Coordinators, to improve Prior Auth Team efficiencies.

- Effort goals
 - Reduce manual work
 - Reduce volume of authorizations that do not require medical necessity review
 - Focus nurse resources on clinical work

PA Team Efficiencies Effort

- Three main improvement categories
 - QNXT/Claims collaboration
 - Auth volume reduction
 - Process and workflow changes

- QNXT/Claims collaborations in progress
 - Implementing Claims Edit Software frequency limits
 - Provider par/nonpar configuration updates
 - Currently analyzing volume impacts

Reducing authorization volume

- Recent auth requirement removal
 - Medical supplies
 - Estimated 12-15% volume reduction
 - Grade B US Preventative Task Force recommendations
 - ACOG recommended carrier and prenatal screening

Process/Workflow changes

- Triaging/assigning work to better prioritize medical review auths over administrative auths
 - Expect additional days available for nurse and MD review
- Moving more non-clinical tasks from nurses to coordinators
 - Expect MDs to receive PA review requests sooner and increased program referrals from PA nurses

- Future updates and outcomes will be shared with UMC
- Let us know what efforts and outcomes you are interested in
- Questions?

Clinical Ops Productivity Dashboard Details

Purpose:
This dashboard allows the user to evaluate the volume of faxes, care days and outpatient auths that were finalized. In addition, the dashboards allow users to drill down into TAT performance for each TAT rule relevant to fax and auth types. Open faxes and auths that are currently open are also quantified. Last, the user can evaluate a specific employee's closure rate and TAT performance over time.

Histograms are provided to visualize the distribution of faxes, care days and OP auths over the number of hours and days that passed until the item was finalized.

- Metrics:**
- Open and Finalized fax, care day and OP auth volume
 - TAT % Compliance based on specific rules for faxes and auths (24 hrs, 72 hrs, 2 business days, 5 business days and 30 calendar days)

Metrics Related to Employee data:
Essette Employee user data maintained on an Excel spreadsheet will drive the group's overall rates and which employees can be compared to the overall rate. The Excel document is located at: \\SR_SNAP\Tableau_Files\Health Services\JM OPS Phone Users\Clin Ops Phone Tracking - Staff List.xlsx

Median Per Day Per Employee provides the overall median per day per employee of finalized auths and care days based on filters applied that can be compared to the median per day for each employee.

Avg Time to Finalize metrics:
Fax by employee dashboard: The unit value for is in # of business days for routine faxes and # of hours for expedited faxes
IP and OP Auths by Employee dashboards: The unit value is based on the rule listed - # of hours, business days or calendar days.

Definitions:
The base unit to quantify faxes are individual fax records in the Essette fax management backend table.

The base unit to quantify care days and outpatient authorizations is an instance the care day or outpatient authorization was opened for review. Thus, the same care day or outpatient auth can be counted multiple times if it were opened and finalized multiple times. This concept is labeled as "Reviews" throughout the dashboard.

Outpatient Definition:
If AuthClass is either "DMEPOS" or "Outpatient" then it's "Outpatient"
OR if AuthClass is "Inpatient" and Admission Source is "Planned Admission" and the auth does not have an associated care day, then it's "Outpatient"

Inpatient Definition:
if AuthClass is "Inpatient" and AuthSubClass is "Acute Rehab" or "Skilled Nursing Facility" then "Skilled Care"
if AuthClass is "Inpatient" and AuthSubClass is "Custodial Care" then "Custodial Care"
All others are "Inpatient"

TAT Rules:
Faxes: All IP and expedited OP faxes meeting the TAT rule have to be finalized within 24 hours of received date. Standard OP Faxes must be finalized within 2 business days.

Care Days:
The following grid details which TAT rule the care day falls into:

Auth Priority	Auth Type	Rule
Expedited	Retrospective	User coding error (TAT not measured)
Expedited	Pre-Authorization	User coding error (TAT not measured)
Routine	Pre-Authorization	User coding error (TAT not measured)
Routine	Retrospective	30 calendar days
Routine	Concurrent Review	5 business days
Expedited	Concurrent Review	72 hours

Authorizations:
The following grid details which TAT rule the OP auth falls into:

Auth Priority	Auth Type	Rule
Expedited	Retrospective	User coding error (TAT not measured)
Expedited	Concurrent Review	User coding error (TAT not measured)
Routine	Concurrent Review	User coding error (TAT not measured)
Routine	Retrospective	30 calendar days
Routine	Pre-Authorization	5 business days
Expedited	Pre-Authorization	72 hours

**Holidays are not excluded from hours or days TAT rule calculations

Benchmark Sources:
TBD

Data Refresh Schedule:
Fax & Auth data is refreshed daily at 8:30 (TBD) am and is one day old (DWH refreshes @ 6:30 am & EDW_REPORT refreshes @ 8 am)

Clinical Operations Fax Management Productivity KPI Dashboard

Faxes received between 1/1/2022 & 3/13/2023

Inpatient Faxes	
Received	
27,436	
Finalized	Open (regardless of date params)
Finalized	Total Open
27,421	15
Finalized Non-Compliant TAT Metrics	Open Non-Compliant TAT Metrics
Finalized Over 24 hrs	Open Over 24 hrs
828	15

Outpatient Faxes			
Received			
34,480			
Finalized		Open (regardless of date params)	
Finalized		Total Open	
Expedited	Routine	Expedited	Routine
8,330	25,830	13	307
Finalized Non-Compliant TAT Metrics		Open Non-Compliant TAT Metrics	
Finalized Expedited Over 24 hrs		Expedited Faxes Open Over 24 hrs	
123		13	
Finalized Routine Faxes Over 2 Business Days		Routine Faxes Open Over 2 Business Days	
18,659		193	

Dashboard Filters

Start Date

1/1/2022

End Date

3/13/2023

Fax Queue Name

All

Fax Management Productivity Drill Down

Faxes received between 1/1/2022 & 3/13/2023



Employee Fax Management Productivity Drill Down

Faxes Finalized between 1/1/2022 & 3/13/2023

Overall Avg # Finalized Faxes				Avg # Finalized Faxes by Employee			
DocPriority	Median Per Day Per Employee	Fax Cnt	Avg Time to Finalize (exp-hrs/rout-days)	Essette User ID	DocPriority	Median Per Day Per Employee	Avg Time to Finalize (exp-hrs/rout-days)
Expedited	3	11,237	5	3248	Expedited	6	1
					Routine	14	3
Routine	11	51,205	2	148	Expedited	2	10
					Routine	19	0
				70	Expedited	3	5
					Routine	18	3
				109	Expedited	5	6
					Routine	11	4

Total Faxes Received

64,267

Dashboard Filters

Start Date

1/1/2022

End Date

3/13/2023

Fax Queue Name

All

Fax Priority

All

When filtering on Team or Manager, only faxes closed by Employees maintained on Essette User list will be shown

Team

All

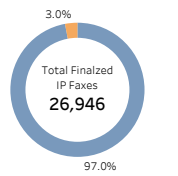
Position

All

Essette User ID

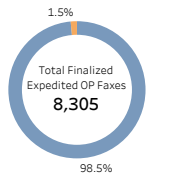
All

Finalized IP Fax TAT



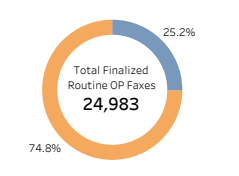
Compliant Non-Compliant

Finalized Expedited OP Fax TAT



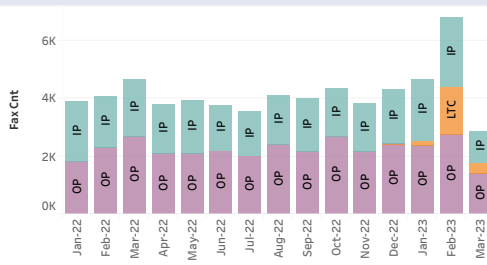
Compliant Non-Compliant

Finalized Routine OP Fax TAT

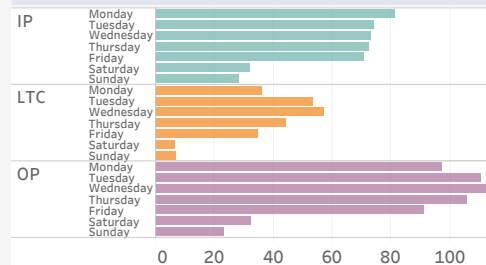


Compliant Non-Compliant

Total Faxes Finalized



Avg # of Finalized Faxes by Weekday of Finalized Date



Clinical Operations Authorization Productivity KPI Dashboard

Review Requested Dates: 1/1/2022 to 3/13/2023

Inpatient Care Days	
Reviews Requested	
19,610	
Finalized	Open (regardless of date params)
Finalized	Open
18,737	64
Finalized Non-Compliant TAT Metr..	Open Non-Compliant TAT Metrics
Finalized Over 72 hrs	Open Over 72 hrs
9	
Finalized > 5 Business Days	Open > 5 Business Days
130	
Finalized > 30 Calendar Days	Open > 30 Calendar Days

Outpatient Auths	
Reviews Requested	
31,352	
Finalized	Open (regardless of date params)
Finalized	Open
31,127	213
Finalized Non-Compliant TAT Metr..	Open Non-Compliant TAT Metrics
Finalized Over 72 hrs	Open Over 72 hrs
70	
Finalized > 5 Business Days	Open > 5 Business Days
231	5
Finalized > 30 Calendar Days	Open > 30 Calendar Days
5	

Dashboard Filters

Start Date

1/1/2022

End Date

3/13/2023

IP Type

All

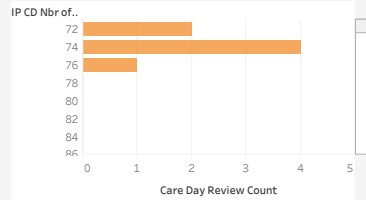
MedGroup

All

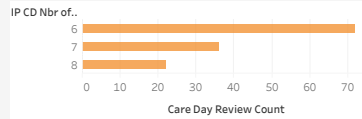
Care Day Authorization Reviews Productivity Drill Down

Reviews between 1/1/2022 & 3/13/2023

Non-Compliant Finalized Care Days Exceeding 72 hrs



Non-Compliant Finalized Care Days Exceeding 5 Business Days



Non-Compliant Finalized Care Days Exceeding 30 calendar Days

No Care Days Violated TAT rules
for date range selected

Dashboard Filters

Start Date

1/1/2022

End Date

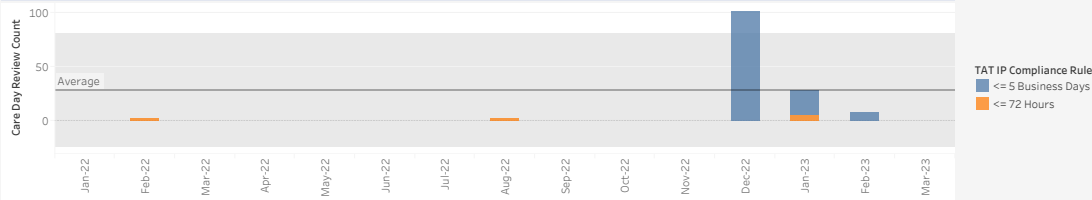
3/13/2023

All MedGroup

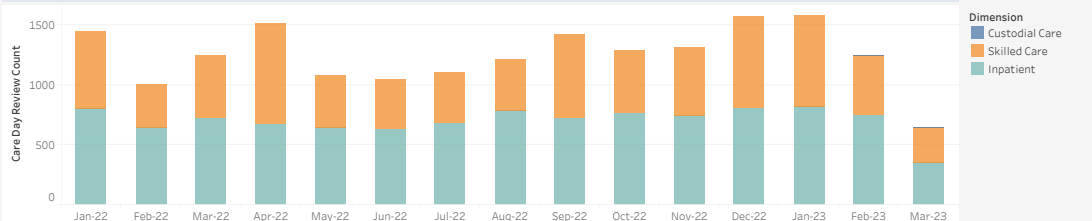
All IP Type

All LOB

Care Day Reviews - Finalized Non-Compliant TAT by Review Request Month/Year



Finalized Care Day Reviews by Review Request Date



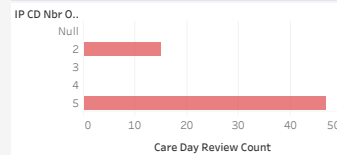
Open Care Days by TAT Rule (filters do not apply)

OP - IP Classification
Skilled Care

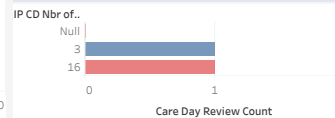
Care Days by Hours Open (72 hour rule)



Care Days by # Business Days Open (5 day rule)



Care Days by # of Calendar Days Open (30 day rule)

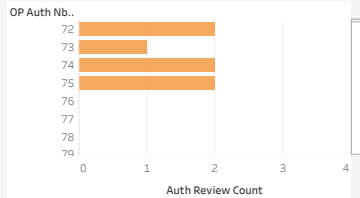


OP - IP Classification
Inpatient
Skilled Care

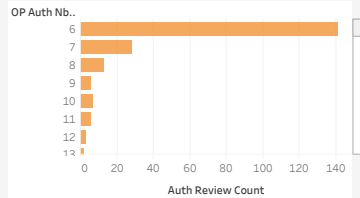
OP Authorization Productivity Drill Down

Reviews between 1/1/2022 & 3/13/2023

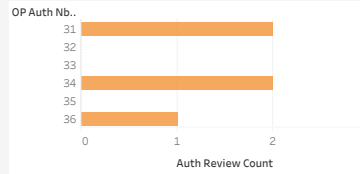
Non-Compliant Finalized OP Auths
Exceeding 72 hrs



Non-Compliant Finalized OP Auths
Exceeding 5 Business Days



Non-Compliant Finalized OP Auths
Exceeding 30 Calendar Days



Dashboard Filters

Start Date

1/1/2022

End Date

3/13/2023

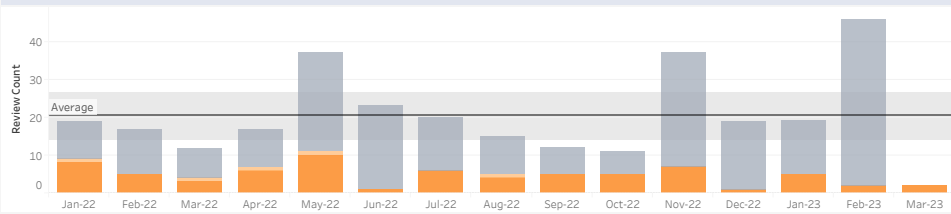
MedGroup

All

LOB

All

OP Finalized Non Compliant TAT by Review Request Date



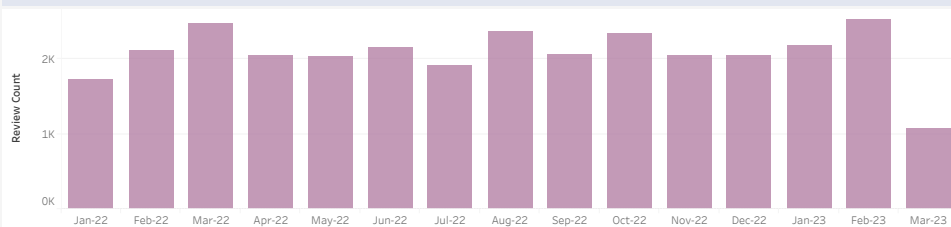
TAT OP Compliance Rule

<= 5 Business Days

<= 30 Calendar Days

<= 72 Hours

OP Finalized Auth Review Volume by Review Request Date



Select Slicer Auth Volume

Auth Class

Selected Dimension Auth ..

Outpatient

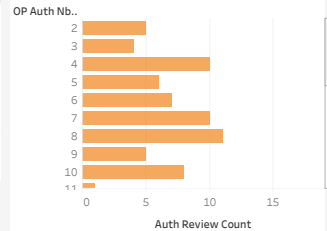
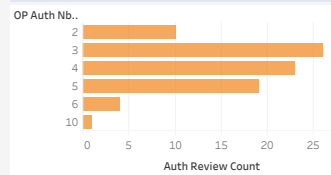
Open OP Auths by TAT Rule

(filters do not apply)

OP Auths by Hours Open (72 hour rule)

OP Auths by # Business Days Open (5 day rule)

OP Auths by # Calendar Days Open (30 day rule)



Care Day Auth Productivity Drill Down - By Employee

Reviews between 1/1/2022 & 3/13/2023

Finalized Care Day Reviews by Day of Review Request Date

Inpatient

Skilled Care

Total Reviews Requested

19,340

Start Date
1/1/2022

End Date
3/13/2023

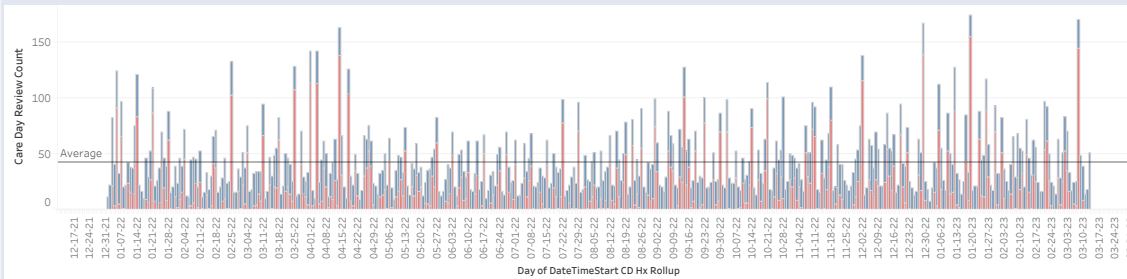
IP Type
Multiple values

Team
All

Position
All

EssetteUserID
All

TAT IP Compliance Rule
(applies to the left 2 graphs only)
All



Overall Avg # Finalized Care Day Reviews

Avg # Finalized Care Day Reviews by Employee

TAT IP Compliance Rule	CD Median Per Day Per Employee	CD Review Count	Avg to Finalize (for rule)
<= 5 Business ..	5	1,611	1.6
<= 30 Calenda..	5	6,530	7.5
<= 72 Hours	3	9,038	10.9
No Rule	1	1,480	
User Error	1	69	

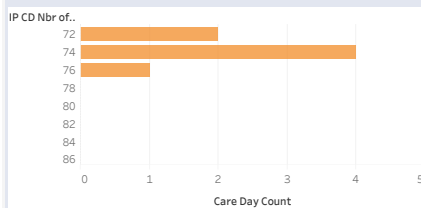
EssetteUse rID Final C..	TAT IP Complianc..	CD Median Per Day For Employee	CD Review Count	Avg to Finalize (for rule)
148	<= 5 Busin..	5	257	0.3
	<= 30 Cale..	8	1,688	1.3
	<= 72 Hours	46	76	3.9
	No Rule	5	353	
	User Error	5	34	
89	<= 5 Busin..	7	349	3.5
	<= 30 Cale..	11	1,510	15.4
	<= 72 Hours	9	193	14.2
	No Rule	0	66	

Finalized Care Days TAT Compliance

	<= 72 Hours	<= 5 Business Days	<= 30 Calendar Days
TAT Compliant	99.90%	91.93%	100.00%
TAT Non-Compliant	0.10%	8.07%	

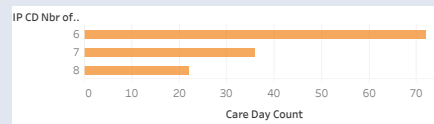
Non Compliant

Finalized Care Day Reviews by # Hours Open



Non Compliant

Finalized Care Day Reviews by # Business Days Open



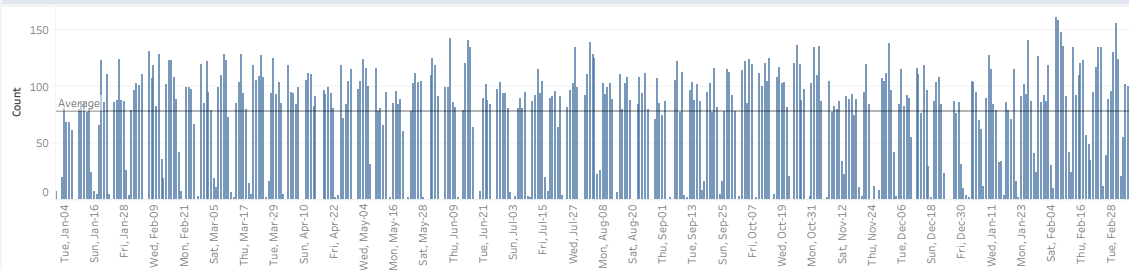
Non Compliant

Finalized Care Day Reviews by # Calendar Days Open

OP Auth Productivity Drill Down - By Employee

Reviews between 1/1/2022 & 3/13/2023

OP Finalized Auths by Day Of Requested Date



Total Reviews Requested

31,352

Dashboard Filters

Start Date

1/1/2022

End Date

3/13/2023

Team

All

Position

All

EssetteUserID

All

Avg Finalized OP Auths - Overall

TAT OP Compliance Rule	OP Median Per Day Per Employee	OP Auth Review Count	Avg Time to Finalize (for rule)
<= 5 Business D..	4	20,544	1.3
<= 30 Calendar ..	1	1,769	14.8
<= 72 Hours	2	5,270	8.5
No Rule	2	3,539	
User Error	1	5	

Avg Finalized OP Auths By Employee

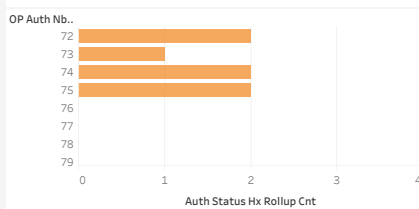
EssetteUse rID Final Au th Sta...	TAT OP Compliance Rule	OP Median Per Day For Employee	OP Auth Review Count	Avg Time to Finalize (for rule)
3372	<= 5 Business Days	8	2,848	1.7
	<= 30 Calendar Days	1	219	20.6
	<= 72 Hours	2	558	12.4
	No Rule	1	43	
21	<= 5 Business Days	6	2,115	1.5
	<= 30 Calendar Days	1	199	11.9
	<= 72 Hours	3	714	10.0
	No Rule	1	38	

TAT OP Compliance Rule
(applies to the left 2 graphs onl
All

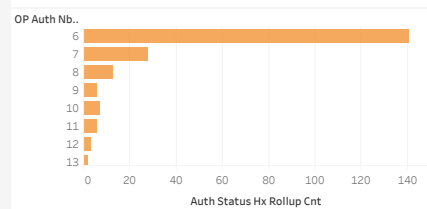
Finalized OP Auths TAT Compliance

	<= 72 Hours	<= 5 Business Days	<= 30 Calendar Days
TAT Compliant	98.67%	98.88%	99.89%
TAT Non-Compliant	1.33%	1.12%	0.11%

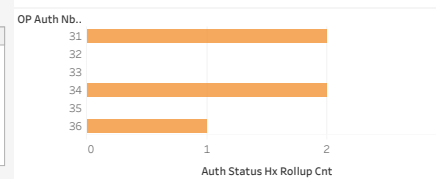
Non Compliant
Finalized OP Auths by # Hours Open



Non Compliant
Finalized OP Auths by # Business Days Open



Non Compliant
Finalized OP Auths by # Calendar Days Open

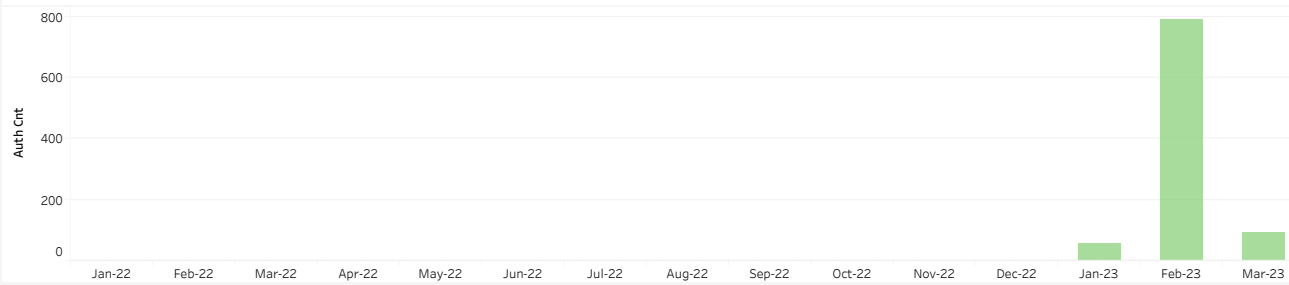


Custodial Authorizations

Requested between 1/1/2022 & 3/13/2023



Custodial Auths



Dashboard Filters

Start Date 1/1/2022

End Date 3/13/2023

MedGroup All

AuthStatus All

Team All

Position All

EssetteUse.. All

 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 19 April 2023 1:30 – 3:00PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly meeting. Meeting frequency is a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.</p>	<p>Recorder: K. M. McDonald</p>
<p>Present:</p>	<p><u>Clinical Operations</u> Matija Cale, SeDessie Harris; April Tarpey; Morgan Kerr; Eddy Ang; Kirk McDonald; Tony Tai (NP); Tamsen Staniford; Chris Ball; Susan Porter; Traci Jovancevic</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim</p>	<p><u>Compliance</u> Monica Fong; Crystal Garcia</p> <p><u>Quality Review Team</u> Michelle Faust Leslie Mulhern Jenna Colin-Arriola</p> <p><u>Optional Attendees in Attendance</u> Obeidi, Hanan (Health Services Programs) Rudy Wu (Business Analytics) Courtney Spalding (Clinical Operations)</p> <p><u>Guests</u> Wayne Pan, MD (Medical Director) on behalf of Eddy Ang, MD</p>
<p>Optional Attendees</p>	<p>Shost, Jessica (Pharmacy); Nathoo, Aryn (Care Management); Tammie Chau (Pharmacy)</p>	
<p>Not Present (NP):</p>	<p>Eddy Ang, MD; Stephanie Penrod</p>	
<p><i>Quorum (details after the Action Items section below)</i></p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Eddy Ang ; official date of hire as the CMO 2.3.23) • Senior Medical Director (vacant) • Director, Clinical Operations, RN (Matija Cale) • Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • Manager, Long Term Care Nurses (Susan Porter, RN) 	

	<ul style="list-style-type: none"> • Manager, Clinical Operations (Morgan Kerr, MBA) • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Program Manager, Clinical Operations, PhD (Kirk McDonald)
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Documents Presented:	<p>Updated_DRAFT_Agenda_UMC_April-2023_v4.19.23</p> <p>DRAFT_Minutes_UMC_Jan-2023_v2.14.23</p> <p>Clinical Operations Dashboard_1.23_v2.27.23</p> <p>12.19.22-1.17.23_ProductivityDashboard_v1.18.23</p> <p>1.1.22-3.13.23_ProductivityDashboard_v3.15.23</p> <p>March-2023_Productivity Dashboard_v4.19.23</p> <p>Pharmacy_Operations_Dashboard_4Q2022_v2.3.23</p> <p>1.1.23-3.31.23_0937ES_Essette_Grievance_Report_4.12.23_Final</p> <p>SFH.IMR.CC_UMC Report_2023. 02.24</p> <p>SFH.IMR.CC_UMC Report_2023. 04. 11</p> <p>UtilizationTrendingDashboard 2022_Benchmarks_v4.13.23</p> <p>QIC_Annual_ClinicalCriteriaReview_Feb-23_Mtg_v2.15.23</p> <p>Draft_DMG_SpecialRefer_Q1-Q2-Q3-2022_v1.23.23</p> <p>Final_Draft_ClinicalOperations_InternalAuditReport_Q3-2022_v3.14.23</p> <p>FINAL_Draft_2022_UMProgEval_v3.9.23</p> <p>Proposed_Draft_UMC_Charter_v3.30.23</p> <p>Jan-2023_PhoneProductivityDashboard_v1.18.23</p> <p>Feb, March-2023_PhoneProductivityDashboard_v3.15.23</p> <p>Jan-2023_PhoneProductivityDashboard_v1.18.23</p> <p>Feb, March-2023_PhoneProductivityDashboard_v3.15.23</p> <p>March-2023_Phone Productivity Dashboard_v4.19.23</p>
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Consent Calendar – January 2023 to December 2023

ITEM #	Document	Review Schedule	Outcome	Comments	Meeting notes
1.	Quarterly Varis/APRDRG	<ul style="list-style-type: none"> • Dec 2022 • March 2023 • June 2023 • September 2023 	•	•	• Compliance Team / UMC 1.23 presented

		<ul style="list-style-type: none"> December 2023 			
2.	<p>UM Criteria for Non-Genital Gender Confirmation Services</p> <p>UM Criteria for Genital Gender Confirmation Services</p> <p>UM Criteria for EPSDT Private Duty Nursing</p> <p>MCG 25th edition; and 26th Edition (6.22)</p> <p>PP CO-57</p>	<ul style="list-style-type: none"> Gender Affirming Services (Jan 2023 UMC) QIC February 2023 September/October 2023 (All criteria) 	<ul style="list-style-type: none"> Jan 2023: Gender Affirming Services criteria approved. Feb 2023: QIC approved all criteria (reference the document <i>QIC_Annual_ClinicalCriteriaReview_Feb-23_Mtg_v2.15.23</i>). 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
3.	<p>Annual (CY2022) benchmark updates for the utilization trending tableau report</p>	<ul style="list-style-type: none"> Annual (Q3) 		<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
4.	<p>Internal Audit of Authorization Requests Report</p> <p>Q3-2022 Report (April UMC)</p> <p>Q4-2022 Report</p> <p>Q1-2023 Report</p> <p>Q2-2023 Report</p> <p>Q3-2023 Report</p>	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q3-2022; this includes the UAT results of the new audits for: PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. Q4-2022; This includes the inaugural audits of PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. 	<ul style="list-style-type: none"> April UMC: Q3-2022 Internal audit reviewed.
5.	<p>2022 Utilization Program Evaluation</p>	<ul style="list-style-type: none"> April 2023 UMC Meeting 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> FINAL_Draft_2022_UMProgEval_v3.9.23

	Annual Review and Approval				
6.	Updated UMC Charter and Reports/Documents Review Calendar	•	<ul style="list-style-type: none"> Added 2 new quorum members. UMC voted, quorum met, to approve. 	•	<ul style="list-style-type: none"> January 2023 UMC
7.	2023 Specialty Referral Reports	•	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q4-2022 / Annual 2022 Report – May UMC Q1-2023 Report (May UMC) Q2-2023 Q3-2023 	•
8.	2022 UM Program Description 2023 UM Program Description	<ul style="list-style-type: none"> UMC Q1-2023 (Final version) UMC (Nov 2023) QIC (Dec 2023) 	•	<ul style="list-style-type: none"> Oct 2022 UMC meeting. Reviewed the 2022 Interim UM Program Description with the PAD/LTC/Pharmacy updates. 2023 version UMC (Nov) & QIC (Dec) 	•

	Topic	Brought By	Time	Agenda	Meeting Notes
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	Matija	1:30 PM – 1:50	<ul style="list-style-type: none"> Agenda reviewed. Action Items Approval of January draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard (will be providing the quarterly dashboard the second month of the quarter (we need the first month of the quarter to compile last quarter's data). <ul style="list-style-type: none"> Q4-2022 (April UMC) Q1-2023 (May UMC) Q2-2023 Q3-2023 	<ul style="list-style-type: none"> Minutes Approval <ul style="list-style-type: none"> The January 2023 minutes were approved by quorum vote. Action Items Review <ul style="list-style-type: none"> See the updates in the Action Item table below. Parking Lot Review <ul style="list-style-type: none"> No updates. Dashboards <ul style="list-style-type: none"> Clinical Operations (CO) Authorization Productivity KPI Dashboard <ul style="list-style-type: none"> The refinement of the foundational data for the KPI metrics continues to be a work in process. Total Pre-Authorization metrics <ul style="list-style-type: none"> A 40% increase in PA requests, however, the authorization count as

					<p>it appears in the KPI dashboard is off.</p> <ul style="list-style-type: none"> Turn-Around-Time (TAT) Metrics <ul style="list-style-type: none"> The actual, manual TATs metrics are slightly off the 99% benchmark. The KPI metrics in the tableau report are not accurate. This issue will be addressed by Jiva. Pharmacy Dashboard Highlights <ul style="list-style-type: none"> Medication Therapy Management Tasks <ul style="list-style-type: none"> Big jump in tasks/interventions. Most common task/intervention are the claims. Big increase in Med-Rx due to new medication adherence program. Working on targeting the quality measures. Medication Therapy Management Interventions <ul style="list-style-type: none"> Drug Utilization Review (DUR) assessments are increasing due to P&T Committee focus on antimicrobial resistance (AMR) issues and inhaler use. Appeals and Overturns <ul style="list-style-type: none"> Most overturns due to additional information being provided. PA TAT and PA Requests for Information (RFI) <ul style="list-style-type: none"> The activity still within limits, but outliers were addressed with the PBM.
2.	<ul style="list-style-type: none"> Medical/Pharmacy Appeals (RAMP 0937ES): Upheld and Overturned Independent Medical Review (IMR); State Fair Hearings (SFH); Consumer Complaints 	<ul style="list-style-type: none"> April – DMG appeal cases Leslie Mulhern; Michelle Faust – CHN/UCSF cases Jessica – Pharmacy Appeals 	1.50 PM – 2:10	<ul style="list-style-type: none"> Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> UM – Appeals - 9 <ul style="list-style-type: none"> Upheld appeals – 6 Overturned appeals – 3 Pharmacy – Appeals - 8 <ul style="list-style-type: none"> Upheld appeals – 3 Overturned appeals – 5 Compliance <ul style="list-style-type: none"> IMR – 0 SFH – 1 Consumer Complaints – 3 	<ul style="list-style-type: none"> UM Appeals <ul style="list-style-type: none"> -Appeal CPSA230224001 <ul style="list-style-type: none"> Discussed the level of care issue. Final group consensus – no need to change a policy or process. Pharmacy Appeals <ul style="list-style-type: none"> Appeal MA230302001: Myrbetriq <ul style="list-style-type: none"> Will follow-up with Magellan as to why the original PA request had all of the information needed to approve the medication. Yet the original request was denied. Compliance <ul style="list-style-type: none"> No changes to policies or processes.

		<ul style="list-style-type: none"> Monica – Compliance 			
3.	Demo/Overview of the Tableau report Updates: : Utilization Trending Dashboard 2022: Views	Rudy Wu	2:10 PM – 2:30	Focus on the Tableau report - UtilizationTrendingDashboard 2022_Benchmarks_v4.13.23.	<ul style="list-style-type: none"> The discussion started with a walk through the Tableau report sections. <ul style="list-style-type: none"> Summary Page <ul style="list-style-type: none"> The outpatient visit metric was retired and replaced by metric CBAS per 1000MM. Acute IP APRD DRG page <ul style="list-style-type: none"> Given the significant number of COVID patients hospitalized, can now show co-morbidity metrics. ED and Acute IP page <ul style="list-style-type: none"> Added a utilization map. How zip codes have highest usage in ED/Acute IP <ul style="list-style-type: none"> Can view diagnosis and secondary diagnosis. Using the mailing code of the patient, not the 2nd zip code due to high inaccuracy. Question – can the top 10 diagnosis be sorted by zip codes? <ul style="list-style-type: none"> This functionality is not available at this time. Comment (Hanan/Eddy) <ul style="list-style-type: none"> From a PHM perspective - how to use zip code modeling to address DHCS around health equity (race, ethnicity, age) needs. This information needs to be aggregated through the PHM lens and provided to Case Management. The focus is drilling down to member demographic profile

					<p>vs. a member level assessment. E.g., members had readmissions for acute service X in zip code X vs. a member with the same acute service X in zip code Y. Comparing the readmissions between members in different zip codes. How resource intense is it to keep a member stable and is there a correlative effect in acute/readmissions.</p> <ul style="list-style-type: none">○ DHCS contract is focusing on health equity and is asking us to do more slicing at the member level.○▪ The Ethnicity Box reviewed:<ul style="list-style-type: none">• Can add additional demographic information if wanted.▪ By Medical Group Box reviewed:<ul style="list-style-type: none">• Dark color is high usage.• Light color is low usage.○ Readmission page<ul style="list-style-type: none">▪ 3.2020 is the start period.▪ Based on HEDIS definitions for admissions.▪ HEDIS has an outlier class – a member with more than 4 eligible admissions per calendar year.▪ Can screen out outliers in the Dashboard filters.▪ Can see which hospitals have the most readmissions.
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					<ul style="list-style-type: none">• The red color in the Trend chart means a deviation over 2%.▪ The blue bar in the Top 10 hospitals chart<ul style="list-style-type: none">• The orange bar w/ the blue line (the benchmark) shows how the hospitals is over/under the benchmark.• (Hanan comment): need to look at this from a risk arrangement with the hospital. From a DOFR perspective.• The average length of stay by medical group and by diagnosis - which medical group is managing the members effectively.▪ Readmission Follow-Ups▪ 10 Diagnosis for Readmissions <p>Here is a summary of the updates:</p> <ul style="list-style-type: none">• Summary/KPI page: Removed Outpatient Visit KPI and added CBAS utilization KPI.• Acute Inpatient APR-DRG page: added tooltip for secondary diagnosis, ranked by cost, in the second visualization (Top 10 APR-DRG) to better understand the members' secondary conditions in their admissions.• ED and Acute IP page: added a map of San Francisco to see ED or Acute IP utilization disparities based on member's mailing zip code.• Readmission page: this is a new dashboard that focuses on readmissions. 3 KPIs and 5 visualizations.<ul style="list-style-type: none">○ KPIs: 1. Total Eligible Admissions by HEDIS definition. 2. Total Readmission by HEDIS definition. 3. Readmission Rate.○ Visualizations:<ol style="list-style-type: none">1. Readmission Rate Trend2. Top 10 hospitals with most eligible admissions and their readmission rates3. Readmission follow-up rate by medical group
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					<p>4. Top 10 Readmission Primary diagnoses 5. Top 10 secondary diagnoses when a primary diagnosis is selected.</p> <ul style="list-style-type: none"> Please note: Besides the common member demographic filters, this dashboard also features the readmission outlier filter. Outliers are members who have had 4 or more admission in a calendar year.
4.	DMG Oversight - Updates	April Tarpey	2:30 PM – 2:35		<ul style="list-style-type: none"> DHCS review of NEMS files at the March audit prompted the implementation of changes to the DMG audit process. April will be conducting a NCQA UM 12 focused audit in May. <ul style="list-style-type: none"> UM-12 focuses on monitoring/tracking of unauthorized modifications of a denial/appeal notification date. Based on DHCS audit results: <ul style="list-style-type: none"> The DMG audit tool was updated to assess IRR annually rather than every 3 years. The audit process was updated to include approved files. NEMS will be on a CAP with a UM quarterly review until all areas are satisfied for 2 consecutive quarters.
	PA Process Updates	Tamsen	2:35 PM – 2:40		<ul style="list-style-type: none"> To be tabled to the May UMC meeting.
5.	Annual QIC Criteria review (DHCS/NCQA)	Matija / Tamsen	2:40 PM – 2:45		<ul style="list-style-type: none"> Provided an update – refer to the PPT deck presentation.
6.	Reporting	Kirk	2:45 PM – 2:50	<ul style="list-style-type: none"> DMG Semi-annual Reports (NCQA UM-13, Elements A & C) Final_Draft_ClinicalOperations_InternalAuditReport_Q3-2022_v3.14.23 FINAL_Draft_2022_UMProgEval_v3.9.23 	<ul style="list-style-type: none"> To be tabled to the May UMC meeting.
7.	eVote Update the UMC Charter	Kirk	2:50 PM – 2:55	<ul style="list-style-type: none"> Proposed_Draft_UMC_Charter_v3.30.23 <p>Grievance Program Leadership Team (GPLT)] would like to update the UMC Charter to "to include upheld appeals to the sentence "Discussion will focus on overturned appeals requiring a policy and/or a process change". Grace Carino request</p>	<ul style="list-style-type: none"> To be tabled to the May UMC meeting.

Action Items April 2023

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Rudy	<ul style="list-style-type: none"> Updates to the Utilization Trending Dashboard 	

		<ul style="list-style-type: none"> ○ Add a legend for the map colors. ○ Include Q4-2022 data. 	
2.	Eileen Kim	<ul style="list-style-type: none"> • Appeal MA230112001 for Myrbetriq • The appeal overturned was based on "original info" that was actually the same information was in the original PA. • Follow-up with Magellan: if the original PA had all of the information required to approve the authorization, why was the original PA denied? 	
3.	Rudy	<ul style="list-style-type: none"> • Are we able to cross match the top 10 diagnosis with Pharmacy information provided by Kaitlin in the Pharmacy dashboard? 	

