



**Date:** June 10, 2021

**Meeting Place:** Join Microsoft Teams Meeting  
+1 323-475-1528 : Conference ID: 463040162#

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

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

**Staff Present:** Sean Dongre *Manager, Provider Relations*; Abby Ealy *Provider Credentialing Coordinator*; Se Chung *Health Services Administrative Specialist*; Ravid Avraham, MD *Associate Medical Director*; Lisa Ghotbi *Director, Pharmacy*; Paul Velasco Sr. *Manager, Systems Administration ITS*; Suu Htaung *Policy Analyst*, Debra Hagemann, RN *Consultant, Clearlink Partners*; Sue Chan *Program Manager, Pharmacy Compliance*

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
<b>Call to Order</b>	Meeting called to order at 7:31 AM with a quorum. <ul style="list-style-type: none"> <li>Roll Call.</li> </ul>		

<b>Announcements/ Plan Updates:</b>	<ul style="list-style-type: none"> <li>• Fiscal year end – June 30<sup>th</sup>; SFHP on target for budget goals</li> <li>• Continued increase in Medi-Cal enrollees; currently approx. 144,000 members, 1500 new enrollees/month</li> <li>• CalAIM – Enhanced Care Management (ECM) to be implemented January 2022 to replace Health Homes Program.</li> <li>• July 1<sup>st</sup> PBM change for Healthy Workers and Healthy San Francisco to MagellanRx. State has delayed transition the Medi-Cal line of business to new PBM Jan 1<sup>st</sup>, April 1<sup>st</sup>, now delayed again. Everyone is being issued new identification cards. Aiming for members to have new cards by 7/1.</li> </ul> <p><i>Irene Conway: Will Healthy Workers be transitioned into Medi-Cal Rx?</i> <i>Lisa Ghotbi: No. Benefits and access to medications will stay the same; there will be billing code and phone number changes for pharmacies.</i></p> <ul style="list-style-type: none"> <li>• SFHP has completed HEDIS season. Presentation of results at next QIC.</li> <li>• DHCS audit results by next QIC meeting; will share if anything to note. SFHP also preparing for DMHC audit.</li> </ul>		n/a
<b>Consent Calendar</b>	All in favor to approve consent calendar.		Approved.  <ul style="list-style-type: none"> <li>• Review of April 2021 Minutes</li> <li>• UM Committee Minutes - January 2021; February 2021; April 2021; May 2021</li> <li>• Q1 2021 Grievances Report</li> <li>• Q1 2021 Appeals Report</li> <li>• Q1 2020 QI Scorecard Summary</li> <li>• HE P&amp;P Updates (March – April 2021)</li> </ul>

			• Q1 2021 PQI Report
Quality Improvement	<p>• <b>COVID-19 Vaccine Progress</b>  <b>Presented by Fiona Donald, MD</b></p> <p>SFHP has supported SFDPH in equitable vaccine access, aligned communications, supported outreach and scheduling for members and populations served by our providers and high-risk populations (targeted zip codes, homebound members, CBAS recipients, California Children's services). SFHP partnered with a call center to outreach in different languages.</p> <ul style="list-style-type: none"> <li>• Currently addressing barriers to vaccine access and hesitancy.</li> <li>• All members has been contacted.</li> </ul> <p>Collecting data from pharmacy claims systems, State data and California Immunization Registry that is coming in weekly. These numbers include children that have been prioritized for vaccination yet.</p> <ul style="list-style-type: none"> <li>• Average by Medical Groups: 54% No vaccine; 46% at least 1 dose.</li> <li>• City levels: 65-68% at least 1 dose.</li> </ul> <p>Data sorted by Medical Groups and numbers may be dependent on vaccine on site, data collection lag, and members who may get the vaccine outside of provider network.</p> <ul style="list-style-type: none"> <li>• 1 dose: CHI 50%, JAD 56%, CLN 36%, BTP 35% (lowest)</li> </ul> <p>Race/Ethnicity Dashboard is in the works. Preliminary, AAPI and Latinx populations vaccination rates are above the average, but African American and Caucasian/White populations are</p>		

	<p>below the average.</p> <p>All eligible members 12 years old and older have received a letter/text/call to receive their vaccination. Communications has been sent in their preferred language.</p> <p><i>Fiona Donald, MD: How can we support the vaccine efforts? Pivoting vaccine strategies to targeted outreach. Using a call center to link members to appointments and/or additional information.</i></p> <p><i>Some ideas to consider: lists to clinics / PCPs for the unvaccinated, engagement of community partners to address vaccine hesitancy and positive messaging.</i></p> <p><i>Ellen Chen: Wanted to thank SFHP for their early collaboration with SFDPH/SFHN to set up the call center to provide information about vaccine access at the early stages. Racial disparities have been identified within the population despite having drop-in on site access, so access to the vaccine is not identified as the biggest barrier. Efforts to have racial concordant counseling available for PCPs and staff at community events.</i></p> <p><i>Things to note to perhaps explain the lower rates at smaller practices: they have a more difficult time collecting accurate data and access from multiple sources and the drop off rate for the second dose is variable (scheduling can be a reason).</i></p> <p><i>Jamie Ruiz, MD: Currently on weekly call with DPH to discuss member numbers, challenges, working on bring the vaccine to primary care, pivoting mass vaccination resources to outreach. Data collecting and uploading is manually happening.</i></p>		
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	<p><i>Kenneth Tai, MD: There has been an increase in interest for the vaccine since the State incentives. Reducing vaccine clinic hours but trying to have vaccine available in the PCPs office. Encouraging well child visit and vaccinations at same visit.</i></p> <p><i>Irene Conway: Can vaccination records be tracked similarly to the flu shot?</i></p> <p><i>Lisa Ghobti: The COVID vaccination report is modeled on how the flu vaccine is tracked.</i></p> <p><i>Ellen Chen: The data is uploaded to a State system (including the Rx information). There have been delays in uploading due to the volume. Thus, causing providers to manually enter data.</i></p> <p>SFHP is adding information and resources on vaccine hesitancy on their ongoing outreach efforts.</p> <p><b>• Preventative Health Screenings</b>  <b>Presented by Fiona Donald, MD</b>  COVID has impacted these screenings.  Background: Contractual Requirements: HEDIS (Healthcare Effectiveness Data and Information Set) / MCAS (Managed Care Accountability Set).  MCAS is a set of quality measures that are required by all managed care plans across the State. Plans must reach at 50% of requirement otherwise a PIP (Performance Improvement Plan) and/or financial penalties. Examples of areas monitored: breast cancer, colon cancer, depression screenings.  SFHP is continuing to work on how to ensure USPSTF</p>		
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	<p>Guidelines Grade A and B for prevention and screening. Looking to provide more formal recommendation, guidance, and policy that will be brought back to the QI Committee within this year.</p> <p>SFHP is advocating a stay in the financial penalties for the upcoming calendar year.</p> <p>SFHP was strong in meeting measures for (ex. Childhood Immunization, Prenatal and Postpartum Care, Immunization for Adolescents). Two measures did not meet 50%: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents BMI (25%) and Breast Cancer Screening (33%). Data from 2020.</p> <p><b>WCC BMI</b></p> <p>Applicable to members 3-17 years with documented BMI. Data are captured by encounter data and on medical record review. Data can also be captured through Telehealth. Height/Weight recorded, and BMI is calculated.</p> <p><i>Fiona Donald, MD: How can we support this documentation and/or on-going recording of this information?</i></p> <p><i>Jamie Ruiz, MD: BMI information is collected at well-child visits. Well-child visits are up because people are kids are going back to in person schooling and health forms are required.</i></p> <p><i>Ellen Chen: Believe that low numbers are attributed to shift in-person visits. Well-child visit outreach is necessary and would</i></p>		
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	<p><i>be helpful. Urgent clinics has started to take weight and height during visit, so BMI is being calculated.</i></p> <p><i>Kenneth Tai: Creating incentives would be effective. Mailing reminders would be helpful.</i></p> <p><b>Breast Cancer Screening</b></p> <p>Members in women 50-74 years who had at least one mammogram to screen for breast cancer in past two years.</p> <p>Disparities by race: Lowest: Caucasian/Black/American Indian; Hispanic above 50th%, Asian 90<sup>th</sup>%.</p> <p><i>Fiona Donald, MD: What can be done to support monography and what are any barriers? What can we do with any scheduling issues?</i></p> <p><i>Jamie Ruiz, MD: Non-essential medical visits were halted because of pandemic. STI screening went down; patients were afraid of coming in office even when reopened. Helpful if health plans send out reminders.</i></p> <p><i>Fiona Donald, MD: Health plans can certainly send out reminders. SFHP also working with Rafiki Coalition to outreach to the African American community.</i></p> <p><i>Irene Conway and Ellen Chen: Incentives may be helpful to bring more patients in for screening.</i></p> <p><i>Fiona Donald, MD: Currently the incentive program is being re-evaluated.</i></p>		
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	<p><i>Kenneth Tai, MD: Currently facing problems hiring / retaining mammography (radiology) techs. Thus, access to these appointments are very limited.</i></p> <p><i>Ellen Chen: Concur with issue with lack of staff and staff retention issues.</i></p> <p><b>USPSTF (U.S. Preventive Services Task Force) Grade A and B</b></p> <p>Initial discussion on how the health plan should notify and supporting these recommendations.</p> <p>This is adult preventive health screening guidelines derived from the task force and nationally recognized standards of practice. There are specific age, sex, and risk factor recommendations.</p> <p>Currently 34 recommendations that can applied to adults and pediatrics.</p> <p>There are yearly audit findings in this area. Currently looking into ways to put into policy to show evidence of supporting this policy in the network.</p> <p><i>Fiona Donald, MD: How well are these recommendations being integrated into current clinical systems? Any priorities? Specific recommendations that are challenging? SFHP has been audited on lung cancer screening and depression screening, for example.</i></p> <p><i>Ellen Chen: Department did a systematic review of lung cancer screening and didn't feel evidence based a couple of years ago. Providers have not felt like this was an evidence-based</i></p>		
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	<p><i>recommendation. Would be good revisit this data.</i></p> <p><i>Jackie Lam, MD: Obstacle currently is that the resources/information from the task force is not integrated into EHR systems. Data can be over whelming for PCPs and prioritization of which data should be shown is necessary.</i></p> <p><i>Fiona Donald, MD: SFHP to create a policy with outlining A and B resources and make information available for providers. Annual review at QIC of with requirements should be focused on.</i></p>		
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QI Committee Chair's Signature & Date \_\_\_\_\_

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

# Emergency Room Visit / Prescription Access Report

## 1<sup>st</sup> Quarter 2021

### San Francisco Health Plan Medi-Cal LOB

#### Goal:

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

#### Methodology:

All claim and encounter records for an emergency room visit (without an admission) during a calendar quarter are evaluated and consolidated into a unique record of each emergency room (ER) visit date by member. These unique ER visits are analyzed by ER facility site and member count (see Tables 1A & 1B). Top diagnoses were evaluated for reason of ER visit (see Table 2). 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 3).

#### Findings:

#### Section 1 - ER Visits

In 1Q2021, 7,505 members had 12,233 ER visits, averaging 1.63 ER visits per member, which slightly lower from the previous quarter (1.64). This reflects an ER visit by approximately 5.3% of the SFHP Medi-Cal membership within the quarter, which decreased from 5.5% previously. Visits by ER facility and the number of Member ER visits decreased compared to the previous quarter (12,570 and 7,659 respectively).

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

ER Facility	ER Visits
ZSFG – ACUTE CARE	5,106
UCSF MEDICAL CENTER	1,588
ST FRANCIS MEMORIAL	1,602
CPMC MISSION BERNAL CAMPUS	1,067
CPMC PACIFIC CAMPUS	725
ST MARYS MEDICAL CENTER	435
CPMC PACIFIC CAMPUS- OUTPATIENT AND ER	425
CPMC DAVIES CAMPUS-ACUTE	395
CHINESE HOSPITAL	262
KAISER HOSPITAL SF	239
Other ED Facilities	542
<b>TOTAL</b>	<b>12,233</b>

**Table 1B: Member ER Visits**

# ER Visits	Member
1	4,673
2	1,536
3	564
4	292
5	136
6	84
7	64
8	38
9	20
10	14
11+	84
<b>TOTAL</b>	<b>7,505</b>

## **Section 2 - Top Diagnoses**

Of the 12,233 ER visits in 1Q2021, 5,805 visits (47%) resulted in a medication (from ER or pharmacy) within 72 hours of the ER Visit and 6,428 (53%) 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. Stimulant abuse diagnosis increased by 64% compared to last quarter (86). COVID-19, suicidal ideations, and head injury remain top diagnoses from 4Q2020.

**Table 2: Percent ER Visits by Diagnoses (1Q2021)**

<b>Top Diagnoses Categories</b>	<b>ICD10</b>	<b>ER Visits</b>	<b>% of Visits</b>
Chest pain	R07.xx	1,148	9.38%
Abdominal pain	R10.xx	626	5.12%
Shortness of breath	R06.02	238	1.95%
Headache	R51.9	182	1.49%
Altered mental status	R41.82	174	1.42%
COVID-19	U07.1	156	1.28%
Suicidal Ideations	R45.851	150	1.23%
Other Stimulant Abuse Uncomplicated	F15.10	141	1.15%
Head Injury Unspecified	S09.90	129	1.05%
Dizziness and Giddiness	R42	124	1.01%
Fever Unspecified	R50.9	104	0.85%
Low Back Pain	M54.5	81	0.66%
Cough	R05	74	0.60%
All Other Diagnoses		8,906	72.80%
<b>TOTAL</b>		<b>12,233</b>	<b>100.00%</b>

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

Selected key diagnoses with a high likelihood for ER discharge prescription are reported in Table 3. In 1Q2021, greater than 90% of ER visits for all key diagnoses received medication treatment within 72 hours of the visit.

**Table 3: ER Visit – Key Diagnoses Category**

<b>Diagnoses Category</b>	<b>ICD10</b>	<b>RX Filled</b>	<b>ER Treated</b>	<b>No Rxs</b>	<b>ER Visit Total</b>	<b>% Treatment</b>
COPD	J44, J44.1, J44.9	25	22	1	48	98%
Pneumonia	J18.9	12	7	2	21	90%
UTI	N39.0	41	12	3	56	95%
Asthma Exacerbation	J45.901, J45.909, J45.902	24	26	2	52	96%

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


For the members filling a prescription from a Pharmacy within 72 hours of their ER visit date, a further analysis evaluated the location of the pharmacy relative to where the member received emergency care and the hours of operation for these pharmacies. Of the 4,549 member visits to a pharmacy after an ER discharge, the top 16 most utilized pharmacies are reported in Table 4. One 24-hour pharmacy in San Francisco was top utilized. Access to a pharmacy after an ER visit can occur throughout the day and would not be limited to only after-hours. In this analysis, member visits are defined as unique days that prescriptions are filled for a member per unique pharmacy.

**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	472	10.38%
Walgreens 3711 (1189 Potrero Ave)	8AM – 10PM M-F, 8AM – 9PM Sat-Sun	386	8.49%
Walgreens 5487 (5300 3rd St)	8AM – 9PM	265	5.83%
Walgreens 4609 (1301 Market St)	8AM – 9PM	225	4.95%
Walgreens 1327 (498 Castro St)	24 Hours	188	4.13%
Walgreens 4231 (2690 Mission St)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	137	3.01%
Daniels Pharmacy	9AM-6:30PM	137	3.01%
Chinese Hospital (845 Jackson St)	8AM – 7PM M-F, 9AM-5PM Sat-Sun	131	2.88%
Walgreens 3185 (825 Market St)	8AM – 9PM M-F, 9AM – 5PM Sat, 10AM – 6PM Sun	131	2.88%
Walgreens 7150 (965 Geneva Ave)	9AM – 9PM	109	2.40%
Walgreens 1626 (2494 San Bruno Ave)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	100	2.20%
Scriptsite Pharmacy (870 Market St)	9:30AM-5:30PM M-F	98	2.15%
Walgreens 4558 (300 Gough St)	8AM – 9PM M-F, 9AM – 5PM Sat, 10AM – 6PM Sun	96	2.11%
Walgreens 13666 (1300 Bush St)	8AM-10PM	88	1.93%
Walgreens 1120 (4645 Mission St)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	84	1.85%
Walgreens 9886 (3400 Cesar Chavez)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	82	1.80%
All Other Pharmacy Locations		1,820	40.01%
<b>TOTAL</b>		<b>4,549</b>	<b>100.00%</b>

#### **Summary:**

No barrier to pharmacy access during after-hours was identified in this quarter. ER utilization was lower in 1Q2021 compared to 4Q2020 (12,233 visits versus 12,570) with each member utilizing the ER at 1.63 visits, which is slightly lower than the previous quarter (1.64). About 47% of ER visits received a medication (from ER or pharmacy) within 72 hours of the ER visit, lower than last quarter (51%). 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><b>SAN FRANCISCO HEALTH PLAN™</b></p>	<p><b>Utilization Management Committee (UMC)</b>  <b>2 June 2021</b>  <b>2PM – 3PM</b></p> <p><b>Meeting Invite / Conference connection through Microsoft Teams</b></p>	
<b>Meeting called by:</b>	Matija Cale	
<b>Type of meeting:</b>	Mandatory – Monthly Recurring	<b>Recorder:</b> K. M. McDonald
<b>Present:</b>	<p><b><u>Clinical Operations</u></b>  Matija Cale, Monica Baldzikowski; SeDessie Harris, Tamsen Staniford; Kirk McDonald; April Tarpey; Morgan Kerr; Ravid Abraham; Jim Glauber; Tony Tai; Maxine Casey; Fiona Donald; Jim Glauber</p> <p><b><u>Pharmacy</u></b>  Ralph Crowder, Lisa Ghotbi</p>	<p><b><u>Compliance</u></b>  Betty DeLos Reyes Clark; Crystal Garcia</p> <p><b><u>Access and Care Experience</u></b>  Ralph Custodio; Amy Petersen, Jesse Chairez, Grace Carino</p> <p><b><u>Guests</u></b>  Angie Morgan, Elizabeth Sekera</p>
<b>Not Present:</b>		
<p><b>Quorum (details after the <i>Action Items</i> section below)</b></p> <p><b>April Meeting:</b></p>	<ul style="list-style-type: none"> <li>• Chief Medical Officer, MD (Fiona Donald)</li> <li>• Senior Manager, Prior Authorization, RN</li> <li>• Program Manager, Utilization Management, PhD</li> <li>• Manager, Pharmacy, RPh.</li> <li>• Director, Clinical Operations, RN</li> <li>• Director, Pharmacy, Pharm. D.</li> <li>• UM Nurse Manager, Prior Authorizations, RN</li> <li>• Manager, Concurrent Review and Care Transitions, RN</li> </ul> <hr/> Not Present:	
<b>Documents Presented:</b>	Draft_Agenda_UMC_June_vB-5.27.21 UM Director Dashboard_April 2021_05 14 21 Pharmacy_Dashboard_Apr 2021_05_26_21 Jessie_June_Appeals_v5.28.21	

	Betty_SF.H.IMR.CC_UMC Report_2021.05.30 EssetteAuths_April 2021_5 17 2021 MD Desktop 2 Evaluation of non-covered services Non-covered Benefit Review Flow updated PHC List of Medi-Cal Non-Covered 2021 Update
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#### Consent Calendar

ITEM #	Document	Review Schedule	Outcome
1.	UM Program Description UM1_ElemA_Factors1,3,5,6_2020_UMProgDescrip_v9.17.20	<ul style="list-style-type: none"> <li>Annual (Q1)</li> <li>Evote (2.26.21)</li> </ul>	<ul style="list-style-type: none"> <li>Approved by quorum.</li> </ul>
2.	UM Program Evaluation 1.1.A.1_DHCS_UMProgEval-2020_v1.14.21a	<ul style="list-style-type: none"> <li>Annual (Q1)</li> <li>Evote (2.26.21)</li> </ul>	<ul style="list-style-type: none"> <li>Approved by quorum.</li> </ul>
3.	Specialty Referral Report Q2/Q3 – 2020	<ul style="list-style-type: none"> <li>April 2021 UMC Meeting</li> </ul>	<ul style="list-style-type: none"> <li>Reviewed by UMC; will need to provide a metric improvement (details below).</li> </ul>
4.	Internal Audit of Authorization Requests Report Q1-2021	<ul style="list-style-type: none"> <li>July 2021 UMC Meeting</li> </ul>	<ul style="list-style-type: none"> <li>Tabled to August UMC (8.4)</li> </ul>
5.	Specialty Referral Report Q4-2020	<ul style="list-style-type: none"> <li>July 2021 UMC Meeting</li> </ul>	<ul style="list-style-type: none"> <li>Tabled to August UMC (8.4)</li> </ul>

#### Agenda

	Topic	Brought By	Time	MINUTES
1.	Standing Items: <ul style="list-style-type: none"> <li>Approval of minutes</li> <li>Action Items review</li> <li>Parking lot review</li> <li>Medical/Pharmacy Directors' Dashboards (ad hoc discussion – odd months only: Jan, March, May, July, Sept. Nov)</li> </ul>	Matija	2:00 – 2:10	<ul style="list-style-type: none"> <li>The minutes were approved.</li> <li>Med UM Director's Dashboard             <ul style="list-style-type: none"> <li>Graphs discussed                 <ul style="list-style-type: none"> <li>Denial Rate – the same; no significant changes</li> <li>Acute Care – the same; no significant changes</li> <li>Subacute Care – the same; no significant changes</li> <li>IP Average                     <ul style="list-style-type: none"> <li>Mon / Tue are peak days</li> <li>The peaks are average</li> </ul> </li> </ul> </li> </ul> </li> </ul>

				<ul style="list-style-type: none"> <li>▪ PDRs <ul style="list-style-type: none"> <li>• Will eventually be moved to Tableau</li> </ul> </li> <li>▪ PA TAT <ul style="list-style-type: none"> <li>• Clin Ops Team is meeting the goal</li> <li>• Same issue with the Essette tolling alignment with the TAT formula</li> </ul> </li> <li>○ Data tab <ul style="list-style-type: none"> <li>▪ Clinical Ops Graph <ul style="list-style-type: none"> <li>• Calls received – a metric peak? <ul style="list-style-type: none"> <li>○ The increase is due to providers calling to check on the status of submitted authorizations.</li> <li>○ The backlog of authorizations in 1/21 and 2/21 – a significant volume increase – due to team issues w/ COVID leave status, vaccination time off, impacted the swift handling of auth requests, but the auths were handled within the established TAT guidelines.</li> </ul> </li> </ul> </li> </ul> </li> <li>• Pharmacy Dashboard <ul style="list-style-type: none"> <li>○ PA Table <ul style="list-style-type: none"> <li>▪ 4/21 auth are up again <ul style="list-style-type: none"> <li>• The graph is skewed due to the scaling on Y axis begins at 200 auths</li> <li>• Approval rates are declining</li> </ul> </li> </ul> </li> <li>○ Appeal / Overturn Table <ul style="list-style-type: none"> <li>▪ A bump in 3.21, but dropped in 4.21</li> </ul> </li> </ul> </li> </ul>
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				<ul style="list-style-type: none"> <li>▪ In the last 12 months 39 appeals and 17 overturns</li> <li>○ Note the parallels between the Clin Ops PA and the Rx PA <ul style="list-style-type: none"> <li>▪ Both graphs show an uptick in auths due to the decline of the COVID impact on office visits</li> <li>▪ Members are more comfortable w/ telephonic PCP meetings, and the in-office visit increase correlates with the COVID decline rates</li> <li>▪ Are the rates for 4/21 become stable and reflecting the 4/20 average rates? <ul style="list-style-type: none"> <li>• Yes</li> </ul> </li> </ul> </li> <li>○ PA Average TAT graph <ul style="list-style-type: none"> <li>▪ 6 hrs. is the goal</li> <li>▪ All handled within 24 hours</li> <li>▪ 7 hours is the average</li> </ul> </li> <li>○ PA Requests for Information Graph <ul style="list-style-type: none"> <li>▪ Same rate; no significant changes</li> </ul> </li> <li>○ P&amp;T Committee graph <ul style="list-style-type: none"> <li>▪ An average of 14 drugs are reviewed</li> <li>▪ In Q1 more PPs were reviewed which is consistent</li> </ul> </li> <li>○ Medical Therapy Management Tasks graph <ul style="list-style-type: none"> <li>▪ ; no significant changes</li> </ul> </li> <li>○ HEP C Graph <ul style="list-style-type: none"> <li>▪ SFHP finance requires this tracking/monitoring due to costs</li> </ul> </li> <li>• Action Items <ul style="list-style-type: none"> <li>○ See below for updates</li> </ul> </li> </ul>
2. d	<ul style="list-style-type: none"> <li>• Medical/Pharmacy Appeals: Upheld and Overturned</li> </ul>	<ul style="list-style-type: none"> <li>• Monica</li> <li>• Ralph Crowder</li> <li>• Kandice/Betty</li> </ul>	2:10 – 2:25	<ul style="list-style-type: none"> <li>• Appeals <ul style="list-style-type: none"> <li>○ UM – Appeals - 5 <ul style="list-style-type: none"> <li>▪ Upheld appeals – 4</li> <li>▪ Overturned appeals – 1</li> </ul> </li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>• Independent Medical Review (IMR)</li> <li>• State Fair Hearings (SFH)</li> <li>• Consumer Complaints</li> </ul>			<ul style="list-style-type: none"> <li>• No changes to policy or process</li> <li>○ Pharmacy – Appeals - 5 <ul style="list-style-type: none"> <li>▪ Upheld appeals – 2</li> <li>▪ Overturned appeals – 3</li> <li>▪ Reviewed 3 overturned appeals.</li> <li>▪ The only follow-up was for the appeal - MA210426003: <ul style="list-style-type: none"> <li>• PediaSure product</li> <li>• Height/weight at 50 percentile, so was denied, but additional information was provided so overturned the denial.</li> <li>• Team discussion <ul style="list-style-type: none"> <li>○ Do more requests for ENTERAL NUTRITION PRODUCTS come through the pharmacy auth process or the clin op process?</li> <li>○ What is the auth split?</li> <li>○ The need to align the Rx/Med criteria as an opportunity for improvement.</li> <li>○ The ESPDT challenge of supplements is the need to include a tapering criteria requirement, transition plans to move off the enteral nutrition product. <ul style="list-style-type: none"> <li>▪ Something to consider placing in criteria.</li> </ul> </li> <li>○ In the past Clin Ops/Pharmacy met on this topic</li> </ul> </li> </ul> </li> </ul> </li> </ul>
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				<ul style="list-style-type: none"> <li>▪ One of the issues is the capitation payment for a pharmacy authorization is higher than if the product was request on a medical authorization; this includes quantities approved (higher for the pharm side).</li> </ul> <ul style="list-style-type: none"> <li>• Compliance <ul style="list-style-type: none"> <li>○ IMR – 0</li> <li>○ SFH – 1</li> <li>○ Consumer Complaints – 2 <ul style="list-style-type: none"> <li>▪ The 4.26/5.7 items involve Beacon and Beacon is working with the member on these. <ul style="list-style-type: none"> <li>• The 4.26 - Request for ABA Services <ul style="list-style-type: none"> <li>○ BS of CA denied the in-home services for ABA</li> <li>○ SFHP will cover this part</li> </ul> </li> </ul> </li> <li>▪ No changes to policy or process</li> </ul> </li> </ul> </li> </ul>
3.	GAFS Criteria and Policy Update	Fiona/Monica / Matija	2:25 – 2:50	<ul style="list-style-type: none"> <li>• GAFS Criteria discussion <ul style="list-style-type: none"> <li>○ Overview <ul style="list-style-type: none"> <li>▪ The rationale for having UM criteria <ul style="list-style-type: none"> <li>• If a service is at request for overutilization</li> <li>• Service is not potentially covered; unless medically necessary</li> </ul> </li> <li>▪ The goal of UM criteria is to be able to consistently apply a set of rules on reviewing a service request.</li> </ul> </li> </ul> </li> </ul>