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
5.4.22	Rudy	For ALOS metric, assess whether an indicator can be added to identify if high ALOS is/isn't attributed to a one-off case.	4.12.23 – Completed - resolved with the phase 2 UM Trending dashboard.	3
10.5.22	Tamsen/Tony	<ul style="list-style-type: none"> • PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. • Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. 	<p>1.9.23 - Jan 2023- relying on manual check implemented for Health Services KPI spreadsheet until Tableau KPI report logic updates can be prioritized into BA work. Tamsen to follow up with Tony and Jay for new timeline.</p> <p>2.24.23- oh hold through March while focusing on processing SDN and preparing for SFN FFS auth volume.</p> <p>4.18.23-On hold in April for same reason</p>	2
10.5.22	SeDessie / Hanan	• Work with the PHM Team to determine what is driving the Septicemia rate; related to the data in the Top 10 DRG table in the Utilization Trending Dashboard 2022.	<p>4.19.23 - Completed</p> <p>We have discussed how Sepsis Dx is being up-coded (confirmed via VARIS audit). As a result, we are looking into secondary diagnoses. We have paused on drilling deeper into sepsis.</p>	3

		o Need to breakout the metrics by member population, risk stratification/segmentation.		
10.5.22	Tamsen	Final decision if UCSF Laser Clinic should be removed from the community referral list as a hair removal provider, given USCF closed its clinic.	5.16.23 – Completed. Given North Bay availability. No longer an access issue concern for us to continue tracking.	3
11.16.22	Monica Fong	Given the number of issues with Kaiser’s mental health services, is there a pattern? The Compliance Team will monitor this issue and keep the UMC posted if trends emerge. The Compliance Team is also waiting for DMHC’s response before further action.	5.16.23- Completed. Related to Dr. Pan’s items. This was when Kaiser’s mental health workers were on strike. DMHC and DHCS has determine Plan acted in compliance for pending cases or upheld plan decision.	3
12.07.22	Wayne Pan	Discuss Kaiser mental health access trends with CMO and Quality Review team. How is Kaiser addressing access issues? At what point is a trend confirmed and a CAP warranted? May require engagement from Access Committee	5.16.23 - Completed This was when Kaiser’s mental health workers were on strike. DMHC and DHCS has determine Plan acted in compliance for pending cases or upheld plan decision.	3
12.07.22	Kirk	<ul style="list-style-type: none"> • Review Specialty Referral Tracking process for opportunities. • Suggestions: <ul style="list-style-type: none"> o Can we drill down on specialty care type and volume per specialty type? o Demonstrate impact of member not getting specialty care timely (e.g., increase in ED or IP services). What is economic impact? • Share findings with provider stakeholders 	1.9.23 – will address formally after DHCS Audit prep is completed. 5.15.23 – In progress. The RAMP report is being updated to provide discrete member demographics and diagnostic information.	2
1.11.23	Hanan/Eddy (?)	African American, White Hispanic sepsis remains high – going to a deeper dive on this metric.	5.16.23 Completed. We have discussed how Sepsis Dx is being up-coded (confirmed via VARIS audit). As a result, we are looking into secondary diagnoses. We have paused on drilling deeper into sepsis.	3
1.11.23	Rudy	Can we look at the admission factors geographically? Due to environmental context. Rudi can make a map by zip codes.	4.12.23 – Completed - resolved with the phase 2 UM Trending dashboard.	3
1.11.23	Rudy (?)	Cost per ED/acute visit has decreased. Why?	4.12.23 – Completed - resolved with the phase 2 UM Trending dashboard.	3
1.11.23	Crystal (?)	The PMPM costs are strictly related to inpatient acute. The overall PMPM rate is lower. Is Varis doing a better job following up?	4.19.23 – The claim costs and reimbursement is not being placed back in our claims system to level set. Need a way to show the PMPM costs are lowering. Might require additional tools. 4.19.23 – In process. Need to ask Eddy an Matija item	2
1.11.23	Crystal	An issue of Laser Away being in Marin - and might be an issue of the time/distance standards - need to follow-up ---- Crystal will take care of this.	4.19.23 – North Bay (Not Laser Away); this is a non-issue. But to be followed up by Crystal.	2

1.11.23	Wayne Pan	Need to follow-up. Discuss Kaiser mental health access trends with CMO and Quality Review team. How is Kaiser addressing access issues? At what point is a trend confirmed and a CAP warranted? May require engagement from Access Committee	4.19.23 – no issues. Resolved.	3
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Parking Lot

ITEM #	DATE	OWNER	ACTION ITEMS	STATUS
1.	2.16.21	Monica / Jim	<ul style="list-style-type: none"> Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers. 	<ul style="list-style-type: none"> 6.2.22 – Should we remove this? This would need to be a CMO driven request, as it is a resource request from SFN, and it is not required by regulators. I don't know how this request should be prioritized against current regulatory requests from SFHP for SFN (Compliance reporting, auditing, etc.)
2.	2.24.22	AI UMC Members	<ul style="list-style-type: none"> Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be included in the UMC Charter as an out-of-scope item. 	<ul style="list-style-type: none"> 2.24.22 - This is ongoing for 2022
3.	4.06.22	SeDessie / Eddy Ang	<ul style="list-style-type: none"> • Work w/ Eddy Ang on OBS metrics. • Need to be consistent in how OBS rules are applied. 	<ul style="list-style-type: none"> 5.4.22: SeDessie, Matija, Eddy working on priorities--medium category

4.	11.22	Eddy	<ul style="list-style-type: none"> Laser Hair Removal Provider Network 	<ul style="list-style-type: none"> Need monitor the laser hair removal provider network as a standing item for the new few UMC meetings to address the potential audit.
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Appeals / Overturned – January/February/March 2023

Grievance Month Submitted	Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name Of Service Or Medication
December 2022	MA221227001	Member Appeal	SFN	Overturned	Pharmacy	<p>Member submitted an online appeal...Member wrote:</p> <p>"...I am writing to appeal the ----- decision to deny coverage for Wegovy (semaglutide), ordered by -----.</p> <p>The denial letter states: "The requirement(s) not met are: We did not receive if the requested medication is being used in addition to comprehensive lifestyle intervention."</p> <p>Previous Therapy: no prior pharmacologic treatment taken for weight loss.</p> <p>BMI from last clinic visit -----.</p> <p>Relevant comorbidities -----.</p> <p>2) PCOS -----.</p> <p>Description of trial with lifestyle interventions: I have tried to adhere to a healthy diet and physical activity for weight management since I was -----, overall</p>	<p>You appealed the denial of Wegovy.</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because Wegovy is medically needed for you.</p> <ul style="list-style-type: none"> You shared information about the lifestyle changes that you are doing to lose weight. This means you meet the criteria for Wegovy to be approved. <p>Please continue to work with your doctors on your health concerns.</p>	Wegovy

						with minimal to no success in attaining sustained weight loss. Currently, I engage in 2-3 sessions per week of primarily strength training/weightlifting for 1-1.5 hours in duration. I am working 4x a week as a Physical Therapist Assistant at a skilled nursing rehab ----- My job is very active, I am walking, transferring, and exercising with patients for the majority of my shift. I also roller skate and go on walks on my days off.		
January - 2023	CPSA230224001 CPSA230224002	Clinical Post-Service Appeal	UCS	Overtured	SFHP,Hospital,PCP	<p>This case is both an appeal and a grievance. Member called and was upset that UCSF refuses to deliver the member's baby, and the member is in severe pain. Authorizations denied due to "False labor before 37 complete weeks gest uns tri." Member stated that UCSF stopped the contractions and refused to deliver the baby until the due date. The member wants to deliver the baby now because the member's pain is back, and the member has been to UCSF multiple times because the member couldn't tolerate the pain. The member said they had had three Cesarean deliveries before and must deliver the baby now. Member said they want to go to Zuckerberg San Francisco General Hospital and Trauma Center since UCSF is not helping her deliver the baby.</p> <p>1.) Advised member to go to the nearest ER room if it's life-threatening. Provided the DMHC phone number.</p> <p>2.) Explained to the member that member's PCP could write them a</p>	<p>The member appealed the denial of an inpatient hospital stay.</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because this admission was medically needed for you.</p> <ul style="list-style-type: none"> Your appeal was sent to the Medical Review Institute of America (MRIOA). The MRIOA board certified obstetrician/gynecologist (OB-GYN, a doctor that focuses on labor and delivery) stated that you needed to be in the hospital. You got services at the hospital on ----- This included getting an IV for hydration which helped to stop your contractions. In addition, you got an ultrasound on ----- to make sure your baby was safe. <p>Please speak to your doctors if you</p>	inpatient hospital stays

						<p>referral to CPMC or ZSFGH to deliver the member's baby with an approved PA. Explained the PA process and time frame.</p> <p>3.) Explained the options for the NOA that member can file an appeal if the member disagrees with the letter. Provided the member with ways the member could file an appeal and informed member they could file it by calling SFHP CS DPT, filing an appeal online, or filing it in person. Provided the Service Center address and phone number, or the member could file it directly at the doctor's office.</p>	<p>have any questions.</p> <p>References American College of Obstetricians and Gynecologists. Practice Bulletin Number 234: Prediction and prevention of preterm birth. Obstet Gynecol 2021;138:e65-90.</p> <p>American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. Guidelines for Prenatal Care, 8th Edition. September, 2017.</p>	
January - 2023	MA230112001	Member Appeal	SFN	Overtured	SFHP-Pharmacy	<p>The claim's department received the provider's appeal by mail through PDR on ----, which was forwarded to us today, ----. Nurse practitioner ---- wants to appeal for the denial of Wagovy 0.25Mclaim'sL Auto-injectors. She also included additional information with the appeal, and I attached the additional information.</p> <p>Provider wrote: "BMI >30kg/m and has dyslipidemia, has gone to nutrition counseling and also trying to diet and exercise."</p> <p>1.) Nurse practitioner ---- wants to appeal for the denial of Wagovy 0.25Mclaim'sL Auto-injectors.</p> <p>1.) Noticed the appeal was dated ---- with no signature. 2.) I called the member and she permitted ---- to file an appeal on her behalf.</p>	<p>Nurse Practitioner (NP) ----, on your behalf, appealed the denial of Wegovy. Wegovy is a weight-loss medication.</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because SFHP got more information showing that Wegovy is medically needed for you.</p> <p>Please talk to NP ---- if you have any questions about the medication. You may call her office at -----.</p>	Wegovy

January - 2023	MA230113001	Member Appeal	SFN	Overtured	SFHP-Pharmacy	<p>The member is requesting to file an appeal on a denied notice of action (NOA) for a prescription: Tacrolimus Ointment. The member stated the rash on their face was spreading and causing red, bumpy, puss, and extremely itchy. The member cannot tolerate another day without Tacrolimus ointment. The member requested the appeal urgently to stop the spread of the rash.</p> <p>1.) Mbr would like the ointment to stop the rash from spreading.</p> <p>1.) Asked if the member needed medical attention, member said no didn't need it.</p>	<p>Member appealed the denial of Tacrolimus 0.1% ointment.</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because Tacrolimus 0.1% ointment is medically needed to treat granulomatous rosacea (yellowish-brown or pink bumps that occurs mainly around the cheeks, eyes, and mouth).</p> <ul style="list-style-type: none"> Your appeal was sent to the Medical Review Institute of America (MRloA). The MRloA board certified dermatologist stated that Tacrolimus 0.1% ointment is medically needed for your condition. <p>Please speak to your doctor if you have any questions.</p> <p>MRloA References Sharma A, Kroumpouzos G, Kassir M, Galadari H, Goren A, Grabbe S, Goldust M. Rosacea management: A comprehensive review. J Cosmet Dermatol. 2022 May;21(5):1895-1904. doi: 10.1111/jocd.14816. Epub 2022 Feb 14. PMID: 35104917.</p> <p>Sharma A, Kroumpouzos G, Kassir M, Galadari H, Goren A, Grabbe S, Goldust M. Rosacea management:</p>	Tacrolimus ointment
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							<p>A comprehensive review. J Cosmet Dermatol. 2022 Feb 1. doi: 10.1111/jocd.14816. Epub ahead of print. PMID: 35104917.</p> <p>Asai Y, Tan J, Baibergenova A, Barankin B, Cochrane CL, Humphrey S, Lynde CW, Marcoux D, Poulin Y, Rivers JK, Sapijaszko M, Sibbald RG, Toole J, Ulmer M, Zip C. Canadian Clinical Practice Guidelines for Rosacea. J Cutan Med Surg. 2016 Sep;20(5):432-45. doi: 10.1177/1203475416650427. Epub 2016 May 17.</p> <p>Abokwidir M, Feldman SR. Rosacea Management. Skin Appendage Disord. 2016 Sep;2(1-2):26-34. Epub 2016 May 18.</p> <p>Anzengruber F, Czernielewski J, Conrad C, Feldmeyer L, Yawalkar N, Häusermann P, Cozzio A, Mainetti C, Goldblum D, Läuchli S, Imhof L, Brand C, Laffitte E, Navarini AA. Swiss S1 guideline for the treatment of rosacea. J Eur Acad Dermatol Venereol. 2017 Nov;31(11):1775-1791. doi: 10.1111/jdv.14349. Epub 2017 Aug 21.</p> <p>Tan CH, Rasool S, Johnston GA. Contact dermatitis: allergic and irritant. Clin Dermatol. 2014 Jan-Feb;32(1):116-24. doi: 10.1016/j.clindermatol.2013.05.033. (cont.), Nguyen HL, Yiannias JA. Contact Dermatitis to Medications</p>	
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							<p>and Skin Products. Clin Rev Allergy Immunol. 2019 Feb;56(1):41-59. doi: 10.1007/s12016-018-8705-0.</p> <p>Han JS, Won KH, Chang SE, Kim JE. Tacrolimus 0.1% ointment in the treatment of allergic contact dermatitis: a new approach. Int J Dermatol. 2014 Oct;53(10):e470-1. doi: 10.1111/ijd.12641. Epub 2014 Jul 29</p>	
January - 2023	MA230117001	Member Appeal	HIL	Overtured	Specialist	<p>Member wants to be seen by a neurologist. It's been seven months that the member has been contacting his PCP, Dr. -----, to get a referral to see a specialist. The member has been in contact with Dr. ----- secretary, -----, and the secretary has been the one mainly in charge of sending referrals to multiple specialists. The member does not have an issue with the member's PCP, and the issue lies with the specialist doctors. The secretary has provided member with a list of Neurologists that take SFHP, and every referral sent to a chosen specialist gets denied. Member stated that the only reason they get denied is the specialist's inability to take the insurance. Member does not know how many referrals have gone out, but she has tried for seven months with no success. Instead, the member gets a denial because the specialist is not taking the insurance, and the member is unsure on what to do or what steps to take to see a Neurologist.</p> <p>1.) Member would like to be seen by a Neurologist.</p>	<p>You appealed the denial of office visits with neurologist, Dr. -----. (A neurologist is a doctor who treats diseases of the brain and spinal cord, nerves, and muscles).</p> <p>Your medical group, -----, denied the office visits with Dr. ----- because Dr. ----- is not contracted with -----. ----- approved you to see another neurologist that is in-network with them instead. The neurologist's name is Dr. -----.</p> <p>SFHP's Quality Review Nurse called you on ----- to share this information with you. You shared that you do not want to move forward with this appeal since Dr. --- is not in-network with -----. You would prefer to see a neurologist in-network. You would like to withdraw this appeal.</p> <p>Please note you have an appointment with Dr. ----- on -----.</p> <p>You also have an electromyography scheduled on -----. (An electromyography, or EMG, is a test to check on the health of</p>	neurologist

						<p>2.) Member would like to know why the referrals kept getting denied.</p> <p>1.) Tried to help member make PCP change, but the member would like to stay with the member's current PCP.</p>	<p>the muscles and nerve cells.) Dr. --- ---- office shared this information with you.</p> <p>Please speak to your doctor, Dr. ---- --- if you have any questions or concerns. You appealed the denial of office visits with neurologist, Dr. - ----- (A neurologist is a doctor who treats diseases of the brain and spinal cord, nerves, and muscles).</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because it is medically necessary for you to see Dr. -----</p> <ul style="list-style-type: none"> You had an appointment scheduled with neurologist, Dr. ----- Your Primary Care Provider (PCP), Dr. -----, stated that having an appointment in May is too long of a wait for you. Dr. ----- has appointments available in March. <p>Please call Dr. ----- to schedule an appointment. You can also call Dr. - ----- if you have any questions or concerns.</p>	
February - 2023	MA230202001	Member Appeal	SFN	Overtured	Pharmacy	<p>SFHP received an urgent appeal by fax on ----- Provider wrote:</p> <p>"Attn: Appeal Department Re: -----"</p>	<p>Dr. -----, on your behalf, appealed the denial of oral Radicava. Radicava is a medication used to treat a nerve disease called amyotrophic lateral sclerosis (ALS).</p>	oral Radicava

					<p>Reference: PA of Oral Radicava</p> <p>I am writing to request an expedited appeal of the denial for ----- for Oral Radicava.</p> <p>San Francisco Health Plan determined that this medication is not covered due to patient does not meet the prior authorization criteria that requires definite or probable ALS DX and scores of 2 points or better on each questions in ALSRS-R. ----- had EMG on ----- with abnormal findings, although the results do not meet El Escorial criteria for ALS, however, given the member's clinical presentation, a diagnosis of ALS is still possible. Unfortunately, ALS is a progressive, 100 percent fatal disease with no cure or treatment. Most patients live just 2-5 years after their first symptom. Radicava is the second FDA approved medication for ALS to slow disease progression. When FDA approved this medication for ALS, the treatment is for all patients with ALS and not just for those with scores of 2 points or better on each question in ALSRS-R. ----- has diagnosis of ALS in -----, and s----- is currently taking Rilluzole to slow the disease progress, and ----- is not able to tolerate Relyvrio (3rd FDA approved medication for ALS). Radicava works by a separate mechanism than Riluzole, and these two can be used together to slow disease progression even more.</p> <p>I would appreciate your reconsideration of this decision and ask that you reverse it. Please do not hesitate to contact our office for any further</p>	<p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the denial decision. This request is now approved.</p> <p>This is because SFHP got more information showing that oral Radicava is medically needed for you.</p> <p>Please talk to Dr. ----- if you have any questions about the medication. You may call Dr. -----.</p>	
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						<p>questions.</p> <p>Sincerely, -----, MD”</p>		
March - 2023	MA230302001	Member Appeal	SFN	Overtured	Other	<p>SFHP Received an appeal from -----, RN, on -----. Appeal was received via fax.</p> <p>The provider wrote, “Hi there, we would like to appeal the denial to our prior authorization request per Dr----- concerns about the other medications offer via step therapy. Thank you, -----, RN” Additionally, they wrote, “----- cannot use any anticholinergic medicine due to severe constipation.” Additional comments on page 3.</p> <p>1.) The provider would like to appeal the prior authorization denial.</p> <p>1.) Contacted member and obtained consent to submit appeal.</p>	<p>Nurse -----, on your behalf, appealed the denial of Myrbetriq.</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because Myrbetriq is medically needed for your concerns (overactive bladder).</p> <ul style="list-style-type: none"> • Nurse ----- sent information to SFHP stating why you cannot take the alternative medications. <p>Please speak to your providers if you have any questions.</p>	Myrbetriq ER Tablets
March - 2023	MA230328001	Member Appeal	SFN	Overtured	SFHP-Pharmacy	<p>The member gave permission for the provider to file on his behalf. Member wants to receive correspondence via postal mail.</p> <p>We received an appeal from the provider via fax ----- . Provider appealing for PA denial decision made for Otezla (Apremilast). Documents attached.</p> <p>Provider’s Name: ----- Provider wrote:</p> <p>“----- w/ history of palmoplantar psoriasis that is uncontrolled despite maximal topical therapy. It is severely</p>	<p>Dr. -----, on your behalf, appealed the denial of Otezla. Otezla is a medicine used to treat certain types of psoriasis (a condition that causes itchy, dry patches).</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because SFHP got more information showing that Otezla is medically needed for you.</p> <p>Please talk to Dr. ----- if you have</p>	Otezla 10-20-30mg

						<p>impacting the member's quality of life. The patient cannot do phototherapy or PUVA because ----- has a history of non-melanoma skin cancer. ----- has failed topical steroids, including the highest potency topical steroid clobetasol. ----- disease has also been refractory to other topical medications, urea and calcipotriene. ----- cannot take methotrexate due to hepatitis B core positivity. ----- cannot take cyclosporine and acitretin because: ----- has a history of multi vessel cardiovascular disease and stroke, which underscores a need for treatment of inflammation. ----- cannot take injectable biologics due to fear of needles.</p> <p>Thank you in advance for your approval of this needed therapy for this patient."</p> <p>1.) Provider wants to appeal for Otezla (Apremilast)</p> <p>1.) Made a conference call to the member with the interpreter to get consent for the provider to file an appeal on ----- behalf. The member gave permission for the provider to file on ----- behalf.</p>	<p>any questions about the medicine. You can call Dr.-----.</p>	
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 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 19 April 2023 1:30 – 3:00PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly meeting. Meeting frequency is a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.</p>	
<p>Present:</p>	<p><u>Clinical Operations</u> Matija Cale, SeDessie Harris; April Tarpey; Morgan Kerr; Eddy Ang; Kirk McDonald; Tony Tai (NP); Tamsen Staniford; Chris Ball; Susan Porter; Stephanie Penrod</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim</p>	<p><u>Compliance</u> Monica Fong; Crystal Garcia</p> <p><u>Quality Review Team</u> Michelle Faust Leslie Mulhern Jenna Colin</p> <p><u>Guests</u> Wayne Pan, MD (Medical Director) on behalf of Eddy Ang, MD</p>
<p>Optional Attendees</p>	<p>Shost, Jessica (Pharmacy); Nathoo, Aryn (Care Management); Obeidi, Hanan (Health Services Programs); Rudy Wu (Business Analytics); Tammie Chau (Pharmacy)</p>	
<p>Not Present (NP):</p>	<p>Eddy Ang, MD</p>	
<p><i>Quorum (details after the Action Items section below)</i></p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Interim – Eddy Ang) • Senior Medical Director (vacant) • Director, Clinical Operations, RN (Matija Cale) • Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • Manager, Long Term Care Nurses (Susan Porter, RN) • Manager, Clinical Operations (Morgan Kerr, MBA) • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Program Manager, Clinical Operations, PhD (Kirk McDonald) 	

Documents Presented:	DRAFT_Agenda_UMC_April-2023_v4.12.23 DRAFT_Minutes_UMC_Jan-2023_v2.14.23 Clinical Operations Dashboard_1.23_v2.27.23 12.19.22-1.17.23_ProductivityDashboard_v1.18.23 1.1.22-3.13.23_ProductivityDashboard_v3.15.23 March-2023_Productivity Dashboard_v4.19.23 Pharmacy_Operations_Dashboard_4Q2022_v2.3.23 RE_ Q422 Pharmacy Dashboard for February UMC 1.1.23-3.31.23_0937ES_Essette_Grievance_Report_4.12.23 SFH.IMR.CC_UMC Report_2023. 02.24 UtilizationTrendingDashboard 2022_Benchmarks_v4.13.23 QIC_Annual_ClinicalCriteriaReview_Feb-23_Mtg_v2.15.23 Draft_DMG_SpecialRefer_Q1-Q2-Q3-2022_v1.23.23 Final_Draft_ClinicalOperations_InternalAuditReport_Q3-2022_v3.14.23 FINAL_Draft_2022_UMProgEval_v3.9.23 Proposed_Draft_UMC_Charter_v3.30.23 Jan-2023_PhoneProductivityDashboard_v1.18.23 Feb, March-2023_PhoneProductivityDashboard_v3.15.23 March-2023_Phone Productivity Dashboard_v4.19.23
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Consent Calendar – January to December 2023

ITEM #	Document	Review Schedule	Outcome	Comments	Meeting notes
	Quarterly Varis/APRDRG	<ul style="list-style-type: none"> Dec 2022 March 2023 June 2023 September 2023 December 2023 	•	•	• Compliance Team / UMC 1.23 presented
	UM Criteria for Non-Genital Gender Confirmation Services	<ul style="list-style-type: none"> Gender Affirming Services (Jan 2023 UMC) QIC February 2023 September/October 2023 (All criteria) 	<ul style="list-style-type: none"> Jan 2023: Gender Affirming Services criteria approved. Feb 2023: QIC approved all criteria (reference the document <i>QIC_Annual_ClinicalCriteriaReview_Feb-23_Mtg_v2.15.23</i>). 	•	•

	<p>UM Criteria for Genital Gender Confirmation Services</p> <p>UM Criteria for EPSDT Private Duty Nursing</p> <p>MCG 25th edition; and 26th Edition (6.22)</p> <p>PP CO-57</p>				
	Annual (CY2022) benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> Annual (Q3) 		<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
	<p>Internal Audit of Authorization Requests Report</p> <p>Q3-2022 Report (April UMC)</p> <p>Q4-2022 Report</p> <p>Q1-2023 Report</p> <p>Q2-2023 Report</p> <p>Q3-2023 Report</p>	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q3-2022; this includes the UAT results of the new audits for: PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. Q4-2022; This includes the inaugural audits of PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. 	<ul style="list-style-type: none"> April UMC: Q3-2022 Internal audit reviewed.
	2022 Utilization Program Evaluation Annual Review and Approval	<ul style="list-style-type: none"> April 2023 UMC Meeting 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> FINAL_Draft_2022_UMProgEval_v3.9.23
	Updated UMC Charter and Reports/Documents Review Calendar	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Added 2 new quorum members. UMC voted, quorum met, to approve. 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> January 2023 UMC
	2023 Specialty Referral Reports	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> No vote required. 	<ul style="list-style-type: none"> Q4-2022 / Annual 2022 Report – May UMC 	<ul style="list-style-type: none">

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

	Topic	Brought By	Time	Agenda	Comments
1	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	Matija	1:30 PM – 1:50	<ul style="list-style-type: none"> Agenda reviewed. Action Items Approval of January draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard (Quarterly) <ul style="list-style-type: none"> Q4-2022 (April UMC) Q1-2023 Q2-2023 Q3-2023 	<ul style="list-style-type: none">
2	<ul style="list-style-type: none"> Medical/Pharmacy Appeals (RAMP 0937ES): Upheld and Overturned Independent Medical Review (IMR); State Fair Hearings (SFH); Consumer Complaints 	<ul style="list-style-type: none"> April – DMG appeal cases Leslie Mulhern; Michelle Faust – CHN/UCSF cases 	1.50 PM – 2:10	<ul style="list-style-type: none"> Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> UM – Appeals - 9 <ul style="list-style-type: none"> Upheld appeals – 6 Overturned appeals – 3 Pharmacy – Appeals - 8 <ul style="list-style-type: none"> Upheld appeals – 3 Overturned appeals – 5 Compliance <ul style="list-style-type: none"> IMR – SFH – 	<ul style="list-style-type: none">

		<ul style="list-style-type: none"> • Jessica – Pharmacy Appeals • Monica – Compliance 		<ul style="list-style-type: none"> ○ Consumer Complaints – 	
3	Demo/Overview of the Tableau report Updates: : Utilization Trending Dashboard 2022: Views	Rudy Wu	2:10 PM – 2:30	<p>Link....</p> <p>Utilization Trending Dashboard 2022: Views - Tableau Server (sfhp.org)</p>	<p>Here is a summary of the updates:</p> <ul style="list-style-type: none"> • Summary/KPI page: Removed Outpatient Visit KPI and added CBAS utilization KPI. • Acute Inpatient APR-DRG page: added tooltip for secondary diagnosis, ranked by cost, in the second visualization (Top 10 APR-DRG) to better understand the members’ secondary conditions in their admissions. • ED and Acute IP page: added a map of San Francisco to see ED or Acute IP utilization disparities based on member’s mailing zip code. • Readmission page: this is a new dashboard that focuses on readmissions. 3 KPIs and 5 visualizations. <ul style="list-style-type: none"> ○ KPIs: 1. Total Eligible Admissions by HEDIS definition. 2. Total Readmission by HEDIS definition. 3. Readmission Rate. ○ Visualizations: <ol style="list-style-type: none"> 1. Readmission Rate Trend 2. Top 10 hospitals with most eligible admissions and their readmission rates 3. Readmission follow-up rate by medical group 4. Top 10 Readmission Primary diagnoses 5. Top 10 secondary diagnoses when a primary diagnosis is selected. • Please note: Besides the common member demographic filters, this dashboard also features the readmission outlier filter. Outliers are members who have had 4 or more admission in a calendar year.
4	DMG Oversight - Updates	April Tarpey	2:30 PM – 2:35		<ul style="list-style-type: none"> • 1. I will be conducting a UM 12 focused audit in May • 2. Based on DHCS audit results:

					<ul style="list-style-type: none"> ○ We changed audit tool to assess IRR annually rather than every 3 years. ○ We changed our audit process to include some approved files. ○ NEMS will be on UM quarterly review until all areas are satisfied for 2 consecutive quarters.
5	PA Process Updates	Tamsen	2:35 PM – 2:40		•
6	Annual QIC Criteria review (DHCS/NCQA)	Matija / Tamsen	2:40 PM – 2:45		•
7	Reporting	Kirk	2:45 PM – 2:50	If time – this item can be delayed to the May 19 UMC meeting.	<ul style="list-style-type: none"> • DMG Semi-annual Reports (NCQA UM-13, Elements A & C) • Final_Draft_ClinicalOperations_InternalAuditReport_Q3-2022_v3.14.23 • FINAL_Draft_2022_UMProgEval_v3.9.23
8	eVote Update the UMC Charter	Kirk	2:50 PM – 2:55	If time – this item can be delayed to the May 19 UMC meeting.	<ul style="list-style-type: none"> • Proposed_Draft_UMC_Charter_v3.30.23 • Grievance Program Leadership Team (GPLT)] would like to update the UMC Charter to "to include upheld appeals to the sentence "Discussion will focus on overturned appeals requiring a policy and/or a process change"". Grace Carino request

Action Items April 2023

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

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
5.4.22	Rudy	For ALOS metric, assess whether an indicator can be added to identify if high ALOS is/isn't attributed to a one-off case.	4.12.23 – Completed - resolved with the phase 2 UM Trending dashboard.	2
10.5.22	Tamsen/Tony	<ul style="list-style-type: none">• PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate.• Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate.	<p>1.9.23 - Jan 2023- relying on manual check implemented for Health Services KPI spreadsheet until Tableau KPI report logic updates can be prioritized into BA work. Tamsen to follow up with Tony and Jay for new timeline.</p> <p>2.24.23- oh hold through March while focusing on processing SDN and preparing for SFN FFS auth volume.</p> <p>4.18.23-On hold in April for same reason</p>	2
10.5.22	SeDessie / Hanan	<ul style="list-style-type: none">• Work with the PHM Team to determine what is driving the Septicemia rate; related to the data in the Top 10 DRG table in the Utilization Trending Dashboard 2022.o Need to breakout the metrics by member population, risk stratification/segmentation.	1.11.23 - in progress	2

10.5.22	Tamsen	Final decision if UCSF Laser Clinic should be removed from the community referral list as a hair removal provider, given USCF closed its clinic.	<p>1.9.23:- LaserAway still unresponsive. Should PNO continue to pursue? UM has received no requests for this vendor.</p> <ul style="list-style-type: none"> - Gender Confirmation Center (Dr. Mosser's practice) is still currently only providing surgical site and facial hair reduction. - Tamsen awaiting timely access confirmation from North Bay Aesthetics (closed until this week for holidays). <p>North Bay is able to schedule next day and has plenty of availability so location would be the only concern at this time to keep pursuing a contract or global LOA with Laser Away.</p> <p>2.24.23- no update, Tamsen will follow up with PNO to find out status of Laser Away contracting. North Bay continues to have timely access.</p> <p>4.18.23-Unsuccessful with Laser Away and PNO no longer pursuing. North Bay continues to have timely access. No alternatives identified at this time, Tamsen unable to continue search in March and April due to SDN/SFN-FSS auth volume prioritizing, should be able to reconnect with PNO in late May/June to continue search.</p>	2
11.16.22	Monica Fong	Given the number of issues with Kaiser's mental health services, is there a pattern? The Compliance Team will monitor this issue and keep the UMC posted if trends emerge. The Compliance Team is also waiting for DMHC's response before further action.	<p>12.05.2022: During 2022 there were seven cases related to Kaiser and mental health (6 Consumer Complaints/ 1 IMR case).</p> <ul style="list-style-type: none"> • 5 cases occurred in October or November 2022; 4 related to appointments with psychiatrists; 1 related to CoC for ABA therapy. > 4 pending decisions > 1 w/ decision (related to appt): No finding of non-compliance 	2
12.07.22	Wayne Pan	Discuss Kaiser mental health access trends with CMO and Quality Review team. How is Kaiser addressing access issues? At what point is a trend confirmed and a CAP warranted? May require engagement from Access Committee	1.11.23 – need to follow-up.	2
12.07.22	Kirk	<ul style="list-style-type: none"> • Review Specialty Referral Tracking process for opportunities. • Suggestions: <ul style="list-style-type: none"> o Can we drill down on specialty care type and volume per specialty type? o Demonstrate impact of member not getting specialty care timely (e.g., increase in ED or IP services). What is economic impact? • Share findings with provider stakeholders 	1.9.23 – will address formally after DHCS Audit prep is completed.	2
1.11.23	Hanan/Eddy (?)	African American, White Hispanic sepsis remains high – going to a deeper dive on this metric.		2

1.11.23	Rudy	Can we look at the admission factors geographically? Due to environmental context. Rudi can make a map by zip codes.	4.12.23 – Completed - resolved with the phase 2 UM Trending dashboard.	2
1.11.23	Rudy (?)	Cost per ED/acute visit has decreased. Why?	4.12.23 – Completed - resolved with the phase 2 UM Trending dashboard.	2
1.11.23	Crystal (?)	The PMPM costs are strictly related to inpatient acute. The overall PMPM rate is lower. Is Varis doing a better job following up?		2
1.11.23	Crystal	An issue of Laser Away being in Marin - and might be an issue of the time/distance standards - need to follow-up ---- Crystal will take care of this.		2
1.11.23	Wayne Pan	Need to follow-up. Discuss Kaiser mental health access trends with CMO and Quality Review team. How is Kaiser addressing access issues? At what point is a trend confirmed and a CAP warranted? May require engagement from Access Committee		2

Parking Lot

ITEM #	DATE	OWNER	ACTION ITEMS	STATUS
1.	2.16.21	Monica / Jim	<ul style="list-style-type: none"> Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers. 	<ul style="list-style-type: none"> 6.2.22 – Should we remove this? This would need to be a CMO driven request, as it is a resource request from SFN, and it is not required by regulators. I don't know how this request should be prioritized against current regulatory requests from SFHP for SFN (Compliance

				reporting, auditing, etc.)
2.	2.24.22	AI UMC Members	<ul style="list-style-type: none"> Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be included in the UMC Charter as an out-of-scope item. 	<ul style="list-style-type: none"> 2.24.22 - This is ongoing for 2022
3.	4.06.22	SeDessie / Eddy Ang	<ul style="list-style-type: none"> • Work w/ Eddy Ang on OBS metrics. • Need to be consistent in how OBS rules are applied. 	<ul style="list-style-type: none"> 5.4.22: SeDessie, Matija, Eddy working on priorities--medium category
4.	11.22	Eddy	<ul style="list-style-type: none"> Laser Hair Removal Provider Network 	<ul style="list-style-type: none"> Need monitor the laser hair removal provider network as a standing item for the new few UMC meetings to address the potential audit.

Appeals / Overturned – January/February/March 2023

Grievance Month Submitted	Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name Of Service Or Medication
January - 2023	CPSA230224001 CPSA230224002	Clinical Post-Service Appeal	UCS	Overturned	SFHP,Hospital,PCP	This case is both an appeal and a grievance. Member called and was upset that UCSF refuses to deliver the member's baby, and the member is in severe pain. Authorizations denied due to "False labor before 37 complete weeks gest uns tri." Member stated that UCSF stopped the contractions and refused to deliver the baby until the due date. The member wants to deliver the baby now because the member's pain is back, and the member has been to UCSF multiple times because the member couldn't tolerate the pain. The	<p>The member appealed the denial of an inpatient hospital stay.</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because this admission was medically needed for you.</p> <ul style="list-style-type: none"> Your appeal was sent to the Medical Review Institute of America 	inpatient hospital stays

						<p>member said they had had three Cesarean deliveries before and must deliver the baby now. Member said they want to go to Zuckerberg San Francisco General Hospital and Trauma Center since UCSF is not helping her deliver the baby.</p> <p>1.) Advised member to go to the nearest ER room if it's life-threatening. Provided the DMHC phone number.</p> <p>2.) Explained to the member that member's PCP could write them a referral to CPMC or ZSFGH to deliver the member's baby with an approved PA. Explained the PA process and time frame.</p> <p>3.) Explained the options for the NOA that member can file an appeal if the member disagrees with the letter. Provided the member with ways the member could file an appeal and informed member they could file it by calling SFHP CS DPT, filing an appeal online, or filing it in person. Provided the Service Center address and phone number, or the member could file it directly at the doctor's office.</p>	<p>(MRloA). The MRloA board certified obstetrician/gynecologist (OB-GYN, a doctor that focuses on labor and delivery) stated that you needed to be in the hospital.</p> <ul style="list-style-type: none"> You got services at the hospital on -----. This included getting an IV for hydration which helped to stop your contractions. In addition, you got an ultrasound on ----- to make sure your baby was safe. <p>Please speak to your doctors if you have any questions.</p> <p>References American College of Obstetricians and Gynecologists. Practice Bulletin Number 234: Prediction and prevention of preterm birth. Obstet Gynecol 2021;138:e65-90.</p> <p>American Academy of Pediatrics and the American College of Obstetricians and Gynecologists. Guidelines for Prenatal Care, 8th Edition. September, 2017.</p>	
January - 2023	MA230112001	Member Appeal	SFN	Overtured	SFHP-Pharmacy	<p>The claim's department received the provider's appeal by mail through PDR on -----, which was forwarded to us today, -----. Nurse practitioner ----- wants to appeal for the denial of Wagovy 0.25Mclaim'sL Auto-injectors. She also included additional information with the appeal, and I attached the additional information.</p>	<p>Nurse Practitioner (NP) -----, on your behalf, appealed the denial of Wegovy. Wegovy is a weight-loss medication.</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p>	Wegovy

						<p>Provider wrote: "BMI >30kg/m and has dyslipidemia, has gone to nutrition counseling and also trying to diet and exercise."</p> <p>1.) Nurse practitioner ----- wants to appeal for the denial of Wegovy 0.25Mclaim'sL Auto-injectors.</p> <p>1.) Noticed the appeal was dated ----- with no signature. 2.) I called the member and she permitted ----- to file an appeal on her behalf.</p>	<p>This is because SFHP got more information showing that Wegovy is medically needed for you.</p> <p>Please talk to NP ----- if you have any questions about the medication. You may call her office at -----.</p>	
January - 2023	MA230113001	Member Appeal	SFN	Overtured	SFHP-Pharmacy	<p>The member is requesting to file an appeal on a denied notice of action (NOA) for a prescription: Tacrolimus Ointment. The member stated the rash on their face was spreading and causing red, bumpy, puss, and extremely itchy. The member cannot tolerate another day without Tacrolimus ointment. The member requested the appeal urgently to stop the spread of the rash.</p> <p>1.) Mbr would like the ointment to stop the rash from spreading.</p> <p>1.) Asked if the member needed medical attention, member said no didn't need it.</p>	<p>Member appealed the denial of Tacrolimus 0.1% ointment.</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because Tacrolimus 0.1% ointment is medically needed to treat granulomatous rosacea (yellowish-brown or pink bumps that occurs mainly around the cheeks, eyes, and mouth).</p> <p>• Your appeal was sent to the Medical Review Institute of America (MRloA). The MRloA board certified dermatologist stated that Tacrolimus 0.1% ointment is medically needed for your condition.</p> <p>Please speak to your doctor if you have any questions.</p>	Tacrolimus ointment

							<p>MRloA References</p> <p>Sharma A, Kroumpouzos G, Kassir M, Galadari H, Goren A, Grabbe S, Goldust M. Rosacea management: A comprehensive review. J Cosmet Dermatol. 2022 May;21(5):1895-1904. doi: 10.1111/jocd.14816. Epub 2022 Feb 14. PMID: 35104917.</p> <p>Sharma A, Kroumpouzos G, Kassir M, Galadari H, Goren A, Grabbe S, Goldust M. Rosacea management: A comprehensive review. J Cosmet Dermatol. 2022 Feb 1. doi: 10.1111/jocd.14816. Epub ahead of print. PMID: 35104917.</p> <p>Asai Y, Tan J, Baibergenova A, Barankin B, Cochrane CL, Humphrey S, Lynde CW, Marcoux D, Poulin Y, Rivers JK, Sapijaszko M, Sibbald RG, Toole J, Ulmer M, Zip C. Canadian Clinical Practice Guidelines for Rosacea. J Cutan Med Surg. 2016 Sep;20(5):432-45. doi: 10.1177/1203475416650427. Epub 2016 May 17.</p> <p>Abokwidir M, Feldman SR. Rosacea Management. Skin Appendage Disord. 2016 Sep;2(1-2):26-34. Epub 2016 May 18.</p> <p>Anzengruber F, Czernielewski J, Conrad C, Feldmeyer L, Yawalkar N, Häusermann P, Cozzio A, Mainetti C, Goldblum D, Läuchli S, Imhof L, Brand C, Laffitte E,</p>	
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						<p>Navarini AA. Swiss S1 guideline for the treatment of rosacea. J Eur Acad Dermatol Venereol. 2017 Nov;31(11):1775-1791. doi: 10.1111/jdv.14349. Epub 2017 Aug 21.</p> <p>Tan CH, Rasool S, Johnston GA. Contact dermatitis: allergic and irritant.Clin Dermatol. 2014 Jan-Feb;32(1):116-24. doi: 10.1016/j.clindermatol.2013.05.033. (cont.),Nguyen HL, Yiannias JA. Contact Dermatitis to Medications and Skin Products. Clin Rev Allergy Immunol. 2019 Feb;56(1):41-59. doi: 10.1007/s12016-018-8705-0.</p> <p>Han JS, Won KH, Chang SE, Kim JE. Tacrolimus 0.1% ointment in the treatment of allergic contact dermatitis: a new approach. Int J Dermatol. 2014 Oct;53(10):e470-1. doi: 10.1111/ijd.12641. Epub 2014 Jul 29</p>	
January - 2023	MA230117001	Member Appeal	HIL	Overtured	Specialist	<p>Member wants to be seen by a neurologist. It's been seven months that the member has been contacting his PCP, Dr. -----, to get a referral to see a specialist. The member has been in contact with Dr. ----- secretary, -----, and the secretary has been the one mainly in charge of sending referrals to multiple specialists. The member does not have an issue with the member's PCP, and the issue lies with the specialist doctors. The secretary has provided member with a list of Neurologists that take SFHP, and every referral sent to a chosen specialist gets</p> <p>You appealed the denial of office visits with neurologist, Dr. -----. (A neurologist is a doctor who treats diseases of the brain and spinal cord, nerves, and muscles).</p> <p>Your medical group, -----, denied the office visits with Dr. ----- because Dr. ----- is not contracted with -----. ----- approved you to see another neurologist that is in-network with them instead. The neurologist's name is Dr. -----.</p> <p>SFHP's Quality Review Nurse</p>	neurologist