				<ul style="list-style-type: none"> <li>• Consistency in decision making</li> <li>▪ If an item is medically necessary, and outside the criteria guidelines, it will be approved. <ul style="list-style-type: none"> <li>• Having criteria does not necessitate the need to deny outlier service requests.</li> </ul> </li> <li>▪ Care management / Case management services are distinct from UM criteria. It supports the UM criteria but does not define the UM criteria.</li> <li>▪ Important to use nationally recognized criteria</li> <li>○ GAFS Policy Update <ul style="list-style-type: none"> <li>▪ The foundation of the current draft of the GAFS policy is based on DHCS' APL-20.018.</li> <li>▪ Clin Ops submitted the first draft version of the GAFS policy to DHCS in Q4-20. <ul style="list-style-type: none"> <li>• DHCS returned with questions.</li> <li>• Updated the draft GAFS policy.</li> <li>• Resubmitted the GAFS policy on 5.21.21 <ul style="list-style-type: none"> <li>○ Waiting for DHCS' response to the updated draft policy</li> </ul> </li> </ul> </li> <li>▪ SFHP's current homegrown criteria <ul style="list-style-type: none"> <li>• Was developed due to IQ not having transgender service criteria</li> <li>• MCG has some GAFS criteria <ul style="list-style-type: none"> <li>○ Genital surgery</li> <li>○ Chest surgery</li> <li>○ Testes/ovary removal</li> <li>○ GnRH agonist injections/implants (puberty blockers)</li> </ul> </li> </ul> </li> </ul> </li> </ul>
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				<ul style="list-style-type: none"> <li>○ Clin Ops has sent a list of the other services to MCG requesting if these can be added to the MCG module <ul style="list-style-type: none"> <li>▪ Currently awaiting a response from MCG</li> </ul> </li> <li>• Discussion <ul style="list-style-type: none"> <li>○ Suggested prior to a UMC vote, need to have further discussion</li> <li>○ Per SFHP's contract with MCG, SFHP is not allowed to publish MCG criteria on the website <ul style="list-style-type: none"> <li>▪ The NOAs have a statement about the right to request a copy of the criteria, which SFHP is allowed to provide if member requests it</li> </ul> </li> </ul> </li> <li>• A suggestion from a member was to form a workgroup to diver deeper into the current draft of the GAFS criteria.  A non-member felt it was important to discuss the history of WPath and its GAFS guidelines as a source of impact on the current draft of the GAFS criteria as she has concerns about using MCG criteria.</li> </ul>
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				<ul style="list-style-type: none"> <li>Perhaps continue the discussion into August on this topic of the GAFS criteria.</li> <li>One member of the workgroup asked for the materials that were presented at UMC to be shared with the group</li> <li>Action item was for Fiona and Matija to meet to discuss next steps</li> </ul>
4.	Recap / Action Item Review	Kirk	2:50 - 2:55	<ul style="list-style-type: none"> <li>Benchmarks (July vote)</li> <li>Q1-2021 Internal Audit review and approval (July approval)</li> <li>Q4-2020 Specialty Referral Report (July approval)</li> </ul>

#### 6.02.21 – Action Steps

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Matija / Lisa	<ul style="list-style-type: none"> <li>The need to align the Rx/Med criteria as an opportunity for improvement.</li> </ul>	•
2.	Ralph Crowder	<ul style="list-style-type: none"> <li>Follow-up was for the appeal - MA210426003: <ul style="list-style-type: none"> <li>Do more requests for ENTERAL NUTRITION PRODUCTS come through the pharmacy auth process or the clin op process?</li> <li>What is the auth split?</li> <li>The need to align the Rx/Med criteria as an opportunity for improvement.</li> <li>The ESPDT challenge of supplements is the need to include a tapering criteria requirement, transition plans to move off the enteral nutrition product. <ul style="list-style-type: none"> <li>Something to consider placing in criteria</li> </ul> </li> </ul> </li> </ul>	•
3.	Monica	<ul style="list-style-type: none"> <li>Need to revisit the homegrown criteria for Private Duty Nursing.</li> <li>An outcome of using MCG criteria for GAFS.</li> </ul>	•

4.	Angie / Monica / Tamsen	<ul style="list-style-type: none"> <li>GAFS Hair reduction criteria are missing from the MCG gap analysis.</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
5.	Fiona and Matija	<ul style="list-style-type: none"> <li>Fiona and Matija to discuss next steps on Gender Affirmation criteria</li> </ul>	<ul style="list-style-type: none"> <li>Fiona to give update at July UMC</li> </ul>
6.	Pharmacy Team	<ul style="list-style-type: none"> <li>Requested to have documents that were shared in UMC to the group</li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>

#### Legend

1	= Need update
2	= In progress
3	= Completed

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
4.07.21	Ralph Crowder	> The appeal concerning SFHP criteria used for review of enteral nutrition products will be reviewed for potential update. > Grievance ID MA210318001	6.2.21 - completed; Added additional guidance information in the criteria.	1
4.07.21	Lisa Ghotbi	Potential follow-up with the provider who submitted the appeal (Grievance ID MA210326001) for Vemlidy 25mg.	6.2.21 – In progress; In progress; will be adding additional resources to handle	1
2.16.21	April	> Update CO-57 and the Provider Manual to reflect the delegate clinical criteria hierarchy monitoring process and state SFHP's criteria hierarchy will be applied to appeals	6.2.21 - Amy will work with Provider Relations / April to assist (TBD)  this can go into the Appeals DTP that A&G uses to manage all steps of appeal resolution.	1

			Ralph and I will work on this and present to UMC at next meeting.	
2.16.21	Monica	<ul style="list-style-type: none"> <li>&gt; No prior authorization will be required for BPM.</li> <li>&gt; Work with the Configuration Team to set BPM benefit limits.</li> <li>&gt; Work with the Fraud, Waste Abuse Team (Compliance) regarding ability for Pondera software to monitor BPM claims.</li> <li>&gt; Work with PNO regarding access to quality BPMs at Medi-Cal prices.</li> </ul>	6.2 – no update on the status of the Pondera software configuration.	1
1.19.21	Monica	> PA TAT Tables: formally requesting IT Team to assist in correcting this issue	6.2 – in progress.	1
12.15.20	Tamsen	<ul style="list-style-type: none"> <li>&gt; CPAP follow-up</li> <li>&gt; Working w/ Katy Shaffer to dive deeper into the utilization data.</li> <li>&gt; Need to provide a 6-month impact analysis of the PA removal and report to UMC.</li> </ul>	Update from 5/27 for June UMC: Propose to put on hold. Katy confirmed the dashboard may only be showing paid claims and not full utilization and the pandemic likely impacted claims more than auth requirement change. Additional claims/encounter data should be gathered and analyzed when more ITS and UM resources are available. On hold until at least Sept 2021	1
9.15.20	Monica	> Will work with PNO about the GAFS surgeons' proposal for increasing their ownership role in surgery coordination.		1
8.18.20	April	> Follow-up on ASH's action steps to correct the NOA issue.	6.2 – This is complete. Ash now has the appropriate verbiage translate in their non-English NOAs.	1
2.16.21	Matija	> Will track the Governor's budget to confirm CGMs are a confirmed Medi-Cal benefit. and if coverage date remains		2
2.16.21	Tamsen	> Will follow-up with the Pharmacy/PNO for potential of local pharmacies having/obtaining licenses to supply DME in order to provide DME like CGMs after Medi-CalRx go-live	5.27.21 - On hold until Medi-CalRx updates are provided by state.	2

4.07.21	Tony / Sandra	Begin including the Pharmacy Dashboard review at UMC.		3
4.07.21	Kirk	Move the following item to the May UMC Agenda: MRIOA and LGBTQ+ Health Expertise		3
4.07.21	Monica	Regarding the DHCS requirement to obtain a PCS form for NEMT requests; will poll the sister plans about this requirement.		3
4.07.21	Kirk	> Specialty Referral report > The one improvement suggested was to provide a metric of what percentage of total auths are specialty referral.		3
2.16.21	April	> Conduct a review of the DMGs' clinical criteria hierarchy, and then review any deviations from SFHP's hierarchy. > Inform the DMGs that any of their medical decisions reviewed on appeal are subject to CO-57 criteria hierarchy.		3
11.20.20	Monica	> Working with PNO & IT Teams regarding the claim edits issues arising from the issue of UCSF clinical affiliations not currently configured.		3
11.20.20	Tony	> To include the authorization dashboard in future meetings when the director's dashboard is discussed. > The director's dashboard will be moved to Tableau by 1.21.		3

#### Parking Lot

6.16.20	Monica	Will review the Private Duty Nursing EPSDT criteria at the <b>June 2021</b> UMC meeting	<ul style="list-style-type: none"> <li>Has been placed on the <b>June 2021</b> UMC agenda</li> <li>Will be followed up --- Working w/ MCG on the PDN criteria access for review and evaluation</li> </ul>
3.17.20	Monica / Jim	Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers.	<ul style="list-style-type: none"> <li>On hold to further notice.</li> </ul>
1.21.20	Kirk / Katy Shaffer	A "cheat-sheet" for the Utilization Trending Service report/tool.	<ul style="list-style-type: none"> <li>Will be completed by June 2021.</li> </ul>




		Create a resource by providing screen shots with explanatory labels.	
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<b>Membership and Voting Rights</b>	<p>The UMC membership, with voting rights on all motions, consists of:</p> <ul style="list-style-type: none"> <li>• Chief Medical Officer, MD</li> <li>• Associate Medical Director, MD</li> <li>• Senior Manager, Prior Authorization, RN</li> <li>• UM Nurse Manager, Prior Authorizations, RN</li> <li>• Manager, Concurrent Review and Care Transitions, RN</li> <li>• Program Manager, Utilization Management, PhD</li> <li>• Director, Pharmacy, Pharm.D.</li> <li>• Manager, Pharmacy, RPh.</li> </ul> <p>The UMC membership, with voting rights limited to behavioral health and mental health motions, consists of:</p> <ul style="list-style-type: none"> <li>• Director of Clinical Services – Beacon Health Options (ad hoc) <ul style="list-style-type: none"> <li>◦ Valid State Clinical License required (RN, LCSW, LMFT, PhD or PsyD)</li> </ul> </li> <li>• Medical Director (MD/ Psychiatry) – College Health IPA (Beacon Health Options) (ad hoc)</li> </ul>
Quorum	<ul style="list-style-type: none"> <li>• A quorum of the UMC is five members with at least one representative from Clinical Operations, Pharmacy, and the Medical Director staff.</li> <li>• At least one behavioral health representative must also be in attendance to conduct any business related to behavioral health benefits.</li> </ul>

## Appendix

April 2021 AuthSubClass	Total Count
Acute Inpatient	377
Acute Rehab	4
Carve-Out	1
Chemotherapy	26
Diagnostics and Procedures	126
Durable Medical Equipment	129
ED to IP	4
Home Health Care	19
Home Hospice	2
Home Infusion	9
Maternity	96
Medical Supplies	105
Office Visits	584
Orthotics & Prosthetics	27
Outpatient Services	103
Pediatric/Neonatal	26
Portal DME/Med Supplies	8
PT, OT, ST	58
Radiation Oncology	21
Radiology	167
Skilled Nursing Facility	56
Surgeries with Anesthesia	46
Transgender Services	59
Transportation	33

Month	Year	Inpatient Auth Count	Outpatient Auth Count
April	2020	434	1072
May	2020	464	1033
June	2020	504	1243
July	2020	523	1199
August	2020	516	1330
September	2020	502	1220
October	2020	584	1348
November	2020	577	1118
December	2020	540	1195
January	2021	545	1314
February	2021	526	1335
March	2021	545	1314
April	2021	567	1519

 <p><b>SAN FRANCISCO HEALTH PLAN™</b></p>	<p><b>Utilization Management Committee (UMC)</b>  <b>7 July 2021</b>  <b>2PM – 3PM</b></p> <p><b>Meeting Invite / Conference connection through Microsoft Teams</b></p>	
<b>Meeting called by:</b>	Matija Cale	
<b>Type of meeting:</b>	Mandatory – Monthly Recurring	<b>Recorder:</b> K. M. McDonald
<b>Present:</b>	<p><b><u>Clinical Operations</u></b>  Matija Cale, Monica Baldzikowski; SeDessie Harris, Tamsen Staniford; Kirk McDonald; April Tarpey; Morgan Kerr; Ravid Abraham; Tony Tai; Fiona Donald</p> <p><b><u>Pharmacy</u></b>  Ralph Crowder</p>	<p><b><u>Compliance</u></b>  Betty DeLos Reyes Clark; Crystal Garcia</p> <p><b><u>Access and Care Experience</u></b>  Jesse Chairez, Grace Carino, Nicole Ylagan</p> <p><b><u>Guests</u></b>  Debra Hagemann  &lt;dhagemann@clearlinkpartners.com&gt;</p>
<b>Not Present:</b>	Ralph Custodio; Lisa Ghotbi	
<b>Quorum (details after the <i>Action Items</i> section below)</b>	<ul style="list-style-type: none"> <li>• Chief Medical Officer, MD (Fiona Donald)</li> <li>• Senior Manager, Prior Authorization, RN</li> <li>• Program Manager, Utilization Management, PhD</li> <li>• Manager, Pharmacy, RPh.</li> <li>• Director, Clinical Operations, RN</li> <li>• Director, Pharmacy, Pharm. D.</li> <li>• UM Nurse Manager, Prior Authorizations, RN</li> <li>• Manager, Concurrent Review and Care Transitions, RN</li> </ul> <hr/> Not Present:	
<b>Documents Presented:</b>	Draft_Agenda_UMC_July_v7.7.21 Draft_Minutes_UMC_June_v7.7.21 UM Director Dashboard_May 2021_06 09 21 Pharmacy_Dashboard_May 2021_06_24_21	

	CMO HS Dashboard May 2021_06 29 21 Jesse_Appeals_v7.2.21 SFH.IMR.CC_UMC Report_2021.07.07 DRAFT_Proposed_Benchmark_Updates_2021_v7.1.21 Final_UMAdverseDecisionAuditReport_Q1-2021_v5.25.21 Draft_Q4-2020_SpecialtyReferralReport_v7.6.21 EssetteAuths_May 2021_6 15 2021
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### Consent Calendar

ITEM #	Document	Review Schedule	Outcome
1.	UM Program Description UM1_ElemA_Factors1,3,5,6_2020_UMProgDescrip_v9.17.20	<ul style="list-style-type: none"> <li>Annual (Q1)</li> <li>Evote (2.26.21)</li> </ul>	<ul style="list-style-type: none"> <li>Approved by quorum.</li> </ul>
2.	UM Program Evaluation 1.1.A.1_DHCS_UMProgEval-2020_v1.14.21a	<ul style="list-style-type: none"> <li>Annual (Q1)</li> <li>Evote (2.26.21)</li> </ul>	<ul style="list-style-type: none"> <li>Approved by quorum.</li> </ul>
3.	Specialty Referral Report Q2/Q3 – 2020	<ul style="list-style-type: none"> <li>April 2021 UMC Meeting</li> </ul>	<ul style="list-style-type: none"> <li>Reviewed by UMC; will need to provide a metric improvement (details below).</li> </ul>
4.	Internal Audit of Authorization Requests Report Q1-2021	<ul style="list-style-type: none"> <li>July 2021 UMC Meeting</li> </ul>	<ul style="list-style-type: none"> <li>Tabled to August UMC meeting (8.4).</li> </ul>
5.	Specialty Referral Report Q4-2020	<ul style="list-style-type: none"> <li>July 2021 UMC Meeting</li> </ul>	<ul style="list-style-type: none"> <li>Tabled to August UMC meeting (8.4).</li> </ul>

### Agenda

	Topic	Brought By	Time	MINUTES
1.	Standing Items: <ul style="list-style-type: none"> <li>Approval of minutes</li> <li>Action Items review</li> <li>Parking lot review</li> <li>Medical/Pharmacy Directors' Dashboards</li> </ul>	Matija	2:00 – 2:10	<ul style="list-style-type: none"> <li>Debra Hagemann joined this meeting as an observer.</li> <li>July Minutes             <ul style="list-style-type: none"> <li>Will approve the July minutes via Evote.</li> </ul> </li> <li>CMO Dashboard             <ul style="list-style-type: none"> <li>Focused on the Clinical Operations section</li> <li>Sub-Acute Care Days table                 <ul style="list-style-type: none"> <li>Why does May show such a decline in SNF care days?</li> </ul> </li> </ul> </li> </ul>

				<ul style="list-style-type: none"> <li>▪ SFHP is usually about a month behind in receiving clinicals from a SNF and care days are not created until clinicals are received.</li> <li>▪ Typically, the reason why utilization may show low one month but higher the next month.</li> <li>▪ Will revisit this metric at the next UMC meeting.</li> <li>○ CHN OMG Specialty Referrals <ul style="list-style-type: none"> <li>▪ An uptick in referrals in March/April</li> <li>▪ Potential reason is the backlog created by COVID restrictions is still being handled through out-of-medical group referrals to UCSF.</li> </ul> </li> <li>• Pharmacy Dashboard <ul style="list-style-type: none"> <li>○ Prior Authorization Table <ul style="list-style-type: none"> <li>▪ An uptick in PA authorizations <ul style="list-style-type: none"> <li>• 3-month uptick of @650+ cases.</li> <li>• Approval rate remains stable at 75-80%.</li> </ul> </li> <li>▪ Possible reasons: <ul style="list-style-type: none"> <li>• Increase in in-person medical visits with the ease of COVID restrictions.</li> <li>• SFHP experience @10% member increase perhaps collated to a 16% increase in authorizations.</li> </ul> </li> <li>▪ Future considerations <ul style="list-style-type: none"> <li>• New UM delegated PMG handling of PA reviews.</li> <li>• Will monitor the PBM PA activity.</li> </ul> </li> </ul> </li> <li>○ PA Average Turn Around Time (TAT) table <ul style="list-style-type: none"> <li>▪ Despite the April/May spike, the authorizations were still processed within the required TATs.</li> </ul> </li> <li>○ Hepatitis C Compliance <ul style="list-style-type: none"> <li>▪ There is a flattening in the medical loss ratio (MLR) rate.</li> </ul> </li> <li>○ Phone Service Levels table</li> </ul> </li> </ul>
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				<ul style="list-style-type: none"> <li>▪ Will monitor the new PBM's activity in this area when the full PA delegation is executed.</li> <li>• Action Items <ul style="list-style-type: none"> <li>○ Given time constraints, action items were not reviewed.</li> <li>○ Updates provided by email.</li> </ul> </li> </ul>
2. d	<ul style="list-style-type: none"> <li>• Medical/Pharmacy Appeals: Upheld and Overturned</li> <li>• Independent Medical Review (IMR)</li> <li>• State Fair Hearings (SFH)</li> <li>• Consumer Complaints</li> </ul>	<ul style="list-style-type: none"> <li>• Monica</li> <li>• April – DMG appeal cases</li> <li>• Monica/Tamsen – CHN/UCSF cases</li> <li>• Kandice/Betty</li> </ul>	2:10 – 2:25	<ul style="list-style-type: none"> <li>• Appeals <ul style="list-style-type: none"> <li>○ UM – Appeals - 5 <ul style="list-style-type: none"> <li>▪ Upheld appeals – 1</li> <li>▪ Overturned appeals – 4 <ul style="list-style-type: none"> <li>• No change to policy or process.</li> <li>• Appeal MA210602001 <ul style="list-style-type: none"> <li>○ April will work with NEMS to reeducate about facial feminization surgical services and benefits.</li> </ul> </li> </ul> </li> </ul> </li> <li>▪ Closed - 0</li> <li>○ Pharmacy – Appeals - 4 <ul style="list-style-type: none"> <li>▪ Upheld appeals – 3</li> <li>▪ Overturned appeals – 1 <ul style="list-style-type: none"> <li>• No change to policy or process.</li> </ul> </li> <li>▪ Closed – 0</li> </ul> </li> </ul> </li> <li>• Compliance <ul style="list-style-type: none"> <li>○ IMR – 2</li> <li>○ SFH – 1</li> <li>○ Consumer Complaints – 5 <ul style="list-style-type: none"> <li>▪ 4.5.21 consumer complaint regarding why SFHP will not cover Watsu and Homeopathic services. <ul style="list-style-type: none"> <li>• SFHP is limited to covering only services that are licensed. Watsu massage is not licensed.</li> <li>• Final decision is pending DMHC's response on this complaint.</li> </ul> </li> <li>▪ 6.1.21 consumer complaint regarding second opinion with a hematologist to discuss previous pulmonary embolism.</li> </ul> </li> </ul> </li> </ul>

				<ul style="list-style-type: none"> <li>• The core issue is an e-Referral is not considered a second medical opinion.</li> <li>• Will need to follow-up with the Appeals and Grievance Committee (A&amp;G) to discuss SFHN's understanding of this distinction about e-Referrals.</li> <li>▪ 5.7.21 / 6.23.21 expedited consumer complaints are the same member.</li> </ul>
3.	GAFS Criteria – Update	Fiona	2:25 – 2:30	<ul style="list-style-type: none"> <li>• Will be meeting the second week in August 2021 to: <ul style="list-style-type: none"> <li>○ Review the MCG criteria around GAFS services.</li> <li>○ Review the current SFHP GAFS criteria.</li> <li>○ What is the delta between MCG and SFHP's current criteria?</li> <li>○ Review the GAFS policy in light of these reviews.</li> <li>○ Focus will be on standardization of criteria.</li> </ul> </li> <li>• To date, DHCS has not provided a response on the draft GAFS policy.</li> </ul>
4.	Benchmark Updates	Kirk	2:30 – 2:40	<ul style="list-style-type: none"> <li>• ClearLink Partners Consultants (Debra Hagemann) forwarded a proposal from MCG about their Guideline Analytics product as a potential proprietary source for benchmarking. <ul style="list-style-type: none"> <li>○ The proposal provides an analytical review of SFHP's claims data against MCG's national trends data.</li> <li>○ The intent is to improve the current benchmarking data used by SFHP.</li> </ul> </li> <li>• Given the time constraints, only highlighted the potential benchmark sources (DHCS/HEDIS) for updating the currently tracked metrics for: <ul style="list-style-type: none"> <li>○ ALOS</li> <li>○ Inpatient Days</li> <li>○ ER Visits</li> <li>○ All Cause Readmissions</li> </ul> </li> <li>• Will hold a vote about the benchmarks at the August UMC meeting.</li> <li>• Follow-up questions are listed in the Action Items section below.</li> </ul>



5.	Q1-2021 Internal Audit review and approval (July approval)	Kirk	2:40-2:45	<ul style="list-style-type: none"> <li>Highlighted the outcome of the audit. <ul style="list-style-type: none"> <li>No issues: the CCR/PA files were compliant when the first 8 files were reviewed, no need to continue the review with the balance of 22 files, following the 8/30 rule.</li> <li>3 reviewers and a total of 40 files reviewed (approvals and denials).</li> </ul> </li> </ul>
6.	Q4-2020 Specialty Referral Report (July approval)	Kirk	2:45 – 2:50	<ul style="list-style-type: none"> <li>Highlighted the report metrics.</li> <li>The PA Team is currently evaluating the process for following-up with the members/PCPs whose referrals are not attached to a claim. <ul style="list-style-type: none"> <li>The current process is resource intensive.</li> <li>Revisiting DHCS' requirements for this activity.</li> </ul> </li> <li>Discussion emphasized how the majority of the referrals are for Office Visits and PT/OT/ST because the authorizations are for out-of-medical-group services.</li> </ul>
7.	Recap / Action Item Review	Kirk	2:50 - 2:55	

#### 7.07.21 – Action Steps

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Kirk	<ul style="list-style-type: none"> <li>Need to ensure the following are approved at the August UMC meeting <ul style="list-style-type: none"> <li>July minutes – send out when approved for an Evote.</li> <li>Q1-2021 Internal Audit Report</li> <li>Q4-2020 Specialty Referral Report</li> <li>Benchmark updates – vote? Discussion?</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li></li> </ul>
2.	Kirk	<ul style="list-style-type: none"> <li>Need to place on the August agenda:</li> <li>Update CO-57 and the Provider Manual to reflect the delegate clinical criteria hierarchy monitoring process and state SFHP's criteria hierarchy will be applied to appeals. This can go into the Appeals DTP that A&amp;G uses to manage all steps of appeal resolution.</li> <li>Ralph and will work on this and present to UMC at next meeting</li> </ul>	<ul style="list-style-type: none"> <li>Completed.</li> <li>On the UMC August Agenda</li> </ul>