						<p>denied. Member stated that the only reason they get denied is the specialist's inability to take the insurance. Member does not know how many referrals have gone out, but she has tried for seven months with no success. Instead, the member gets a denial because the specialist is not taking the insurance, and the member is unsure on what to do or what steps to take to see a Neurologist.</p> <p>1.) Member would like to be seen by a Neurologist.</p> <p>2.) Member would like to know why the referrals kept getting denied.</p> <p>1.) Tried to help member make PCP change, but the member would like to stay with the member's current PCP.</p>	<p>called you on ----- to share this information with you. You shared that you do not want to move forward with this appeal since Dr. -- --- is not in-network with ----- . You would prefer to see a neurologist in-network. You would like to withdraw this appeal.</p> <p>Please note you have an appointment with Dr. ----- on ----- . You also have an electromyography scheduled on ---- --. (An electromyography, or EMG, is a test to check on the health of the muscles and nerve cells.) Dr. --- ---- office shared this information with you.</p> <p>Please speak to your doctor, Dr. ---- --- if you have any questions or concerns. You appealed the denial of office visits with neurologist, Dr. - ----- . (A neurologist is a doctor who treats diseases of the brain and spinal cord, nerves, and muscles).</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because it is medically necessary for you to see Dr. ----- .</p> <ul style="list-style-type: none"> You had an appointment scheduled with neurologist, Dr. ----- . Your Primary Care Provider (PCP), Dr. -----, stated that having 	
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							<p>an appointment in May is too long of a wait for you.</p> <ul style="list-style-type: none"> • Dr. ----- has appointments available in March. <p>Please call Dr. ----- to schedule an appointment. You can also call Dr. - ----- if you have any questions or concerns.</p>	
February - 2023	MA230202001	Member Appeal	SFN	Overtured	Pharmacy	<p>SFHP received an urgent appeal by fax on ----- . Provider wrote:</p> <p>“Attn: Appeal Department Re: ----- Reference: PA of Oral Radicava</p> <p>I am writing to request an expedited appeal of the denial for ----- for Oral Radicava.</p> <p>San Francisco Health Plan determined that this medication is not covered due to patient does not meet the prior authorization criteria that requires definite or probable ALS DX and scores of 2 points or better on each questions in ALSRS-R. ----- had EMG on ----- with abnormal findings, although the results do not meet El Escorial criteria for ALS, however, given the member’s clinical presentation, a diagnosis of ALS is still possible. Unfortunately, ALS is a progressive, 100 percent fatal disease with no cure or treatment. Most patients live just 2-5 years after their first symptom. Radicava is the second FDA approved medication for ALS to slow disease progression. When FDA approved this medication for ALS, the treatment is for all patients with ALS and not just for those with scores of 2</p>	<p>Dr. -----, on your behalf, appealed the denial of oral Radicava. Radicava is a medication used to treat a nerve disease called amyotrophic lateral sclerosis (ALS).</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the denial decision. This request is now approved.</p> <p>This is because SFHP got more information showing that oral Radicava is medically needed for you.</p> <p>Please talk to Dr. ----- if you have any questions about the medication. You may call Dr. -----.</p>	oral Radicava

						<p>points or better on each question in ALSRS-R. ----- has diagnosis of ALS in -----, and s----- is currently taking Rilluzole to slow the disease progress, and ----- is not able to tolerate Relyvrio (3rd FDA approved medication for ALS). Radicava works by a separate mechanism than Riluzole, and these two can be used together to slow disease progression even more. I would appreciate your reconsideration of this decision and ask that you reverse it. Please do not hesitate to contact our office for any further questions.</p> <p>Sincerely, -----, MD”</p>		
March - 2023	MA230302001	Member Appeal	SFN	Overtured	Other	<p>SFHP Received an appeal from -----, RN, on -----. Appeal was received via fax.</p> <p>The provider wrote, “Hi there, we would like to appeal the denial to our prior authorization request per Dr----- concerns about the other medications offer via step therapy. Thank you, -----, RN” Additionally, they wrote, “----- cannot use any anticholinergic medicine due to severe constipation.” Additional comments on page 3.</p> <p>1.) The provider would like to appeal the prior authorization denial.</p> <p>1.) Contacted member and obtained consent to submit appeal.</p>	<p>Nurse -----, on your behalf, appealed the denial of Myrbetriq.</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because Myrbetriq is medically needed for your concerns (overactive bladder).</p> <ul style="list-style-type: none"> • Nurse ----- sent information to SFHP stating why you cannot take the alternative medications. <p>Please speak to your providers if you have any questions.</p>	Myrbetriq ER Tablets
March - 2023	MA230328001	Member Appeal	SFN	Overtured	SFHP-Pharmacy	<p>The member gave permission for the provider to file on his behalf. Member wants to receive correspondence via</p>	<p>Dr. -----, on your behalf, appealed the denial of Otezla. Otezla is a medicine used to treat certain types</p>	Otezla 10-20-30mg

					<p>postal mail.</p> <p>We received an appeal from the provider via fax ----- . Provider appealing for PA denial decision made for Otezla (Apremilast). Documents attached.</p> <p>Provider's Name: ----- Provider wrote:</p> <p>"----- w/ history of palmoplantar psoriasis that is uncontrolled despite maximal topical therapy. It is severely impacting the member's quality of life. The patient cannot do phototherapy or PUVA because ----- has a history of non-melanoma skin cancer. ----- has failed topical steroids, including the highest potency topical steroid clobetasol. ----- disease has also been refractory to other topical medications, urea and calcipotriene. ----- cannot take methotrexate due to hepatitis B core positivity. ----- cannot take cyclosporine and acitretin because: ----- has a history of multi vessel cardiovascular disease and stroke, which underscores a need for treatment of inflammation. ----- cannot take injectable biologics due to fear of needles. Thank you in advance for your approval of this needed therapy for this patient."</p> <p>1.) Provider wants to appeal for Otezla (Apremilast)</p> <p>1.) Made a conference call to the member with the interpreter to get</p>	<p>of psoriasis (a condition that causes itchy, dry patches).</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because SFHP got more information showing that Otezla is medically needed for you.</p> <p>Please talk to Dr. ----- if you have any questions about the medicine. You can call Dr.-----.</p>	
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						consent for the provider to file an appeal on ----- behalf. The member gave permission for the provider to file on ----- behalf.		
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 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 11 January 2023 1:00 – 3:00PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly meeting. Meeting frequency is a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.</p>	
<p>Present:</p>	<p><u>Clinical Operations</u> Matija Cale, SeDessie Harris; April Tarpey; Morgan Kerr; Eddy Ang; Kirk McDonald; Tony Tai (NP); Tamsen Staniford; Chris Ball; Susan Porter; Stephanie Penrod</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim</p>	<p><u>Compliance</u> Monica Fong; Crystal Garcia</p> <p><u>Quality Review Team</u> Michelle Faust Leslie Mulhern Jenna Colin</p> <p><u>Guests</u></p>
<p>Optional Attendees</p>	<p>Shost, Jessica (Pharmacy); Nathoo, Aryn (Care Management); Obeidi, Hanan (Health Services Programs); Rudy Wu (Business Analytics); Tammie Chau (Pharmacy)</p>	
<p>Not Present (NP):</p>	<p>Tony Tai</p>	
<p>Quorum (details after the Action Items section below)</p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Interim – Eddy Ang) • Senior Medical Director (vacant) • Director, Clinical Operations, RN (Matija Cale) • Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • Manager, Long Term Care Nurses (Susan Porter, RN) • Manager, Clinical Operations (Morgan Kerr, MBA) • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Program Manager, Clinical Operations, PhD (Kirk McDonald) 	

Documents Presented:	DRAFT_Agenda_UMC_Jan-2023_vC-1.9.23 Draft_Minutes_UMC_December_v1.9.23 12.8.22-1.3.23_0937ES_Essette_Grievance_Report_v1.3.23 SFH.IMR.CC_UMC Report_2023.01.09 DRAFT_UMC_Charter_v1.11.23 Kaiser Mental Health Cases 1-11-2023 update GPR_DRG_New_SNFD_San Francisco Health Medicaid_20221201 TeamReview-DRAFT_GenderAffirmServMedNecessCriteria_Post-SOC8_v1.5.23 Tamsen_Stephanie_Prior Auth Updates_v1.11.23 Dec-2022_ProductivityDashboard_12.15.22 Dec-2022_PhoneProductivityDashboard_v12.15.22
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Consent Calendar – January to December 2023

ITEM #	Document	Review Schedule	Outcome	Comments	Meeting notes
	Quarterly Varis/APRDRG	<ul style="list-style-type: none"> Dec 2022 March 2023 June 2023 September 2023 December 2023 	•	•	<ul style="list-style-type: none"> Compliance Team / UMC 1.23 presented
	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing MCG 25 th edition; and 26 th Edition (6.22) PP CO-57	<ul style="list-style-type: none"> Gender Affirming Services (Jan 2023 UMC) QIC February 2023 September/October 2023 (All criteria) 	•	•	•
	Annual (CY2022) benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> Annual (Q3) 		•	•

	Internal Audit of Authorization Requests Report Q3-2022 Report (Feb UMC) Q4-2022 Report Q1-2023 Report Q2-2023 Report Q3-2023 Report	•	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q3-2022; this includes the UAT results of the new audits for: PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. Q4-2022; This includes the inaugural audits of PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. 	•
	2022 Utilization Program Evaluation Annual Review and Approval	• Feb 2023 UMC Meeting	•	•	•
	Updated UMC Charter and Reports/Documents Review Calendar	•	<ul style="list-style-type: none"> Added 2 new quorum members. UMC voted, quorum met, to approve. 	•	• January 2023 UMC
	2023 Specialty Referral Reports	•	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q4-2022 / Annual 2022 Report – Feb UMC Q1-2023 Report Q2-2023 Q3-2023 	•
	2022 UM Program Description	<ul style="list-style-type: none"> UMC Q1-2023 (Final version) QIC (Feb 2023) 	•	<ul style="list-style-type: none"> Oct 2022 UMC meeting. Reviewed the Interim UM Program Description with the PAD/LTC/Pharmacy updates. January 	•
	2022 UM Program Evaluation	• Annual (Q1-2023)	•	•	•

	Topic	Brought By	Time	Agenda	MINUTES
1	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review 	Matija	1:00 PM – 1:20	<ul style="list-style-type: none"> Agenda reviewed. Action Items Approval of December draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard 	<ul style="list-style-type: none"> Minutes were approved by quorum. Action Items Clinical Operation KPI Dashboards

	<ul style="list-style-type: none"> Medical/Pharmacy Directors' Dashboards 			<ul style="list-style-type: none"> Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard (Quarterly) <ul style="list-style-type: none"> Q4-2022 (February UMC) Q1-2023 Q2-2023 Q3-2023 	<ul style="list-style-type: none"> <ul style="list-style-type: none"> The TAT is on target, working on improving the background metric feeds. The same for the other red arrow items. The metrics improvements are moved to June 2023 due to other priorities. UM Trending <ul style="list-style-type: none"> Q3-2022 <ul style="list-style-type: none"> A three month lag Admits / 1000mm shows a downward trend from August. Will look at Q4-2022 to provide a better context of the trend. Sepsis still high COVID is dropping. Discussed the top 3 for admits per 1000/MM. <ul style="list-style-type: none"> Will be working on to engage the resources from the cross functional teams to address the top 3 items. 40% higher usage rate for ER from the African American population; source Hanan's / Eddy's research. <ul style="list-style-type: none"> Plan on tying in with equity for this issue. Positive finding on Asian African American, White Hispanic sepsis remains high – going to a deeper dive on this metric. The disparities between the SF populations were revealing. Can we look at the admission factors geographically? Due to environmental context. <ul style="list-style-type: none"> Rudi can make a map with zip codes. Used the State average metrics from 2021 (per Eddy). Potentially a physician access issue due to cut in Medicare reimbursement and moving out of the area. ED and Acute pages <ul style="list-style-type: none"> Costs have decreased in Q2/Q3-2022. Cost per visit has decreased. <ul style="list-style-type: none"> Why? <ul style="list-style-type: none"> The PMPM costs are strictly related to inpatient acute. The overall PMPM rate is lower.
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					<ul style="list-style-type: none"> ○ Is Varis doing a better job following up? ○ Need to dive deeper.
2	<ul style="list-style-type: none"> • Medical/Pharmacy Appeals (RAMP 0937ES): Upheld and Overturned • Independent Medical Review (IMR); State Fair Hearings (SFH); Consumer Complaints 	<ul style="list-style-type: none"> • April – DMG appeal cases • Leslie Mulhern; Michelle Faust – CHN/UCSF cases • Jessica – Pharmacy Appeals • Monica – Compliance 	1.20 PM – 1:30	<ul style="list-style-type: none"> • Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> ○ UM – Appeals - 1 <ul style="list-style-type: none"> ▪ Upheld appeals – 0 ▪ Overturned appeals – 1 ○ Pharmacy – Appeals - 1 <ul style="list-style-type: none"> ▪ Upheld appeals – 0 ▪ Overturned appeals – 1 • Compliance <ul style="list-style-type: none"> ○ IMR – 3 ○ SFH – 0 ○ Consumer Complaints – 1 	<ul style="list-style-type: none"> • CPSA221221001 <ul style="list-style-type: none"> ○ Question – did the member come through ED? Yes. ○ No changes to policies or processes. • MA221216001 <ul style="list-style-type: none"> ○ The information on the original request did present the issue, so probably could have approved on the original request. ○ Pharmacy did follow-up w/ Magellan about this – reeducation. And did review the criteria in this type of situation – a patient on opioid. Magellan made a commitment to provide team coaching on this topic. • Compliance <ul style="list-style-type: none"> ○ No changes to policy or processes. ○ 12/28 case this is the same case as the appeal - CPSA221221001
3	LTC/Duals/SFN FFS	Matija	1:30 PM – 1:40		This was an open discussion.
4	UMC Quorum – Add two new voting members	Matija	1:40 PM - 1:45.		<ul style="list-style-type: none"> • Adding Susan Porter / Morgan Kerr to Quorum list. • Quorum approved the change
5	Gender Affirming Services Criteria (Updated/revised) Review / Discussion	Tamsen	1:45 PM-2:10		<ul style="list-style-type: none"> • Vote – Approved the criteria by quorum vote, • See the notes embedded in the document. • The members do have a network of support outside of the criteria/policy standards to ensure a quality outcome. • Aligned w/ WPATH. • The future state of the criteria will just have a link to DHCS APL 20-018 (Ensuring Access to Transgender Services), the WPATH SOC 8 Version, SB855, and California State Law. Rather than having a separate homegrown criteria. This strategy is based on how other Sister plans publicly communicate their Gender Affirming Services information/criteria. • This issue of gender affirming services and adolescents. Given the current political climate about adolescents accessing gender affirming service, and due to safety concerns for providers and for SFHP employees, this information will be made available on request vs. being placed on SFHP.org. • Other major changes around language – and included a definition section.

					<ul style="list-style-type: none"> • Strategy for socializing <ul style="list-style-type: none"> ○ Can do a QIC vote for approval off cycle; given QIC may be changing their meeting schedule to 1x/quarter. ○ Given the providers have WPATH access and are familiar with their criteria, we can wait for the socialization of the criteria. ○ The SFHP policy is a summarization and is not a new reference, so when denying a service should not quote the GAFS criteria. ○ For internal socialization only at this stage. ○ The current criteria are no more restrictive than SB-855.
6	Quarterly APR-DRD Varis Audit	Crystal Garcia	2:10 PM – 2:20		<ul style="list-style-type: none"> • VARIS <ul style="list-style-type: none"> ○ Table 1 in the document is based on days of service. ○ Varis began working at the end of 2020. <ul style="list-style-type: none"> ▪ Therefore, 2022 is lower than 2021, but this is still in process. The 2021 claims are the low hanging fruit. And providers changes based on the Varis audits make 2022 lower (perhaps). Claim lags will make 2022 higher. ○ UCSF is the largest – look at the document on page 2. Biggest recoup on septicemia. See the table of the top 5 DRGs. Upcoding issues. ○ Meet w/ Varis monthly. ○ The claims are only the number of recovery not the total claims reviewed.
7	PA Process Approval Update	Tamsen/Stephanie	2:20 PM – 2:30		<ul style="list-style-type: none"> • Walked through the PPT deck. • ACOG updated their criteria. • Medical Supplies <ul style="list-style-type: none"> ○ No DME • Grade B is a major improvement. • Slide 7 <ul style="list-style-type: none"> ○ Adding additional queues to expedite the sorting; target is handling a request by Day 2. ○ Will expedite the move of the requests quicker to the nurses.
8	Final – UM Program Description 2022 UM Program Evaluation	Kirk	2:30 PM– 2:35	Just an FYI only (UM Program Description) UM Evaluation to be distributed	<ul style="list-style-type: none"> • Update on DHCS audits. And prime documents.
9	Review	Kirk	2:35 PM– 2:40		<ul style="list-style-type: none"> •

January 2023

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Hanan/Eddy (?)	<ul style="list-style-type: none"> African American, White Hispanic sepsis remains high – going to a deeper dive on this metric. 	
2.	Rudi	<ul style="list-style-type: none"> Can we look at the admission factors geographically? Due to environmental context. Rudi can make a map by zip codes. 	
3.	Rudy (?) Crystal (?)	<ul style="list-style-type: none"> Cost per ED/acute visit has decreased. Why? The PMPM costs are strictly related to inpatient acute. The overall PMPM rate is lower. Is Varis doing a better job following up? Need to dive deeper. 	
4.	Crystal	<ul style="list-style-type: none"> An issue of Laser Away being in Marin - and might be an issue of the time/distance standards - need to follow-up ---- Crystal will take care of this. 	
5.	Wayne Pan	<ul style="list-style-type: none"> Need to follow-up. Discuss Kaiser mental health access trends with CMO and Quality Review team. How is Kaiser addressing access issues? At what point is a trend confirmed and a CAP warranted? May require engagement from Access Committee 	

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
10.5.22	Tamsen/Tony	<ul style="list-style-type: none"> PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. 	1.9.23 - Jan 2023- relying on manual check implemented for Health Services KPI spreadsheet until Tableau KPI report logic updates can be prioritized into BA work. Tamsen to follow up with Tony and Jay for new timeline.	2
10.5.22	SeDessie / Hanan	<ul style="list-style-type: none"> Work with the PHM Team to determine what is driving the Septicemia rate; related to the data in the Top 10 DRG table in the Utilization Trending Dashboard 2022. Need to breakout the metrics by member population, risk stratification/segmentation. 	1.11.23 – in progress	2
10.5.22	Tamsen	Final decision if UCSF Laser Clinic should be removed from the community referral list as a hair removal provider, given USCF closed its clinic.	<p>1.9.23:- LaserAway still unresponsive. Should PNO continue to pursue? UM has received no requests for this vendor.</p> <ul style="list-style-type: none"> - Gender Confirmation Center (Dr. Mosser's practice) is still currently only providing surgical site and facial hair reduction. - Tamsen awaiting timely access confirmation from North Bay Aesthetics (closed until this week for holidays). <p>North Bay is able to schedule next day and has plenty of availability so location would be the only concern at this time to keep pursuing a contract or global LOA with Laser Away</p>	2
11.16.22	Pharmacy Team	New asthma medical management intervention program: new care management staff will be educated about this program.	1.11.23 – completed.	3
11.16.22	Monica Fong	Given the number of issues with Kaiser's mental health services, is there a pattern? The Compliance Team will monitor this issue and keep the UMC posted if trends emerge. The Compliance Team is also waiting for DMHC's response before further action.	<p>12.05.2022: During 2022 there were seven cases related to Kaiser and mental health (6 Consumer Complaints/ 1 IMR case).</p> <ul style="list-style-type: none"> 5 cases occurred in October or November 2022; 4 related to appointments with psychiatrists; 1 related to CoC for ABA therapy. > 4 pending decisions > 1 w/ decision (related to appt): No finding of non-compliance 	2

12.07.22	Wayne Pan	Conduct peer to peer with NEMS MD. Confirm if NEMS is updating protocols for urgent OON appointment requests. Does NEMS attempt to confirm in-network availability prior to issuing a denial?	1.11.23 – completed.	3
12.07.22	Wayne Pan	Discuss Kaiser mental health access trends with CMO and Quality Review team. How is Kaiser addressing access issues? At what point is a trend confirmed and a CAP warranted? May require engagement from Access Committee	1.11.23 – need to follow-up.	2
12.07.22	Kirk	Review Specialty Referral Tracking process for opportunities	1.9.23 – will address formally after DHCS Audit prep is completed.	2

Parking Lot

ITEM #	DATE	OWNER	ACTION ITEMS	STATUS
1.	2.16.21	Monica / Jim	<ul style="list-style-type: none"> Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers. 	<ul style="list-style-type: none"> 6.2.22 – Should we remove this? This would need to be a CMO driven request, as it is a resource request from SFN, and it is not required by regulators. I don't know how this request should be prioritized against current regulatory requests from SFHP for SFN (Compliance reporting, auditing, etc.)
2.	2.24.22	AI UMC Members	<ul style="list-style-type: none"> Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be 	<ul style="list-style-type: none"> 2.24.22 - This is ongoing for 2022

			included in the UMC Charter as an out-of-scope item.	
3.	4.06.22	SeDessie / Eddy Ang	<ul style="list-style-type: none"> • Work w/ Eddy Ang on OBS metrics. • Need to be consistent in how OBS rules are applied. 	<ul style="list-style-type: none"> • 5.4.22: SeDessie, Matija, Eddy working on priorities--medium category
4.	11.22	Eddy	<ul style="list-style-type: none"> • Laser Hair Removal Provider Network 	<ul style="list-style-type: none"> • Need monitor the laser hair removal provider network as a standing item for the new few UMC meetings to address the potential audit.

Appeals / Overturned – December 2022

APPEALS AND GRIEVANCES							
Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name of Service or Medication
CPSA221221001	Clinical Post-Service Appeal	SFN	Overturned	SFHP	<p>This is an authorization to approve an inpatient stay. The authorization was denied based on Medi-Cal guidelines; the medical records did not indicate it was medically necessary for an inpatient hospital stay. The member said the denial letter stated the member's heart rate, blood pressure was normal, and the pain was under control, therefore, the member did not need an inpatient hospital stay.</p> <p>The member stated they just followed the doctor's instructions. Member stated they had surgery and after the surgery, they could not sit up or open their eyes because they felt dizzy and weak. The</p>	San Francisco Health Plan reviewed the appeal and decided to overturn the original denial decision. This request is now approved for an inpatient stay based on the stay being medically necessary.	Inpatient Hospital Stay

					<p>member added they had diarrhea on the day of the surgery and the day after. The member had intravenous fluid and medication, the member had a discussion about this with the doctor, and the doctor said this was abnormal. The member would like to have the inpatient stay authorization approved.</p>		
MA221216001	Member Appeal	SFN	Overtured	SFHP-Pharmacy	<p>The provider wants to appeal the denial of the Ramelteon 8MG tablet.</p> <p>The member is elderly with insomnia exacerbated by the member's steroid use to help control the size of a brain tumor. Melatonin has not been helpful for this condition. The member has chronic pain in their extremities as a result of their brain tumor and surgery, which is currently being treated with both gabapentin and oxycodone. Both of these medications cause significant sedation; therefore, the member should not take benzodiazepines or hypnotics including the step therapy medications temazepam, zolpidem, zaleplon, or eszopiclone. Not only will these medications add to the sedating effects of the member's pain medications, but the member is also at a significant risk of increased falls due to the member's hemiplegia from their brain tumor.</p>	<p>San Francisco Health Plan reviewed the appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because SFHP received additional information to showing Ramelteon is medically necessary.</p>	Ramelteon

Clinical Ops Productivity Dashboard Details

Purpose:
This dashboards allows the user to evaluate the volume of faxes, care days and outpatient auths that were finalized. In addition, the dashboards allow users to drill down into TAT performance for each TAT rule relevant to fax and auth types. Open faxes and auths that are currently open are also quantified. Last, the user can evaluate a specific employee's closure rate and TAT performance over time.

Histograms are provided to visualize the distribution of faxes, care days and OP auths over the number of hours and days that passed until the item was finalized.

Metrics:
- Open and Finalized fax, care day and OP auth volume
- TAT % Compliance based on specific rules for faxes and auths (24 hrs, 72 hrs, 2 business days, 5 business days and 30 calendar days)

Metrics Related to Employee data:
Essette Employee user data maintained on an Excel spreadsheet will drive the groups overall rates and which employees can be compared to the overall rate. The Excel document is located at: \\SR_SNAP\Tableau_Files\Health Services\JM OPS Phone Users\Clin Ops Phone Tracking - Staff List.xlsx

Median Per Day Per Employee provides the overall median per day per employee of finalized auths and care days based on filters applied that can be compared to the median per day for each employee.

Avg Time to Finalize metrics:
Fax by employee dashboard: The unit value for is in # of business days for routine faxes and # of hours for expedited faxes
IP and OP Auths by Employee dashboards: The unit value is based on the rule listed - # of hours, business days or calendar days.

Definitions:
The base unit to quantify faxes are individual fax records in the Essette fax management backend table.

The base unit to quantify care days and outpatient authorizations is an instance the care day or outpatient authorization was opened for review. Thus, the same care day or outpatient auth can be counted multiple times if it were opened and finalized multiple times. This concept is labeled as "Reviews" throughout the dashboard.

Outpatient Definition:
If AuthClass is either "DMEPOS" or "Outpatient" then it's "Outpatient"
OR if AuthClass is "Inpatient" and Admission Source is "Planned Admission" and the auth does not have an associated care day, then it's 'Outpatient'

Inpatient Definition:
if AuthClass is "Inpatient" and AuthSubClass is "Acute Rehab" then "Skilled Care"
Or if AuthClass is "Inpatient" and AuthSubClass is "Skilled Nursing Facility" then "Skilled Care"
Otherwise, everything else is "Inpatient"

TAT Rules:
Faxes: All IP and expedited OP faxes meeting the TAT rule have to be finalized within 24 hours of received date. Standard OP Faxes must be finalized within 2 business days.

Care Days:
The following grid details which TAT rule the care day falls into:

Auth Priority	Auth Type	Rule
Expedited	Retrospective	User coding error (TAT not measured)
Expedited	Pre-Authorization	User coding error (TAT not measured)
Routine	Pre-Authorization	User coding error (TAT not measured)
Routine	Retrospective	30 calendar days
Routine	Concurrent Review	5 business days
Expedited	Concurrent Review	72 hours

Authorizations:
The following grid details which TAT rule the OP auth falls into:

Auth Priority	Auth Type	Rule
Expedited	Retrospective	User coding error (TAT not measured)
Expedited	Concurrent Review	User coding error (TAT not measured)
Routine	Concurrent Review	User coding error (TAT not measured)
Routine	Retrospective	30 calendar days
Routine	Pre-Authorization	5 business days
Expedited	Pre-Authorization	72 hours

**Holidays are not excluded from hours or days TAT rule calculations

Benchmark Sources:
TBD

Data Refresh Schedule:
Fax & Auth data is refreshed daily at 8:30 (TBD) am and is one day old (DWH refreshes @ 6:30 am & EDW_REPORT refreshes @ 8 am)

Clinical Operations Fax Management Productivity KPI Dashboard

Faxes received between 12/19/2022 & 1/17/2023

Inpatient Faxes	
Received	
1,664	
Finalized	Open (regardless of date params)
Finalized	Total Open
1,657	7
Finalized Non-Compliant TAT Metrics	Open Non-Compliant TAT Metrics
Finalized Over 24 hrs	Open Over 24 hrs
64	3

Outpatient Faxes			
Received			
1,096			
Finalized		Open (regardless of date params)	
Finalized		Total Open	
Expedited	Routine	Expedited	Routine
462	577	8	49
Finalized Non-Compliant TAT Metrics		Open Non-Compliant TAT Metrics	
Finalized Expedited Over 24 hrs		Expedited Faxes Open Over 24 hrs	
1			
Finalized Routine Faxes Over 2 Business Days		Routine Faxes Open Over 2 Business Days	
241		29	

Dashboard Filters

Start Date
12/19/2022

End Date
1/17/2023

Fax Queue Name
All

Fax Management Productivity Drill Down

Faxes received between 12/19/2022 & 1/17/2023



Employee Fax Management Productivity Drill Down

Faxes Finalized between 12/19/2022 & 1/17/2023

Overall Avg # Finalized Faxes				Avg # Finalized Faxes by Employee			
DocPriority	Median Per Day Per Employee	Fax Cnt	Avg Time to Finalize (exp-hrs/rout-days)	Essette User ID	DocPriority	Median Per Day Per Employee	Avg Time to Finalize (exp-hrs/rout-days)
Expedited	3	867	4	70	Expedited	9.0	1.1
				70	Routine	18.5	3.8
Routine	9	3,229	2	3462	Expedited	3.0	4.2
				3462	Routine	20.0	0.0
				148	Expedited	1.5	11.1
				148	Routine	18.5	0.1
				Null	Expedited		8.0
				Null	Routine		0.6

Total Faxes Received

4,058

Dashboard Filters

Start Date
12/19/2022

End Date
1/17/2023

Fax Queue Name
All

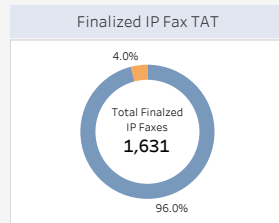
Fax Priority
All

When filtering on Team or Manager, only faxes closed by Employees maintained on Essette User list will be shown

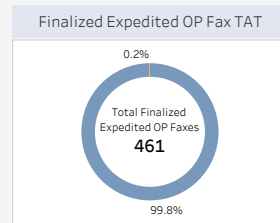
Team
All

Position
All

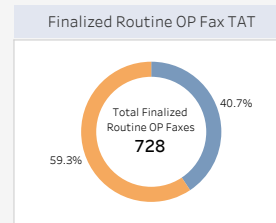
Essette User ID
All



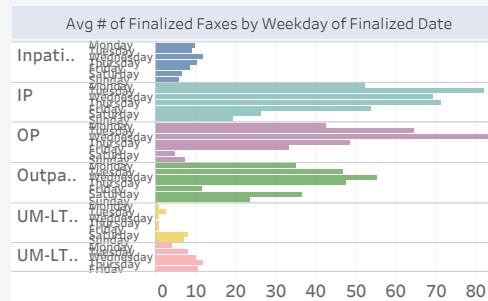
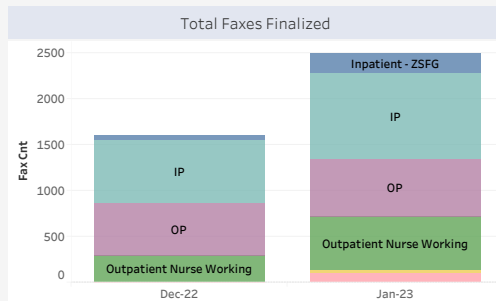
Compliant Non-Compliant



Compliant Non-Compliant



Compliant Non-Compliant



Clinical Operations Authorization Productivity KPI Dashboard

Review Requested Dates: 12/19/2022 to 1/17/2023

Inpatient Care Days	
Reviews Requested	
821	
Finalized	Open (regardless of date params)
Finalized	Open
781	0
Finalized Non-Compliant TAT Metr..	Open Non-Compliant TAT Metrics
Finalized Over 72 hrs	Open Over 72 hrs
5	
Finalized > 5 Business Days	Open > 5 Business Days
Finalized > 30 Calendar Days	Open > 30 Calendar Days

Outpatient Auths	
Reviews Requested	
1,759	
Finalized	Open (regardless of date params)
Finalized	Open
1,642	108
Finalized Non-Compliant TAT Metr..	Open Non-Compliant TAT Metrics
Finalized Over 72 hrs	Open Over 72 hrs
2	1
Finalized > 5 Business Days	Open > 5 Business Days
19	2
Finalized > 30 Calendar Days	Open > 30 Calendar Days

Dashboard Filters

Start Date
12/19/2022

End Date
1/17/2023

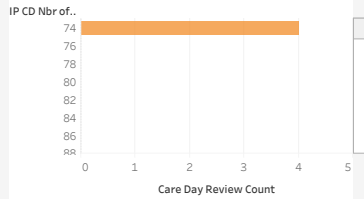
IP Type
Inpatient

MedGroup
All

Care Day Authorization Reviews Productivity Drill Down

Reviews between 12/19/2022 & 1/17/2023

Non-Compliant Finalized Care Days
Exceeding 72 hrs



Non-Compliant Finalized Care Days
Exceeding 5 Business Days

No Care Days Violated TAT rules
for date range selected

Non-Compliant Finalized Care Days
Exceeding 30 calendar Days

No Care Days Violated TAT rules
for date range selected

Dashboard Filters

Start Date
12/19/2022

End Date
1/17/2023

All MedGroup

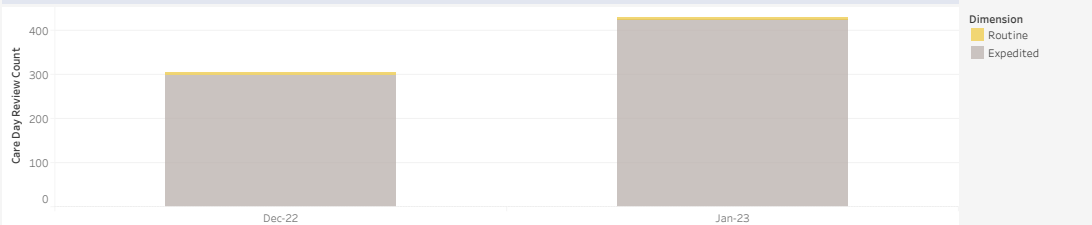
None IP Type

All LOB

Care Day Reviews - Finalized Non-Compliant TAT by Review Request Month/Year



Finalized Care Day Reviews by Review Request Date



Open Care Days by TAT Rule (filters do not apply)

OP - IP Classification

Care Days by Hours Open (72 hour rule)

Care Days by # Business Days Open (5 day rule)

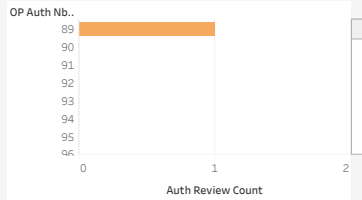
Care Days by # of Calendar Days Open (30 day rule)

OP - IP Classification

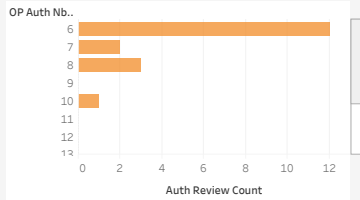
OP Authorization Productivity Drill Down

Reviews between 12/19/2022 & 1/17/2023

Non-Compliant Finalized OP Auths Exceeding 72 hrs



Non-Compliant Finalized OP Auths Exceeding 5 Business Days



Non-Compliant Finalized OP Auths Exceeding 30 Calendar Days

Dashboard Filters

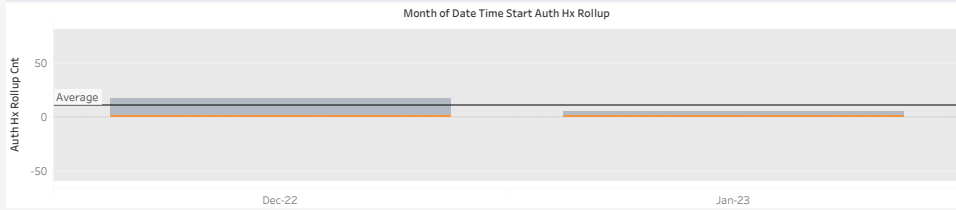
Start Date
12/19/2022

End Date
1/17/2023

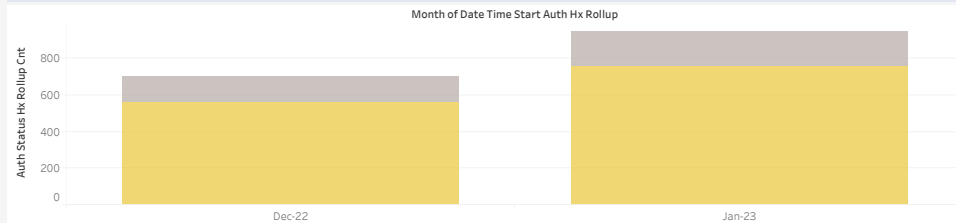
MedGroup
All

LOB
All

OP Finalized Non Compliant TAT by Review Request Date

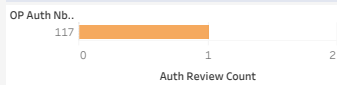


OP Finalized Auth Review Volume by Review Request Date

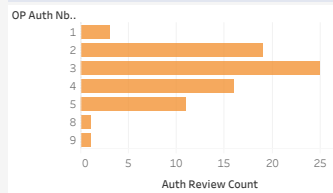


Open OP Auths by TAT Rule (filters do not apply)

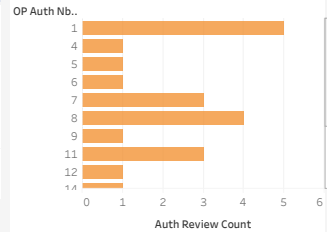
OP Auths by Hours Open (72 hour rule)



OP Auths by # Business Days Open (5 day rule)



OP Auths by # Calendar Days Open (30 day rule)

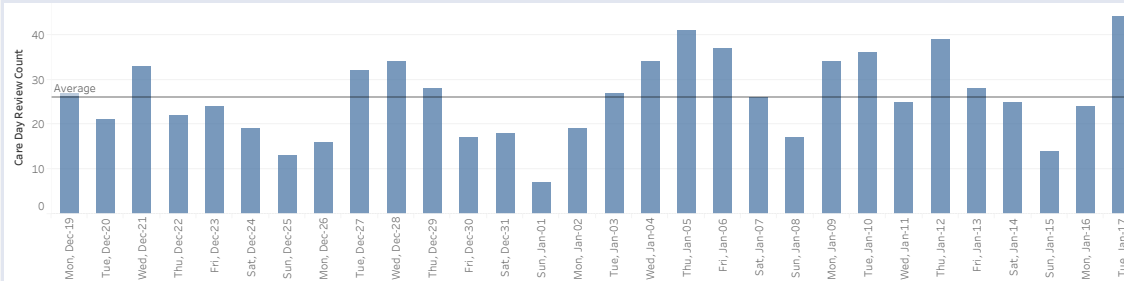


Care Day Auth Productivity Drill Down - By Employee

Reviews between 12/19/2022 & 1/17/2023

Finalized Care Day Reviews by Day of Review Request Date

Inpatient



Total Reviews Requested

821

Start Date
12/19/2022

End Date
1/17/2023

IP Type
All

Team
All

Position
All

EssetteUserID Final CD Stat..
All

Overall Avg # Finalized Care Day Reviews

Avg # Finalized Care Day Reviews by Employee

TAT IP Compliance Rule	CD Median Per Day Per Employee	CD Review Count	Avg to Finalize (for rule)	EssetteUserID Final C..	TAT IP Compliance..	CD Median Per Day For Employee	CD Review Count	Avg to Finalize (for rule)
<= 30 Calendar Days	2.0	10.0	2.1	84	<= 30 Calendar Days	1.0	2	0.0
<= 72 Hours	4.0	632.0	12.7	3203	<= 72 Hours	5.0	123	13.7
No Rule	1.0	138.0			No Rule		101	10.2
User Error	1.0	1.0			No Rule		8	
				80	<= 30 Calendar Days	1.0	5	3.2
					<= 72 Hours	4.5	82	16.2
					No Rule	1.0	2	
				69	<= 72 Hours	4.0	85	13.8
					No Rule	1.0	2	

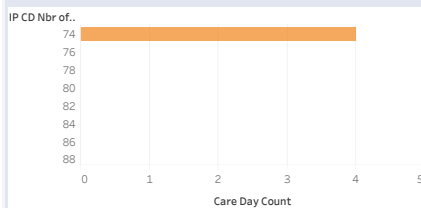
TAT IP Compliance Rule
(applies to the left 2 graphs only)
All

Finalized Care Days TAT Compliance

	<= 72 Hours	<= 30 Calendar Days
TAT Compliant	99.21%	100.00%
TAT Non-Compliant	0.79%	

Non Compliant

Finalized Care Day Reviews by # Hours Open



Non Compliant

Finalized Care Day Reviews by # Business Days Open

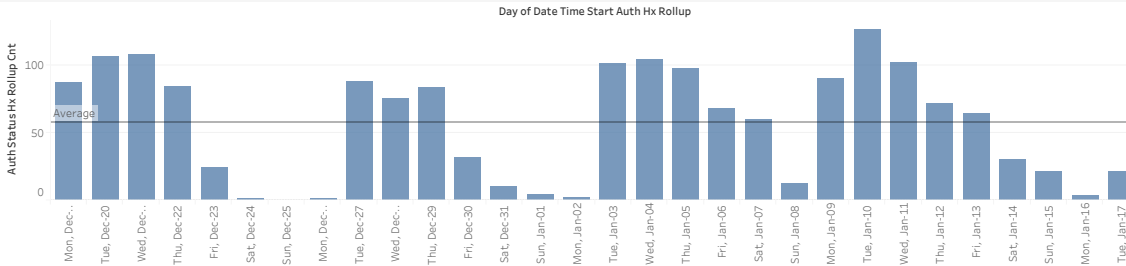
Non Compliant

Finalized Care Day Reviews by # Calendar Days Open

OP Auth Productivity Drill Down - By Employee

Reviews between 12/19/2022 & 1/17/2023

OP Finalized Auths by Day Of Requested Date



Total Reviews Requested

1,759

Dashboard Filters

Start Date

12/19/2022

End Date

1/17/2023

Team

All

Position

All

EssetteUserID Final Auth St..