3.	Matija / SeDessie	<ul style="list-style-type: none"> <li>Will review the Sub-Acute Care Days table in the CMO Dashboard at the August UMC meeting.</li> </ul>	•
4.	April	<ul style="list-style-type: none"> <li>Appeal MA210602001</li> <li>Work with NEMS to reeducate about facial feminization surgical services and benefits.</li> </ul>	•
5.	Ralph Crowder	<ul style="list-style-type: none"> <li>Need to include a marker in the appropriate Pharmacy dashboard tables indicating when the PBM took over the PA review responsibility.</li> </ul>	•
6.	Betty	<ul style="list-style-type: none"> <li>6.1.21 consumer complaint regarding second opinion with a hematologist to discuss previous pulmonary embolism.</li> <li>The core issue is an e-Referral is not considered a second medical opinion.</li> <li>Will need to follow-up with the Appeals and Grievance Committee (A&amp;G) to discuss SFHN's understanding of this distinction about e-Referrals.</li> </ul>	•
7.	Kirk	<ul style="list-style-type: none"> <li>To handle the follow-up questions about the Benchmark draft report: <ul style="list-style-type: none"> <li>ALOS metrics <ul style="list-style-type: none"> <li>Are these ONLY for DMGs who are delegated UM, or for all of the DMGS?</li> </ul> </li> <li>Inpatient Acute Days metrics <ul style="list-style-type: none"> <li>Do these figures include acute rehab, SFNF data?</li> </ul> </li> <li>ER metrics <ul style="list-style-type: none"> <li>The lower the benchmark (reverse) is better, therefore, the lower HEDIS percentiles are the ideal benchmarks.</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>ER Metric <ul style="list-style-type: none"> <li>Need to provide a more through explanation about the Sister Plans and HEDIS metrics and how to select a more local/regional metric as a choice rather than the HEDIS national metric?</li> </ul> </li> </ul>
8.	Kirk	<ul style="list-style-type: none"> <li>Send a copy of the Q1-2021 Internal Audit report to Crystal/Sona</li> </ul>	• Completed 7.8.21.

#### Legend

1	= Need update
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2	= In progress
3	= Completed

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
4.07.21	Lisa Ghotbi	Potential follow-up with the provider who submitted the appeal (Grievance ID MA210326001) for Vemlidy 25mg.	6.2.21 – In progress; will be adding additional resources to handle	1
2.16.21	Monica	<ul style="list-style-type: none"> <li>&gt; No prior authorization will be required for BPM.</li> <li>&gt; Work with the Configuration Team to set BPM benefit limits.</li> <li>&gt; Work with the Fraud, Waste Abuse Team (Compliance) regarding ability for Pondera software to monitor BPM claims.</li> <li>&gt; Work with PNO regarding access to quality BPMs at Medi-Cal prices.</li> </ul>	<p>6.2 – no update on the status of the Pondera software configuration.</p> <p>7/7 This is still on hold pending TBD on Pharmacy Carve Out from DHCS</p>	1
1.19.21	Monica	> PA TAT Tables: formally requesting IT Team to assist in correcting this issue	<p>6.2 - in progress</p> <p>7/7-Still in progress with ITS</p>	1
12.15.20	Tamsen	<ul style="list-style-type: none"> <li>&gt; CPAP follow-up</li> <li>&gt; Working w/ Katy Shaffer to dive deeper into the utilization data.</li> <li>&gt; Need to provide a 6-month impact analysis of the PA removal and report to UMC.</li> </ul>	<p>6.2 - No final data of delivery yet available. Need more claims data.</p> <p>7.7: This was updated in my 5/27 email for June UMC: "Propose to put on hold. Katy confirmed the dashboard may only be showing paid claims and not full utilization and the pandemic likely impacted claims more than auth requirement change. Additional claims/encounter data should be gathered and analyzed when more ITS and UM resources are available."</p>	1

			It was agreed to be on hold until at least Sept 2021.	
2.16.21	Matija	> Will track the Governor's budget to confirm CGMs are a confirmed Medi-Cal benefit. and if coverage date remains	7.7 CGMs scheduled to be a Medi-Cal benefit in January 2022	1
2.16.21	Tamsen	> Will follow-up with the Pharmacy/PNO for potential of local pharmacies having/obtaining licenses to supply DME to provide DME like CGMs after Medi-CalRx go-live	7.7. - This is on hold until we get a date for Medi-CalRx go-live.	1
6.2.21	Matija / Lisa	> The need to align the Rx/Med criteria as an opportunity for improvement.	7.7 Enteral nutrition alignment was done in the past. This is something that we need to keep in mind for future.	1
6.2.21	Ralph Crowder	Follow-up was for the appeal - MA210426003: > Do more requests for ENTERAL NUTRITION PRODUCTS come through the pharmacy auth process or the clin op process? > What is the auth split? > The need to align the Rx/Med criteria as an opportunity for improvement. > The ESPDT challenge of supplements is the need to include a tapering criteria requirement, transition plans to move off the enteral nutrition product. > Something to consider placing in criteria	7.7 - In progress, will be addressed after PBM implementation settles in.	1
6.2.21	Monica	> Need to revisit the homegrown criteria for Private Duty Nursing. > An outcome of using MCG criteria for GAFS.	7/7-We will continue using our existing PDN criteria. There was no DHCS finding on our/sister plans' criteria. GAFS criteria to be discussed with leadership in August.	1
6.2.21	Angie / Monica / Tamsen	> GAFS Hair reduction criteria are missing from the MCG gap analysis.	7/7 This will be addressed in the meeting with leadership in August (see above)	1

6.2.21	Fiona, Matija,	> Fiona and Matija to discuss next steps on Gender Affirmation Criteria	7.7 Completed. Fiona taking the lead. Fiona scheduled meeting to discuss Gender Affirmation	1
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#### Parking Lot

6.16.20	Monica	Will review the Private Duty Nursing EPSDT criteria at the <b>June 2021</b> UMC meeting	<ul style="list-style-type: none"> <li>Has been placed on the <b>June 2021</b> UMC agenda</li> <li>Will be followed up --- Working w/ MCG on the PDN criteria access for review and evaluation</li> </ul>
3.17.20	Monica / Jim	Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers.	<ul style="list-style-type: none"> <li>On hold to further notice.</li> </ul>
1.21.20	Kirk / Katy Shaffer	<p>A “cheat-sheet” for the Utilization Trending Service report/tool.</p> <p>Create a resource by providing screen shots with explanatory labels.</p>	<ul style="list-style-type: none"> <li>Completed (July 2)</li> </ul>

<b>Membership and Voting Rights</b>	<p>The UMC membership, with voting rights on all motions, consists of:</p> <ul style="list-style-type: none"> <li>Chief Medical Officer, MD</li> <li>Associate Medical Director, MD</li> <li>Senior Manager, Prior Authorization, RN</li> <li>UM Nurse Manager, Prior Authorizations, RN</li> <li>Manager, Concurrent Review and Care Transitions, RN</li> <li>Program Manager, Utilization Management, PhD</li> <li>Director, Pharmacy, Pharm.D.</li> <li>Manager, Pharmacy, RPh.</li> </ul> <p>The UMC membership, with voting rights limited to behavioral health and mental health motions, consists of:</p> <ul style="list-style-type: none"> <li>Director of Clinical Services – Beacon Health Options (ad hoc)</li> </ul>
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	<ul style="list-style-type: none"> <li>○ Valid State Clinical License required (RN, LCSW, LMFT, PhD or PsyD)</li> <li>• Medical Director (MD/ Psychiatry) – College Health IPA (Beacon Health Options) (ad hoc)</li> </ul>
Quorum	<ul style="list-style-type: none"> <li>• A quorum of the UMC is five members with at least one representative from Clinical Operations, Pharmacy, and the Medical Director staff.</li> <li>• At least one behavioral health representative must also be in attendance to conduct any business related to behavioral health benefits.</li> </ul>

## Appendix

### AuthSubClass: May 2021

AuthSubClass	Total Count
Acute Inpatient	383
Acute Rehab	1
Carve-Out	4
Chemotherapy	25
Diagnostics and Procedures	118
Dialysis	1
Durable Medical Equipment	146
ED to IP	5
Home Health Care	17
Home Infusion	13
Maternity	94
Medical Supplies	110
Office Visits	576
Orthotics & Prosthetics	36
Outpatient Services	84
Pediatric/Neonatal	37
Portal DME/Med Supplies	3
PT, OT, ST	78
Radiation Oncology	19
Radiology	158
Skilled Nursing Facility	51
Surgeries with Anesthesia	63
Transgender Services	51
Transportation	44

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

<b>Month</b>	<b>Year</b>	<b>Inpatient Auth Count</b>	<b>Outpatient Auth Count</b>
May	2020	464	1033
June	2020	504	1243
July	2020	523	1199
August	2020	516	1330
September	2020	502	1220
October	2020	584	1348
November	2020	577	1118
December	2020	540	1195
January	2021	545	1314
February	2021	526	1335
March	2021	545	1314
April	2021	567	1519
May	2021	574	1543



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

<b>AuthSubClass</b>	<b>Per 1000</b>
Acute Inpatient	206.195
Acute Rehab	1.711
Carve-Out	1.110
Chemotherapy	10.680
Diagnostics and Procedures	64.078
Dialysis	1.803
Durable Medical Equipment	85.113
Home Health Care	12.668
Home Hospice	0.740
Home Infusion	5.964
Maternity	45.307
Medical Supplies	53.121
Office Visits	267.268
Orthotics & Prosthetics	16.227
Outpatient Services	18.770
Pediatric/Neonatal	18.169
Portal DME/Med Supplies	1.664
PT, OT, ST	24.873
Radiation Oncology	7.998
Radiology	76.791
Skilled Nursing Facility	22.099
Surgeries with Anesthesia	20.250
Transgender Services	24.642
Transportation	12.760

# MEMO

**Date:** April 30, 2021

<b>To</b>	<b>Quality Improvement Committee</b>
<b>From</b>	<b>Grace D. Cariño, MPH Associate Program Manager, Appeals and Grievances</b>
<b>Regarding</b>	<b>2020 Annual Grievance and Appeals Report</b>

The intent of this report is to monitor member grievances and appeals to identify areas of improvement. San Francisco Health Plan processes grievances and appeals for Medi-Cal members. Medi-Cal is a state sponsored health insurance program.

Table 1: Grievance Volume Report

Category	Number of grievances received in 2018	Grievance Rate per 1,000 Members 2018	Number of grievances received in 2019	Grievance Rate per 1,000 Members 2019	Number of grievances received 2020	Grievance Rate per 1,000 Members 2020
Attitude/Service	104	0.66	136	0.89	107	0.75
Quality of Care	96	0.61	147	0.96	80	0.56
Access	53	0.34	50	0.33	45	0.31
Quality of Practitioner Office Site	2	0.01	0	0.00	0	0.00
Billing/Financial	10	0.06	19	0.12	27	0.19
SFHP Total/Number per 1,000 Members	265	1.68	352	2.30	259	1.81
Department of Health Care Services (DHCS)*	-	1.3	-	2.1	-	Currently not available

*\*DHCS reports grievance rates by per 1,000 member months.*

Table 2: Appeal Volume Report

Category	Number of appeals received in 2018	Appeal Rate per 1,000 Members 2018	Number of appeals received in 2019	Appeal Rate per 1,000 Members 2019	Number of appeals received in 2020	Appeal Rate per 1,000 Members 2020
Quality of Care	0	0.00	0	0.00	0	0.00
Access	61	0.39	77	0.50	65	0.45
Attitude/Service	0	0.00	0	0.00	0	0.00
Billing/Financial	0	0.00	0	0.00	0	0.00
Quality of Practitioner Office Site	0	0.00	0	0.00	0	0.00
SFHP Total/Number per 1,000 Members	61	0.39	77	0.50	65	0.45

### **Data analysis:**

A total of 259 grievances and 65 appeals were reported in 2020 compared to 352 grievances and 77 appeals in 2019. The grievance volume in 2020 decreased 26.4% from 2019. The appeal volume in 2020 decreased 15.6% from 2019. The impact of deferred preventive and elective visits during the COVID-19 pandemic meant lower overall utilization of outpatient care which may have contributed to lower grievance and appeal volumes.

SFHP's performance threshold for each NCQA grievance category is  $\leq 1.00$  per 1,000 members. If any category exceeds a rate of 1.00 for either grievances or appeals, SFHP determines appropriate improvement activities for SFHP and its broader provider network. SFHP met the performance threshold for all categories in 2020.

### **Qualitative Analysis of Grievances 2020:**

In addition to reviewing the performance threshold, SFHP monitors clinical grievances throughout the year to identify opportunities of improvement within our provider network. On a monthly basis, SFHP reviews clinical grievance data to identify trends. A trend is identified when providers or clinics are named in three or more grievances from unique members within the same grievance category. Grievance trends trigger an analysis and discussion by SFHP's Grievance Review Committee (GRC), Grievance Program Leadership Team (PLT), Joint Operations Committee (JOC), and/or Access Compliance Committee (ACC). Committees will recommend further actions such as interventions or corrective action, if necessary.