All

Avg Finalized OP Auths - Overall

TAT OP Compliance Rule	OP Median Per Day Per Employee	OP Auth Review Count	Avg Time to Finalize (for rule)
<= 5 Business D..	4	1,091	1.1
<= 30 Calendar ..	1	37	9.2
<= 72 Hours	2	307	7.7
No Rule	2	207	

Avg Finalized OP Auths By Employee

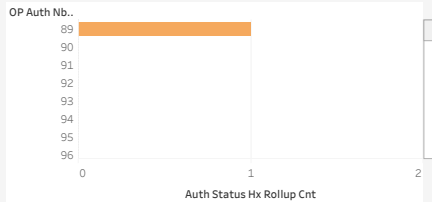
EssetteUse rID Final Au th Sta..	TAT OP Compliance Rule	OP Median Per Day For Employee	OP Auth Review Count	Avg Time to Finalize (for rule)
131	<= 5 Business Days	8.0	199.0	1.1
	<= 30 Calendar Days	1.0	6.0	6.2
	<= 72 Hours	3.5	57.0	6.3
	No Rule	1.0	8.0	
Null	<= 5 Business Days		133.0	1.7
	<= 30 Calendar Days		11.0	12.5
	<= 72 Hours		36.0	10.2
	No Rule		2.0	

TAT OP Compliance Rule
(applies to the left 2 graphs onl
All

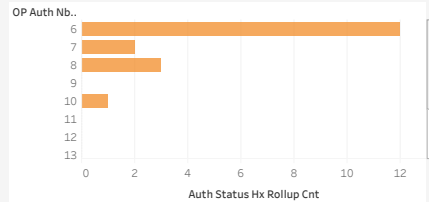
Finalized OP Auths TAT Compliance

	<= 72 Hours	<= 5 Business Days	<= 30 Calendar Days
TAT Compliant	99.35%	98.26%	100.00%
TAT Non-Compliant	0.65%	1.74%	

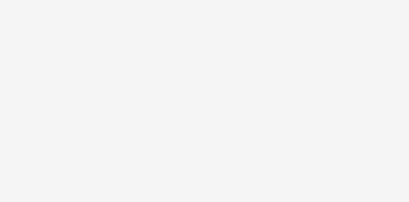
Non Compliant
Finalized OP Auths by # Hours Open



Non Compliant
Finalized OP Auths by # Business Days Open



Non Compliant
Finalized OP Auths by # Calendar Days Open



Purpose: Provide an automated, easy to use dashboard to monitor UM authorization trends and provide information to assist with monitoring workload and staffing.

Data Source:

Custom SQL is used in the Tableau data source tab which point to the new Essette authorization data model in the SFHP_DWH_RAW database on SRPSCSQLEDW01. Voided & Manually QNXT voided authorizations, care days and services are not included in this data source (excluded in the Custom SQL).

Metrics:

Authorization volume, per 1000 MM, denial rate, turn-around-time compliance, average admission by the day of the week, average discharge by the day of the week, Top 5 services and Top 5 Rendering & Requesting providers. The KPI dashboard also contains percent change from prior to current month and same month last year to current month.

Definitions:

Prior Authorizations: Authorizations where the auth class is Outpatient or DMEPOS and Auth Type is Concurrent, Retro & Pre-Authorization.

Acute Care Days

Total care days where care day approved level of care is acute (Acute Rehab, Hospice, ICU, Labor and Delivery, Med-Surg, Nursery/NICU, OB w/o Delivery, Pediatrics/PICU, Step-Down or Telemetry).

Inpatient Authorizations

Inpatient: Auths: subclass is Acute Inpatient, Transgender Services, Pediatric/Neonatal, Maternity or Transplant

Skilled Care Auths: subclass is Acute Rehab or Skilled Nursing Facility

Custodial Care: subclass is Custodial Care

Skilled Care Days (Post acute Care Days)

Total care days where care day approved level of care is subacute (General Subacute or SNF Levels 0-5)

Admin Care Days

Total care days where care day approved level of care is admin (Admin Day Level 1 or Admin Day Level 2/Adult).

Turn Around Time (TAT) Compliance

Total inpatient and outpatient authorizations and the percent of those authorizations that met designated. turnaround times for decision making by requested month.

Custom Filter Groupings (Inpatient Dashboard)

Auth Subclass Grouping filter

Inpatient Auths: Where Auth Class = Inpatient and Sub Class = Transgender Services, Acute Inpatient, Maternity, Custodial Care, Transplant or Pediatric/Neonatal.

Skilled Care Auths: Where Auth Class = Inpatient and Auth Subclass = Acute Rehab or Skilled Nursing Facility

Custodial Care Auths: Where Auth Sub Class = Custodial Care

Care Day Level of Care Grouping

Acute Care Days – Approved level of care = Acute Rehab, ICU, Labor & Deliver, Med-Surg, Nursery/NICU, OB w/0 Delivery, Pediatrics/PICU, Step-Down or Telemetry

Admin Care Days – Approved level of care = Admin Day Level 1 or Admin Day Level2/Adult

Skilled Care (Post Acute) Care Days – Approved level of care = General Subacute, SFN levels 0 to 5.

Auth Determination Grouping

Approved = Approved, Approved by Appeal or Approved by PDR

Deferred = Deferred or Deferred Clinical Received

Denied = Denial Upheld or Denied

Others = In Process, No Deferred Clinical Received, Received, or Void ..

Clinical Operations KPI Dashboard - January 2023

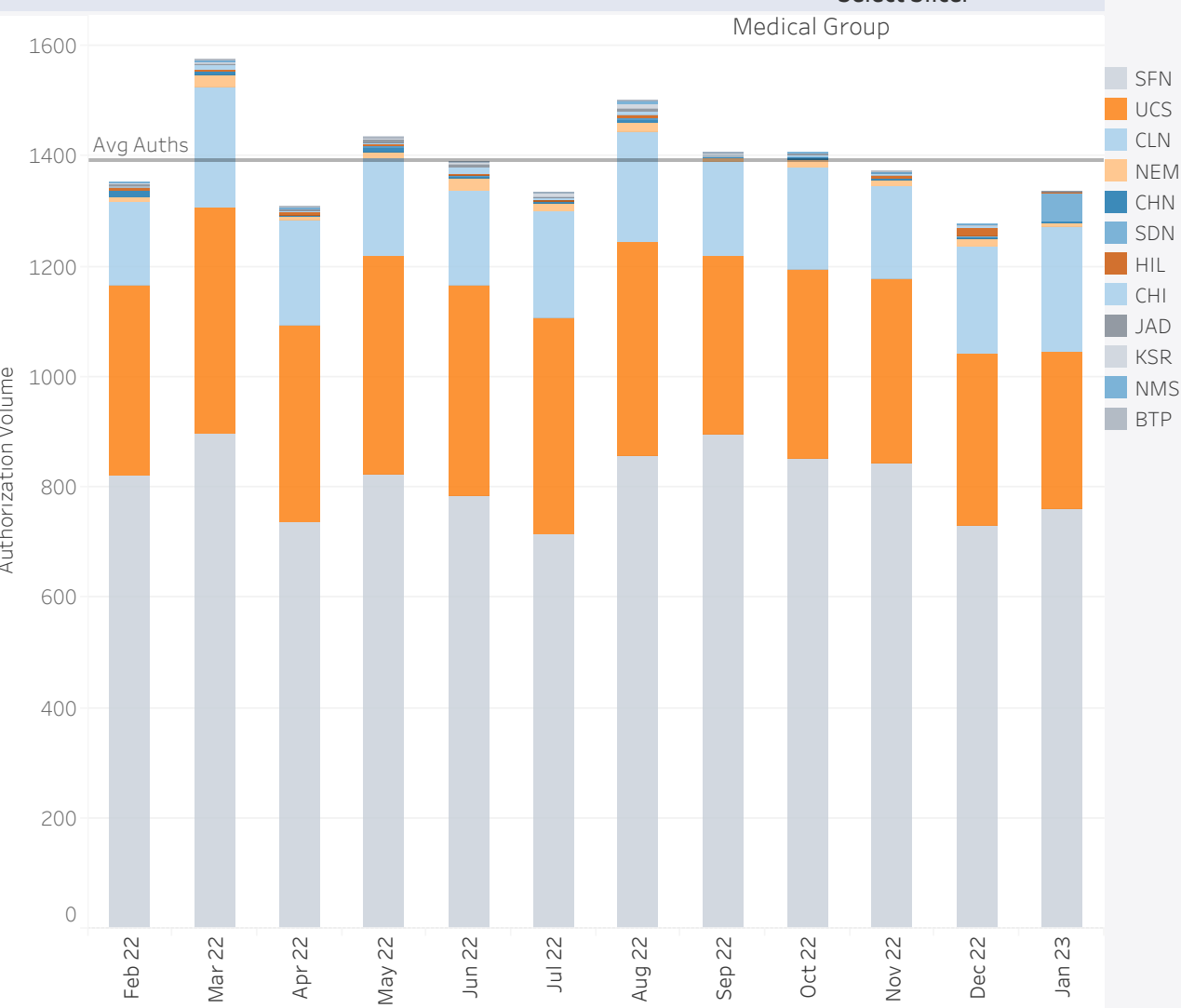
Total Pre-Auths	Pre-Auth Status	Pre-Auth % Denial	PA TAT Compliance	Dashboard Filters
1,482	<div>Approved1,359 (91.7%)</div> <div>Received81 (5.5%)</div> <div>Denied18 (1.2%)</div> <div>In Process10 (0.7%)</div> <div>Closed8 (0.5%)</div> <div>Extension2 (0.1%)</div> <div>Final Status Pending2 (0.1%)</div> <div>Delay1 (0.1%)</div> <div>Partially Denied1 (0.1%)</div>	1.2%	<div>Goal: 100% - Metric based on 24 hour TAT Essette Configuration</div> 86.8%	
MoM		MoM	MoM	
▲ 7.1%		▲ 0.1%	▼ -2.3%	
YoY		YoY	YoY	
▲ 11.3%		▲ 1.0%	▼ -10.6%	Select Month January 2023
Total Admissions		Average Daily Admissions		LOB All
MoM		MoM		Medical Group All
YoY		YoY		AuthSource All
689		22.2		Auth Type All
▼ -.1%		▼ -.1%		Auth Sub Class All
▲ 2.1%		▲ 2.1%		
Total Inpatient Auths	Inpatient Auth Status	IP Auth % Denial	IP Auth TAT Compliance	
1,032	<div>Approved652 (63.2%)</div> <div>Closed245 (23.7%)</div> <div>In Process64 (6.2%)</div> <div>Denied40 (3.9%)</div> <div>Received18 (1.7%)</div> <div>Partially Denied7 (0.7%)</div> <div>Approved by PDR5 (0.5%)</div> <div>Denial Upheld1 (0.1%)</div>	3.9%	<div>Goal 100%</div> 79.9%	
MoM		MoM	MoM	
▲ 40.2%		▼ -0.2%	▼ -18.8%	
YoY		YoY	YoY	
▲ 39.5%		▼ -1.8%	▼ -17.2%	

All inpatient auth related metrics include all inpatient types

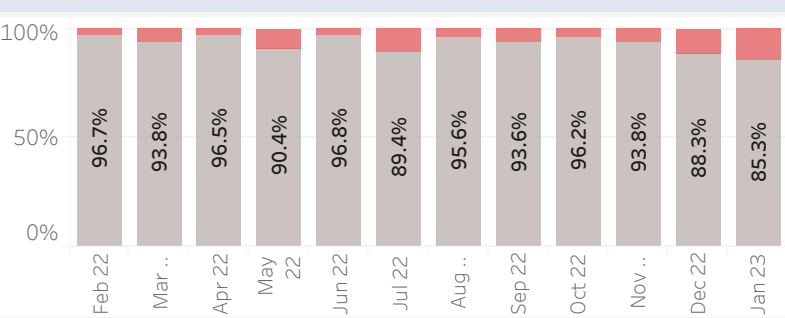


Pre-Auths Dashboard

Pre-Auth Volume by Medical Group



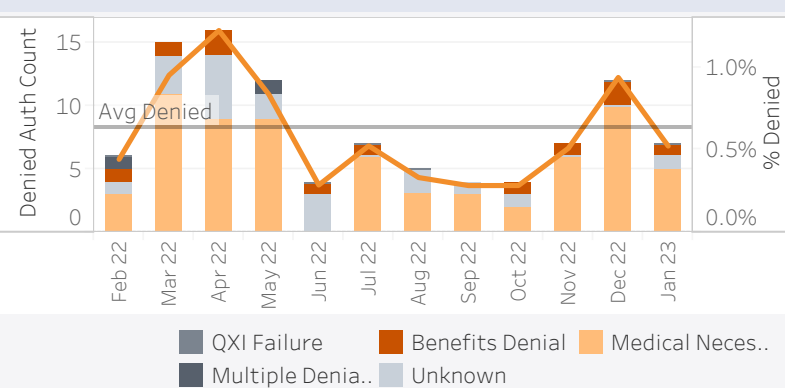
Pre-Auth TAT % Compliant



Top 5 Requesting Providers

Requesting Providers	
UCSF MEDICAL CENTER	32.7%
ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMATICS	15.2%
SHIELD CALIFORNIA HEALTH CARE CENTER #2	5.2%
SINCERE CARE MEDICAL SUPPLY	2.0%
CHINESE HOSPITAL	1.8%

Denied Pre-Auths By Reasons



Dashboard Filters

- Requested Month
February 2022 to February 2023
- LOB
All
- Medical Group
All
- Auth Status
All
- Auth Type
Pre-Authorization
- Auth Priority
All
- Auth Sub Class
All
- AuthSource
All
- Medical Director Review
All



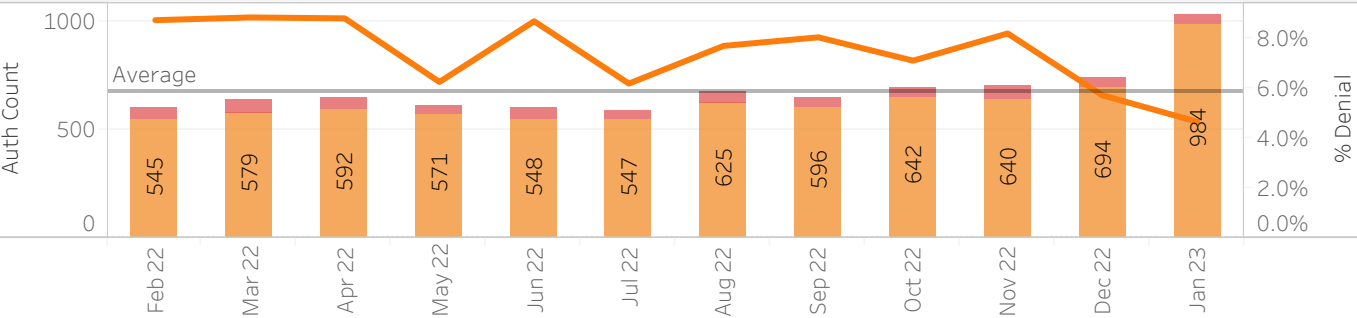
2/10/2023 12:04:03 PM



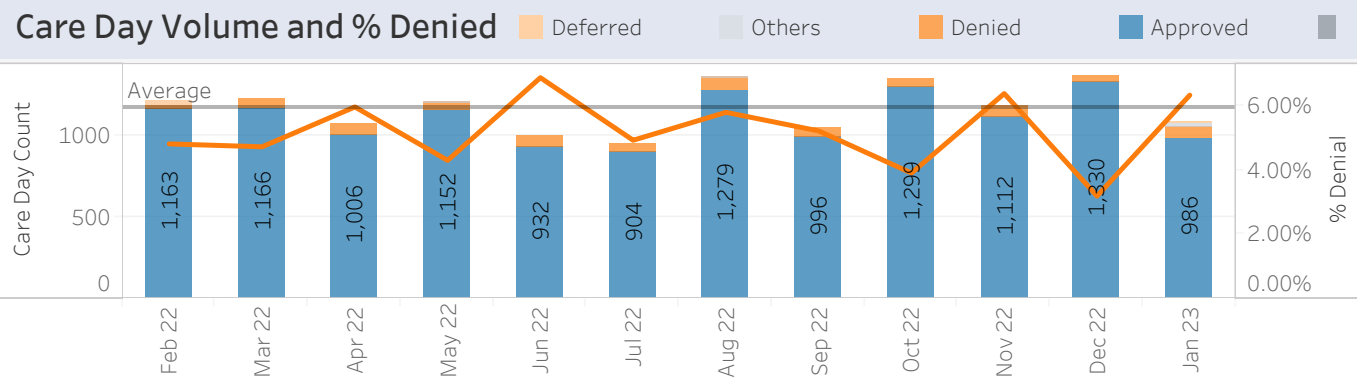
Inpatient & Care Day Dashboard

Inpatient Type
All

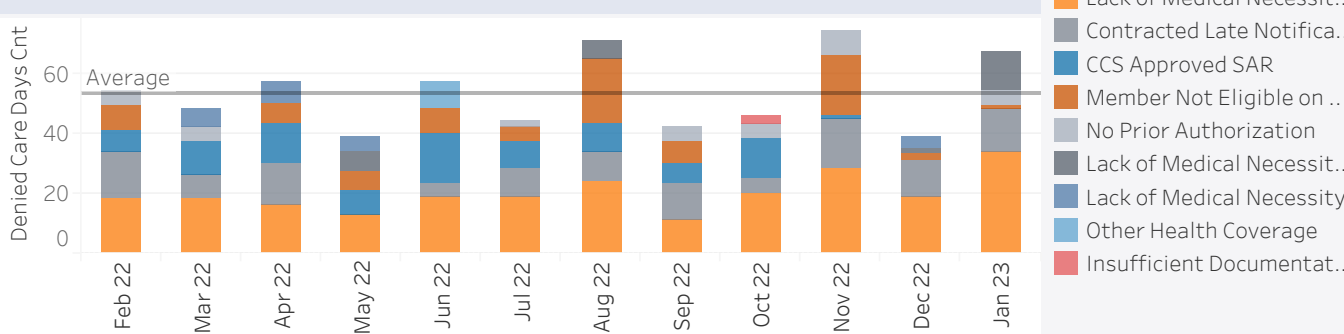
Inpatient Auth Volume and % Denied



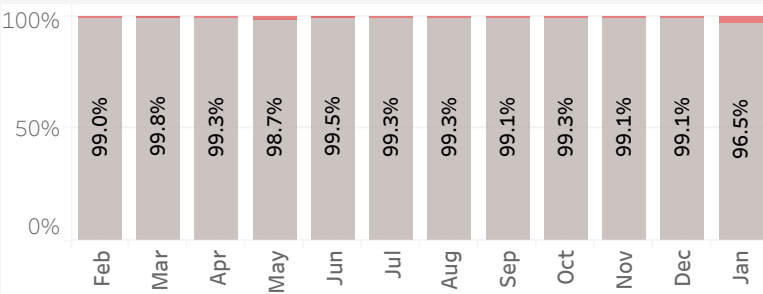
Care Day Volume and % Denied



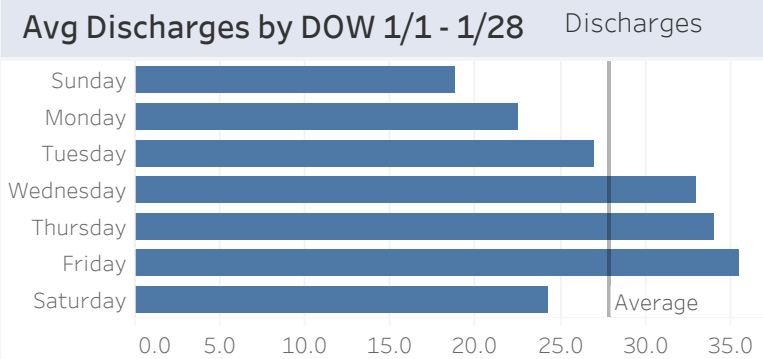
Care Day Denial Volume and Top 5 Reasons



Care Day TAT % Compliant



Avg Discharges by DOW 1/1 - 1/28



Top 5 Requesting Providers

Requesting Providers	
UCSF MEDICAL CENTER - #3	31.0%
ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER	20.4%
CPMC VAN NESS CAMPUS - ACUTE CARE	11.4%
CPMC MISSION BERNAL - ACUTE	7.7%
ST FRANCIS MEMORIAL HOSPITAL	7.4%

Dashboard Filters

Requested Month
February 2022 to February..

LOB

All

Medical Group

All

Auth Sub Class

All

Care Day Level of Care

All

Auth Priority

All

AuthSource

All

Medical Director Review

All

AdmissionSource

All



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Total Auths Per 1000 MM

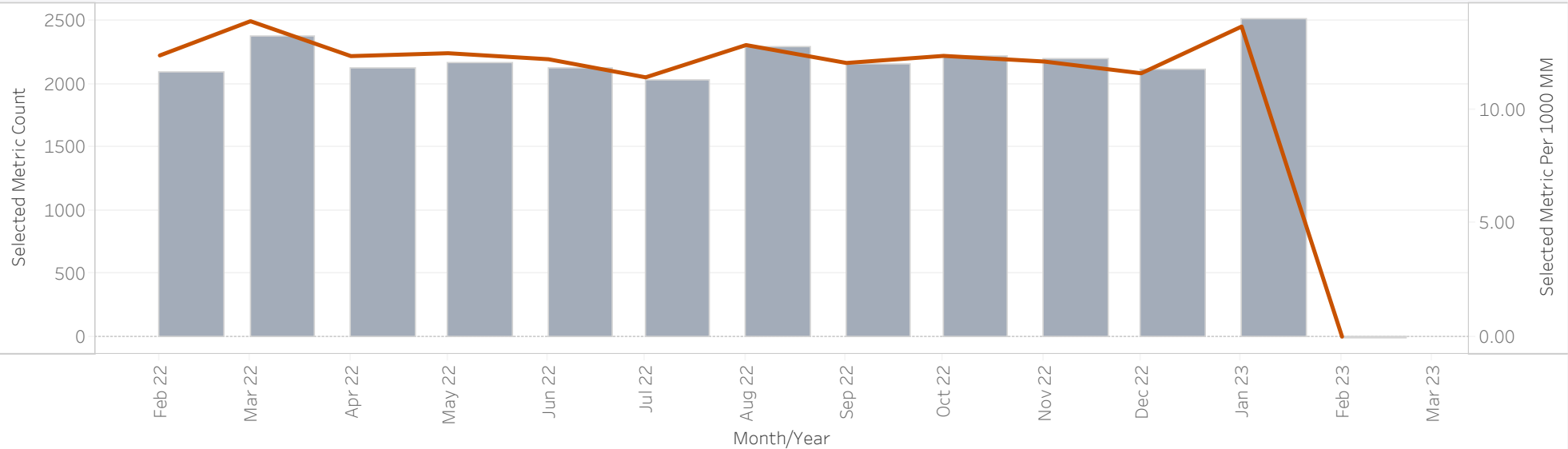
Total Auths Per 1000 MM

Month of ..	Count	Member Month Count	Per 1000 MM
Feb 22	2,092	168,521	12.41
Mar 22	2,369	170,100	13.93
Apr 22	2,122	171,333	12.39
May 22	2,160	172,623	12.51
Jun 22	2,126	173,593	12.25
Jul 22	2,022	176,621	11.45
Aug 22	2,288	177,735	12.87
Sep 22	2,156	178,433	12.08
Oct 22	2,220	179,099	12.40
Nov 22	2,190	180,295	12.15
Dec 22	2,113	181,725	11.63
Jan 23	2,511	183,414	13.69

To analyze inpatient or outpatient auths, chose the "Total Auths Per 1000 MM" from the Select Metric filter and apply filters as needed using the Auth SubClass (Grouped) and the Auth Sub Class filters.

Total Auths Per 1000 MM

Measure .. Count Per 1000 MM



Dashboard Filters

Select Metric

Total Auths Per 1000 MM

Request Date Filter
February 2022 to February 2023

LOBCode
All

MedicalGroup
All

Auth Type
All

Auth Status
All

Auth Class
All

Auth SubClass (Grouped)
All

Auth Sub Class
All

Auth Priority
All

Level Of Care (Grouped)
All

AuthSource
All

Medical Director Review
All

AdmissionSource



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Potential Essette Authorization Data Issues -

Auth Type, Class & Sub Class Combinations

[Dashboard Filters](#)

Requested Month
February 2022 to February..

Auth Type	Auth Class	Auth Sub Class	
Concurrent Review	Inpatient	Acute Rehab	8
		Skilled Nursing Facility	57
		Transplant	10
	Outpatient	Surgeries with Anesthesia	1
Pre-Authorization	Inpatient	Custodial Care	54
		Pediatric/Neonatal	12
		Transplant	9
Retrospective	Inpatient	Custodial Care	1
Grand Total			152



UM Productivity - Phone

Purpose:

Provide an automated dashboard to monitor phone related metrics in the UM department.

Data Source:

EDW_Report

Metrics:

Call Volume, Average Call duration, Abandonment Rate, % call answered in 30 seconds

Definitions:

Call Volume: Total number of phone calls including incoming, outgoing and intercom.

Average Call duration: total call duration divided by call volume.

Abandonment Rate: number of abandoned call (defined by Interaction System) divided by call volume

% call answered in 30 seconds: number of call answered under 30 seconds divided by call volume

This dashboard contains phone data in the past 36 months and is refreshed daily



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EDW_REPORT



Email Support

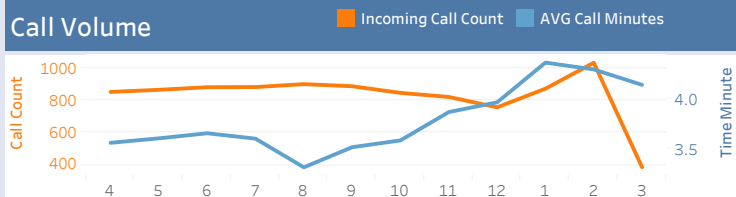


Business Analytics

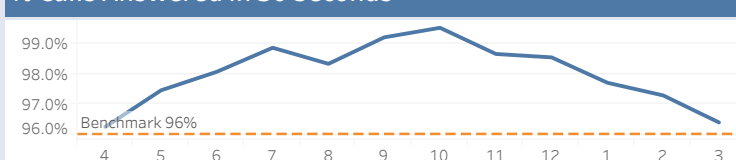
Incoming Call Summary Page - March 2023

12-Month Trend

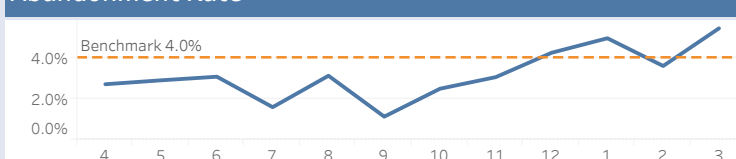
Call Volume



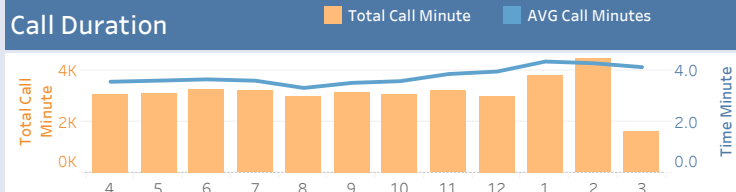
% Calls Answered in 30 Seconds



Abandonment Rate



Call Duration



March 2023

Call Volume

388

MOM ▼-62.4% YOY ▼-61.3%

Answered in 30s

96.4%

MOM ▼-0.9% YOY ▼-2.2%

Abandon Rate

5.4%

MOM ▲1.8% YOY ▲2.9%

AVG Call Duration

4.1

MOM ▼-3.5% YOY ▲20.5%

Call Volume March 2023 - Hover cursor over to see hourly breakdown for the day.

Monday	Tuesday	Wednesday	Thursday	Friday
		40	15	62
49	48	38	53	38
45				

Top 10 Callers - April 2022 to March 2023

- hover cursor over to see abandoned call details

Caller Name	Call Count	Abandonment Rate	AVG Call Minutes
UCSF	2,198	3.2%	3.4
SF PUBLIC HLTH	614	3.6%	4.2
WIRELESS CALLER	415	2.4%	4.2
415 5477800	391	4.6%	4.0
%13500%	219	6.8%	3.7
Sutter Health	213	2.3%	3.3
AdaptHealth	195	2.1%	4.5
Dam, Allan	138	0.0%	2.2
CITYWHEELCHAIRS	128	3.9%	3.1
916 2979966	119	2.5%	2.6

Dashboard Filters

Select End Month
March 2023

Trend Look Back Period
12

Phone Queue

- ☒ Clinical Services
- ☒ In Patient
- ☒ LongTermCare



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Team/Individual Call Statistics - 10/1/2022 to 3/13/2023

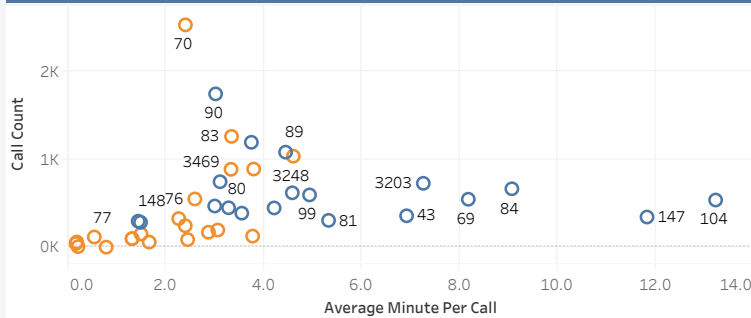
SAN FRANCISCO
HEALTH PLAN™



Here for you

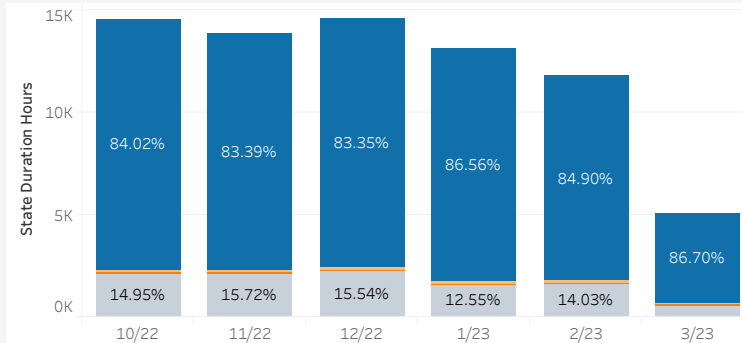
Call Count vs. Average Minutes Per Call

- Click on a individual dot to show detail profile for the selected employee.



Agent Status Time Spent

available training break unavailable



Overall Call Metrics by Teams

Team	Call Count	Call Count Per day	AVG Call Minutes	Abandonment Rate	% call answer in 30
CCR	11,793	72	5.1	21.3%	92.7%
PA	8,836	64	3.0	10.1%	97.7%

Call Metrics by Employees

Essette Use..	Call Count	Call Count Per day	AVG Call Minutes	Abandonment Rate	% call answer in 30
70	2,527	20	2.4	6.6%	97.3%
90	1,743	14	3.0	35.3%	84.8%
83	1,260	16	3.3	10.7%	97.5%
2875	1,193	11	3.7	18.3%	99.1%
89	1,081	10	4.4	34.7%	81.4%
3248	1,035	10	4.6	6.1%	99.8%
1415	889	14	3.8	6.4%	98.4%
109	886	10	3.3	8.1%	97.0%
3469	745	8	3.1	5.0%	98.1%
3203	727	7	7.3	17.5%	95.2%
84	665	6	9.1	14.3%	95.5%
476	619	6	4.6	19.7%	99.4%
99	595	7	4.9	31.3%	89.4%
76	549	9	2.6	7.1%	96.2%
69	546	5	8.2	20.0%	89.0%
104	537	9	13.2	12.1%	94.0%
138	469	6	3.0	5.1%	98.7%
80	449	5	3.3	22.5%	82.4%
126	447	5	4.2	13.2%	99.6%
1020	388	5	3.5	20.4%	96.9%
43	358	4	6.9	39.9%	95.3%
147	344	4	11.8	12.2%	100.0%

Dashboard Filters

Team

CCR

PA

Work Group

applies to only incoming calls

☒ Clinical Services

☒ In Patient

☒ LongTermCare

☒ Other

Start Date

10/1/2022

End Date

3/13/2023

Direction Tx

All

Team

All

Position

All

Essette User ID

All

Direction Tx

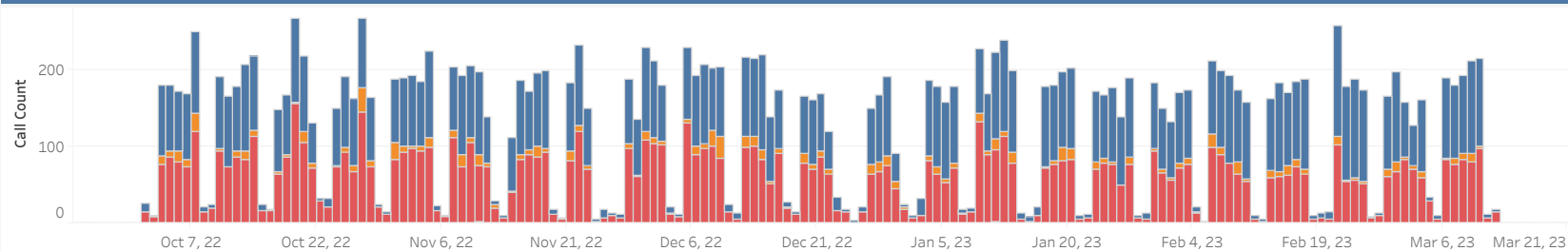
☒ Incoming

☒ Intercom

☒ Outgoing

☒ Unknown

Daily Call Count by Employees - All - Select an Employee ID from above graphs to show daily call volume



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MEMO

To	UMC Meeting – February 2023
From	K. M. McDonald, Clinical Operations, Program Manager
Regarding	2022 UM Work Plan and Evaluation

Executive Summary

Clinical Operations annually reviews and evaluates its utilization management (UM) program operations, resources, and its annual work plan. The objective is to ensure Clinical Operations is effectively and efficiently serving San Francisco Health Plan's Medi-Cal members and supporting its Medi-Cal providers. In 2022 (January to December), the Clinical Operations Team, through the Utilization Management Committee (UMC), continued to identify operational and service gaps as they emerged in real-time. The UMC proactively created strategies for addressing the gaps and acted on opportunities for improvement through a UM Work Plan.

UM Work Plan Highlights

- Supporting providers as much as possible during the pandemic
- Continued observation pilot which began May 2020- to help with the increase surge in patients.
- Extended prior authorizations at the provider's request through December 2022
- NOAs translated by Marketing live February 28, 2022
- Updated NEMT PCS form May 26, 2022
- Updated MCG to 26th edition on May 27, 2022
- All enteral nutrition/formula requests processed urgently per DMHC recommendation August 12, 2022
- Care Management RFP Selection- ZeOmega September 30, 2022
- Implemented CBAS Emergency Remote Services benefit October 1, 2022
- Department Reorg –Clinical Operations Admin Team October 1, 2022
- Implemented Large Print NOAs October 21, 2022
- Developed SFHP Direct Network (effective January 1, 2023)
- Dual & Long-Term Care Benefit (effective January 1, 2023)
- SFHN/ZSFG Capitation to FFS (effective January 1, 2023)

Operational Highlights

- Clinical Operations was able to accomplish, with no adverse effect on its daily operations:
 - The Clinical Operations team competently handled 40,689 authorization requests meeting regulatory turn-around-times.

- The rate of authorization denials continues to decline, underscoring the positive impact of proactively adjusting authorization guidelines/criteria to remove minor barriers affecting members and providers access to medically necessary services.
- Operational resources, in 2022, were primarily focused on:
 - Executing the Long Term Care (LTC) initiative under California Advancing and Innovating Medi-Cal (CalAIM).
 - Ramping-up the Care Transitions program.
 - Ensuring policy and procedural compliance with:
 - APL 21-004 Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services (Supersedes APL 17-011 and Policy Letters 99-003 and 99-004).
 - APL 21-011 Grievance and Appeals Requirements, Notice and “Your Rights” Templates (Supersedes APL 17-006).
 - APL 22-003 Medi-Cal Managed Care Health Plan Responsibility to Provide Services to Members with Eating Disorders.
 - APL 22-005 No Wrong Door for Mental Health Services Policy.
 - APL 22-006 Medi-Cal Managed Care Health Plan Responsibilities for Non-Specialty Mental Health Services (Supersedes APL 17-018).
 - APL 22-010 Cancer Biomarker Testing.
 - APL 22-018 Skilled Nursing Facilities -- Long Term Care Benefit Standardization and Transition of Members to Managed Care.
 - APL 20-012 Private Duty Nursing Case Management Responsibilities for Medi-Cal Eligible Members Under the Age of 21.
 - APL 20-016 (Revised) Blood Lead Screening of Young Children (Supersedes APL18-017).
 - APL 21-013 Dispute Resolution Process Between Mental Health Plans and Medi-Cal Managed Care Health Plans (Supersedes APL 15-007).
 - APL 22-022 Abortion Services (Supersedes APL 15-020).
 - APL 22-002 Alternative Format Selection for Members with Visual Impairments.
 - APL 22-008 Non-Emergency Medical and Non-Medical Transportation Services and Related Travel Expenses (Supersedes APL 17-010).
- There were 10 UMC meetings held in 2022:
 - In each meeting, there was full participation of senior physicians, key clinical and administrative staff. Meeting dates and times were adjusted as needed to ensure full participation.
 - In-depth reviews and discussion of overturned appeals resulting in service improvements, such as, clarifying member benefits to improve members’ access to medically necessary services, aligning medical and pharmacy criteria for consistency in medical necessity decision making.
 - Reengineering the Clinical Operations legacy metric resources to realign with the metric needs of CalAIM’s Population Health and Quality data requirements.