SFHP's committees made the following recommendations based on the review of 2020 trending grievances:

- In Q3 2020, SFHP received grievances from three unique members who reported poor attitude from staff at California Pacific Medical Center (CPMC) Van Ness. This trend was presented to GRC in July 2020. GRC reviewed these grievances and

determined no action or follow-up were required because analysis of the grievances showed that unique factors contributed to the trend. The trend was also presented at Grievance PLT in July 2020. PLT agreed that no further action or follow up was necessary.

- In Q3 2020, SFHP received grievances from four unique members who reported poor communication from staff at Mission Neighborhood Health Center (MNHC). This trend was presented to GRC in January 2021. GRC recommended to monitor incoming grievances for MNHC to see if trend persists. SFHP will notify MNHC of the trend if members continue to file grievances involving poor communication. The trend was also presented at Grievance PLT in February 2021. PLT did not have additional recommendations for this trend at that time. The trend will be presented again at Grievance PLT in June 2021 as SFHP received another grievance involving poor communication at MNHC in November 2020.
- In Q3 2020, SFHP received grievances from three unique members who reported issues regarding timely access to a behavioral health care provider. These grievances involved SFHP's Non-Specialty Mental Health Provider, Beacon Health Options (Beacon). This trend was presented to Grievance PLT in February 2021. PLT recommended to include the trend in the request for Corrective Action that was shared with Beacon in February 2021. SFHP issued a Corrective Action for Beacon due to deficiencies identified in the processing of a Consumer Complaint and a State Fair Hearing. In response to the trend, Beacon stated their contracting and clinical teams have a standing bi-weekly meeting to discuss, resolve and when needed, escalate provider access issues. In addition, Beacon's contracting team is prioritizing recruiting efforts in areas with major access issues. Furthermore, Beacon reviews a monthly Single Case Agreement (SCA) report to recruit out-of-network (OON) providers into the network.
- In Q4 2020, SFHP received grievances from three unique members who reported poor communication from staff at Haight Ashbury Integrated Care Center (HAICC). This trend was presented to GRC in March 2021. GRC recommended to monitor HAICC to see if members continue to file grievances involving poor communication. SFHP will notify HAICC of the trend if members continue to file grievances involving poor communication. No additional grievances were received regarding poor communication at HAICC.

### **Qualitative Analysis of Appeals 2020:**

Clinical Operations uses several utilization management (UM) program monitoring tools to ensure SFHP members have access to medically necessary, cost effective, high quality care. The main forum for reviewing and discussing the outcome of the monitoring reports and taking action when necessary, is the Utilization Management Committee (UMC). At each UMC monthly meeting, there is a standing agenda item to review all appeals, Independent Medical Reviews (IMRs), and State Fair Hearings (SFHs) to determine if there are any opportunities for improvement to UM policies and procedures or processes. During 2020, the UMC conducted full committee discussions of medical and pharmacy appeals.

UMC made the following recommendations based on the review of 65 appeals (27 overturned, 37 upheld, and one closed appeal. The appeal was closed because SFHP received the appeal past the 60-calendar day timeframe for appeals).

- In Q1 2020, UMC recommended SFHP's Pharmacy Department to monitor Xeljanz tablets to assess if a formulary change was required based on an appeal SFHP received. UMC also recommended SFHP's Pharmacy Department to further review the appeal involving Monobenzene to determine the potential impact on current processes and policies.
- In Q2 2020, UMC recommended SFHP's Senior Manager of Prior Authorizations to follow up on the appeal regarding circumcision for Phimosis and decide whether the prior authorization requirement for this should be removed. UMC also recommended SFHP's Clinical Quality and Delegated Medical Group (DMG) Oversight Nurse to follow up on the appeal involving American Specialty Health (ASH), SFHP's chiropractic provider, specifically in regards to how ASH processed a denial. In addition, UMC recommended the Clinical Quality and DMG Oversight Nurse work with ASH on their Notice of Action decisions, denial, and notification processes.
- In Q4 2020, UMC recommended a training for SFHP Customer Service to ensure understanding of non-covered benefits that can be approved under medical necessity. This was based on an appeal regarding acupuncture services.



**Date: July 13, 2021**

<b>To</b>	<b>Quality Improvement Committee</b>
<b>From</b>	<b>Ralph Custodio, RN Quality Review Nurse Appeals &amp; Grievances</b>
<b>Regarding</b>	<b>Quarter 2, 2021 Potential Quality Issue Report</b>

### Case Reviews

<b>Q4 2020 - Case types reviewed</b>		<b>Count</b>
<b>Total cases reviewed for PQI</b>		<b>133</b>
	Appeals	28
	Decline to File Grievances (Clinical)	28
	Grievances (Clinical)	72
	Internal referrals (not including grievances)	5
	External referrals	0
	Provider Preventable Condition (PPC)	0

<b>Outcomes</b>		<b>Count</b>
	Opened for PQI investigation	5
	Formal PQI investigation (PQI letter)	4
	Cases requiring external physician review or peer review	1
	Confirmed Quality Issue	3
	PQI cases resulting in Corrective Action Plan (CAP)	1
	Confirmed Provider Preventable Condition (PPC)	0
	PQI cases closed within 60-day turnaround time	5
	PQI cases closed outside 60-day turnaround time	0

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

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

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

**Analysis:** No trends identified during Q2 2021

## **Confirmed Quality Issues**

### **Case #1**

#### **Initial Complaint/Findings:**

A Medi-Cal member with past medical history of intracranial hemorrhage status post ventriculoperitoneal (VP) shunt with cognitive impairments notable for short-term deficits and confabulation was transferred to the hospital's emergency department (ED) from a skilled nursing facility (SNF) and presented with headache and left-sided conjunctival injection. Review of hospital records shows the member reported allegations of abuse by a SNF staff member while he was a resident. The hospital reported the allegations of abuse to the Ombudsman.

#### **Investigation:**

SFHP requested a quality review from the skilled nursing facility (SNF). The SNF stated an internal investigation was conducted and did not find any evidence to corroborate the member's allegations of abuse. However, the facility found that the facility's staff failed to report the alleged abuse to the appropriate authorities after the member reported the alleged abuse to staff on two occasions. The facility identified this as an opportunity for improvement. The facility conducted training for staff and management regarding abuse and requirements for reporting abuse.

#### **Findings:**

Upon review of all available information, San Francisco Health Plan's (SFHP) Associate Medical Director, Dr. Ravid Avraham, confirmed a minor system quality issue (S1) with minor opportunity for improvement regarding timely reporting of abuse allegations to appropriate authorities.

#### **Follow-up/Recommendations:**

No further followup as training regarding abuse and requirements for reporting abuse was completed by the facility's staff and management.

### **Case #2**

#### **Initial Complaint/Findings:**

A Medi-Cal member was admitted to the hospital with injuries from a motor vehicular accident. The member was evaluated by physical therapy (PT) and occupational therapy (OT) with discharge recommendation for a standard wheelchair due to non-weight bearing status of the bilateral lower extremities.

Several days after hospital discharge, SFHP made a follow-up call to the member and learned the member had not received a wheelchair since hospital discharge. The



member eventually received the wheelchair, and a quality issue case was opened to investigate the delay in receiving the wheelchair.

**Investigation:**

The hospital described their protocols for members requiring Durable Medical Equipment (DME) at the time of discharge and stated these protocols were followed. However, due to the miscommunication between the hospital staff involved in the member's discharge and the transportation personnel, the loaner DME was inadvertently sent back to the hospital when the member was dropped off at home after hospital discharge. The hospital identified this as an opportunity for improvement and corrective actions will be taken including having a specific lead in providing clear DME instructions at the time of discharge to appropriate staff including transportation personnel to prevent further reoccurrence.

In addition, SFHP conducted an investigation with the DME vendor. The DME vendor submitted a second prior authorization (PA) request for a standard wheelchair to SFHP after SFHP previously notified the DME vendor that a PA was not required. This led to a delay in the DME vendor delivering the member's wheelchair. The DME vendor identified an opportunity for improvement including staff training and using San Francisco Health Plan's (SFHP) Service Code Lookup Tool to identify whether DME requires a prior authorization.

**Findings:**

Given the responses and identified improvement opportunities, Dr. Ravid Avraham confirmed a minor (P1) quality issue for both the hospital and the DME vendor.

**Follow-up/Recommendations:**

No follow-up requested as both the hospital and DME vendor identified opportunities for improvement in their processes. However, SFHP will monitor for recurrence via the grievance process and prior authorization review.

**Case #3**

**Initial Complaint/Findings:**

A Medi-Cal member was receiving physical therapy (PT) and occupational therapy (OT) at a skilled nursing facility (SNF). A few weeks after admission to the SNF, a change in condition was noted when the member was found to have acquired multiple pressure ulcers.

**Investigation:**

SFHP requested a quality review from the skilled nursing facility (SNF). The facility conducted an internal investigation which revealed that care staff failed to conduct routine skin assessments of the member. In addition, care staff failed to report the change in skin condition to the supervisor at the time the new skin breakdown was noted.

The skilled nursing facility provided SFHP with a corrective action plan (CAP). The facility provided staff training on policies and procedures for skin breakdown prevention and management. The facility provided staff training on routine skin assessments and timely reporting of new skin issues. The facility will evaluate the staff's performance of resident skin assessments.

**Findings:**

Upon review of all available information, San Francisco Health Plan's (SFHP) Associate Medical Director, Dr. Ravid Avraham confirmed a moderate quality issue (P2).

**Follow-up/Recommendations:**

As a follow up to the CAP, SFHP will request evidence in six months whether corrective actions have resulted in the desired outcome. As an example of evidence, a verification study may be submitted by choosing a sample of charts and reviewing whether skin breakdown prevention and management protocols were followed.

## MEMO

<b>To</b>	Quality Improvement Committee
<b>From</b>	Fiona Donald, MD Chief Medical Officer, SFHP
<b>Regarding</b>	Summary of HE P&Ps Updates (May-July 2021)

8/9/21

Please review the following summary of updates of HE P&Ps from May – July 2021.  
This is a FYI for the committee.

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

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

Policies and Procedures (P&Ps) Updates and Monitoring

HE P&P Updates:

Policy	Summary of Updates
<b>CARE-03, Client and Staff Safety</b>	<p><b><u>Policy Update (Biennial Review):</u></b></p> <ul style="list-style-type: none"> <li>- Deleted Healthy Kids LOB</li> <li>- Updated to policy statement to reflect all CM programs</li> </ul> <p>AFFECTED DEPARTMENTS</p> <ul style="list-style-type: none"> <li>- Updated department names</li> </ul> <p>RELEVANT P&amp;Ps</p> <ul style="list-style-type: none"> <li>- Updated name of CARE-01 P&amp;P to Care Management Programs</li> </ul> <p>ADDENDUM</p> <ul style="list-style-type: none"> <li>• Added COVID-19 Public Health Emergency addendum to suspend in-person visits; noted contracted Community-Based CM entities have telephonic &amp; video call assessments to substitute face-to-face assessments and comply with Medi-Cal’s telehealth policy.</li> </ul>
<b>CLS-02: Use of Interpreters and Bilingual Staff</b>	<p><b><u>Policy Update (Biennial Review):</u></b></p> <p>PROCEDURE &amp; MONITORING</p> <ul style="list-style-type: none"> <li>- Updated relevant P&amp;Ps</li> <li>- Updated “NOM” to “Provider Manual”</li> <li>- Under III Medical Points of Contact, added Providers are prohibited from using low-quality video remote interpreting services or relying on unqualified staff, or translators when providing language assistance services.</li> </ul>
<b>CO-06: Abortion Services</b>	<p><b><u>Policy Update (Biennial Review):</u></b></p> <ul style="list-style-type: none"> <li>• LOB template update</li> <li>• Removed Healthy Kids</li> </ul> <p>PROCEDURE</p> <ul style="list-style-type: none"> <li>• Removed Healthy Kids</li> <li>• Added “HMO” to Healthy Workers</li> <li>• Removed Complaints and PQI sections – these are not unique to Abortions services (applicable to all services)</li> </ul> <p>MONITORING</p> <ul style="list-style-type: none"> <li>• Updated HOI to Health Services Programs (Note: In a month or so – Will be Health Services Operations- Compliance and G&amp;A)</li> <li>• Updated – The director dashboard and reports are reviewed at UMC</li> <li>• Condensed delegation oversight section and referenced DO-02 P&amp;P</li> </ul> <p>RELATED POLICIES</p> <ul style="list-style-type: none"> <li>• Added CRA-25: Minor Consent</li> <li>• Updated relevant references</li> </ul>
<b>CO-10: Dental Services (including Dental Anesthesia)</b>	<p><b><u>Policy Update (MRX updates, DHCS approved):</u></b></p> <p>POLICY STATEMENT</p> <ul style="list-style-type: none"> <li>- Per DHCS request, specified “IV Sedation and General Anesthesia are covered under SFHP’s medical benefit. These drugs are not</li> </ul>