UM Work Plan (2022)

The focus of the UM Work Plan for 2022 was on executing several CalAIM initiatives to be fully operable by January 2023. The initiatives, with their tactical requirements, were:

- Long Term Care (LTC)
 - Update all relevant policies and procedures, including filing updates with the State.
 - Work cross-functionally with Provider Network Operations to develop a new network – SFHP Direct Network (SDN).
 - Work cross-functionally with IT/Finance/Claims Teams to develop new processes for handling LTC providers and members data/network finance arrangements/claims processing.
- Transitional Care Services (TCS)
 - Ramp-up the TCS Team and modified TCS policies and procedures to align with new State requirements.
- Major Organ Transplant benefit
 - Develop processes for member assignment change.
 - Update relevant policies and procedures.
 - Ensure all transplant procedures are performed in a Medi-Cal approved Center of Excellence (COE)

Additionally, the following UM operational gaps were identified and addressed:

Operational Gap	Q1-2022 Plan	Q2-2022	Q3-2022	Q4-2022
<p>Improving Clinical Operations readiness for DHCS's annual 2023 audit.</p> <p>The main opportunity for Improvement was the development of 11 new, focused audits to supplement the current, general Internal audit.</p>	-----	<p>Identified the audits to be developed:</p> <ul style="list-style-type: none"> • OBS_Auths from Non-contracted Providers • Dental_Anest_Auths • EPSDT_Review • PDN_Review • PA_CCR_File_Audits • Denials • Internal_Audit_Tool • CBAS_File_Monitor • NOA_Monitor • Major_Organ_Monitor • NEMT_PCS_Monitor 	<p>Developed the 11 audit question and scoring templates.</p>	<p>All 11 audit templates were submitted for UAT, and feedback was provided requiring minor adjustments to the audit templates in preparation for the Q4-2022 Internal Audit in February/March 2023.</p>
<p>DHCS Contract Readiness Audit: demonstrating Clinical Operations ability to be compliant with DHCS' proposed 2024 Medi-Cal contract.</p>	-----	-----	<p>8 desk audits, a total of 55 submitted documents were either authored, reviewed with no change, or reviewed and updated.</p>	<p>11 separate audits, a total of 87 submitted documents were either authored, reviewed with no change, or reviewed and updated.</p>

Operational Gap	Q1-2022 Plan	Q2-2022	Q3-2022	Q4-2022
Realignment of the 2021 Benchmarks	<p>Implemented a new Tableau report, UM Trending Dashboard. This report enhanced the metric transparency of key drivers affecting service and operational efficiencies.</p> <p>Reviewed, discussed further data refinements to improve the dashboard.</p>	Executed further refinements to the Tableau dashboard.	The annual benchmarks were reviewed by UMC. The UMC approved the expansion of the legacy benchmark set and expansion of the benchmark sources (refer to Appendix – Benchmark Table).	Executed further refinements to the Tableau dashboard.
Gender Affirming Services Medical Necessity Criteria Benefits Review and Updates		Additional realignment with DHCS regulations: DHCS APL 20-018 (Ensuring Access to Transgender Services).	Updated criteria to align with WPATH's released Standards of Care Version 8.	<p>Final draft completed and vetted for review and SME approval.</p> <p>UMC voted to approve the draft criteria and suggested further minor refinements.</p>

Operational Evaluation (2022)

	Q1-2022	Q2-2022	Q3-2022	Q4-2022
Staffing Levels	<ul style="list-style-type: none"> The majority of staff continue to work remotely full-time. There were no interruptions in service levels and support for members and providers requesting prior authorizations and concurrent assistance with authorizations. 	<ul style="list-style-type: none"> There were no interruptions in service levels and support for members and providers requesting prior authorizations and concurrent assistance with authorizations. Dr. Fiona Donald, CMO, left SFHP. Dr. Ellen Piernot begins as Interim 	<ul style="list-style-type: none"> There were no interruptions in service levels and support for members and providers requesting prior authorizations and concurrent assistance with authorizations. Dr. Eddy Ang begins as Interim Chief Medical Officer (CMO). 	<ul style="list-style-type: none"> There were no interruptions in service levels and support for members and providers requesting prior authorizations and concurrent assistance with authorizations. <p>Final Staff levels (as of 12.31.22):</p> <ul style="list-style-type: none"> CCR/CT Team <ul style="list-style-type: none"> 14 Nurses (includes manager and senior manager) 5 Non-clinical Staff PA Team <ul style="list-style-type: none"> 9 Nurses (includes manager) 8 Non-clinical staff (includes supervisor) LTC Team <ul style="list-style-type: none"> 2 Nurses (includes manager) 2 Non-clinical staff

<p>Member and Provider Access to UM Staff</p>	<p>For this period, the Clinical Operations Team was able to consistently provide:</p> <ul style="list-style-type: none"> • Staff availability at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues. • Staff were able to receive inbound communication regarding UM issues after normal business hours. • TDD/TTY services were available for members who need them. • Language assistance was available for members to discuss UM issues. 	<p>For this period, the Clinical Operations Team was able to consistently provide:</p> <ul style="list-style-type: none"> • Staff availability at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues. • Staff were able to receive inbound communication regarding UM issues after normal business hours. • TDD/TTY services were available for members who need them. • Language assistance was available for members to discuss UM issues. 	<p>For this period, the Clinical Operations Team was able to consistently provide:</p> <ul style="list-style-type: none"> • Staff availability at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues. • Staff were able to receive inbound communication regarding UM issues after normal business hours. • TDD/TTY services were available for members who need them. • Language assistance was available for members to discuss UM issues. 	<p>For this period, the Clinical Operations Team was able to consistently provide:</p> <ul style="list-style-type: none"> • Staff availability at least eight hours a day during normal business hours for inbound collect or toll-free calls regarding UM issues. • Staff were able to receive inbound communication regarding UM issues after normal business hours. • TDD/TTY services were available for members who need them. <p>Language assistance was available for members to discuss UM issues.</p>
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<p>UMC Meetings</p> <p>The UMC Charter states the UMC will meet on a monthly basis; a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.</p> <p>With the execution of the various CalAIM initiatives, the UMC's cross-functional engagement with all internal teams (viz. Health Services, Compliance, Marketing, Customer Services, Claims) is an ongoing endeavor.</p>	<p>For Q1-2022, the UMC met 2 times – January and March. There was no UMC meeting in February due to staff preparing for the annual DHCS audit.</p> <p>The UMC meetings had a full quorum of voting members in January only; the CMO and Medical Director(s) attended all meetings.</p> <p>Adopted a UMC consent calendar to improve tracking of documents required for DHCS/DMHC/NCQA audit documentation.</p> <p>The UMC worked cross-functionally with the following teams and committees on various initiatives and reportage tasks:</p> <ul style="list-style-type: none"> • Quality Improvement Committee • Access and Care Experience Team • Care Management Team • Pharmacy Team • Compliance Team • Marketing Team <p>Approved by quorum vote CO-57 (UM Clinical Criteria) and the home-grown criteria Gender Affirming Services Medical Necessity criteria, Private Duty Nursing.</p>	<p>For Q2-2022, the UMC met 3 times – April, May, and June.</p> <p>The UMC meetings had a full quorum of UMC voting members for all Q2 UMC meetings; the CMO and Medical Director(s) attended all meetings.</p> <p>The UMC actively worked cross-functionally with the following teams and committees on various initiatives and reportage tasks:</p> <ul style="list-style-type: none"> • Quality Improvement Committee • Access and Care Experience Team • Care Management Team • Pharmacy Team • Compliance Team • Marketing Team • Appeals and Grievance Team <p>The Appeals and Grievance Team formally joined the UMC and presented their first quarterly activity report (Q1-2022). The UMC will begin providing limited monitoring oversight of A&G operational activity.</p>	<p>For Q3-2022, the UMC met 3 times – July, August, and September.</p> <p>The UMC meetings had a full quorum of UMC voting members for all Q3 UMC meetings; the CMO and Medical Director(s) attended all meetings.</p> <p>The UMC actively worked cross-functionally with the following teams and committees on various initiatives and reportage tasks:</p> <ul style="list-style-type: none"> • Quality Improvement Committee • Access and Care Experience Team • Care Management Team • Pharmacy Team • Compliance Team • Marketing Team • Appeals and Grievance Team 	<p>For Q4-2022, the UMC met 2 times – November and December. There was no UMC meeting in October due to staff preparing for the first NCQA renewal mock-audit.</p> <p>The UMC meetings had a full quorum of UMC voting members for all Q4 UMC meetings; the CMO and Medical Director(s) attended all meetings.</p> <p>The UMC actively worked cross-functionally with the following teams and committees on various initiatives and reportage tasks:</p> <ul style="list-style-type: none"> • Quality Improvement Committee • Access and Care Experience Team • Care Management Team • Pharmacy Team • Compliance Team • Marketing Team • Appeals and Grievance Team
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Technological Support	Essette and QNXT were fully operable, other than off-hours service updates, during this audit period.	Essette and QNXT were fully operable, other than off-hours service updates, during this audit period.	Essette and QNXT were fully operable, other than off-hours service updates, during this audit period.	Essette and QNXT were fully operable, other than off-hours service updates, during this audit period.
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Improving Operational Competences	-----	<p>To improve Clinical Operations competency and being audit ready for DHCS, DMHC, and NCQA audits, implemented an opportunities for improvement initiative in three areas:</p> <ol style="list-style-type: none"> 1. Authorization Tracking 2. File Integrity and Audit Ready 3. Operational 	Continuation of the audit opportunities initiative.	<p>Reviewed the draft criteria for custodial care.</p> <p>Updated the UMC charter to include 2 new quorum members and updated the meeting frequency to a minimum of 6 meetings, to a maximum of 12 meetings, per year.</p> <p>The audit opportunities initiative completed with the following outcomes:</p> <ol style="list-style-type: none"> 1. Authorization Tracking <ol style="list-style-type: none"> a. Routinely run a report of authorizations of non-contracted hospitals to ensure any denials are benefit denials. b. Work with UCSF to revise their authorization process for dental anesthesia. 2. File Integrity and Audit Ready <ol style="list-style-type: none"> a. Update the CBAS policy to state MD notes need to be included in the authorization documentation. b. Monthly/quarterly audits of a sample set of PA/CCR files to ensure integrity of the denial files and the files are audit ready. c. Update the Internal Audit Tool to include audits of non-emergency medical transportation (NEMT), major organ transplant (MOT), and MD denials. d. Improve the 6th grade language level of PA/CCR NOAs; adopt the A&G Team's language tools and related DTP processes. e. Update the Internal Audit Tool to include a specific audit check list item for ensuring a MOT NOA is compliant. 3. Operational <ol style="list-style-type: none"> a. Single archive location for storing all Clin Ops staff/team training materials. b. Train staff on the EPSDT review process. c. Decide whether to continue the current PDN process or adopt the custom PDN process as discussed with 2022 DHCS Audit Team. d. Update the NEMT PCS form with the appropriate data elements.
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Metric Knowledge	<p>Implemented 3 new Tableau reports: SFHP Clinical Operations Dashboard, UM Trending Dashboard, and KPI dashboard. :</p> <p>Reviewed, discussed further data refinements to improve the dashboards. These tools enhanced the metric transparency of key drivers affecting service and operational efficiencies.</p>	Executed further refinements to all Tableau dashboards.	<p>The annual benchmarks were reviewed by UMC. The UMC approved the expansion of the legacy benchmark set and expansion of the benchmark sources (refer to Appendix – Benchmark Table).</p>	<p>Executed further refinements to all Tableau dashboards.</p> <p>On review of the Tableau report – UM Trending Dashboard – UMC decided a review of the top 10 DRGs would be a standing item at each UMC meeting.</p> <ul style="list-style-type: none"> • The UMC discussed the strategy of using the following over/underutilization measures: <ul style="list-style-type: none"> ○ Emergency Department (ED) over/underutilization measure <ul style="list-style-type: none"> ▪ Will be used as an internal Clinical Operations measure. ▪ Will be tracked/monitored over a 3-year interval. ○ Inpatient Admissions over/underutilization measure <ul style="list-style-type: none"> ▪ Will continue to be used for the annual QI Program and Evaluation reports. ○ Readmission over/underutilization measure <ul style="list-style-type: none"> ▪ Will be used as a measure/benchmark for NCQA standard QI-3. ▪ Discussion around the populations to include/exclude from the data sample. ▪ Essette assessment is now tracking the reasons for readmittances. ○ CBAS over/underutilization measure <ul style="list-style-type: none"> ▪ Still being finalized ▪ Will be used as an internal Clinical Operations measure. <ul style="list-style-type: none"> • Will be tracked/monitored over a 3-year interval.
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Operational Metrics	Implemented new Tableau reports: SFHP Clinical Operations Dashboard, Clinical Operations Director Dashboard, UM Trending Dashboard, Clinical Operations KPI Dashboard.	UMC continually reviewed the new Tableau dashboards and provided ongoing updates to refine the metrics.	UMC continually reviewed the new Tableau dashboards and provided ongoing updates to refine the metrics.	UMC continually reviewed the new Tableau dashboards and provided ongoing updates to refine the metrics.
Revised and Updated Clinical Operations Desk Top Procedures (DTP) and Policies and Procedures (PP)	DTP/PP Workgroup met on a regular basis.	DTP/PP Workgroup met on a regular basis.	DTP/PP Workgroup met on a regular basis.	DTP/PP Workgroup met on a regular basis.
Quality of UM Files: Prior Authorization and Concurrent	Conducted the quarterly Internal Audit to review the quality of the authorization files, and to ensure compliance with State and accreditation requirements.	Conducted the quarterly Internal Audit to review the quality of the authorization files, and to ensure compliance with State and accreditation requirements.	Conducted the quarterly Internal Audit to review the quality of the authorization files, and to ensure compliance with State and accreditation requirements.	Conducted the quarterly Internal Audit to review the quality of the authorization files, and to ensure compliance with State and accreditation requirements.
Participated in several key DHCS / NCQA audits.	The DHCS audit evaluated, and confirmed, the Clinical Operations Team is compliant, with the requirements of DHCS' Medi-Cal contract.	No DHCS / DMHC audit activity during this quarter.	DHCS began the Contract Readiness audit to confirm SFHP's alignment with the proposed 2024 Medi-Cal contract. Participated in a NCQA mock audit.	DHCS Contract Readiness audit continues. Began the documentation discovery phase in preparation for the 2023 DHCS annual audit.

NCQA Triennial Renewal Survey (Fall 2023)	Prepared 24-months of documents/records/logs for the ME, NET, QI, and UM standards audits.	<p>Preparing 24-months of documents/records/logs for the ME, NET, QI, and UM standards audits.</p> <p>The Compliance Team begins the quarterly/monthly/weekly series of NCQA SME meetings to prepare, review, and finalize all NCQA documentation/evidence.</p>	<p>Prepared 24-months of pertinent documents/records/logs for the ME, NET, QI, and UM NCQA standards audits.</p> <p>Participated in the first NCQA renewal mock-audit.</p>	Prepared 24-months of pertinent documents/records/logs for the ME, NET, QI, and UM standards audits.
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Clinical Operations Staff Trainings

- Community Based Adult Services (CBAS): Emergency Remote Services (ERS)
- MCG 26th Edition update
- Diversity, Equity, and Inclusivity (DEI) trainings (ongoing/new staff)
- MAGIC Email Training (ongoing/new staff)
- NEMT PCS Form- 2022 update
- EPSDT- Prior Authorization Processing
- Carve Out Process update
- Large Print NOAs
- WPATH SOC 7 training (SME and managers only)
- Coordinator specific auth process training for gender affirming services and CBAS services.
- Long Term Care (LTC) Carve In
- PA Coordinator Training: Creating an Authorization for Medi-Medi Members (Gender Affirmation Services)
- Community Based Adult Services (CBAS) – General
- SFN to FFS Transition
- CCR to CM Referral Updates
- LTC and Care Transitions Team
- Authorization Creation
- LTC Authorization Creation

Utilization Management Committee (UMC) 2022 Member and Provider Monitoring, Service and Operational Improvements

January 2022

- Member and Provider Monitoring
 - UM Trending Discussions
 - Discussed the impact of Omicron (variant of SARS-CoV-2) on authorization metrics.
 - UM Appeals Discussions
 - Updated the process for approving EPSDT authorizations.
- Service Improvement Discussions
 - Updated the process for approving EPSDT authorizations.
 - Conducted the annual review of Clinical Operation's criteria. Approved by quorum vote CO-57 (UM Clinical Criteria) and the home-grown criteria Gender Affirming Services Medical Necessity criteria, Private Duty Nursing.
- Operational Improvement Discussions
 - Reviewed the Q3-Internal Audit results. The compliance rate with State (DHCS /DMHC) and NCQA requirements was 100%.

February 2022

- Member and Provider Monitoring

- UM Trending Discussions
 - Implemented a new Tableau UM Trending dashboard and reviewed. Discussed further data refinements to improve the dashboard.
 - Discussed the Tableau KPI dashboard.
 - Membership is increasing driving the increase in authorization requests.
 - Authorization turn-around-times (TAT) are compliant with State (DHCS, DMHC) and NCQA standards.
- UM Appeals Discussions
 - No recommendations to update policies or processes. However, the CMO followed-up on a potential overutilization of hyperbaric oxygen treatments by a provider.
- Service Improvement Discussions
 - The new Tableau UM Trending will provide data relevant for identifying service improvement opportunities to improve member and provider experiences.
 - Scheduled training sessions with the delegated medical groups to improve their handling of continuity of care cases.
- Operational Improvement Discussions
 - Approved by quorum vote:
 - The 2021 UM Program Evaluation.
 - The updated UMC Charter and Reporting Calendar

March 2022

No meeting was held due to DHCS annual audit.

April 2022

- Member and Provider Monitoring
 - UM Trending Discussions
 - Increase in prior authorizations from last year, and an increase from last month, due to membership increase and catching up on the COVID impact on outpatient services.
 - Denial rate is increasing due to managing the out-of-medical-group (OOMG) authorization requests.
 - Increase in inpatient denial rate due to members receiving ambulatory procedures being placed in inpatient status rather than observation status.
 - UM Appeals Discussions
 - No recommendations to update policies or processes.
- Service Improvement Discussions
 - Quorum vote approved the revisions to the Gender Affirming Services Medical Necessity criteria to parallel WPATH's Standards of Care (SOC) - 8 criteria.
 - Discussed the need to improve providers' understanding of how to appropriately apply observation rules for members receiving ambulatory procedures.
- Operational Improvement Discussions
 - Discussed additional readmission benchmark refinements for the Tableau UM Trending dashboard.

May 2022

- Member and Provider Monitoring
 - UM Trending Discussions (Medical)
 - No outliers requiring further discussions.
 - UM Trending Discussions (Pharmacy)
 - Given the DHCS transition of all Medi-Cal pharmacy services from managed care to fee-for-service, with the exception of physician administered drugs (PADs), DHCS will be providing a pharmacy dashboard (date to be determined). The pharmacy team will continue to maintain an operational dashboard for the Healthy Worker membership.
 - UM Appeals Discussions
 - No recommendations to update policies or processes.
- No recommendations to update policies or processes. Service Improvement Discussions
 - Reviewed the 2021 Annual recap of the tracking/monitoring activities of Specialty Referral authorizations.
 - Reviewed Q4-2021 Internal Audit of Authorization Requests
 - Reviewed the new Tableau UM Trending dashboard and identified and began preliminary investigation of the following trends:
 - Sepsis and infection are the top APRDRG by cost.
 - A provider network had high emergency department visits and low outpatient utilization.
 - Compared to delegated medical groups, emergency department visits and average length of stay (ALOS) is higher in medical groups managed by SFHP.
- Operational Improvement Discussions
 - Updated the Essette turn-around-time (TAT) configurations to provide an expiry notification in advance of the regulatory TAT expiry guideline notification. This new advance notification improved the staff's ability to proactively handle prior authorizations prior to their expiry date. The new parameters are:
 - Expedited review = 60 hours from receipt date/time (previously set at 72 hours).
 - Delay = 12 calendar days from receipt date (previously set at 14 calendar days)
 - Extension = 26 calendar days from receipt date (previously set at 28 calendar days)

June 2022

- Member and Provider Monitoring
 - UM Trending Discussions (Medical)
 - No metric outliers were identified.
 - Total admissions, year over year, census has gone up due to the Community Clinic Network (CLN) network split with more members now accounted for.
 - Acute inpatient admits per 1000 increase might be linked to members' with septicemia diagnosis. UMC agreed to investigate a potential casual relationship.
 - UM Trending Discussions (Pharmacy)
 - The inaugural presentation of the Pharmacy Dashboard, which is focused on the Healthy Worker member population; no metric outliers were identified.
 - UM Appeals Discussions

- The recommendation was to provide further training to a delegated medical group on how to write NOAs in a member friendly language.
- Service Improvement Discussions
 - Refer to UM Appeals Discussions above.
- Operational Improvement Discussions
 - Refer to UM Trending Discussions above.
 - UMC agreed to expand the UMC meeting to 1.5 hours.

July 2022

- Member and Provider Monitoring
 - UM Trending Discussions (Medical)
 - A provider had an increase in readmissions, discussed methodologies for clarifying the data. Included discussions of the role of targeted case management in reducing readmissions.
 - Overall authorization denial rates remain low.
 - UM Appeals Discussions
 - No overturned appeals for the prior month.
- Service Improvement Discussions
 - No recommendations to update policies or processes.
- Operational Improvement Discussions
 - Discussed the 2022 DHCS audit findings report; there were no findings specific to Clinical Operations.
 - Discussed the role of targeted case management in reducing readmissions.
 - Discussed the process moving providers/members of Continuity of Care (COC) cases back into network when the timeframe is appropriate.
 - Approved the PAD narrative to be inserted in the UM Program Description to meet NCQA UM-11 standard accreditation requirements.

August 2022

- Member and Provider Monitoring
 - UM Trending Discussions (Medical)
 - No outliers requiring further discussions.
 - UM Trending Discussions (Pharmacy)
 - The new Tableau dashboard allows the Pharmacy Team to track utilization at the member level.
The Tableau data will provide member utilization patterns for the Care Management Team.
 - UM Appeals Discussions
 - No recommendations to update policies or processes.
- Service Improvement Discussions
 - Compliance provided guidelines for a member to obtain a medical bracelet; included updating member collateral materials.
- Operational Improvement Discussions
 - Reviewed Internal Audit quarterly report, Specialty Referral quarterly report, DMG semi-annual specialty referral/workplan reports.

September 2022

- No meeting was held.

October 2022

- Member and Provider Monitoring
 - UM Trending Discussions (Medical)
 - Discussed updates to be made to the new Tableau KPI dashboard.
 - UM Trending Discussions (Pharmacy)
 - No pharmacy report this meeting.
 - UM Appeals Discussions
 - No recommendations to update policies or processes.
- Service Improvement Discussions
 - On review of the Tableau report – UM Trending Dashboard – it was decided a review of the top 10 DRGs would be a standing item at each UMC meeting.
 - Reviewed the draft criteria for custodial care.
 - Discussed a proposed plan for monitoring/tracking over/underutilization.
- Operational Improvement Discussions
 - Discussed the member/provider underutilization of CBAS referrals and services.
 - Updated the UMC Charter.
 - Reviewed the 2022 draft of the UM Program Description.
 - Conducted, and reviewed, the quarterly UM Systems Control Audit (NCQA, UM-12, Element B)

November 2022

- Member and Provider Monitoring
 - UM Trending Discussions (Medical)
 - No outlier metrics.
 - The UMC discussed the strategy of using the following over/underutilization measures:
 - Emergency Department (ED) over/underutilization measure
 - Will be used as an internal Clinical Operations measure.
 - Will be tracked/monitored over a 3-year interval.
 - Inpatient Admissions over/underutilization measure
 - Will continue to be used for the annual QI Program and Evaluation reports.
 - Readmission over/underutilization measure
 - Will be used as a measure/benchmark for NCQA standard QI-3.
 - Discussion around the populations to include/exclude from the data sample.
 - Essette assessment is now tracking the reasons for readmittances.
 - CBAS over/underutilization measure
 - Still being finalized
 - Will be used as an internal Clinical Operations measure.

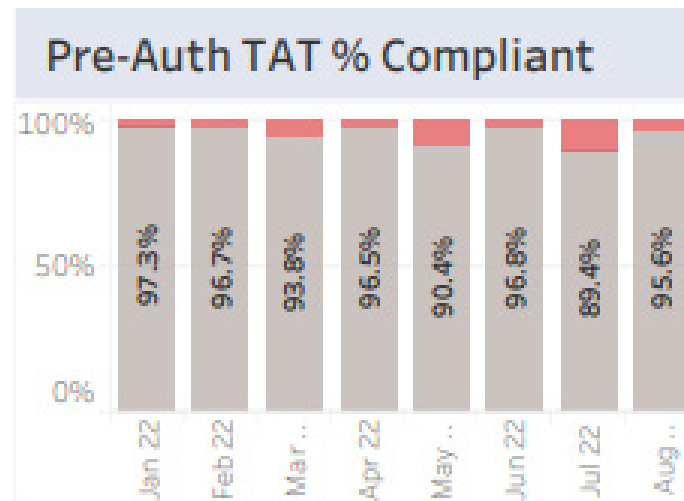
- Will be tracked/monitored over a 3-year interval.
- UM Trending Discussions (Pharmacy)
 - The Tableau report metrics focuses on the Healthy Worker member population.
- UM Appeals Discussions
 - When considering if an authorization request for a cosmetic service is medically necessary for a member with severe mental illness, this particular member characteristic should be considered in the decision making process. Members with this characteristic might necessitate an exception to the policy of not approving a cosmetic service. The rationale for approving the service, though traditionally considered a cosmetic service, is the outcome would be medically necessary for this sub-population of members.
- Service Improvement Discussions
 - Inaugurated a new medication management program focused on asthma adherence.
 -
- Operational Improvement Discussions
 - CCR Turn-around-time (TAT) was 99.9% compliant with regulatory/accreditation requirements for October 2022.
 - PA TAT was 100% compliant.
 - Pharmacy needs to be included in the appeals process at an earlier stage to determine the appropriate use for MRloA requests for pharmacy reviews.
 - Updated the meeting frequency to a minimum of 6 meetings to a maximum of 12 meeting per year in the UMC Charter.
 - Conducted the annual UMC review of criteria.
 - Reviewed the draft criteria for custodial care.

December 2022

- Member and Provider Monitoring
 - UM Trending Discussions (Medical)
 - Data was not available for this meeting. Reviewed the December 2022 data during the January 2023 UMC meeting.
 - UM Trending Discussions (Pharmacy)
 - Will be presented on a quarterly basis moving forward.
 - UM Appeals Discussions
 - No recommendations to change policies or processes.
- Service Improvement Discussions
 - UMC voted to approve the draft custodial care criteria.
- Operational Improvement Discussions
 - Reviewed the quarterly specialty referral report. Suggested to explore a new methodology for monitoring/tracking specialty referrals that would prioritize the referrals by severity of diagnosis.
 - UMC voted to approve the 2023 benchmarks.

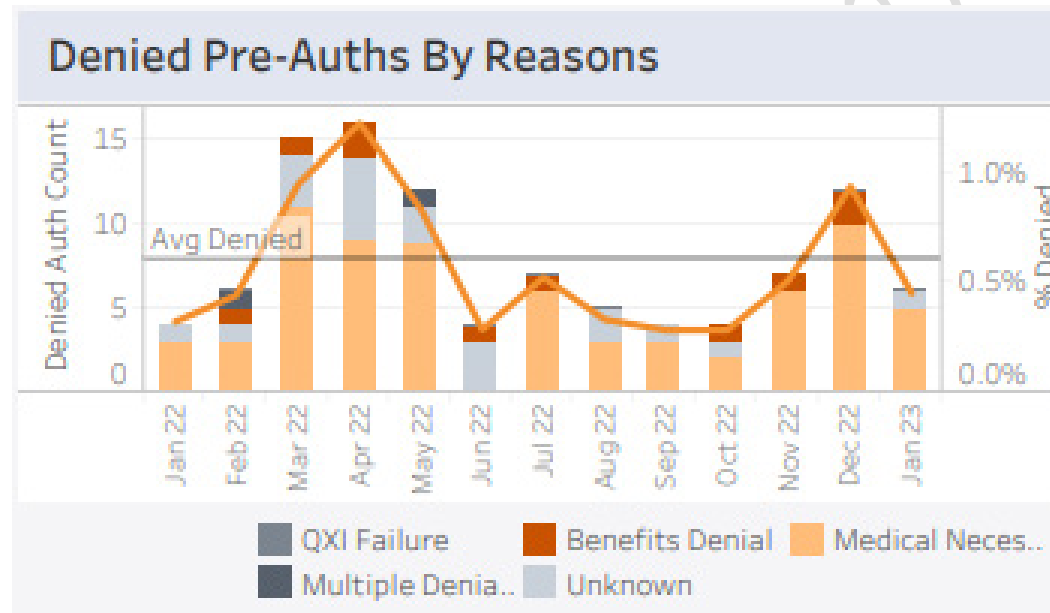
Clinical Operations KPI Dashboard Highlights (January 2022– December 2022)

Month	Total Pre-Authorizations
January	2701
February	3110
March	3706
April	3152
May	2941
June	2953
July	2761
August	3143
September	3049
October	3730
November	3185
December	3008
Total Pre-authorizations	37,439

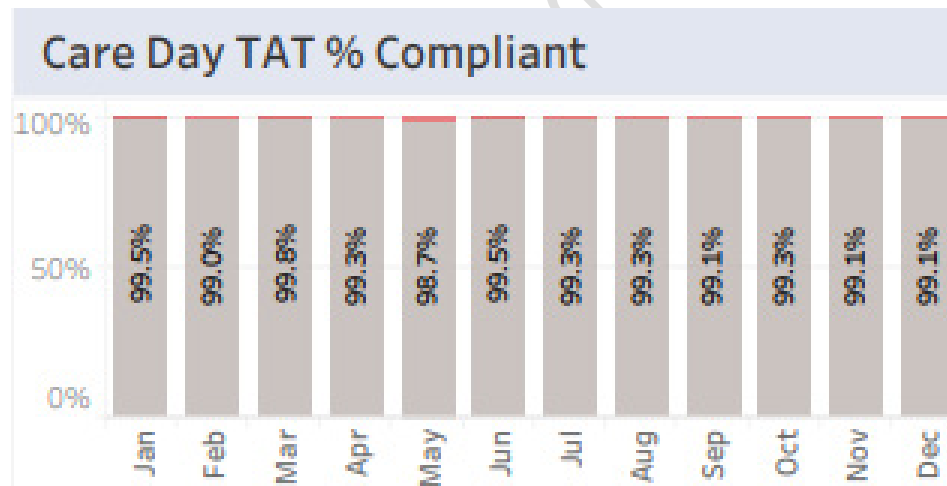


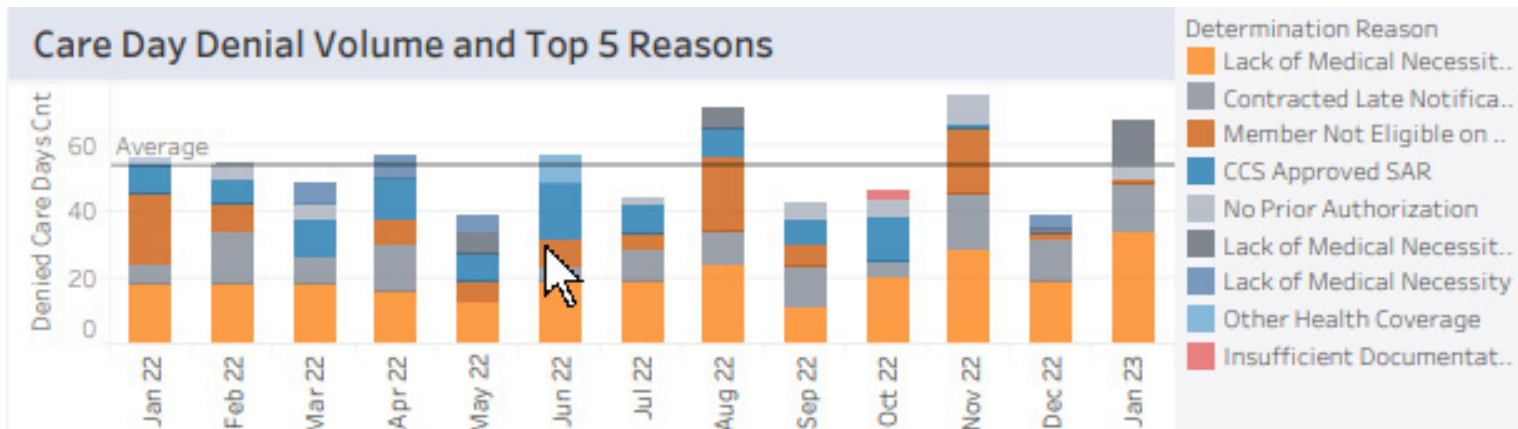
Pre-Auth TAT % Complaint (September 2022 – December 2022)

Sep-22	99.70%
Oct-22	99.90%
Nov-22	100%
Dec-22	100%



Month	Total Inpatient Authorizations
January	690
February	545
March	579
April	592
May	571
June	548
July	547
August	625
September	596
October	642
November	640
December	695
Total Inpatient Authorizations	7,270





DRAFT: To Be Approved at 5

UMC Meetings - Appeals Activity, Quorum Met, and CMO Attendance (2022)

UMC Meeting 2022	Medical Appeals	Pharmacy Appeals	Independent Medical Review (IRM)	State Fair Hearing	Consumer Complaints	Recommendations	Quorum	CMO Attended
January	7	2	4	2	0	<ul style="list-style-type: none"> Updated review/approval process for EPSDT authorizations – required an MD signoff on approvals. 	Y	Y
February	3	0	2	1	3	<ul style="list-style-type: none"> No recommendations to update policies or processes. 	Y	Y
March No meeting held in March due to DHCS Audit	-----	-----	-----	-----	-----	-----	-----	-----
April	5	1	4	0	5	<ul style="list-style-type: none"> No recommendations to update policies or processes. 	Y	Y
May	0	0	1	1	4	<ul style="list-style-type: none"> There were no appeals for the month of May. 	Y	<p>Y.</p> <p>This is the transition from Dr. Fiona Donald to Dr. Eddy Ang as the new, Interim CMO.</p>

UMC Meeting 2022	Medical Appeals	Pharmacy Appeals	Independent Medical Review (IRM)	State Fair Hearing	Consumer Complaints	Recommendations	Quorum	CMO Attended
June	3	3	4	1	8	<ul style="list-style-type: none"> A delegated medical group required further training on how to write NOAs in member friendly language. 	Y	Y
July	1	1	2	1	5	<ul style="list-style-type: none"> Provided follow-up with providers regarding authorizations for hyperbaric oxygen treatments. CMO provided follow-up discussions with a provider regarding consumer complaints specific to that provider. 	Y	Y
August	2	0	2	1	1	<ul style="list-style-type: none"> Compliance provided guidelines for a member to obtain a medical bracelet; included updating member collateral materials. 	Y	Y
September No Meeting held	-----	-----	-----	-----	-----	-----	-----	-----
October	2	2	1	1	1	<ul style="list-style-type: none"> No change to policies or processes. 	Y	Y
November	0	2	0	0	5	<ul style="list-style-type: none"> Clarified how to conduct a medical necessity review for cosmetic services for members with a severe mental illness. 	Y	Y
December	2	0	1	1	4	<ul style="list-style-type: none"> No change to policies or processes. 	Y	Y

Appendix

Benchmark Table

Report Year	Utilization Metric	Benchmark	Source	Category	Source Category	Citation
2022	ALOS	4.67	HEDIS	California Average	HEDIS-California Average	HEDIS_MY2022_QualityCompass-2022_State Benchmarks_v11.3.22; Measure Domain - Utilization and Risk Adjusted Utilization, Inpatient Utilization - GH/Acute Care - Total Inpatient ALOS (Total)
2022	ALOS	4.57	HEDIS	California 50th Percentile	HEDIS-California 50th Percentile	HEDIS_MY2022_QualityCompass-2022_State Benchmarks_v11.3.22; Measure Domain - Utilization and Risk Adjusted Utilization, Inpatient Utilization - GH/Acute Care - Total Inpatient ALOS (Total)
2022	ALOS	5.01	HEDIS	California 75th Percentile	HEDIS-California 75th Percentile	HEDIS_MY2022_QualityCompass-2022_State Benchmarks_v11.3.22; Measure Domain - Utilization and Risk Adjusted Utilization, Inpatient Utilization - GH/Acute Care - Total Inpatient ALOS (Total)
2022	ALOS	5.05	HEDIS	California 90th Percentile	HEDIS-California 90th Percentile	HEDIS_MY2022_QualityCompass-2022_State Benchmarks_v11.3.22; Measure Domain - Utilization and Risk Adjusted Utilization, Inpatient Utilization - GH/Acute Care - Total Inpatient ALOS (Total)
2022	ALOS	4.81	MCG	Commercial Moderately Managed	MCG-Commercial Moderately Managed	http://careweb.careguidelines.com , Inpatient Care Utilization Models, 26th Edition.xlsx, Worksheets - 1 - COM Models by Svc Cat and 4 - MCR Models by Svc Cat, downloaded on 11.02.22.
2022	ALOS	5.28	MCG	Medicare Moderately Managed	MCG-Medicare Moderately Managed	http://careweb.careguidelines.com , Inpatient Care Utilization Models, 26th Edition.xlsx, Worksheets - 1 - COM Models by Svc Cat and 4 - MCR Models by Svc Cat, downloaded on 11.02.22.
2022	Bed Days Per 1000MM	24.26	HEDIS	California Average	HEDIS-California Average	HEDIS_MY2022_QualityCompass-2022_State Benchmarks_v11.3.22; Measure Domain - Utilization and Risk Adjusted Utilization, Inpatient Utilization - GH/Acute Care - Total Inpatient Days/1000 MM (Total), State - Average and HMO rates.
2022	Bed Days Per 1000MM	22.88	HEDIS	California 50th Percentile	HEDIS-California 50th Percentile	HEDIS_MY2022_QualityCompass-2022_State Benchmarks_v11.3.22; Measure Domain - Utilization and Risk Adjusted Utilization, Inpatient Utilization - GH/Acute Care - Total Inpatient Days/1000 MM (Total), State - Average and HMO rates.
2022	Bed Days Per 1000MM	26.22	HEDIS	California 75th Percentile	HEDIS-California 75th Percentile	HEDIS_MY2022_QualityCompass-2022_State Benchmarks_v11.3.22; Measure Domain - Utilization and Risk Adjusted Utilization, Inpatient Utilization - GH/Acute Care - Total Inpatient Days/1000 MM (Total), State - Average and HMO rates.
2022	Bed Days Per 1000MM	31.53	HEDIS	California 90th Percentile	HEDIS-California 90th Percentile	HEDIS_MY2022_QualityCompass-2022_State Benchmarks_v11.3.22; Measure Domain - Utilization and Risk Adjusted Utilization, Inpatient Utilization - GH/Acute Care - Total Inpatient Days/1000 MM (Total), State - Average and HMO rates.
2022	Bed Days Per 1000MM	73.68	MCG	Commercial Moderately Managed	MCG-Commercial Moderately Managed	http://careweb.careguidelines.com , Inpatient Care Utilization Models, 26th Edition.xlsx, Worksheets - 1 - COM Models by Svc Cat and 4 - MCR Models by Svc Cat, downloaded on 11.02.22.
2022	Bed Days Per 1000MM	689.3	MCG	Medicare Moderately Managed	MCG-Medicare Moderately Managed	http://careweb.careguidelines.com , Inpatient Care Utilization Models, 26th Edition.xlsx, Worksheets - 1 - COM Models by Svc Cat and 4 - MCR Models by Svc Cat, downloaded on 11.02.22.

Report Year	Utilization Metric	Benchmark	Source	Category	Source Category	Citation
2022	Admit Per 1000MM	15.31	MCG	Commercial Moderately Managed	MCG-Commercial Moderately Managed	http://careweb.careguidelines.com , Inpatient Care Utilization Models, 26th Edition.xlsx, Worksheets - 1 - COM Models by Svc Cat and 4 - MCR Models by Svc Cat, downloaded on 11.02.22.
2022	Admit Per 1000MM	130.5	MCG	Medicare Moderately Managed	MCG-Medicare Moderately Managed	http://careweb.careguidelines.com , Inpatient Care Utilization Models, 26th Edition.xlsx, Worksheets - 1 - COM Models by Svc Cat and 4 - MCR Models by Svc Cat, downloaded on 11.02.22.
2022	ED Visits 1000MM	33.94	HEDIS	California Average	HEDIS-California Average	HEDIS_MY2022_QualityCompass-2022_State Benchmarks_v11.3.22; Measure Domain - Utilization and Risk Adjusted Utilization, Ambulatory Care - Emergency Dept Visits/1000 MM (Total), State - Average and HMO rates.
2022	ED Visits 1000MM	34.1	HEDIS	California 50th Percentile	HEDIS-California 50th Percentile	HEDIS_MY2022_QualityCompass-2022_State Benchmarks_v11.3.22; Measure Domain - Utilization and Risk Adjusted Utilization, Ambulatory Care - Emergency Dept Visits/1000 MM (Total), State - Average and HMO rates.
2022	ED Visits 1000MM	36.39	HEDIS	California 75th Percentile	HEDIS-California 75th Percentile	HEDIS_MY2022_QualityCompass-2022_State Benchmarks_v11.3.22; Measure Domain - Utilization and Risk Adjusted Utilization, Ambulatory Care - Emergency Dept Visits/1000 MM (Total), State - Average and HMO rates.
2022	ED Visits 1000MM	37.17	HEDIS	California 90th Percentile	HEDIS-California 90th Percentile	HEDIS_MY2022_QualityCompass-2022_State Benchmarks_v11.3.22; Measure Domain - Utilization and Risk Adjusted Utilization, Ambulatory Care - Emergency Dept Visits/1000 MM (Total), State - Average and HMO rates.
2022	ED Visits 1000MM	31.96	DHCS		DHCS	Ambulatory Care—Emergency Department (ED) Visits per 1,000 Member Months—Total Managed Care Quality and Monitoring Division California (MCQMD), Department of Health Care Services (DHCS). (2022). <i>Medi-Cal Managed Care External Quality Review Technical Report July 1, 2020–June 30, 2021, Volume 1 of 4.</i> Managed Care Quality and Monitoring Division California (MCQMD), Department of Health Care Services (DHCS). (2022). <i>Medi-Cal Managed Care External Quality Review Technical Report July 1, 2020–June 30, 2021, Plan-Specific Evaluation Reports (Appendices A through CC), Volume 2 of 4.</i>
2022	Readmissions	9.32	DHCS		DHCS	Plan All-Cause Readmissions—Observed Readmissions Managed Care Quality and Monitoring Division California (MCQMD), Department of Health Care Services (DHCS). (2022). <i>Medi-Cal Managed Care External Quality Review Technical Report July 1, 2020–June 30, 2021, Volume 1 of 4.</i> Managed Care Quality and Monitoring Division California (MCQMD), Department of Health Care Services (DHCS). (2022). <i>Medi-Cal Managed Care External Quality Review Technical Report July 1, 2020–June 30, 2021, Plan-Specific Evaluation Reports (Appendices A through CC), Volume 2 of 4.</i>

UM Productivity - Phone

Purpose:

Provide an automated dashboard to monitor phone related metrics in the UM department.

Data Source:

EDW_Report

Metrics:

Call Volume, Average Call duration, Abandonment Rate, % call answered in 30 seconds

Definitions:

Call Volume: Total number of phone calls including incoming, outgoing and intercom.

Average Call duration: total call duration divided by call volume.