	<p>currently part of the pharmacy benefit and will not be covered under Medi-Cal Rx, per DHCS APL 20-020”.</p> <p>PROCEDURE</p> <ul style="list-style-type: none"> <li>- Under Section II.D for covered medical services that includes contractually covered prescription drugs, specified, “until implementation of Medi-Cal Rx”.</li> </ul> <p>RELATED P&amp;Ps &amp; REFERENCES</p> <ul style="list-style-type: none"> <li>- Updated relevant P&amp;Ps &amp; references</li> </ul>
<b>CO-33: EPSDT and EPSDT Supplemental Services</b>	<ul style="list-style-type: none"> <li>• Reason for Revision: Department Request</li> </ul> <p>PROCEDURE</p> <ul style="list-style-type: none"> <li>• Added reference to CO-22 for retrospective authorization criteria</li> </ul> <p>MONITORING</p> <ul style="list-style-type: none"> <li>• Updated HOI to Health Services Programs (Note: In a month or so – Will be Health Services Operations - Compliance and G&amp;A)</li> <li>• Removed – Pop Health presents EPSDT over/under utilization data to UMC.</li> <li>• Updated PQI and PPC section to mirror all CO policies.</li> <li>• Updated the director dashboard and reports are reviewed at UMC</li> <li>• Added reference to DO-02: Oversight of delegated functions to align with standard language</li> </ul>
<b>CO-48: Repatriation</b>	<p><b><u>Policy Update (CHN Split):</u></b></p> <p>POLICY STATEMENT</p> <ul style="list-style-type: none"> <li>• Replaced CHN with CLN and SFN</li> </ul> <p>PROCEDURE</p> <ul style="list-style-type: none"> <li>• Added – authorized representative considering this policy applies to pediatric members only.</li> </ul>
<b>CO-58: Palliative Care</b>	<p><b><u>Policy Update (Biennial Review):</u></b></p> <p>Tabled from April PCC, to add:</p> <ul style="list-style-type: none"> <li>- Under Procedure I: clarified members who do not meet the SB1004 palliative care criteria continue to remain eligible for Medi-Cal benefits, including services with a palliative purpose, as medically necessary.</li> <li>- Under Procedure II: <ul style="list-style-type: none"> <li>○ Clarified - Home-based palliative care outlined in SB 1004 and provided by Hospice by the Bay is covered and managed by SFHP for members assigned to all delegated groups, with the exception of Kaiser.</li> <li>○ Clarified - All other outpatient palliative care services, including SB1004 services provided on an outpatient basis, is covered and managed by the delegated medical group.</li> </ul> </li> </ul> <p>POLICY STATEMENT</p> <ul style="list-style-type: none"> <li>- Moved references (APL, ACA, PL, and SSA) to References sections.</li> </ul> <p>PROCEDURE</p> <ul style="list-style-type: none"> <li>- In section II:</li> </ul>

	<ul style="list-style-type: none"> <li>○ Added – Members and/or the member’s relatives may refer directly to home based palliative care.</li> <li>○ Updated prior authorization requirements to clarify 1) SFHP manages the home-based palliative care benefit for all DMGs (except Kaiser). Prior authorization is required; 2) Clinic based palliative care benefit is DMG responsibility. For SFHP, authorization is only required for OOMG requests.</li> <li>○ Removed “standard authorization” language as this is not unique to palliative care requests.</li> <li>○ Removed real-time access monitoring reference. This is not a requirement of APL and neither the Access nor UM team monitor in real-time.</li> <li>- Removed section III (Notice of Action). Not unique to palliative care authorizations. Applicable to all authorization types.</li> <li>- Removed section VI (Provider Education). As of 3/2019, DHCS contract with CSU concluded, therefore, no new applications for training are being accepted.</li> </ul> <p>MONITORING</p> <ul style="list-style-type: none"> <li>- Updated section to align with CO’s standard monitoring language.</li> <li>- Removed palliative care quarterly report submission requirement. This was retired by to DHCS.</li> </ul> <p>REFERENCES</p> <ul style="list-style-type: none"> <li>- Added the references that were removed from policy statement (DHCS MMCD Policy Letter 11-004; EPSDT APL 19-010; Section 1905(a) of the Social Security Act)</li> </ul>
<b>HE-02: IHA and IHEBA</b>	<p><b><u>Policy Update (Biennial Review, tabled May PCC):</u></b></p> <ul style="list-style-type: none"> <li>• PCC recommendations: <ul style="list-style-type: none"> <li>○ Added Appendix B for IHA Service Codes</li> <li>○ Added Addendum: COVID-19 PHE</li> </ul> </li> </ul>
<b>QI-05: Monitoring Accessibility of Provider Services</b>	<p><b><u>Policy Update (DMHC approved for T28, 1300.67.2 updates):</u></b></p> <p>PROCEDURE</p> <ul style="list-style-type: none"> <li>• Added specific titles to “Table B: Survey Response Standards”, “Table C: Call Time Standards”, “Table D: Telehealth Services Standard”, “Table E: Provider Daytime Survey Standard”, “Table F: Provider After-Hours Survey Standard”, and “Table G: Long Term Services &amp; Support Report Standard”,</li> <li>• Added “*” reference to indicate SFHP may request documentation from provider as needed</li> <li>• Added reference to “DMHC’s ‘Timely access compliance report web portal instructions”</li> <li>• Added #8 for SFH’s submission of narrative if SFHP is unable to report its plan to plan arrangement in DMHC’s Timely Access Reporting Web Portal</li> <li>• Added #9 for QA Report that is prepared by external vendor</li> </ul>

	<ul style="list-style-type: none"> <li>Added #10 for language assistance program assessment addendum</li> </ul> <p>RELATED P&amp;Ps</p> <ul style="list-style-type: none"> <li>Added relevant P&amp;Ps and references</li> <li>Updated Appendix: Access Requirements and Standards to comply with T28 CCR 1300.67.2</li> </ul>
<b>QI-09: Clinical Practice Guidelines</b>	<p><b><u>Policy Update (Biennial Review):</u></b></p> <p>POLICY STATEMENT</p> <ul style="list-style-type: none"> <li>Removed references to QI-13 and Disease Management Program</li> </ul> <p>PROCEDURE</p> <ul style="list-style-type: none"> <li>Added “health services programs goals”</li> <li>Replaced “relevant specialists” with “Program Manager in the Health Services Programs”</li> </ul> <p>MONITORING</p> <ul style="list-style-type: none"> <li>HOI updated to HSP staff</li> </ul> <p>REFERENCES</p> <ul style="list-style-type: none"> <li>Removed NCQA reference as it is no longer its requirement.</li> <li>Added DHCS reference</li> </ul>
<b>QI-19: Provider Preventable Conditions (PPC)</b>	<p><b><u>Policy Update (Biennial Review):</u></b></p> <p>POLICY STATEMENT</p> <ul style="list-style-type: none"> <li>Specified two types of PPCs: HCAC and OPPC</li> </ul> <p>PROCEDURE</p> <ul style="list-style-type: none"> <li>Updated “PPI” to “Compliance and Oversight” role to screen network provider claims and encounter data quarterly for evidence of PPCs, then C&amp;O forwards claims with potential PPCs to ACE.</li> <li>Updated “HOI” to “Health Services Programs Department’s Access and Care Experience”</li> </ul> <p>MONITORING</p> <ul style="list-style-type: none"> <li>Removed report is reviewed quarterly by SFHP FWA workgroup and replaced with “audit results are shared with Program Integrity workgroup”</li> </ul> <p>RELATED P&amp;Ps</p> <ul style="list-style-type: none"> <li>Added SFHP Provider Manual</li> </ul>

- ❖ CEO Announcement
- ❖ DHCS/CalAIM Update
- ❖ COVID-19 Vaccine Update
- ❖ Introduction of Director of Population Health and Special Programs - Courtney Gray



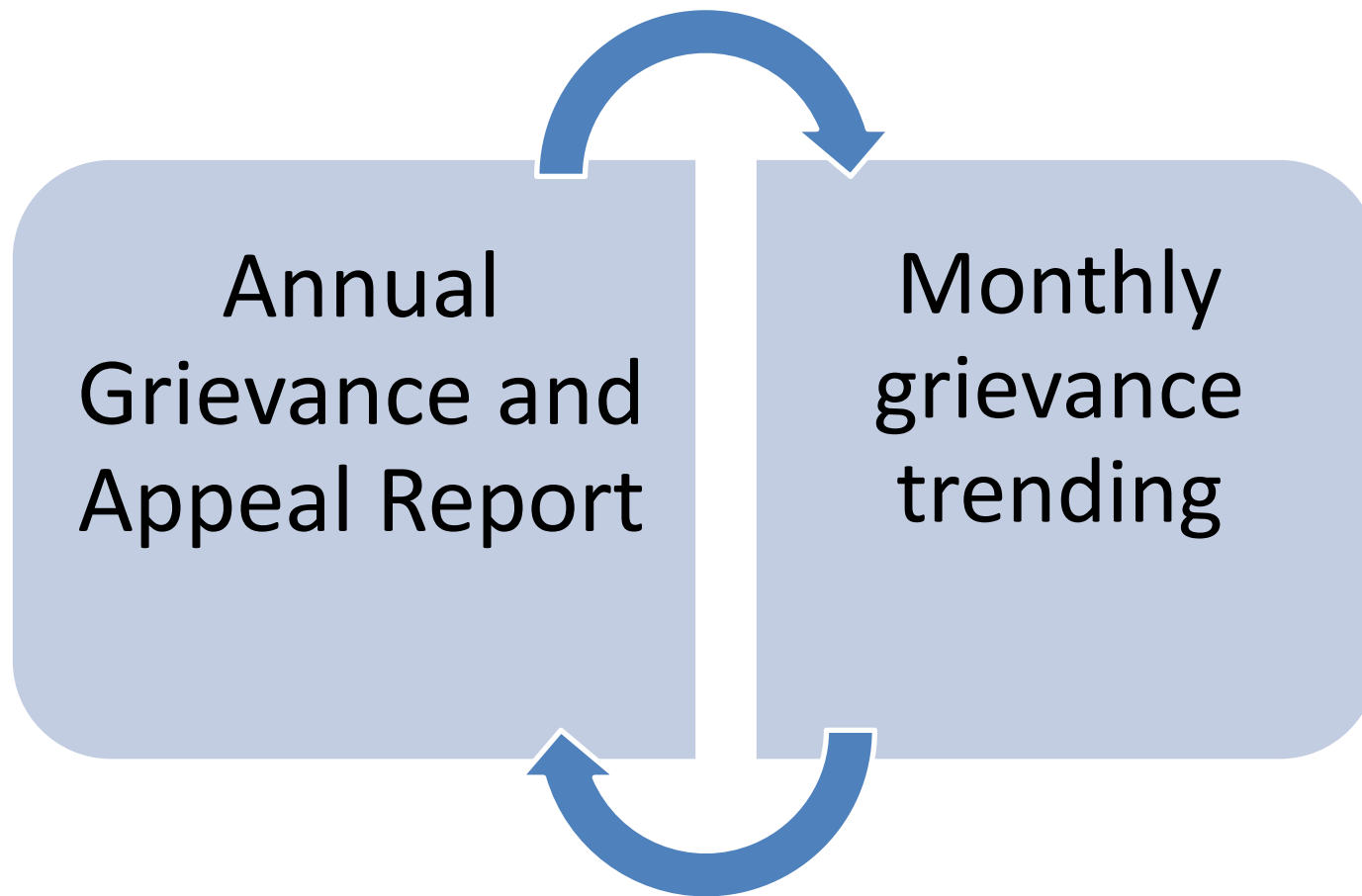
# **2020 Grievance and Appeal Annual Report**

Grace Cariño, MPH  
Associate Program Manager, Appeals and Grievances

# Agenda

- 1. Review: 2020 Grievance and Appeal Volumes & Improvements**
- 2. Discussion**
  - **Grievance Investigation Responses**
  - **Telehealth Experience**

# Grievance Monitoring



# Grievance Volume Report

Category	Number of grievances received in 2018	Grievance Rate per 1,000 Members 2018	Number of grievances received in 2019	Grievance Rate per 1,000 Members 2019	Number of grievances received 2020	Grievance Rate per 1,000 Members 2020
Attitude/Service	104	0.66	136	0.89	107	0.75
Quality of Care	96	0.61	147	0.96	80	0.56
Access	53	0.34	50	0.33	45	0.31
Quality of Practitioner Office Site	2	0.01	0	0.00	0	0.00
Billing/Financial	10	0.06	19	0.12	27	0.19
SFHP Total/Number per 1,000 Members	265	1.68	352	2.30	259	1.81
Department of Health Care Services (DHCS)*	-	1.3	-	2.1	-	Currently not available

\*DHCS reports grievance rates by per 1,000 member months.

# Appeal Volume Report

Category	Number of appeals received in 2018	Appeal Rate per 1,000 Members 2018	Number of appeals received in 2019	Appeal Rate per 1,000 Members 2019	Number of appeals received in 2020	Appeal Rate per 1,000 Members 2020
Quality of Care	0	0.00	0	0.00	0	0.00
Access	61	0.39	77	0.50	65	0.45
Attitude/Service	0	0.00	0	0.00	0	0.00
Billing/Financial	0	0.00	0	0.00	0	0.00
Quality of Practitioner Office Site	0	0.00	0	0.00	0	0.00
SFHP Total/Number per 1,000 Members	61	0.39	77	0.50	65	0.45

## Beacon Health Options

- Interventions:
  - Standing bi-weekly meeting to discuss, resolve and when needed, escalate provider access issues.
  - Contracting team is prioritizing recruiting efforts in areas with major access issues.
  - Review monthly Single Case Agreement (SCA) report to recruit out-of-network (OON) providers into the network.