Abandonment Rate: number of abandoned call (defined by Interaction System) divided by call volume

% call answered in 30 seconds: number of call answered under 30 seconds divided by call volume

This dashboard contains phone data in the past 36 months and is refreshed daily



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EDW_REPORT



Email Support

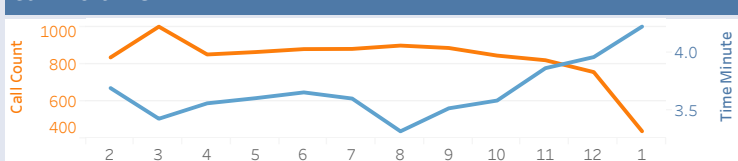


Business Analytics

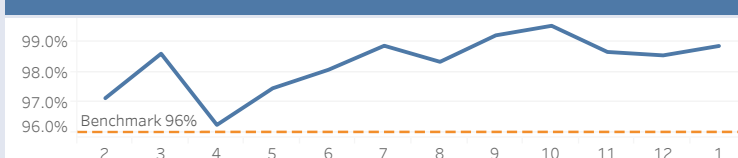
Incoming Call Summary Page - January 2023

12-Month Trend

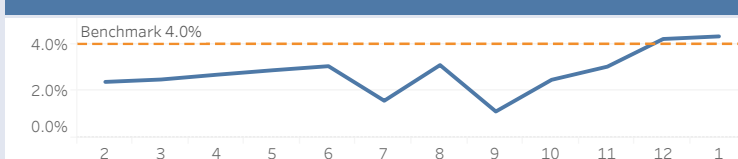
Call Volume



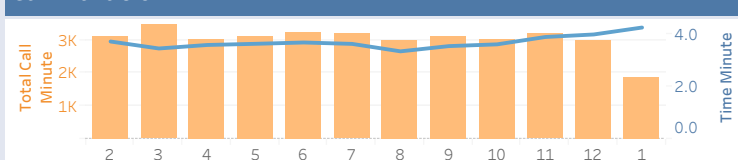
% Calls Answered in 30 Seconds



Abandonment Rate



Call Duration



January 2023

Call Volume

438

MOM ▼ -42.1% YOY ▼ -38.4%

Answered in 30s

98.9%

MOM ▲ 0.3% YOY ▲ 2.4%

Abandon Rate

4.3%

MOM ▲ 0.1% YOY ▲ 1.2%

AVG Call Duration

4.2

MOM ▲ 6.6% YOY ▲ 16.1%

Call Volume January 2023 - Hover cursor over to see hourly breakdown for the day.

Monday	Tuesday	Wednesday	Thursday	Friday
	41	57	47	40
41	24	49	38	44
	57			

Top 10 Callers - February 2022 to January 2023

- hover cursor over to see abandoned call details

Caller Name	Call Count	Abandonment Rate	AVG Call Minutes
UCSF	2,046	3.0%	3.3
SF PUBLIC HLTH	500	3.4%	4.0
WIRELESS CALLER	427	1.4%	3.9
415 5477800	347	4.3%	4.0
%13500%	278	5.4%	3.7
Sutter Health	226	2.2%	3.7
AdaptHealth	189	1.6%	4.6
916 2979966	138	2.2%	2.7
Dam, Allan	134	0.0%	2.3
Zuckerberg San	127	6.3%	3.0

Dashboard Filters

Select End Month
January 2023

Trend Look Back Period
12

Phone Queue

- ☒ Clinical Services
- ☒ In Patient
- ☒ LongTermCare



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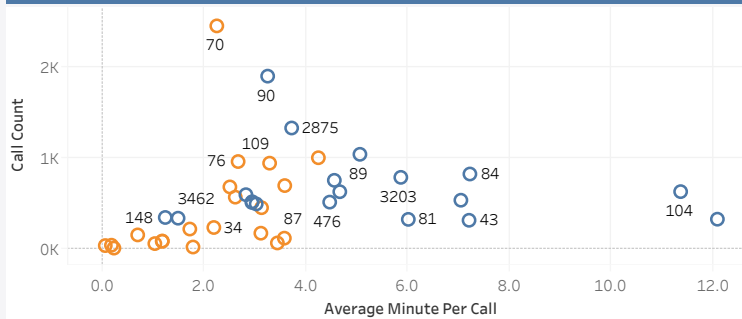


Team/Individual Call Statistics - 8/1/2022 to 1/17/2023



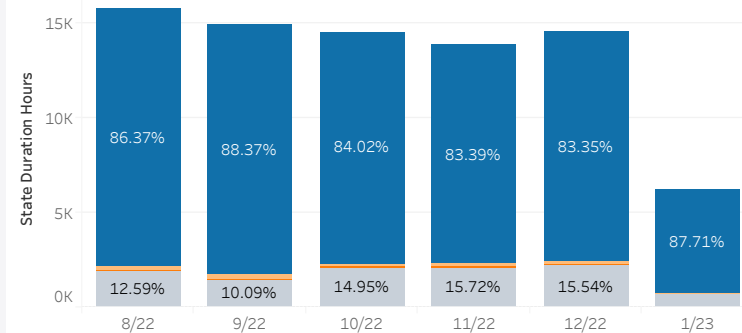
Call Count vs. Average Minutes Per Call

- Click on a individual dot to show detail profile for the selected employee.



Agent Status Time Spent

available training break unavailable



Overall Call Metrics by Teams

Team	Call Count	Call Count Per day	AVG Call Minutes	Abandonment Rate	% call answer in 30
CCR	12,720	75	4.9	19.6%	93.4%
PA	8,953	64	2.8	9.6%	98.1%

Call Metrics by Employees

Essette Use..	Call Count	Call Count Per day	AVG Call Minutes	Abandonment Rate	% call answer in 30
70	2,464	20	2.2	5.8%	97.9%
90	1,908	15	3.2	31.9%	87.5%
2875	1,334	12	3.7	15.7%	99.6%
89	1,043	9	5.1	34.9%	77.6%
3248	1,005	11	4.2	4.4%	100.0%
76	963	10	2.7	6.5%	96.7%
109	945	11	3.3	7.3%	97.9%
84	825	7	7.2	14.3%	95.8%
3203	788	8	5.9	12.8%	95.3%
99	755	8	4.6	26.1%	91.5%
1415	697	11	3.6	5.6%	99.4%
467	682	11	2.5	8.7%	99.0%
104	630	9	11.4	8.1%	95.7%
126	629	6	4.7	14.5%	99.7%
3469	596	7	2.8	6.0%	99.3%
83	569	7	2.6	19.3%	97.0%
69	535	5	7.0	20.0%	90.8%
80	518	5	2.9	18.3%	86.3%
476	514	5	4.5	19.1%	99.2%
138	510	5	2.9	6.7%	99.6%
1020	494	5	3.0	14.0%	96.4%
491	452	7	3.1	7.7%	99.8%

Dashboard Filters

Team

- CCR
- PA

Work Group

applies to only incoming calls

- ☒ Clinical Services
- ☒ In Patient
- ☒ LongTermCare
- ☒ Other

Start Date

8/1/2022

End Date

1/17/2023

Direction Tx

All

Team

All

Position

All

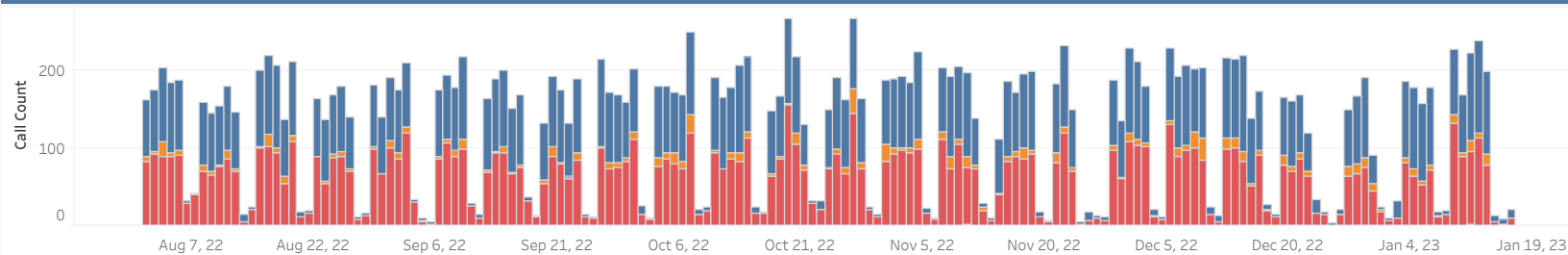
Essette User ID

All

Direction Tx

- Incoming
- Intercom
- Outgoing
- Unknown

Daily Call Count by Employees - All - Select an Employee ID from above graphs to show daily call volume



1/18/2023 9:05:27 AM



UM Productivity - Phone

Purpose:

Provide an automated dashboard to monitor phone related metrics in the UM department.

Data Source:

EDW_Report

Metrics:

Call Volume, Average Call duration, Abandonment Rate, % call answered in 30 seconds

Definitions:

Call Volume: Total number of phone calls including incoming, outgoing and intercom.

Average Call duration: total call duration divided by call volume.

Abandonment Rate: number of abandoned call (defined by Interaction System) divided by call volume

% call answered in 30 seconds: number of call answered under 30 seconds divided by call volume

This dashboard contains phone data in the past 36 months and is refreshed daily



4/18/2023 9:04:28 AM



EDW_REPORT



Email Support

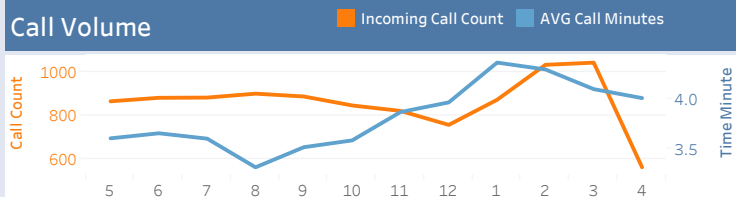


Business Analytics

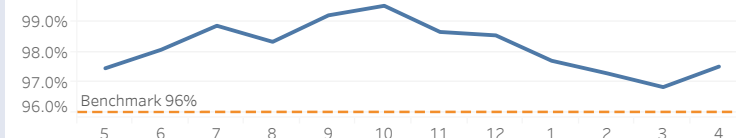
Incoming Call Summary Page - April 2023

12-Month Trend

Call Volume



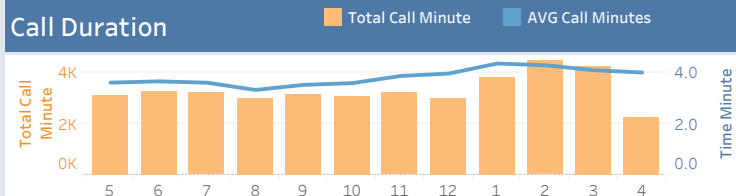
% Calls Answered in 30 Seconds



Abandonment Rate



Call Duration



April 2023

Call Volume

563

MOM ▼ -46.0% YOY ▼ -33.9%

Answered in 30s

97.5%

MOM ▲ 0.7% YOY ▲ 1.3%

Abandon Rate

4.3%

MOM ▼ -1.6% YOY ▲ 1.6%

AVG Call Duration

4.0

MOM ▼ -2.2% YOY ▲ 12.4%

Call Volume April 2023 - Hover cursor over to see hourly breakdown for the day.

Monday	Tuesday	Wednesday	Thursday	Friday
44	54	52	62	44
40	59	57	47	44
60				

Top 10 Callers - May 2022 to April 2023

- hover cursor over to see abandoned call details

Caller Name	Call Count	Abandonment Rate	AVG Call Minutes
UCSF	2,282	3.0%	3.5
SF PUBLIC HLTH	682	4.7%	4.2
WIRELESS CALLER	448	2.7%	4.2
415 5477800	415	5.5%	4.0
%13500%	231	7.4%	3.8
Sutter Health	214	2.3%	3.4
AdaptHealth	190	2.1%	4.5
Dam, Allan	142	0.0%	2.2
CITYWHEELCHAIRS	136	5.1%	3.3
916 2979966	100	4.0%	2.5

Dashboard Filters

Select End Month
April 2023

Trend Look Back Period
12

Phone Queue

- ☒ Clinical Services
- ☒ In Patient
- ☒ LongTermCare



4/18/2023 9:04:28 AM

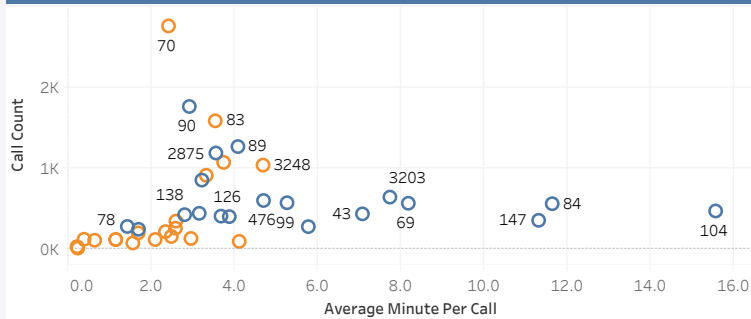


Team/Individual Call Statistics - 11/1/2022 to 4/17/2023



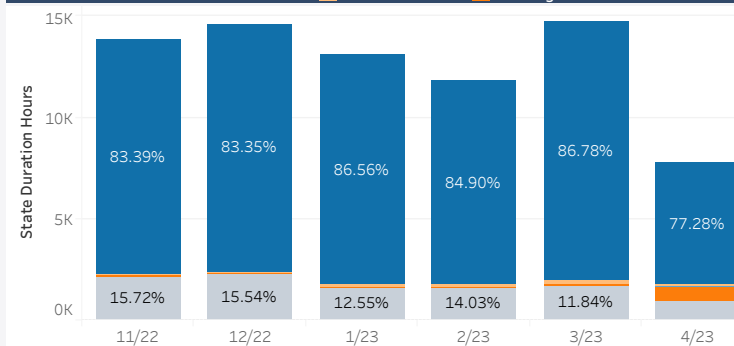
Call Count vs. Average Minutes Per Call

- Click on a individual dot to show detail profile for the selected employee.



Agent Status Time Spent

available followup unavailable
break training



Overall Call Metrics by Teams

Team	Call Count	Call Count Per day	AVG Call Minutes	Abandonment Rate	% call answer in 30
CCR	11,705	70	5.2	22.6%	92.5%
PA	9,295	64	3.0	11.1%	97.4%

Call Metrics by Employees

Essette Use..	Call Count	Call Count Per day	AVG Call Minutes	Abandonment Rate	% call answer in 30
70	2,763	20	2.4	7.6%	97.1%
90	1,764	14	2.9	35.9%	85.3%
83	1,586	17	3.5	11.0%	97.2%
89	1,267	12	4.1	34.8%	84.2%
2875	1,187	11	3.5	19.0%	98.1%
1415	1,071	16	3.7	7.9%	98.5%
3248	1,037	11	4.7	6.2%	99.8%
109	911	10	3.3	9.0%	97.0%
3469	851	8	3.2	4.9%	97.3%
3203	640	6	7.7	22.5%	95.9%
476	598	6	4.7	20.6%	99.5%
99	570	6	5.3	30.4%	87.7%
69	564	5	8.2	22.0%	89.0%
84	558	5	11.6	14.7%	95.0%
104	468	7	15.6	12.0%	92.9%
80	439	5	3.1	22.8%	81.3%
43	432	4	7.1	39.8%	94.7%
138	422	6	2.8	5.9%	97.9%
1020	404	5	3.7	23.0%	94.8%
126	398	5	3.9	15.1%	99.2%
147	352	4	11.3	13.4%	100.0%
76	342	8	2.6	8.8%	95.6%

Dashboard Filters

Team

- CCR
- PA

Work Group

applies to only incoming calls

- ☒ Clinical Services
- ☒ In Patient
- ☒ LongTermCare
- ☒ Other

Start Date

11/1/2022

End Date

4/17/2023

Direction Tx

All

Team

All

Position

All

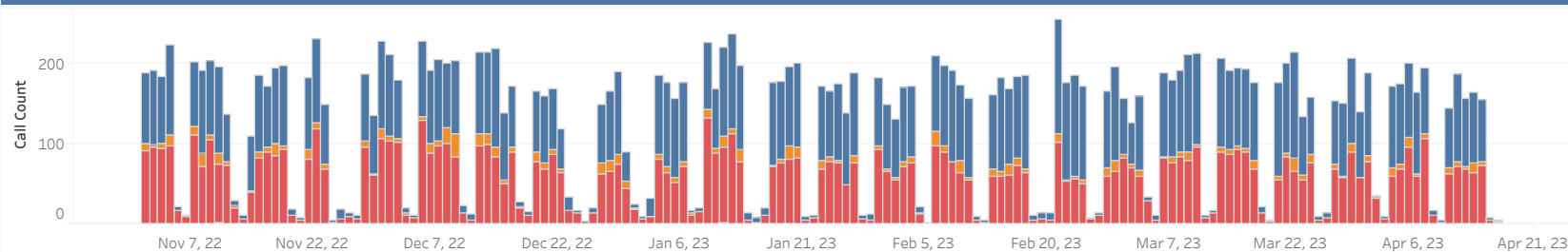
Essette User ID

All

Direction Tx

- Incoming
- Intercom
- Outgoing
- Unknown

Daily Call Count by Employees - All - Select an Employee ID from above graphs to show daily call volume



4/18/2023 9:04:28 AM



Clinical Ops Productivity Dashboard Details

Purpose:
This dashboard allows the user to evaluate the volume of faxes, care days and outpatient auths that were finalized. In addition, the dashboards allow users to drill down into TAT performance for each TAT rule relevant to fax and auth types. Open faxes and auths that are currently open are also quantified. Last, the user can evaluate a specific employee's closure rate and TAT performance over time.

Histograms are provided to visualize the distribution of faxes, care days and OP auths over the number of hours and days that passed until the item was finalized.

- Metrics:**
- Open and Finalized fax, care day and OP auth volume
 - TAT % Compliance based on specific rules for faxes and auths (24 hrs, 72 hrs, 2 business days, 5 business days and 30 calendar days)

Metrics Related to Employee data:
Essette Employee user data maintained on an Excel spreadsheet will drive the group's overall rates and which employees can be compared to the overall rate. The Excel document is located at: \\SR_SNAP\Tableau_Files\Health Services\JM OPS Phone Users\Clin Ops Phone Tracking - Staff List.xlsx

Median Per Day Per Employee provides the overall median per day per employee of finalized auths and care days based on filters applied that can be compared to the median per day for each employee.

Avg Time to Finalize metrics:
Fax by employee dashboard: The unit value for is in # of business days for routine faxes and # of hours for expedited faxes
IP and OP Auths by Employee dashboards: The unit value is based on the rule listed - # of hours, business days or calendar days.

Definitions:
The base unit to quantify faxes are individual fax records in the Essette fax management backend table.

The base unit to quantify care days and outpatient authorizations is an instance the care day or outpatient authorization was opened for review. Thus, the same care day or outpatient auth can be counted multiple times if it were opened and finalized multiple times. This concept is labeled as "Reviews" throughout the dashboard.

Outpatient Definition:
If AuthClass is either "DMEPOS" or "Outpatient" then it's "Outpatient"
OR if AuthClass is "Inpatient" and Admission Source is "Planned Admission" and the auth does not have an associated care day, then it's "Outpatient"

Inpatient Definition:
if AuthClass is "Inpatient" and AuthSubClass is "Acute Rehab" or "Skilled Nursing Facility" then "Skilled Care"
if AuthClass is "Inpatient" and AuthSubClass is "Custodial Care" then "Custodial Care"
All others are "Inpatient"

TAT Rules:
Faxes: All IP and expedited OP faxes meeting the TAT rule have to be finalized within 24 hours of received date. Standard OP Faxes must be finalized within 2 business days.

Care Days:
The following grid details which TAT rule the care day falls into:

Auth Priority	Auth Type	Rule
Expedited	Retrospective	User coding error (TAT not measured)
Expedited	Pre-Authorization	User coding error (TAT not measured)
Routine	Pre-Authorization	User coding error (TAT not measured)
Routine	Retrospective	30 calendar days
Routine	Concurrent Review	5 business days
Expedited	Concurrent Review	72 hours

Authorizations:
The following grid details which TAT rule the OP auth falls into:

Auth Priority	Auth Type	Rule
Expedited	Retrospective	User coding error (TAT not measured)
Expedited	Concurrent Review	User coding error (TAT not measured)
Routine	Concurrent Review	User coding error (TAT not measured)
Routine	Retrospective	30 calendar days
Routine	Pre-Authorization	5 business days
Expedited	Pre-Authorization	72 hours

**Holidays are not excluded from hours or days TAT rule calculations

Benchmark Sources:
TBD

Data Refresh Schedule:
Fax & Auth data is refreshed daily at 8:30 (TBD) am and is one day old (DWH refreshes @ 6:30 am & EDW_REPORT refreshes @ 8 am)

Clinical Operations Fax Management Productivity KPI Dashboard

Faxes received between 1/1/2022 & 4/17/2023

Inpatient Faxes	
Received	
30,642	
Finalized	Open (regardless of date params)
Finalized	Total Open
30,641	1
Finalized Non-Compliant TAT Metrics	Open Non-Compliant TAT Metrics
Finalized Over 24 hrs	Open Over 24 hrs
903	1

Outpatient Faxes			
Received			
37,781			
Finalized		Open (regardless of date params)	
Finalized		Total Open	
Expedited	Routine	Expedited	Routine
9,197	28,256	14	314
Finalized Non-Compliant TAT Metrics		Open Non-Compliant TAT Metrics	
Finalized Expedited Over 24 hrs		Expedited Faxes Open Over 24 hrs	
140		14	
Finalized Routine Faxes Over 2 Business Days		Routine Faxes Open Over 2 Business Days	
20,418		257	

Dashboard Filters

Start Date

1/1/2022

End Date

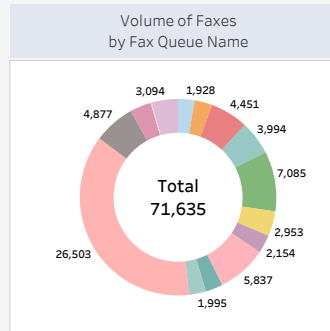
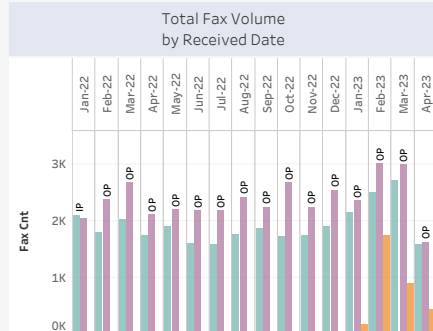
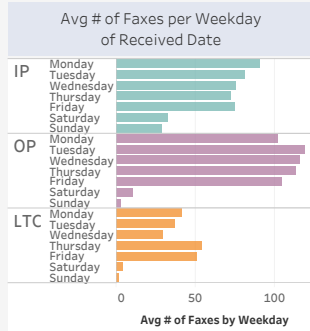
4/17/2023

Fax Queue Name

All

Fax Management Productivity Drill Down

Faxes received between 1/1/2022 & 4/17/2023



- Fax Queue Name
- CBAS
 - Inpatient - Batching
 - Inpatient - CPMC
 - Inpatient - Obstetrics/L&..
 - Inpatient - OOA/Other C..
 - Inpatient - Post-Acute
 - Inpatient - St. Francis/St..
 - Inpatient - UCSF
 - Inpatient - ZSFG
 - OP_Batching
 - OP_Coordinator Review ..
 - OP_Nurse Review Worki..
 - OP_Urgent Working
 - UM-LTC Batching
 - UM-LTC Working

Start Date
1/1/2022

End Date
4/17/2023

Fax Queue Name
All

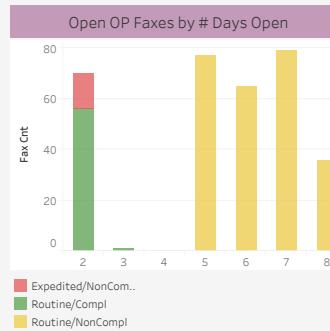
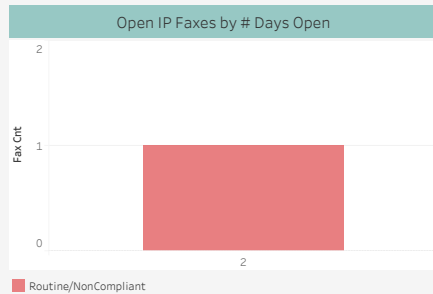
Fax Priority
All

Note, internal database Fax IDs are not searchable in the Essette front end.

Faxes Currently Open (regardless of date parameters)

Open Faxes By Queue Name

Queue	Fax Queue Name	Count
IP	Inpatient - Post-Acute	1
LTC	UM-LTC Batching	8
LTC	UM-LTC Working	79
OP	CBAS	14
OP	OP_Batching	3
OP	OP_Coordinator Review..	109
OP	OP_Nurse Review Worki..	188
OP	OP_Urgent Working	14



Employee Fax Management Productivity Drill Down

Faxes Finalized between 1/1/2022 & 4/17/2023

Overall Avg # Finalized Faxes				Avg # Finalized Faxes by Employee			
DocPriority	Median Per Day Per Employee	Fax Cnt	Avg Time to Finalize (exp-hrs/rout-days)	Essette User ID	DocPriority	Median Per Day Per Employee	Avg Time to Finalize (exp-hrs/rout-days)
Expedited	3	13,071	5	148	Expedited	2	9
					Routine	20	0
Routine	11	56,729	2	70	Expedited	4	6
					Routine	18	4
				3248	Expedited	6	1
					Routine	13	3
				109	Expedited	5	6
					Routine	12	4

Total Faxes Received

71,654

Dashboard Filters

Start Date

1/1/2022

End Date

4/17/2023

Fax Queue Name

All

Fax Priority

All

When filtering on Team or Manager, only faxes closed by Employees maintained on Essette User list will be shown

Team

All

Position

All

Essette User ID

All

Finalized IP Fax TAT



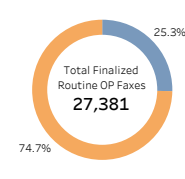
Compliant Non-Compliant

Finalized Expedited OP Fax TAT



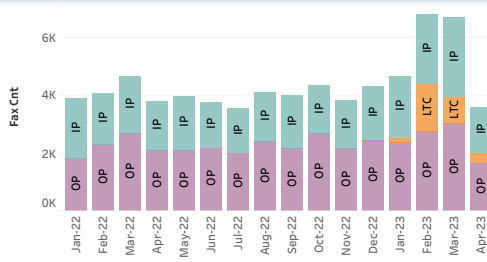
Compliant Non-Compliant

Finalized Routine OP Fax TAT

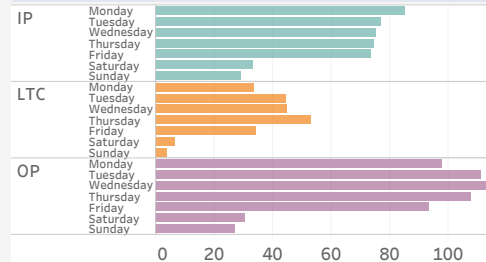


Compliant Non-Compliant

Total Faxes Finalized



Avg # of Finalized Faxes by Weekday of Finalized Date



Clinical Operations Authorization Productivity KPI Dashboard

Review Requested Dates: 1/1/2022 to 4/17/2023

Inpatient Care Days	
Reviews Requested	
22,018	
Finalized	Open (regardless of date params)
Finalized	Open
21,025	43
Finalized Non-Compliant TAT Metr..	Open Non-Compliant TAT Metrics
Finalized Over 72 hrs	Open Over 72 hrs
9	
Finalized > 5 Business Days	Open > 5 Business Days
161	12
Finalized > 30 Calendar Days	Open > 30 Calendar Days

Outpatient Auths	
Reviews Requested	
34,507	
Finalized	Open (regardless of date params)
Finalized	Open
34,309	179
Finalized Non-Compliant TAT Metr..	Open Non-Compliant TAT Metrics
Finalized Over 72 hrs	Open Over 72 hrs
86	
Finalized > 5 Business Days	Open > 5 Business Days
255	19
Finalized > 30 Calendar Days	Open > 30 Calendar Days
5	

Dashboard Filters

Start Date

1/1/2022

End Date

4/17/2023

IP Type

All

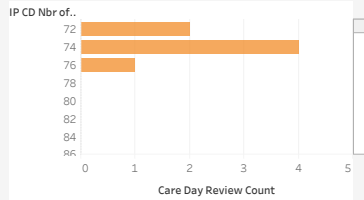
MedGroup

All

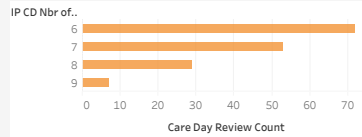
Care Day Authorization Reviews Productivity Drill Down

Reviews between 1/1/2022 & 4/17/2023

Non-Compliant Finalized Care Days Exceeding 72 hrs



Non-Compliant Finalized Care Days Exceeding 5 Business Days



Non-Compliant Finalized Care Days Exceeding 30 calendar Days

No Care Days Violated TAT rules
for date range selected

Dashboard Filters

Start Date

1/1/2022

End Date

4/17/2023

MedGroup

All

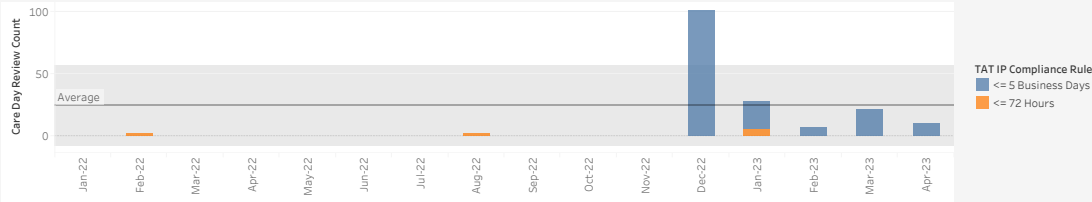
IP Type

All

LOB

All

Care Day Reviews - Finalized Non-Compliant TAT by Review Request Month/Year

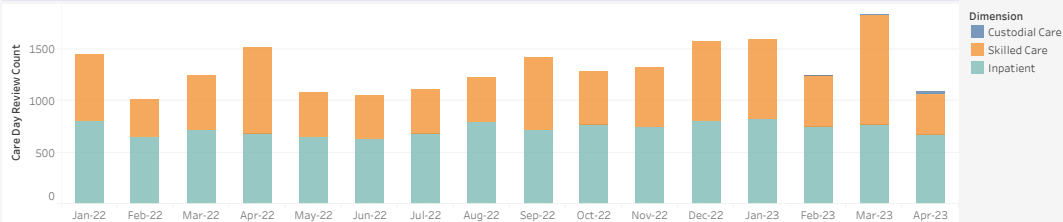


TAT IP Compliance Rule

<= 5 Business Days

<= 72 Hours

Finalized Care Day Reviews by Review Request Date



Select Slicer Auth Volume
Auth Class

Dimension

Custodial Care

Skilled Care

Inpatient

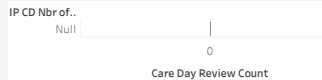
Open Care Days by TAT Rule

(filters do not apply)

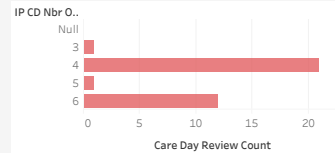
OP - IP Classification

Skilled Care

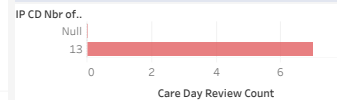
Care Days by Hours Open (72 hour rule)



Care Days by # Business Days Open (5 day rule)



Care Days by # of Calendar Days Open (30 day rule)

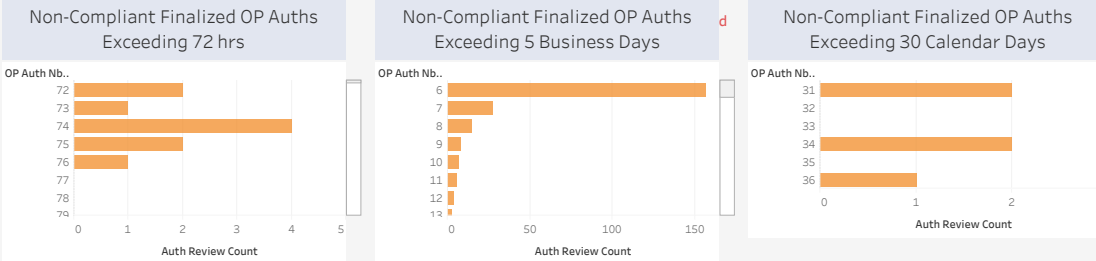


OP - IP Classification

Skilled Care

OP Authorization Productivity Drill Down

Reviews between 1/1/2022 & 4/17/2023



Dashboard Filters

Start Date

1/1/2022

End Date

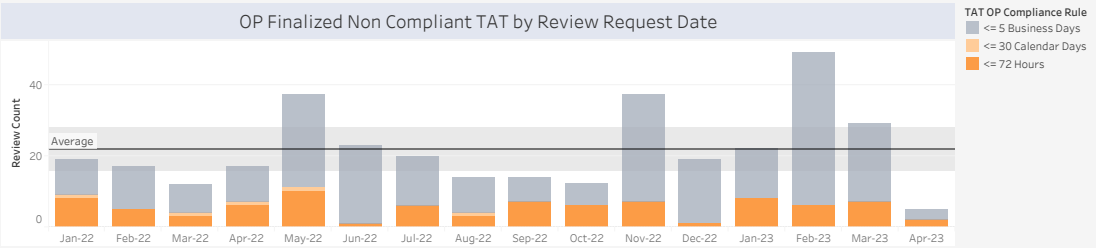
4/17/2023

MedGroup

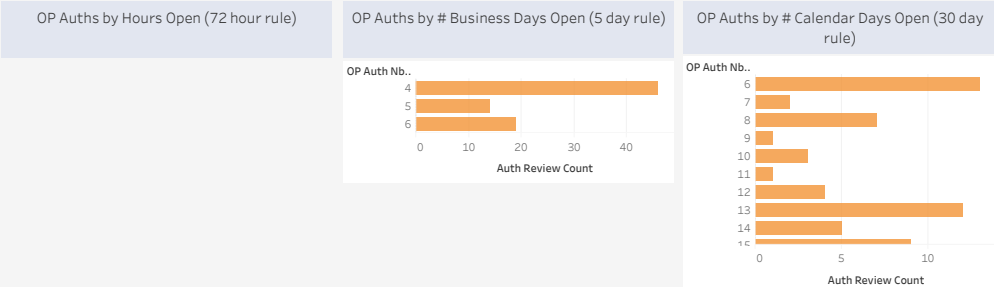
All

LOB

All



Open OP Auths by TAT Rule (filters do not apply)



Care Day Auth Productivity Drill Down - By Employee

Reviews between 1/1/2022 & 4/17/2023

Finalized Care Day Reviews by Day of Review Request Date

Inpatient

Skilled Care

Total Reviews Requested

21,643

Start Date
1/1/2022

End Date
4/17/2023

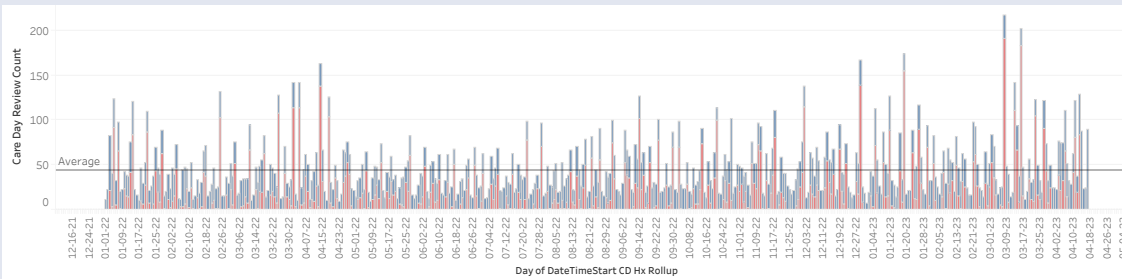
IP Type
Multiple values

Team
All

Position
All

EssetteUserID
All

TAT IP Compliance Rule
(applies to the left 2 graphs only)
All



Overall Avg # Finalized Care Day Reviews

Avg # Finalized Care Day Reviews by Employee

TAT IP Compliance Rule	CD Median Per Day Per Employee	CD Review Count	Avg to Finalize (for rule)
<= 5 Business ..	6	2,403	1.7
<= 30 Calenda..	5	6,883	7.2
<= 72 Hours	3	9,815	10.8
No Rule	1	1,810	
User Error	1	73	

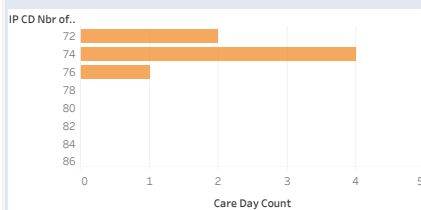
EssetteUse rID Final C..	TAT IP Complianc..	CD Median Per Day For Employee	CD Review Count	Avg to Finalize (for rule)
148	<= 5 Busin..	8	445	0.3
	<= 30 Cale..	8	1,814	1.4
	<= 72 Hours	46	78	3.8
	No Rule	6	454	
	User Error	6	35	
89	<= 5 Busin..	7	405	3.5
	<= 30 Cale..	11	1,525	15.3
	<= 72 Hours	9	193	14.2
	No Rule	0	66	

Finalized Care Days TAT Compliance

	<= 72 Hours	<= 5 Business Days	<= 30 Calendar Days
TAT Compliant	99.91%	93.30%	100.00%
TAT Non-Compliant	0.09%	6.70%	

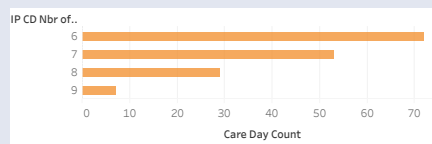
Non Compliant

Finalized Care Day Reviews by # Hours Open



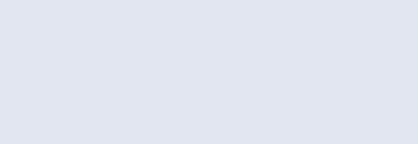
Non Compliant

Finalized Care Day Reviews by # Business Days Open



Non Compliant

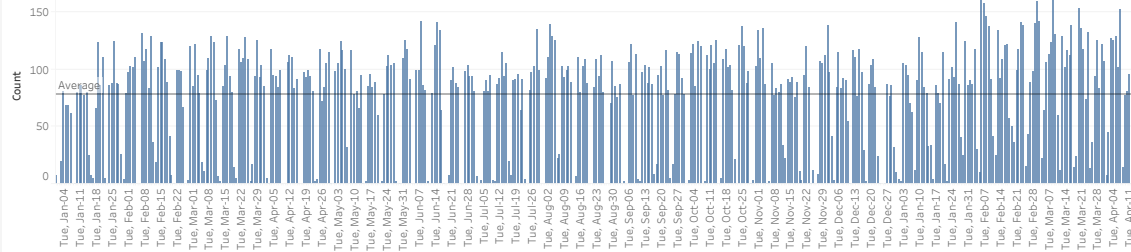
Finalized Care Day Reviews by # Calendar Days Open



OP Auth Productivity Drill Down - By Employee

Reviews between 1/1/2022 & 4/17/2023

OP Finalized Auths by Day Of Requested Date



Total Reviews Requested

34,507

Dashboard Filters

Start Date

1/1/2022

End Date

4/17/2023

Team

All

Position

All

EssetteUserID

All

Avg Finalized OP Auths - Overall

TAT OP Compliance Rule	OP Median Per Day Per Employee	OP Auth Review Count	Avg Time to Finalize (for rule)
<= 5 Business D..	4	22,494	1.4
<= 30 Calendar ..	1	1,986	15.3
<= 72 Hours	2	5,874	8.9
No Rule	2	3,949	
User Error	1	6	

Avg Finalized OP Auths By Employee

EssetteUse rID Final Au th Sta...	TAT OP Compliance Rule	OP Median Per Day For Employee	OP Auth Review Count	Avg Time to Finalize (for rule)
3372	<= 5 Business Days	7	2,967	1.7
	<= 30 Calendar Days	1	221	20.5
	<= 72 Hours	2	621	12.8
	No Rule	1	47	
21	<= 5 Business Days	6	2,323	1.5
	<= 30 Calendar Days	1	199	11.9
	<= 72 Hours	3	792	10.7
	No Rule	1	44	

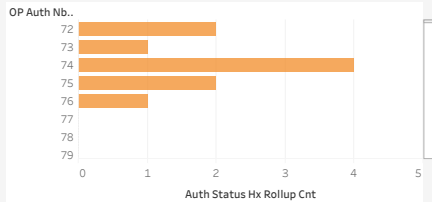
TAT OP Compliance Rule
(applies to the left 2 graphs onl
All

Finalized OP Auths TAT Compliance

	<= 72 Hours	<= 5 Business Days	<= 30 Calendar Days
TAT Compliant	98.54%	98.87%	99.90%
TAT Non-Compliant	1.46%	1.13%	0.10%

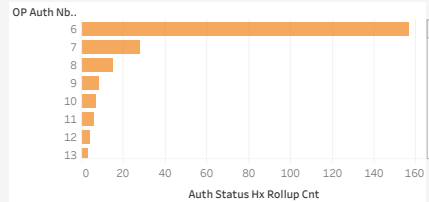
Non Compliant

Finalized OP Auths by # Hours Open



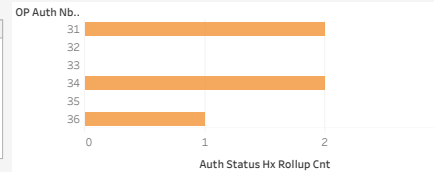
Non Compliant

Finalized OP Auths by # Business Days Open



Non Compliant

Finalized OP Auths by # Calendar Days Open

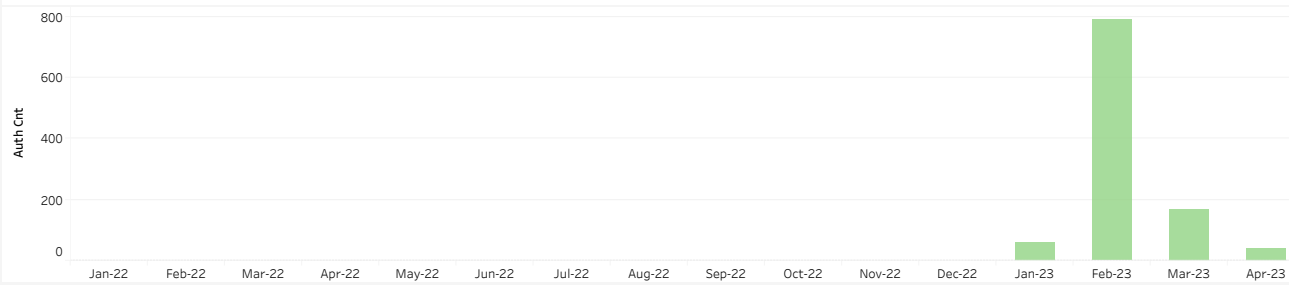


Custodial Authorizations

Requested between 1/1/2022 & 4/17/2023



Custodial Auths



Dashboard Filters

Start Date 1/1/2022

End Date 4/17/2023

MedGroup All

AuthStatus All

Team All

Position All

EssetteUse.. All

UM Clinical Criteria

Presented by

Matija J. Cale RN, MS

Courtney Spalding, RN, MS

Tamsen Staniford, RN



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



UM Clinical Criteria Hierarchy

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

Top 3 MCG Guidelines

#1: Cellulitis

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

Top 3 MCG Guidelines

#2: General Criteria: Observation Care

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

Top 3 MCG Guidelines

#3: Heart Failure

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

SFHP Gender Affirmation Services Criteria

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

☐ [Non-Genital Gender Confirmation Services Criteria](#)

☐ [Genital Gender Confirmation Services Criteria](#)

SFHP EPSDT Private Duty Nursing Criteria

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

UM Trending Home Page



Purpose: This dashboard provides SFHP with a review of our utilization across different metrics.

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 1000 member months, per visit cost, per diem cost, average HSRV payment weight.

Definitions:

Admits per 1000 member months: number of inpatient visits * 1000 / member months

Outpatient visits per 1000 member months: number of outpatient visits * 1000 / member months

Emergency department visits per 1000 member months: number of ED visits * 1000 / member months

Average length of stays: total length of stays / visit count

Bed days per 1000 member months: sum of bed days * 1000 / member months

Readmission rate: sum of HEDISReadmissionsNumerator / sum of HEDISReadmissionsDenominator

Total Paid Amount: The total cost of the acute inpatient visit based on QNXT claim data

Acute Inpatient Cost PMPM: Total Paid Amount / Member Months

Per Visit Cost: Total Priced Amount / visit count

Per Diem Cost: Total Priced Amount / number of bed days

APR-DRG: All Patients Refined Diagnosis Related Groups (APR DRG) is a classification system developed by 3M to classify patients according to their reason of admission, severity of illness and risk of mortality.

Average HSRV Weight: hospital-specific relative values calculated by 3M to reflect resource use by each APRDRG.

SOI: Severity of Illness. 1 is the least severe, and 4 is the most severe.

In/Out of Medical Group: refers to the contractual/pay-to affiliations not the provider map.

Readmission Outliers: Members who had 4 or more eligible admission in a Calendar Year.

Benchmark Sources:

DHCS 2020 Benchmarks: ED Visit Per 1000 MM, Readmission Rate

HEDIS 2021 California Benchmarks: ALOS, Bed Days Per 1000 MM, ED Visit Per 1000 MM

MCG 2022 Commercial Loosely Managed: ALOS, Bed Days Per 1000 MM, Admit Per 1000 MM

MCG 2022 Medicare Loosely Managed: ALOS, Bed Days Per 1000 MM, Admit Per 1000 MM

This dashboard contains data from the last **36** months.

Please download our Dashboard User Guide for more information on how to navigate the dashboard.

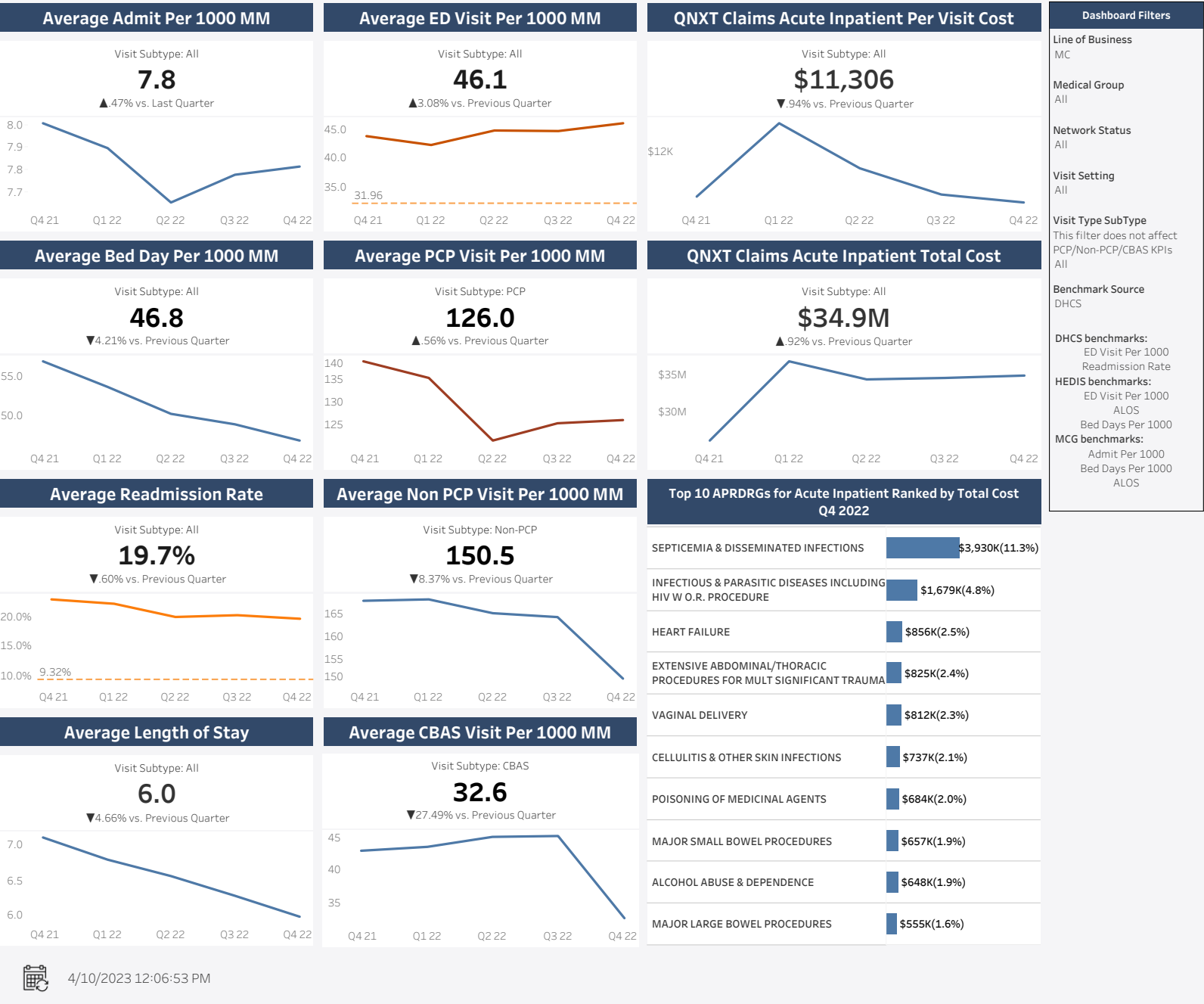


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UM Trending Dashboard User Guide

UM Metrics Summary by Visit Type for Q4 2022

-For monthly trend, click on the graph and select "See Trend + Breakdown"

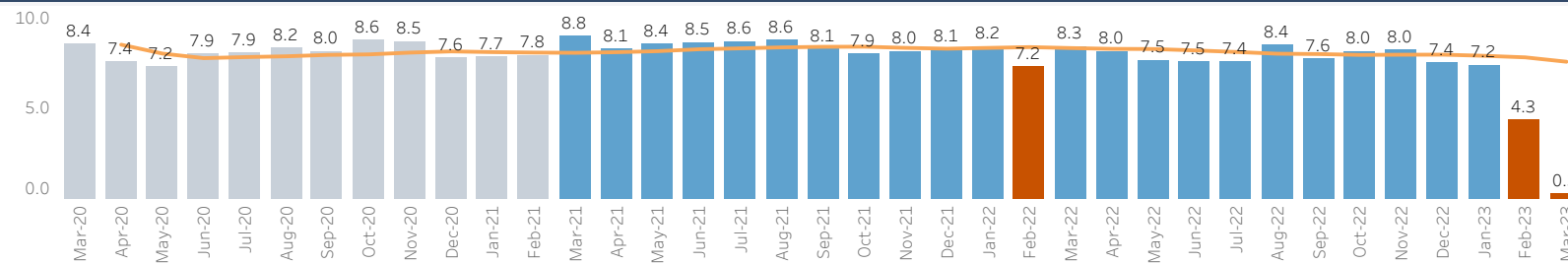


UM Trending - Admit Per 1000MM

To change the metric shown on this page, select from 'Metric Selector' on the right.

Average Admit Per 1000MM Trend for Visit Subtypes: All

Due to claim lag, the last 3 months' data is incomplete



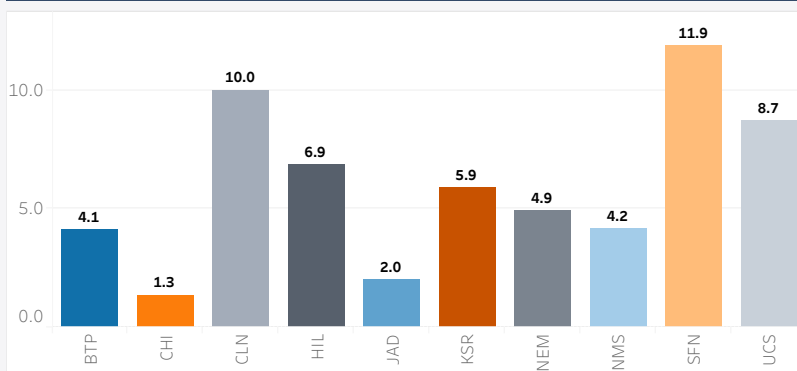
Select Graph Type

Bar

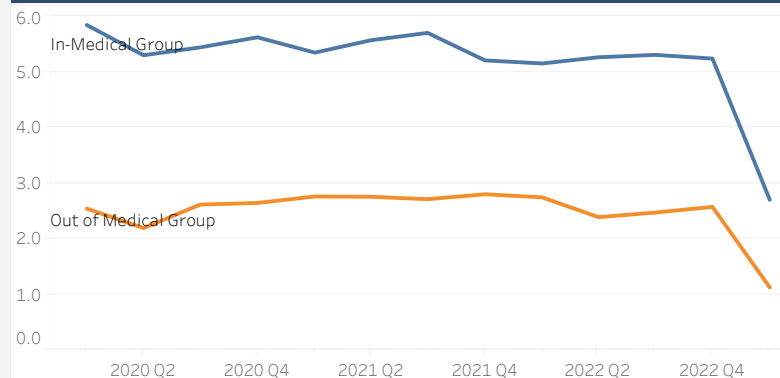
Select Quarter for Bar Graph

2022 Q4

Bar Chart: Average Admit Per 1000MM By Medical Group - 2022 Q4



Contribution to Total Admit Per 1000MM by Network Status



Not enough look back period
Out Of Bound
Within Bound

Dashboard Filters

Metric Selector
Admit Per 1000MM

Benchmark Source
DHCS

Visit Type SubType
All

Network Status
All

Visit Setting
All

Pregnancy Perinatal Flag
All

Line of Business
MC

Medical Group
All

SPD Status
All

MC Expansion Indicator
All

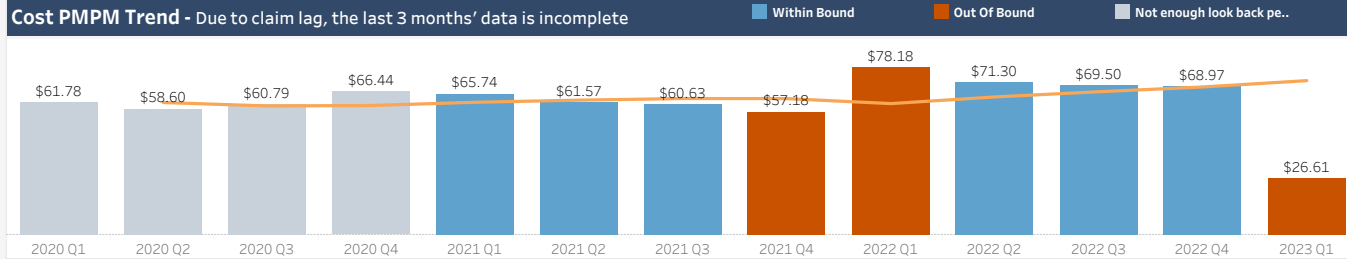
Assigned PCP Clinic
All



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UM Trending - Acute Inpatient APR-DRG - based on QNXT claims

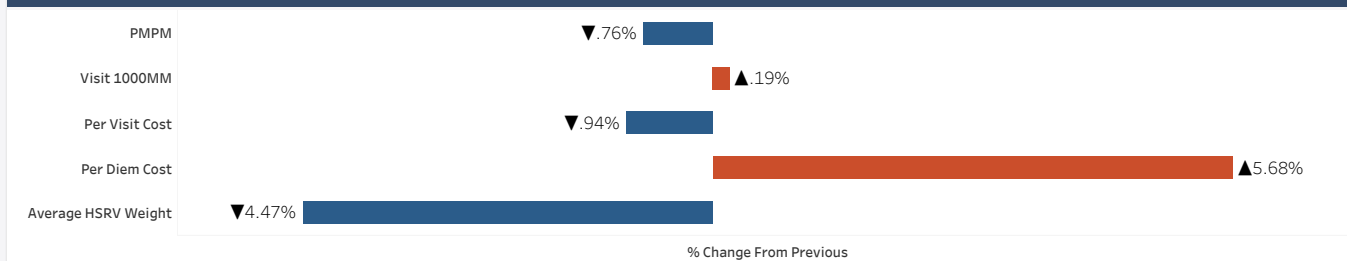
Cost PMPM Trend - Due to claim lag, the last 3 months' data is incomplete



Q4 2022 Top 10 APRDRGs Ranked by Total Cost - Hover cursor over values to see SOI breakdown

	Total Paid Amount	PMPM	PMPU	Visit Count
SEPTICEMIA & DISSEMINATED INFECTIONS	\$3,930,082	\$7.77	\$16,375.34	264
INFECTIOUS & PARASITIC DISEASES INCLUDING HIV W O.R. PROCEDURE	\$1,678,921	\$3.32	\$43,049.26	39
HEART FAILURE	\$855,680	\$1.69	\$9,949.77	114
EXTENSIVE ABDOMINAL/THORACIC PROCEDURES FOR MULT SIGNIFICANT TRAU..	\$825,476	\$1.63	\$137,579.41	6
VAGINAL DELIVERY	\$811,631	\$1.60	\$4,119.95	197
CELLULITIS & OTHER SKIN INFECTIONS	\$737,268	\$1.46	\$7,679.88	105
POISONING OF MEDICINAL AGENTS	\$683,515	\$1.35	\$14,239.90	51
MAJOR SMALL BOWEL PROCEDURES	\$656,991	\$1.30	\$50,537.80	13
ALCOHOL ABUSE & DEPENDENCE	\$648,084	\$1.28	\$13,789.03	59
MAJOR LARGE BOWEL PROCEDURES	\$555,438	\$1.10	\$34,714.88	16

Drivers of PMPM Change Q4 2022 vs. Previous quarter -Click on the desired metric to see top 10 DRGs below



Q4 2022 Top 10 APRDRGs by Visit Count Change

Hover cursor over values to see SOI breakdown

Top 10 Increase

Top 10 Decrease

	Previous Quarter	Current Quarter	Change
SHOULDER, UPPER ARM & FOREARM PROCEDURES EXCEPT JOINT REPLACEMENT	18.0	5.0	-13.0
ALCOHOLIC LIVER DISEASE	30.0	18.0	-12.0
KIDNEY & URINARY TRACT INFECTIONS	33.0	21.0	-12.0
VAGINAL DELIVERY W COMPLICATING PROCEDURES EXC STERILIZATION &/OR D&C	18.0	7.0	-11.0
RESPIRATORY MALIGNANCY	16.0	6.0	-10.0
HEART FAILURE	124.0	114.0	-10.0
HYPERTENSION	22.0	13.0	-9.0
OTHER DIGESTIVE SYSTEM DIAGNOSES	31.0	22.0	-9.0
OTHER BACK & NECK DISORDERS, FRACTURES & INJURIES	24.0	15.0	-9.0
OTHER MUSCULOSKELETAL SYSTEM & CONNECTIVE TISSUE DIAGNOSES	27.0	19.0	-8.0

Dashboard Filters

DRG Metric Selector

choose a metric to display

- ☐ Total Paid Amount
- ☒ Cost PMPM
- ☐ Visit Count
- ☐ Visit 1000MM
- ☐ Per Visit Cost
- ☐ Per Diem Cost
- ☐ Member Count
- ☐ Average HRSV Payment W..
- ☐ Bed Day Per 1000MM

Pay Type

All

Line of Business

MC

Medical Group

All

Network Status

All

SPD Status

All

MC Expansion Indicator

All

Age Group

All

Member Ethnicity Category

All

Member Gender

All



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Member Demographics and ED and IP Top Diagnoses

ED Per 1000MM Trend

-Click on specific months to reveal breakdowns on bottom graphs.

-Due to claim lag, the last 3 months' data is incomplete

ED Visits determined from Claim Visit Type=ED, Encounter Type = Institutional and Detail Visit Type = ED

Acute Inpatient Visit determined from Visit Type = Inpatient, Setting=Acute, DetailVisitType=IP Room and Board and EncounterType=Institutional

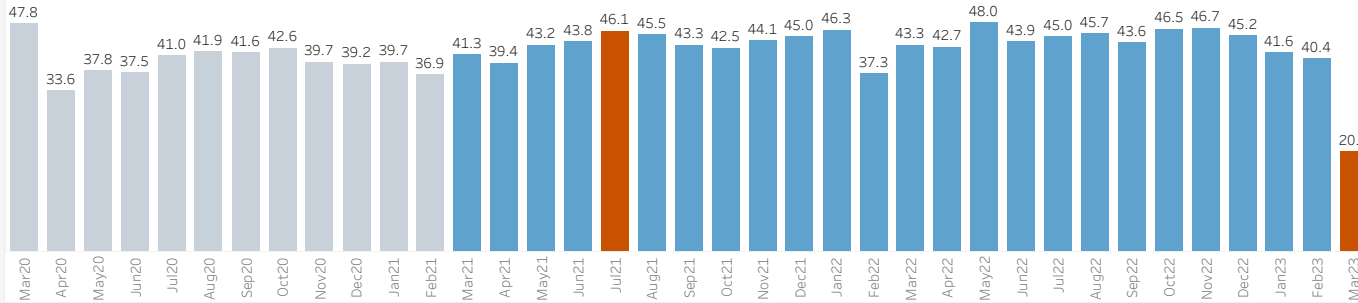
Select Metric

ED Per 1000MM

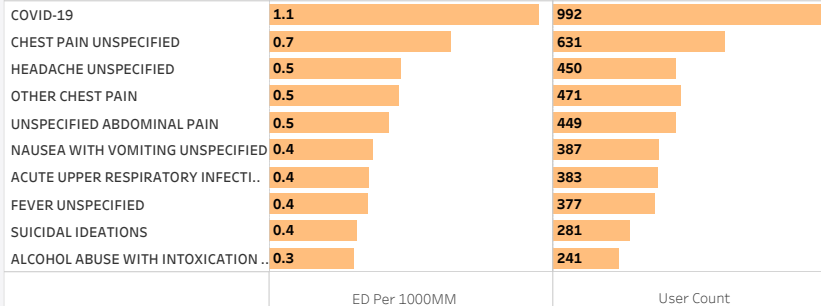
Not enough look back period

Out Of Bound

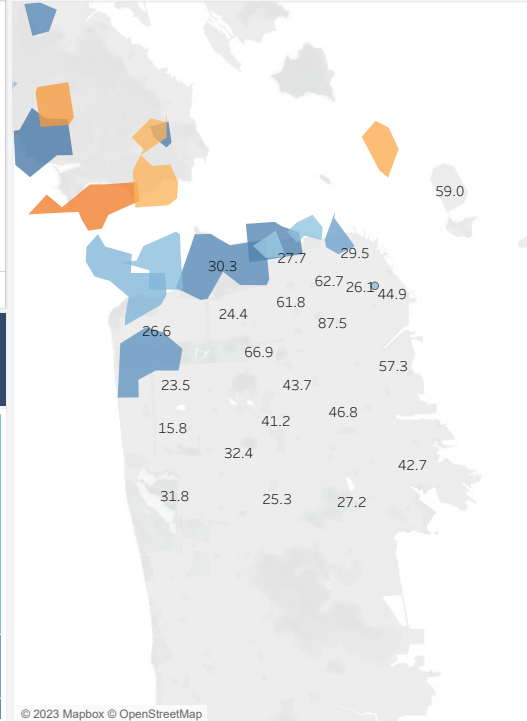
Within Bound



Top 10 Diagnoses ED Per 1000MM February 2022 to July 2022



ED Per 1000MM by Zip Code February 2022 to July 2022



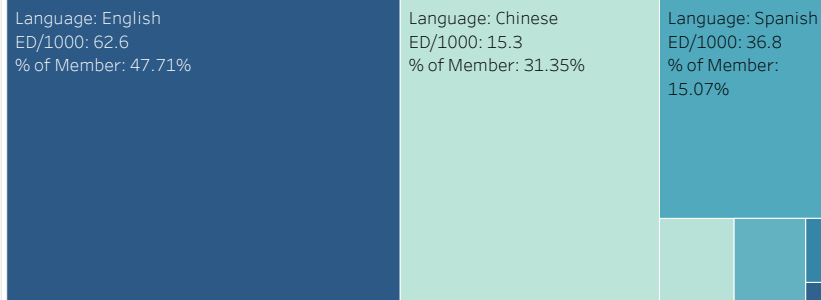
© 2023 Mapbox © OpenStreetMap

Dashboard Filters

- LOB
- MC
- Medical Group
- All
- Network Status
- All
- Aid Category
- All
- SPD Status
- All
- MC Expansion Ind.
- All
- Member Ethnicity Category
- All
- Age Group
- All
- Member Gender
- All
- Member Language Category
- All

ED Per 1000MM by Language February 2022 to July 2022

-Colored by ED Per 1000MM, sized by user count



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Readmission

Total Eligible Admissions

March 2020 to March 2023

24,186

Total Readmissions

March 2020 to March 2023

4,988

Readmission Rate

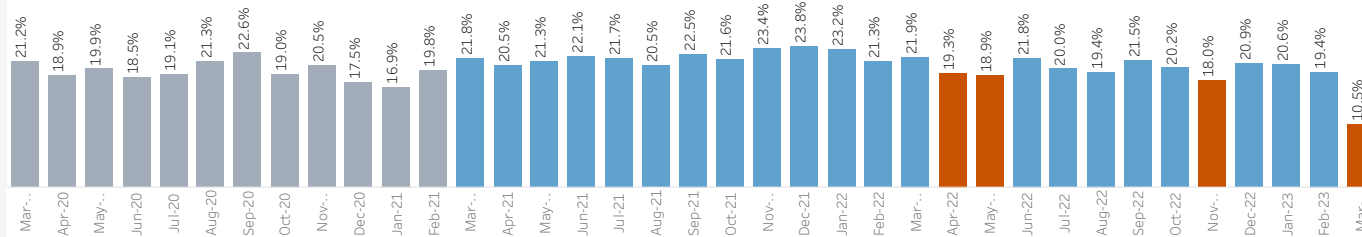
March 2020 to March 2023

20.6%

Not enough look back period
Out Of Bound
Within Bound

Readmission Rate Trend

--Click on specific months to reveal breakdowns on bottom graphs.
--Due to claim lag, the last 3 months' data is incomplete



Top 10 Hospitals with most eligible admissions

March 2020 to March 2023

ZSFGH	9,390 (38.82%)	2,054 (21.9%)
CPMC	5,116 (21.15%)	1,033 (20.2%)
UCSF	4,190 (17.32%)	871 (20.8%)
ST FRANCIS	1,724 (7.13%)	363 (21.1%)
ST MARY'S	710 (2.94%)	183 (25.8%)
SF KAISER	1,015 (4.20%)	167 (16.5%)
CHINESE HOSPITAL	519 (2.15%)	52 (10.0%)
SSF KAISER	157 (0.65%)	29 (18.5%)
SETON	133 (0.55%)	25 (18.8%)
MILLS-PENINSULA	109 (0.45%)	20 (18.3%)

Admit Denominator (% of Total)

Readmission Rate

Readmission Follow-Ups By Medical Group

March 2020 to March 2023

MedicalGroup	Readmissions	30 Day Follow-Up	30 Day Follow-Up %	90 Day Follow-Up	90 Day Follow-Up %
BTP	17	4	23.5%	7	41.2%
CHI	26	16	61.5%	19	73.1%
CLN	685	380	55.5%	487	71.1%
HIL	76	37	48.7%	52	68.4%
JAD	30	18	60.0%	25	83.3%
KSR	185	150	81.1%	170	91.9%
NEM	336	238	70.8%	275	81.8%
NMS	94	65	69.1%	73	77.7%
SFN	3,037	1,727	56.9%	2,210	72.8%
UCS	502	344	68.5%	416	82.9%

Readmission Top 10 Primary Diagnoses

March 2020 to March 2023

SEPSIS UNSPECIFIED ORGANISM	311
HTN HEART & CKD W/HF & CKD STAGE 1-4 OR UNS CKD	197
HYPERTENSIVE HEART DISEASE WITH HEART FAILURE	159
ALCOHOL DEPENDENCE WITH WITHDRAWAL UNS	152
CHRONIC OBSTRUCTIVE PULMONARY DZ W/EXACERBAT..	142
ACUTE KIDNEY FAILURE UNSPECIFIED	87
TYPE 1 DIABETES MELLITUS W/KETOACIDOSIS W/O CO..	85
HYPERKALEMIA	79
ACUTE PANCREATITIS WO NECROSIS/INFECTION UNSPEC	75
ACUTE CHRON SYSTOLIC HEART FAILURE	72

Top 10 Secondary Diagnoses for None

None to None - select a primary diagnoses on the left to show

Dashboard Filters

All
Outlier In..
LOB
MC
Medical Group
All
OOMG Flag Text
All
Aid Category
All
SPD Status
All
MC Expansion Ind.
All
Member Ethnicity Category
All
Age Group
All
MemberGender
All
MemberLanguageCategory
All



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February Policies and Procedures (P&Ps) Updates and Monitoring

P&P Updates:

Policy (For Consent)	Summary of New Policy and Updates
CO-03 Major Organ Transplant	<p><u>Policy Updates,</u></p> <p>POLICY STATEMENT</p> <ul style="list-style-type: none"> • Clarified members with other primary health coverage will be moved into UCSF medical group except those already assigned to SDN. • Clarified division of responsibility with CCS per APL 21-015 <p>PROCEDURE</p> <ul style="list-style-type: none"> • Clarified Kaiser is the only delegated group responsible to authorize MOT surgeries. • Added CMO or MD designee will review all MOT denial decisions. APL 21-015 requirement • Clarified travel expenses for MOT donor are covered upon request. • Added directed payment responsibility for members with other health coverage. DHCS requirement - Finance team discovery •
CO-26 Discharge Planning	<p><u>Policy Updates, APL 22-018/LTC</u></p> <p>POLICY STATEMENT</p> <ul style="list-style-type: none"> • Clarified discharge planning procedures will now apply to Post-Acute levels of care (previously only acute levels) • Removed reference to Care Transitions (a CT policy will be created at a later date) <p>PROCEDURE</p> <ul style="list-style-type: none"> • Clarified discharge planning services apply to all members transitioning from one level of care to another (previously SPD and MOT members). APL & PHM Guide requirement • Updated language throughout to include Post-Acute facility types. • Removed reference to Care Transitions <p>MONITORING</p> <ul style="list-style-type: none"> • Removed Care Transitions
CS-02 Training Program for Customer Service Representatives	<p><u>Policy Updates, Biennial</u></p> <ul style="list-style-type: none"> • Added additional raining materials • Revised procedure section • Updated related documents
IS-26 SDLC	<p><u>Policy Updates, Biennial</u></p> <ul style="list-style-type: none"> • Added accountable lead • Updated related documents section
IS-27 Vulnerability Management Policy	<p><u>Policy Updates, Biennial</u></p> <ul style="list-style-type: none"> • Accountable lead added
MC-04 Print Provider Directory	<p><u>Policy Updates, Biennial</u></p> <ul style="list-style-type: none"> • Procedure section updated • Process for updating Medi-Cal provider directories updated page 5.

	<ul style="list-style-type: none"> Process for updating HMO provider directories updated page 6.
MC-07 Email Usage for Non-PHI Member Communications	<u>Policy Updates, Biennial</u> No Changes due to hiatus.
Pharm – 15 Generic Drug Management	<u>Policy Updates,</u> Updated to reflect current PBM's support with select monitoring reporting: <ul style="list-style-type: none"> Updated to reflect current PBM's process that not all utilization data is normalized to a 30-day supply for benchmark comparability. Updated frequency of generic utilization metrics provided by the PBM (currently quarterly) Clarified the responsible party for maximum allowable cost (MAC) list maintenance and review is SFHP's Pharmacy Services staff.
PR-11 Informing Providers about Community Resources	<u>Policy Updates, Biennial</u> <ul style="list-style-type: none"> Monitoring, title of Sr. Manager updated Affected departments updated
Policy (For Discussion)	Summary of New Policy and Updates
CO-02 Skilled Nursing and Custodial Long Term Care admissions	<u>Policy Updates, LTC 6 approval</u> POLICY TITLE <ul style="list-style-type: none"> Modified to "Skilled Nursing and Custodial LTC Admissions" POLICY STATEMENT <ul style="list-style-type: none"> Heavily revised to comply with DHCS APL 22-018 Clarified LTC in a SNF setting is a covered benefit effective 1/1/23. Subacute and ICF levels do not carve in until 7/1/23. Defined LTC Outlined administrative responsibilities – SFHP is responsible for LTC, except in the case of members assigned to Kaiser. Eligible members are moved into SDN on their third month of admission. SFHP honors FFS TARs and provides automatic continuity of care for members who meet SFHP Custodial Care Criteria SFHP covers all medically necessary services, including OON services for transitioning members when care is underway. Removed references regarding historical LTC disenrollment process. When Medicare does not cover as primary (reasons listed), SFHP Medi-Cal is primary. PROCEDURE <ul style="list-style-type: none"> Heavily revised to comply with DHCS APL 22-018 Members are placed at appropriate level of care (LOC). When placement is not available, SFHP covers the stay regardless of medical necessity, unless otherwise specified in contract. All SNF/LTC admissions require prior authorization. Hospice admits follow CO-32 Hospice procedures (not SNF/LTC procedures) Expanded upon existing Dual eligible section (previous section at bottom) Clarified criteria used for skilled nursing vs. custodial LTC admits. Specified pre-authorization process.

	<ul style="list-style-type: none"> • Added notification timeframes for admissions, discharges, and transfers. PHM Guide requirement. • Added bed hold and leave of absence guidelines based on title 22 regulations. • Added required documentation section. • Added nursing facility transition section. APL and PHM Guide requirement. • Added access to specialty and ancillary services section. LTC deliverable #6 requirement • Added physician administered drugs sections. APL and LTC deliverable #11 requirement. • Added included and excludes SNF per diem services section. Aligned with title 22. • Added coordination of benefit section <p>MONITORING</p> <ul style="list-style-type: none"> • Updated dept titles. • Condensed delegation oversight section • Removed disenrollment monitoring section <p>DEFINITIONS</p> <ul style="list-style-type: none"> • Updated Custodial Care
CRA-17 Responding to Liens and Subpoena Requests	<p><u>Policy Updates,</u></p> <ul style="list-style-type: none"> • Under III. Special Confidentiality Rules updated. • Changes based on legislative changes
CS-09 Member Rights and Responsibilities	<p><u>Policy Updates, Biennial</u></p> <ul style="list-style-type: none"> • Minor deletions under policy statement • Using ID cards language added • Page 4 language added on member responsibilities
Policy To Retire	Reason to retire
IS – 25 Password policy	<p><u>Policy</u></p> <ul style="list-style-type: none"> • Policy has been combined with IS-08

March Policies and Procedures (P&Ps) Updates and Monitoring

P&P Updates:

Policy (For Consent)	Summary of New Policy and Updates
CO-22: Authorization Requests	<p><u>Policy Updates (DHCS Contract Requirement & Business Process Update):</u></p> <p>HEADER</p> <ul style="list-style-type: none"> Updated accountable lead to Clinical Operations Analyst <p>POLICY STATEMENT</p> <ul style="list-style-type: none"> Clarified difference between prior authorization & retro request. Add process instruction that retro and prior auth requests must be submitted separately. Process improvement change. <p>PROCEDURE</p> <ul style="list-style-type: none"> Added language to clarify PA request must be submitted on the appropriate SFHP form and typed; handwritten forms will not be accepted. Process improvement change. Added Indian Health Services section. This is an existing DHCS contract requirement. Identified via 2024 Contract Readiness process (R.0186_AIR1). Added “one call requirement” for hospital notifications. HSC § 1262.8(b)(2)(B) Added ED / post-stabilization 24/7 coordination requirement. Updated retrospective authorization criteria to include “Supplies or services provided during an office visit that was either already authorized or did not require authorization”. Approved by UMC. Process improvement change. Added “arranges for” to the Out-of-Network Provider Coverage for Necessary and Covered services section. H&S code Section 1367, subd. (a)(7)(C) requirement. Added language to clarify SFHP does not restrict inpatient hospital care time periods for maternity admissions. H&S Section 1367.62, subd. (a)(1) requirement. <p>MONITORING</p> <ul style="list-style-type: none"> Referenced CO-57 Removed “monthly” time frames from UMC <p>RELATED POLICES AND PROCEDURES AND OTHER RELATED DOCUMENTS</p> <ul style="list-style-type: none"> Updated name of CO-02 <p>REFERENCES</p> <ul style="list-style-type: none"> Added reference to H&S Code 1262.8 and 1367.62
PR-24: Medi-Cal Network Provider and Subcontractor Termination	<p><u>Policy Updates DHCS approved (APL 22-27)</u></p> <ul style="list-style-type: none"> Slight modification under II. DHCS Notification Requirements, now added “which include notification and reporting requirements as outlined in DHCS APL 21-003”
Policy (For Discussion)	Summary of New Policy and Updates
CL-17: Overpayment Recovery	<p><u>Policy Updates DHCS approved (APL 22-27)</u></p> <p>Procedure</p> <ul style="list-style-type: none"> Added clarifying lines on other health coverage and indicator code A. DHCS Third Party Liability Recovery Division will conduct post-payment recoveries and/or leverage its recovery contractor to

	<p>initiate post-payment recovery beginning the 13th month</p> <ul style="list-style-type: none"> For Medi-Cal members, in no event does SFHP cost avoid or seek overpayment recovery for the reasonable value of services from a third party tort liability action or make a claim against the estates of deceased members. <p>Related docs</p> <ul style="list-style-type: none"> CL-22 added
CO-06: Abortion Services	<p><u>Policy Updates DHCS approved (APL 22-22)</u></p> <p>HEADER</p> <ul style="list-style-type: none"> Updated accountable lead to Clinical Operations Analyst <p>POLICY STATEMENT</p> <ul style="list-style-type: none"> Clarified abortion services include medical services and supplies that are incidental or preliminary to an abortion service. APL 22-022 Added language to specify “There are no annual or lifetime limits, on the coverage of outpatient abortion services.” APL 22-022 Added language to specify this policy covers “covers all abortions regardless of the gestational age of the fetus” APL 22-022 Added “If a provider has a moral objection to abortion services, members can contact SFHP’s Customer Service for alternative provider options.” APL 22-022 <p>MONITORING</p> <ul style="list-style-type: none"> Referenced CO-57 Removed ‘The director dashboard’ & changed to “Dashboard” to reference all dashboards. Removed “monthly” time frames from UMC
CO-32: Hospice Care	<p><u>Policy Updates (Biennial Review):</u></p> <p>HEADER</p> <ul style="list-style-type: none"> Updated accountable lead to Clinical Operations Analyst <p>PROCEDURE</p> <ul style="list-style-type: none"> Removed room & board coverage exclusion for HW LOB. Per EOC, no exclusion. Per QNXT configuration, hospice benefit is aligned for MC and HW Removed disenrollment information since SFHP is no longer disenrolling members admitted to SNF/LTC. APL 22-018 & CO-02 policy change. Clarified that certain specified Medi-Cal benefits are waived by the election of hospice services. In accordance with Title 22, CCR, Section 51349(d). <p>MONITORING</p> <ul style="list-style-type: none"> Referenced CO-57 Removed “monthly” time frames from UMC Updated HOI’s name to “Member Services and Health Services” Condensed delegation oversight section Added reference to PPC process in QI-19 for PQI monitoring <p>RELATED POLICES AND PROCEDURES AND OTHER RELATED DOCUMENTS</p> <ul style="list-style-type: none"> Updated name of CO-02

	Changed CO-20 to CARE-12
CS-11: Member Billing	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> • Complete revision of policy • Policy statement rewritten. • Procedure section revised
FSR-01: Facility Site Reviews	<u>Policy Updates DHCS approved (APL 22-17)</u> Procedure <ul style="list-style-type: none"> • New bullet points added 2 & 3. • New title added of certified master trainer • DHCS Site ID added that there will be a unique 8 alphanumeric DHCS ID. • Site Reviews of Supplemental Facilities added page 4, 5 • D. SFHP Medical record Reviews (MRR) revised page 5, 6, and 7. • CAP on page 9 and 10 revised • FSR and MRR collaboration revised with new clarifying details page 12.
MC-09: Robo Call and Texting	<u>Policy Updates (Biennial Review):</u> Procedure <ul style="list-style-type: none"> • Updated to support PHE Phase 2 • Deleted non-applicable items

April Policies and Procedures (P&Ps) Updates and Monitoring

P&P Updates:

Policy (For Consent)	Summary of New Policy and Updates
CRA-06 PHI Breach Investigation and Reporting	<u>Policy Updates Biennial Review</u> <ul style="list-style-type: none"> Updated to meet Exhibit G Section B. page 2 updated and added item e) Added section 9 on chief compliance officer duties Security officer updated to Paul References updated
CRA-07 PHI Breach Notification	<u>Policy Updates Biennial Review</u> <ul style="list-style-type: none"> Procedure section C. Breach Notification Requirements updated on notification to DHCS Security officer title updated to Paul
MC-09 Robo Call and Texting usage for Non-PHI Member Communications	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> Policy brought back from March PCC Re-included items under section 5 I through vii
Policy (For Discussion)	Summary of New Policy and Updates
Care-16 Street Medicine	<u>Policy Updates (DHCS approval APL22-023):</u> <ul style="list-style-type: none"> New policy, recently approved for DHCS APL 22-023 Street medicine refers to a set of health and social services developed specifically to address the unique needs and circumstances of individuals experiencing unsheltered, homelessness, delivered directly to them in their own environment.
CL-05: Payment of Non-Contracted Services	<u>Policy Updates Biennial Review</u> <ul style="list-style-type: none"> Policy statement updated to discuss non-contracted air ambulance HMO claims. Under procedure section page 3 added language to in detail discuss HMO non-contracted air ambulance claims Monitoring section updated
CL-06 Timely Filing Requirements for Providers and Claims Processing Guidelines	<u>Policy Updates Biennial Review</u> <ul style="list-style-type: none"> Procedure section page 2, billing limit exceptions updated Monitoring section revised page 4 Related policies and procedures revised
CL-14 Emergency Services, ER Transportations and Admissions	<u>Policy Updates Biennial Review</u> <ul style="list-style-type: none"> Billing section page 2 B. revised to include SFHP will provide care in non-plan hospital Page 3 C revised to align with APL 20-002 for clean claims Page 5 E. added referring back to CL-05 Monitoring updated that results are sent to COO and CCO Definition updated Member eligibility added as affected dept.
CRA-17 Responding to Liens and Subpoena Requests	<u>Policy Updates (DMHC required updates)</u> <ul style="list-style-type: none"> Page 2, Special Confidentiality rules updated to include Staff will

	<p>not release information.</p> <ul style="list-style-type: none">• California Penal code 819 & 1326
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May Policies and Procedures (P&Ps) Updates and Monitoring

P&P Updates:

Policy (For Consent)	Summary of New Policy and Updates
CLS-06 Cultural Awareness Training Program	<u>Policy Updates, Biennial Review</u> <ul style="list-style-type: none"> Accountable Lead updated Health Outcomes changed to Pop Health Very minor spelling revisions throughout
CO-57 UM Clinical Criteria	<u>Policy Updates</u> HEADER <ul style="list-style-type: none"> Updated accountable lead to Clinical Operations Analyst PROCEDURE <ul style="list-style-type: none"> Updated reference from WPATH SOC 7 to 8 and added DHCS Transgender Services Provider Manual and H&S Code 1374.551 as a reference Changed Beacon's name to Carelon MONITORING <ul style="list-style-type: none"> Updated UMC's meeting frequencies REFERENCES <ul style="list-style-type: none"> Added H&S Codes, NCQA UM Element reference & DMHC Technical Assistance Guide reference
CO-58 Palliative Care	<u>Policy Updates Biennial Review</u> MONITORING <ul style="list-style-type: none"> Updated UMC's meeting frequencies
CR-12 Credentialing of Organizations Providing Diabetes Prevention Program Services	<u>Policy Updates Biennial Review:</u> <ul style="list-style-type: none"> Accountable lead updated Monitoring sections, changed cases to "providers for approval or denial..." Updated to APL 22-013 under references
HE-03 Preventive Health Care Guidelines	<u>Policy Updates</u> <ul style="list-style-type: none"> IHA, assessment changed to now state appointments Added section for ACE screening under procedures Page 5, language for screenings for chlamydia updated Page 5, paragraph 4 updated APL 22-030 cited under references
FA-02 Facility Access Controls and Building Access	<u>Policy Updates Biennial Review:</u> <ul style="list-style-type: none"> Accountable lead updated. All other items remain unchanged.
Pharm-08 Annual Review of Formulary, Prior Authorization Criteria, and Policies	<u>Policy Updates Annual Review:</u> <ul style="list-style-type: none"> Accountable lead No other changes
Pharm-13 After-Hours Pharmacy Access	<u>Policy Updates Annual Review:</u> <ul style="list-style-type: none"> Accountable lead No other changes
Policy (For Discussion)	Summary of New Policy and Updates

CRA-30 Third Party Liability Reporting	<u>Policy Updates (for DHCS 2024 Contract Readiness):</u> <ul style="list-style-type: none"> • Policy statement updated • NCQA program manager title revised • Beacon name changed to Carelon • monitoring section that says that I will report quarterly to PCC on this timeliness. • Definition updated
EDI -02 Interoperability: Patient and Provider Directory API and Third-Party Vendor Application Validation	<u>Policy Updates (new policy, DHCS approved APL 22-026)</u> <ul style="list-style-type: none"> • New policy to meet requirements set forth in APL 22-026 Interoperability and Patient Access Final Rule
HE-05 Non-Monetary Member Incentives	<u>Policy Updates Biennial Review:</u> <ul style="list-style-type: none"> • Procedure section, updated that all forms are also available on Health education program sharepoint • Procedure section, "If request for approval is needed in less than ten (10) business days, please indicate in the subject line for an expedited review." • Paragraph 13 updated regarding member incentive program

June Policies and Procedures (P&Ps) Updates and Monitoring

P&P Updates:

Policy (For Consent)	Summary of New Policy and Updates
CL-19 Coordinating Other Health Coverage, including Medicare, for Claims Processing	<u>Policy Updates Biennial Review</u> <ul style="list-style-type: none"> • Procedure section updated to reference DHCS APLs • 7 through 10 bullet points added • Monitoring section revised completely
CR-06 Initial Credentialing Recredentialing Screening and Enrollment	<u>Policy Updates.</u> <ul style="list-style-type: none"> • Revised to meet NCQA related language for the NCQA survey • Page 11, F. Credentialing verification language updated.
CS-07 TTY-TDD Telephone Service	<u>Policy Updates Biennial Review</u> <ul style="list-style-type: none"> • Policy remains unchanged
CT-02 Pricing of Claims for Extra-Contractual Services and Non-Contracted Providers	<u>Policy Updates Biennial Review & DHCS approval.</u> <ul style="list-style-type: none"> • Accountable lead updated • Outpatient services section updated to meet Title 22 Section 51345 guidance • Language on free standing birthing centers added
Policy (For Discussion)	Summary of New Policy and Updates
Care-10 Behavioral Health Services	<u>Policy Updates, APL 22-028 approval</u> <ul style="list-style-type: none"> • Accountable Lead updated • Beacon changed to Carelon throughout • Screening tool language updated to meet Review tool • Transition of care tool language updated • Carelon referral process updated • Clarifying language added for CBHS, and NSMHS
CL-04 Misdirected Claims	<u>Policy Updates Biennial Review</u> <ul style="list-style-type: none"> • Policy statement revised. • Claim filing language under procedure section updated • Paper claims page 2 revised language
CL-23 SNF Reimbursements	<u>New Policy (R.0092)</u> <ul style="list-style-type: none"> • New policy created for contract readiness deliverable R.0092 which required us to submit policies and procedures for the reimbursement of Skilled Nursing Facilities and Nursing Facilities. • DHCS approval

JUNE 2023 QIC – QUALITY PROGRAM SCORECARD UPDATE

Managing Members with Emerging Risk

Measure Title	Measure Description	Baseline	Target	Planned Activity	June Activity Update
Diabetes Care – Eye Exams HEDIS: CDC-EED	Increase the number of members who have diabetes who have an eye exam	54.50%	56.51%	CDC-EED & CDC-H9: Promote screening and care visits for members with diabetes through a member incentive gift card.	<ul style="list-style-type: none">• Requirements of having a doctor signature on an incentive form have been removed. When members start receiving their eligible appointments, they will automatically receive a gift card.• However, while this change in process has been done by SFHP, the change in mailing out via SFHP’s incentive mailing vendor KP has not yet occurred.• All incentive mailings have been on pause due to ransomware issues with SFHP’s incentive mailer vendor KP since April 16th 2023. Incentive mailers are expected to resume in summer 2023.
Diabetes Care – HbA1c in Poor Control HEDIS: CDC-H9	Decrease the number of members who have diabetes in poor control	34.79%	30.90%	CDC-EED & CDC-H9: Enroll members with diabetes into the Medically Tailored Meals program administered by Project Open Hand.	Project Open Hand discontinued new enrollments into the program at the end of February 2023. The program will re-launch as a Community Support later in 2023.
				CDC-H9 only: Incentivize providers through inclusion of controlling diabetes improvement indicator in SFHP’s pay-for-performance program.	PIP participants have reported Q2 and Q3 rates to SFHP. from PIP participants. All but one participant have this measure in their priority five set. SFHP's overall rate has stayed around 66%
Prenatal Care for Black & Native American Members HEDIS: PPC-Pre	Improve the rate of prenatal care for Black & Native American members	92.86%	95.86%	PPC-Pre & PPC-Post: Conduct mail campaign to African American and Native American female identifying members ages 18-45 to encourage them to ask their PCP to submit a recommendation for a doula on their behalf.	All mailings have been on pause due to ransomware issues with SFHP’s mailer vendor KP since April 16th 2023. Incentive mailers and associated mailers are expected to resume in summer 2023.
				PPC-Pre & PPC-Post: Incentivize perinatal visits for through a member incentive gift card.	
Postpartum Care for Black & Native American Members HEDIS: PPC-Post	Improve the rate of postpartum care for Black & Native American members	57.14%	60.14%	PPC-Pre & PPC-Post: Promote prenatal and post-partum care visits through a reproductive health mail campaign. PPC-Pre & PPC-Post: Develop provider incentive to encourage SFHP’s Pay for Performance PIP increase in maternity care visits and share data.	

Measure Title	Measure Description	Baseline	Target	Planned Activity	June Activity Update
Postpartum Depression Follow-Up for Black & Native American Members HEDIS: PDS-E	Improve the rate of postpartum depression follow-up from screening for Black & Native American members	0%	38.89%	PPC-Pre, PPC-Post, & PDS-E: Enroll and credential doulas that represent SFHP's diverse population	There are currently nine doulas enrolled and credentialed. SFHP is in process of enrolling and recruiting an additional two more doulas.
				PDS-E only: Partner with local community-based organizations to educate members and facilitate connection to care.	SFHP met with SF Department of Public Health, SF Behavioral Health Services, and the Expecting Justice/Abundant Birth project to discuss maternal mental health and partnering on quality measure activities including referral, member and provider promotion.
				PDS-E only: Collaborate with Carelon to pilot a maternal mental health clinical program tailored to the specific needs of Black and Native American members SFHP members.	Carelon has an active Maternal Mental Health Program. SFHP met with Carelon to discuss MMH program, the need for cultural concordance with Black and Native American members and confirm network providers credentials and their MMH and health equity training for this population.

Managing Multiple Chronic Conditions

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Care Management Follow Up on Clinical Depression	Increase the percentage of clients in Care Management programs who screen positive for depression and receive follow up care	85.70%	90.00%	Train staff in mental health, particularly on severe mental illness (SMI) and community resources, to ensure that staff is equipped to identify signs and symptoms of clinical depression, address client safety including connection to behavioral health services.	Offered the following trainings and in-services for the Care Management team: Intensive Case Management; Heart Disease; Post Pandemic Substance Use Disorder; Stepping Stone Adult Day Health Care; Community Living Fund; Community and Home Injury Prevention Program for Seniors; Central American Resource Center SF and Overdose Prevention
				Clinical Supervisors to review CM dashboard monthly with staff and to coach staff to ensure members are screened and receive appropriate follow up.	Clinical Supervisors reviewed monthly reports and CM Dashboards with staff and coached staff to ensure members were screened and received appropriate follow up during their weekly 1:1s. As of June 2023, 12 out of 14 (86%) cases where members scored a 15 or higher on the PHQ-9 have a BH care plan goal in place.
				Clinical Supervisors to conduct audits every 4 months to ensure best practices and regulatory requirements are met.	Clinical Supervisors completed clinical audits in April and provided feedback to the team, including trends and gaps in training. Temporarily increased frequency of audits to every quarter.

Patient Safety or Outcomes Across Settings

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Medication Therapy Management Follow-Up Care	Increase the percentage of members receiving follow-up care after a medication reconciliation has been completed	72.60%	70.00%	Monitor the pharmacist resource requirements needed to support the population of members engaged in Care Management.	Pharmacist resources are monitored on a bi-weekly basis to support the Medication Therapy Management and Medication Adherence Program.
				Assess for additional efficiencies in workflow and member assessment configurations.	Updated pharmacist and pharmacy technician workflow in March 2023 to include Medication Adherence Program.
				Continue reviewing members in the initial assessment process which recommends a Medication Therapy Management assessment and establish the denominator population for this measure.	Average of completed initial assessment increased to 60 cases per month.
				Expand Medication Therapy Management to include members not engaged in Care Management. These members may include those with multiple providers, with ten or more prescriptions, and/or members utilizing multiple pharmacies.	Referral to Medication Adherence Program was stopped in Feb due to member list used was from MY2021 data. Refresh of the member list using MY2022 data was received in May. Referral for MAP resumed in June with three members in addition to the population of members engaged in Care Management program
SFHN All Cause Readmission	Reduce the number of inpatient re-admissions for members in the SFHN network	16.50%	13.50%	Incentivize providers through inclusion of follow-up after hospital discharge improvement indicator in SFHP's pay-for-performance program.	PIP participants have reported Q2 and Q3 rates to SFHP. SFHP's overall rate has increased from 60 to 61%

Quality of Service & Access to Care

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Cultural & Linguistic Services: Provider Language Data	The percentage of all credentialed practitioners who have voluntarily provided SFHP with their language proficiency data for languages other than English	23.90%	25.00%	Publish language services available through the practice in the provider directory	Individual practitioner languages are already published in print directories and online directories. SFHP is in process of developing the enhancement of the online provider directory.

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Health Plan Consumer Assessment of Healthcare Providers and Systems – Getting Needed Care	Increase the rate of NCQA Getting Needed Care	66.48%	68.48%	GNC, RoS, RoPD: Increase response rate to survey overall, but particularly for Black members and Spanish speaking members through member mailer.	Activity complete. Postcards were sent in early February and early April to survey-eligible Spanish-speaking and Black members to remind them to complete the HP-CAHPS survey if they receive one. An additional reminder was sent to younger adult members who were not Black or Spanish-speaking sent in early April.
	Abbreviation: GNC			GNC, RoS, RoPD: Promote translation services and a process for Spanish-speaking members to connect with physicians and clinical leaders that speak Spanish.	SFHP's CAHPS workgroups have planned multiple projects that relate to improvement of member experience for Spanish-speaking members, to be implemented in fiscal year 2023-24.
Health Plan Consumer Assessment of Healthcare Providers and Systems – Getting Needed Care	Increase the rate of NCQA Rating of Specialist	60.00%	62.79%	GNC, RoS, RoPD: Implement member focus groups to identify specific actions to drive improvement.	The focus groups are currently planned to take place in July. The participant recruitment list has been developed. SFHP will be calling members and sending outreach letters to these members to request participation.
	Abbreviation: RoS			GNC, RoS, RoPD: Implement a supplemental member experience survey to identify specific actions to drive improvement.	Supplemental surveys are targeted to collect later in summer 2023.
Health Plan Consumer Assessment of Healthcare Providers and Systems – Rating of Personal Doctor	Increase the rate of NCQA Rating of Personal Doctor Abbreviation: RoPD	64.29%	66.86%	GNC, RoS, RoPD: Promote SFHP's telehealth services to increase access to care	Recommendations for promotion of SFHP's Teladoc and other telehealth services are included in SFHP's CAHPS workgroups projects.
				GNC, RoS, RoPD: Develop marketing, education and communication approaches to increase members understanding of what additional care options are available	SFHP's CAHPS workgroups have planned multiple projects that relate to improvement of member experience of benefits, to be implemented in fiscal year 2023-24.
				GNC, RoS, RoPD: Identify provider network member experience champions and launch a CAHPS provider workgroup to develop shared goals, outline strategies and shared lessons learned on ways to improve SFHP member experience.	SFHP staff have met with provider leaders from across SFHP's provider network to garner interest in a collaborative care experience workgroup and to identify priority topics. The inaugural workgroup comprised of representatives from groups that include safety-net providers and clinics met on June 20.
Routine Appointment Availability in Specialty Care	Percentage of non-behavioral health specialists surveyed in PAAS with eligible survey responses that indicate routine appointment availability	57.90%	59.90%	Request Corrective Action Plans of provider groups performing below 80% compliance rate and below 50% response rate.	Measure complete. Preparing evaluation and planning FY23-24 measure for specialty care access.
				Provide technical assistance with Corrective Action Plans.	

Utilization of Services

Measure Title	Measure Description	Baseline	Target	Planned Activity	March Activity Update
Antidepressant Medication Management—Effective Continuation Phase Treatment HEDIS: AMM	Increase the percentage of members who remained on an antidepressant medication for at least 180 days	51.98%	56.24%	Collaborate with Carelon on member and provider outreach and education.	SFHP and Carelon discussed collaboration on developing medication adherence materials. SFHP will incorporate Carelon content into materials being developed by 10/13/23. SFHP requested medication adherence to be a provider training topic for the next fiscal year 23-24.

MY 2022 Priority Measures Discussion

**SAN FRANCISCO
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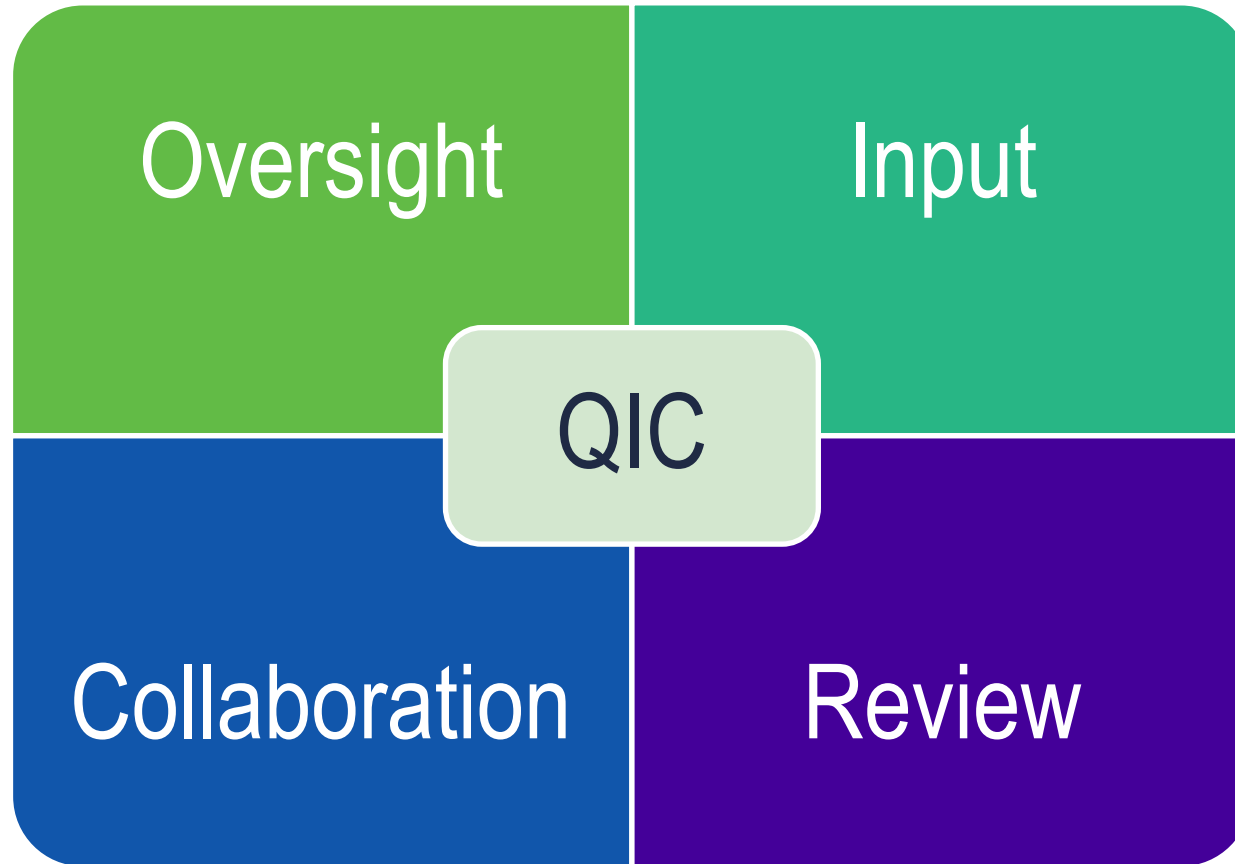
Quality Improvement Committee
June 29, 2023

Quality at SFHP

Quality care is the framework for ensuring we provide our members with the **right care** at the **right time** in an **equitable manner**.



SFHP Quality Improvement Committee



QIC is responsible for reviewing and approving the annual QI Program and QI Evaluation, and for providing oversight of the Plan's quality improvement activities. SFHP brings new quality improvement programs to the QIC to ensure the committee members provide input into program planning, design, and implementation.



Asthma Medication Ratio (AMR)

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

- SFHP MY22 Rate: **55.30%**
- MCAS Benchmark: **64.26%**
- SFHP MY22 percentile: 10

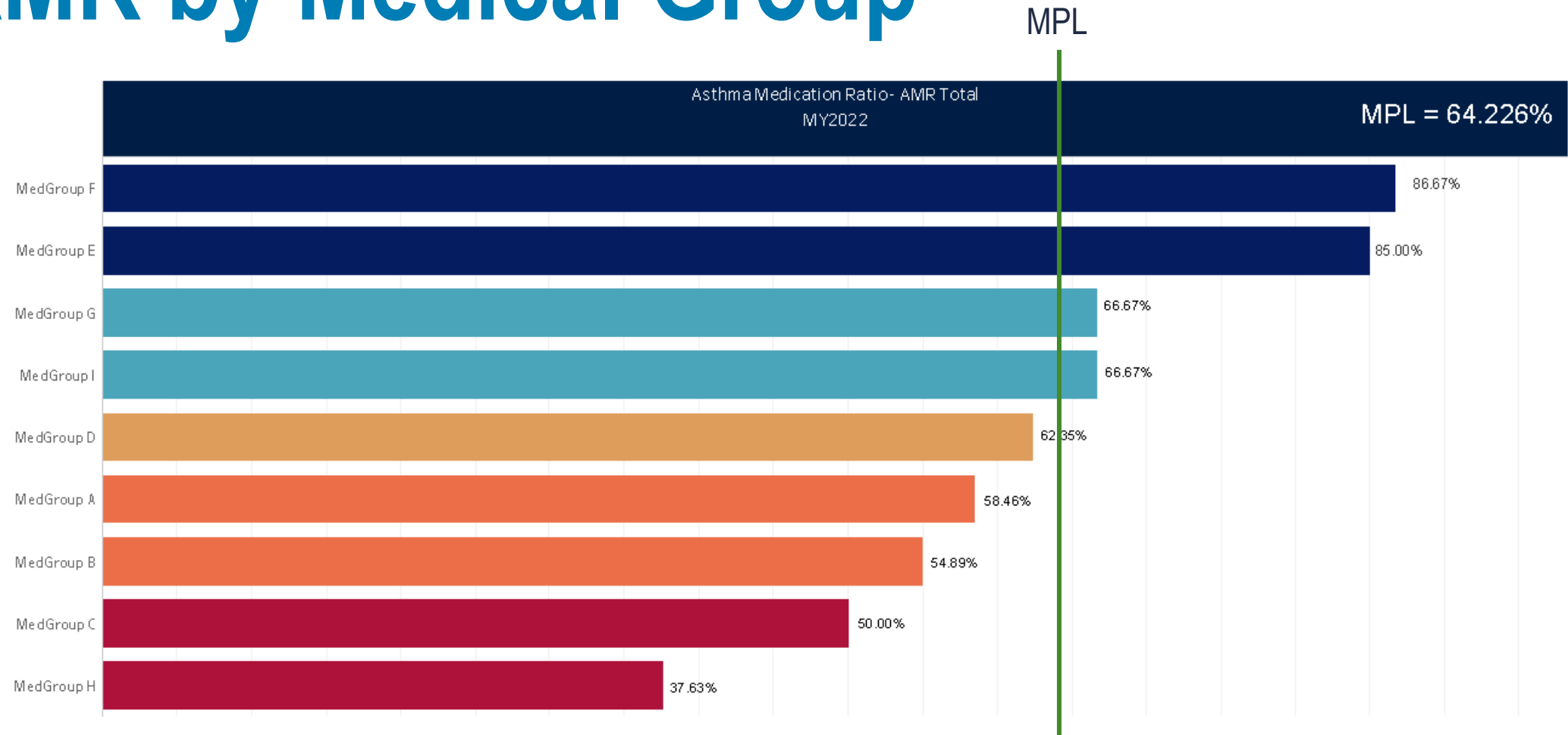
SFHP Quality Improvement Activities

- Data validation (to include recent generic NDCs in measure specifications)
- Collaboration with medical groups
- Provider outreach & education
- Member outreach & education
- Work with network pharmacies

SFHP Provider Guide: [Asthma Medication Ratio \(AMR\)](#)



AMR by Medical Group



Follow-Up After ED Visit for Substance Use (FUA)

The percentage of emergency department (ED) visits among members age 13 years and older with a principal diagnosis of substance use disorder (SUD), or any diagnosis of drug overdose, for which there was follow-up.

- SFHP Rate: **52.80%**
- MCAS Benchmark: **54.51%**
- SFHP Benchmark Met: 10

SFHP Quality Improvement Activities

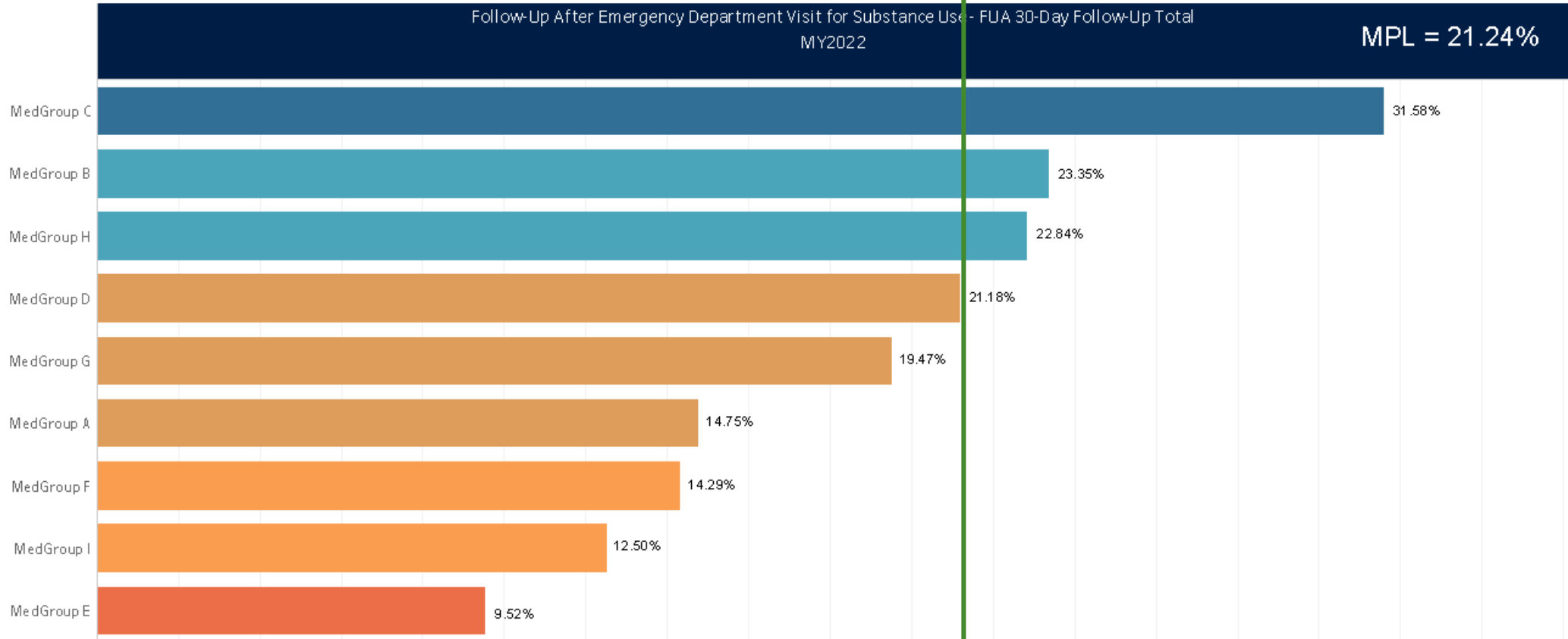
- SFHP receiving weekly data on ED visits from all hospitals, for use in coordinating follow-ups
- Seek to maintain continuity-of-care with Behavioral Health providers for members with prior services
- Implement DHCS's "No Wrong Door" screening tool in hospitals, for appropriate referrals
- Ensure City programs' data is counted, such as street outreach

SFHP Provider Guide: [Follow-Up After Emergency Department Visit for Substance Use \(FUA\)](#)



FUA by Medical Group

MPL



Follow-Up After ED Visit for Mental Illness (FUM)

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness.

- SFHP Rate: **22.30%**
- MCAS Benchmark: **21.24%**
- SFHP Benchmark Met: 50

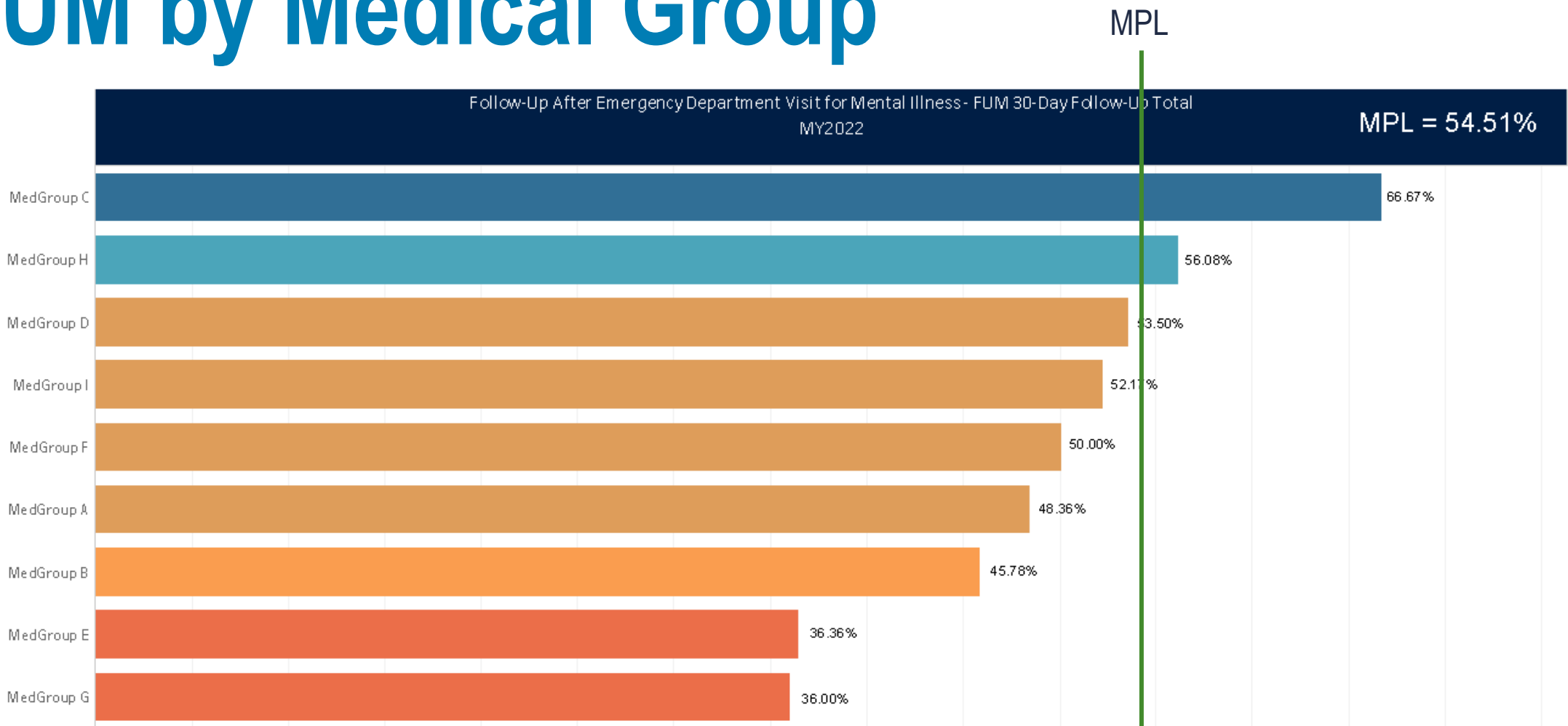
SFHP Quality Improvement Activities

- SFHP receiving weekly data on ED visits from all hospitals, for use in coordinating follow-ups
- Seek to maintain continuity-of-care with Behavioral Health providers for members with prior services
- Support Bridge / Substance Use Navigators program in area hospitals
- Ensure City programs' data is counted, such as Assisted Outpatient Treatment

SFHP Provider Guide: [Follow-Up After Emergency Department Visit for Mental Illness \(FUM\)](#)



FUM by Medical Group



Developmental Screening in the First Three Years of Life (DEV)

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

- SFHP Rate: **35.10%**
- MCAS Benchmark: **35.60%**
- SFHP Benchmark Met: 0

SFHP Quality Improvement Activities

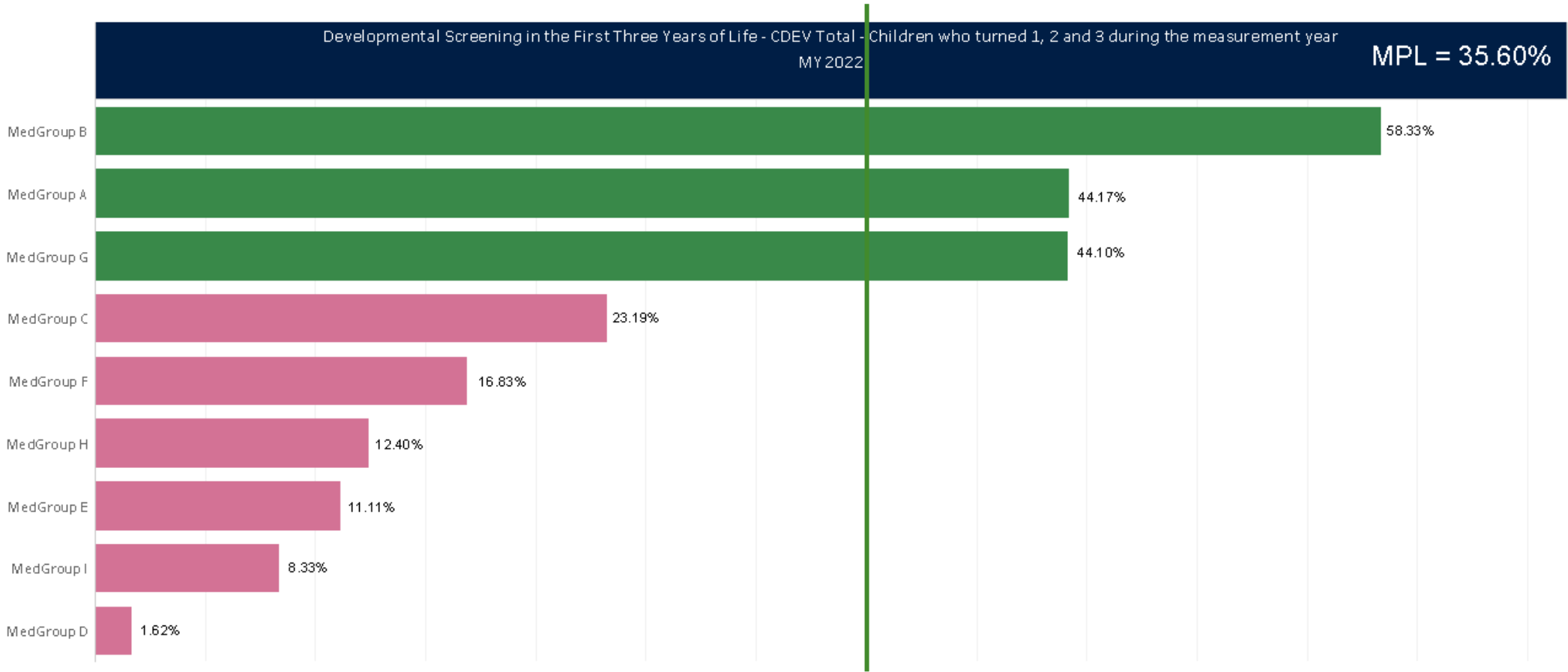
- Promoting the Sparkler Application which offers the ASQ with results going to the provider, information and activities for families
- Expanding data collection
- Promote use of code 96110
- Adding Member Incentive

SFHP Provider Guide: [Developmental Screening in the First Three Years of Life \(DEV\)](#)



CDEV by Medical Group

MPL



Topical Fluoride for Children (TFL)

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

- SFHP Rate: **16.06%**
- MCAS Benchmark: **41.50%**
- SFHP Benchmark Met: 0

SFHP Quality Improvement Activities

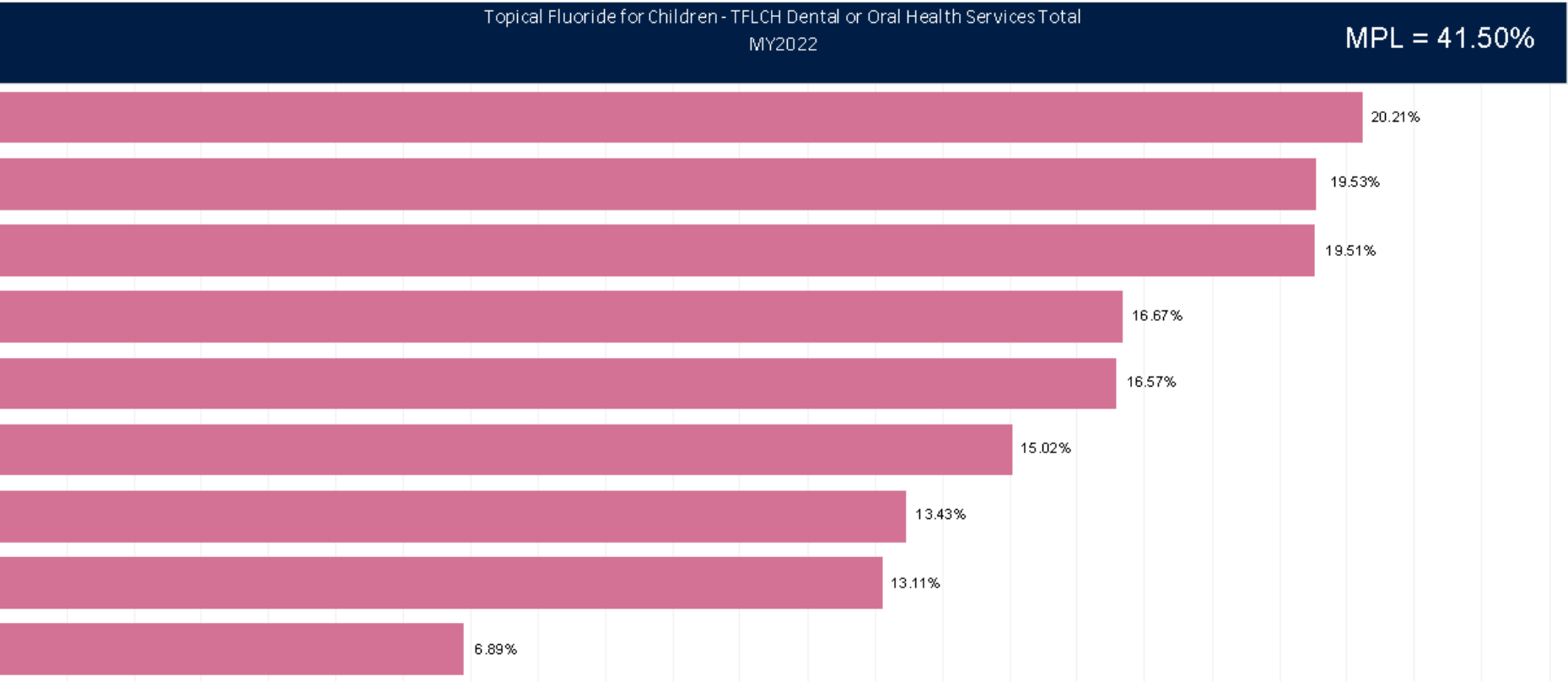
- Partnering with Public Health to train clinics in Fluoride Varnish Application
- Expanding data collection
- Adding Member Incentive

SFHP Provider Guide: [Topical Fluoride for Children \(TFL\)](#)



TFL-CH by Medical Group

MPL



Well-Child Visits in the First 15 Months of Life (W30)

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months.

- SFHP Rate: **49.11%**
- MCAS Benchmark: **55.72%**
- SFHP Benchmark Met: 10

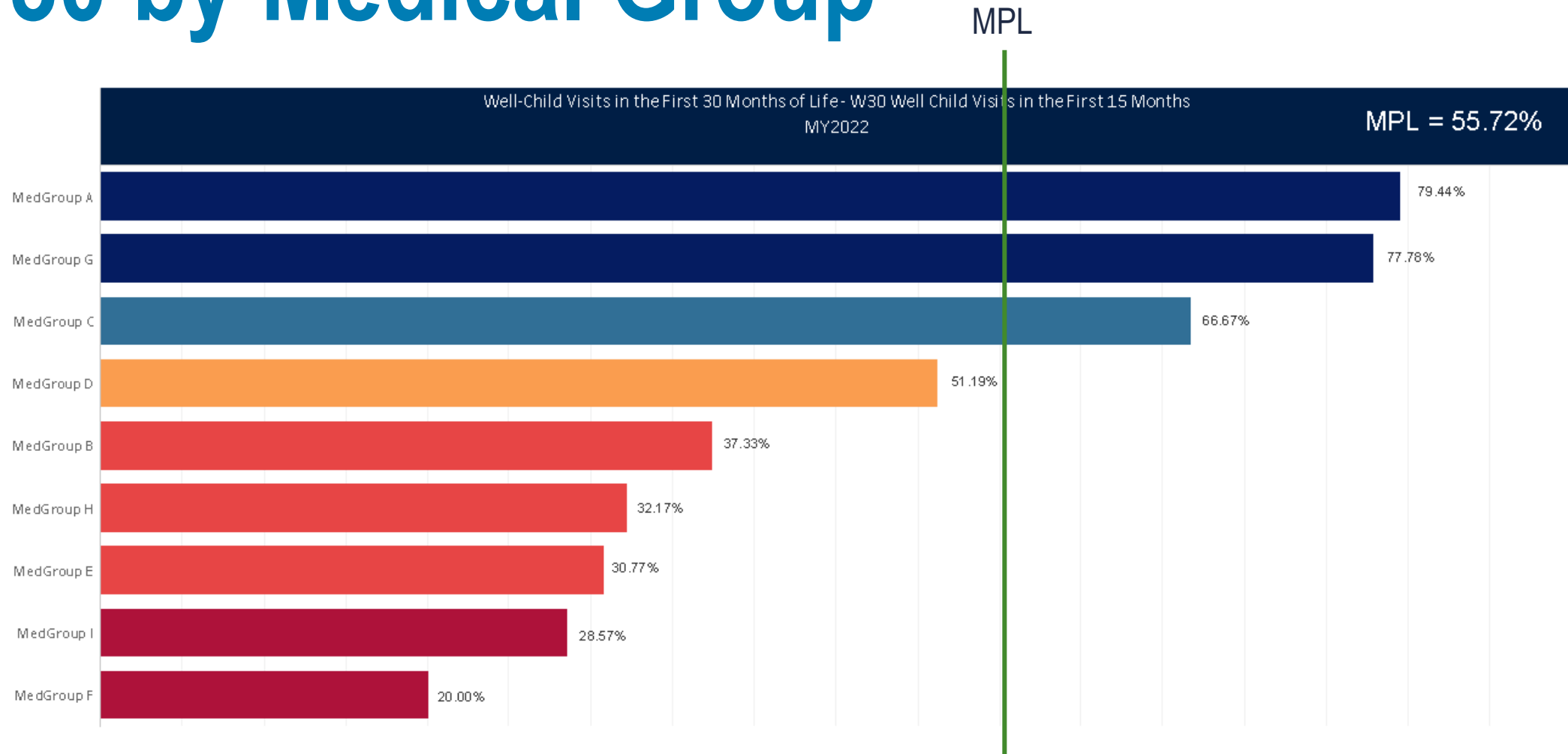
SFHP Quality Improvement Activities

- Inservices for Providers on best practices
- Infant Wellness Map – a patient tool that combines tracking well infant/toddler visits, immunization and developmental milestones
- Expand Data Collection
- Mailing out the Bright Futures periodicity schedule

SFHP Provider Guide: [Well-Child Visits in the First 15 Months of Life \(W30\)](#)



W30 by Medical Group



Questions?