## Pharmacy Improvements

- Interventions:
  - Monitor medications involved in overturned appeals to assess if a formulary change is required.
  - Further review of overturned appeals to determine the potential impact on current <sup>63</sup> processes and policies.

# Discussion Questions

## Grievance Investigation Responses

- Steps taken to improve quality or timeliness of responses?
- What can SFHP do to improve process?

## Telehealth Access

- SFHP received a few unique grievances about the telehealth experience. What are you hearing from members about their telehealth experience?

# Questions?



# Medication Therapy Management (MTM) Program 2020 Results

Tammie Chau, PharmD, APh  
Care Coordination Pharmacist

Quality Improvement Committee Meeting  
8-12-2021

# Overview

I remember when I only  
took 20 pills a day! Ahhhh  
for the '*good old days*'!



Program Goals

Care Management Integration

SFHP MTM Program Results 2020

Initiatives & Collaboration

Questions

# SFHP MTM Program Goals

01

Individualize an optimal medication regimen for members engaged in Care Management.

02

Support member self-management with medication knowledge and compliance aids.

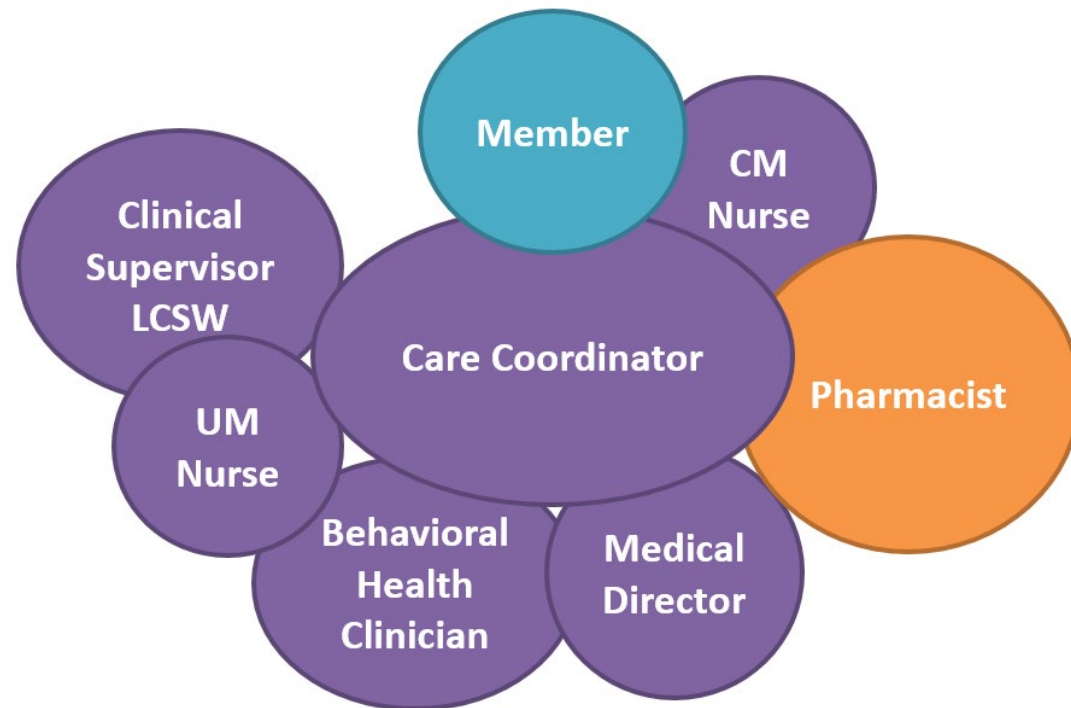
03

Meet DHCS program expectations for Health Homes and NCQA accreditation recommendations for MTM.

# SFHP Care Management Integration

SFHP combines the elements of social work, healthcare, behavioral health and advocacy to identify and deliver the resources members need to achieve health goals

- Member-centric approach
  - Include Pharmacist as part of the member's Care Team
- Pharmacist works with assigned Care Coordinator and CM Nurse
  - Medication optimization is a shared goal



# Medication Therapy Management

## Five Core Elements:

- **Medication Reconciliation**
  - Review all current medications including nonprescription and herbal agents
- **Medication Safety Check**
  - Assess history or potential for medication-related problems
- **Intervention**
  - Collaborate with member's care team
- **Documentation**
  - Compile a plan for care coordination and continuity
- **Personal medication record (PMR)**
  - Reconciled medication list to the member for self-management

# Personal Medication Record





## Medication calendar

Translated in over 20 languages  
and different font sizes to  
improve adherence using FDB  
Meducation®





### Examples:

English  
Spanish  
Chinese (Traditional)

**REGULAR SCHEDULE:** Medicine you need to use regularly.

	 Morning	 Noon	 Evening	 Bedtime
<b>EVERY DAY:</b> Medicine you need to use every day.				
<b>Amlodipine 5 mg tablet</b> Take by MOUTH. For high blood pressure.	1 pill			
<b>Metoprolol Succinate 200 mg tablet</b> Take by MOUTH. For high blood pressure.	1 pill			
<b>Xarelto 20 mg tablet</b> Take by MOUTH. For prevention of blood clots. Take the medicine by mouth once a day with dinner.			1 pill	
<b>AS NEEDED:</b> Medicine you should use as needed.				
Reason	Medicine	Instructions		
wheezing/ shortness of breath	<b>Albuterol 90 mcg/actuation HFA aerosol inhaler</b> BREATHING medicine. Use as needed for wheezing or shortness of breath.	Use the medicine every 4 to 6 hours. Inhale two (2) puffs each time.		

**HORARIO REGULAR:** Medicamentos que debe usar regularmente

	 Por la mañana	 A mediodía	 Por la tarde	 Al acostarse
<b>CADA DÍA:</b> Medicina que usted necesita usar todos los días.				
<b>Amlodipine 5 mg tablet</b> Tome el medicamento por BOCA. Para la presión arterial alta.	1 píldora			
<b>Metoprolol Succinate 200 mg tablet</b> Tome el medicamento por BOCA. Para la presión arterial alta.	1 píldora			
<b>Xarelto 20 mg tablet</b> Tome el medicamento por BOCA. Para prevenir los coágulos de sangre. Tome el medicamento por la boca una vez al día con la cena.			1 píldora	

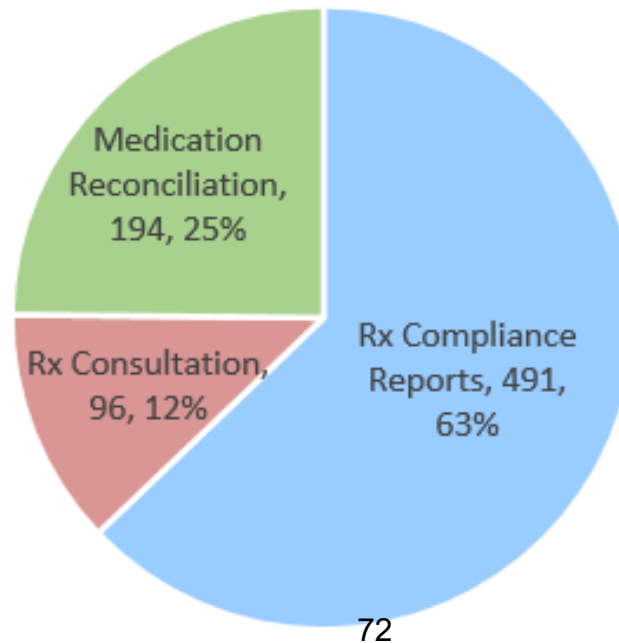
**常規用藥方案：**您必須定時服用的藥物

	 早上	 中午	 傍晚	 就寢時
<b>每天：</b> 需要每天使用的藥物。				
<b>Amlodipine 5 mg tablet</b> 口服。用來治療高血壓。	1 顆			
<b>Metoprolol Succinate 200 mg tablet</b> 口服。用來治療高血壓。	1 顆			
<b>Xarelto 20 mg tablet</b> 口服。用來防止血凝塊。口服藥物，一天服用一次(晚餐時)。			1 顆	

# SFHP Program Results 2020

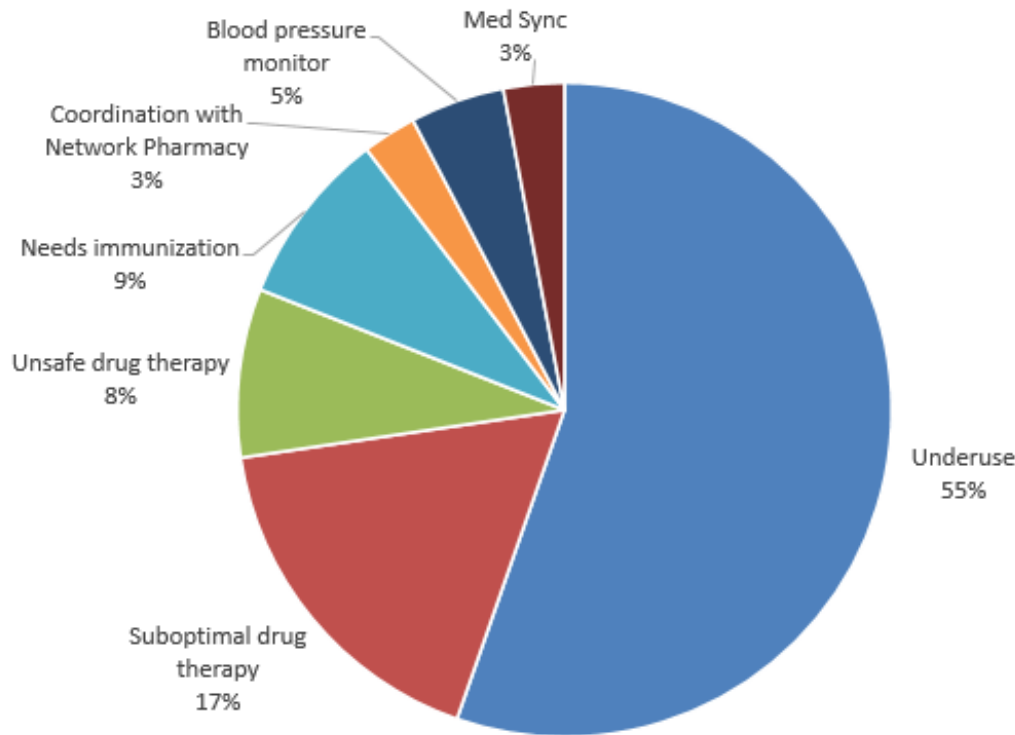
- 781 pharmacy tasks in Essette® were completed
  - 9% more tasks compared to 2019 (708)
    - Expansion of NCQA chronic condition management to COVID-19 positive
    - Addition of Care Transitions and Pharmacy programs

**Completed Pharmacy Tasks in 2020 (n=781)**



# SFHP Program Results 2020

- Of the 194 completed medication reconciliations, pharmacists discovered 329 total interventions



## Examples of Interventions:

**Adherence** – simplified medication calendar, provide pill box or fanny pack, medication synchronization for bubble pack medications

**Effectiveness** – recommend optimal medication regimen, dose titration, prior authorization request needed on denied pharmacy claims

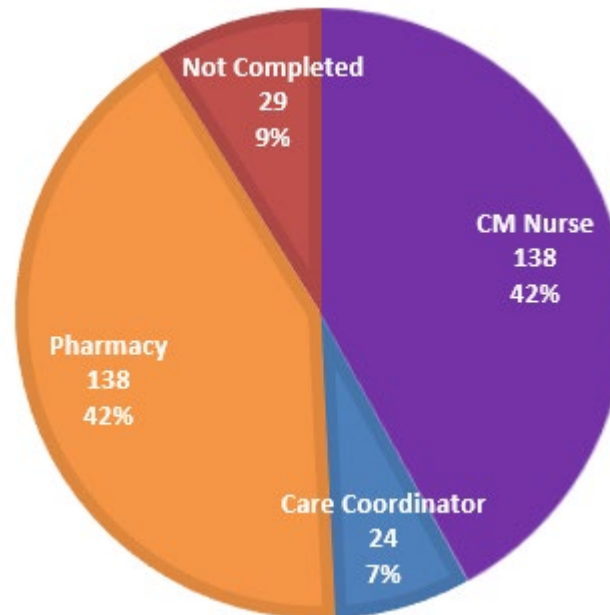
**Safety** – duplicate medications prescribed by multiple providers and pharmacies, drug-drug interactions, prescription not inactivated at the pharmacy



# SFHP Program Results 2020

- Of the 329 total interventions discovered:
  - 300 (91%) interventions were completed
  - 29 (9%) were incomplete
    - Due to member lost to follow-up or currently in progress at time results were being collected

## Total Interventions in 2020 completed by Staff (n=329)



# Initiatives

Support med adherence and reduce medication loss

## Fanny Pack Initiative

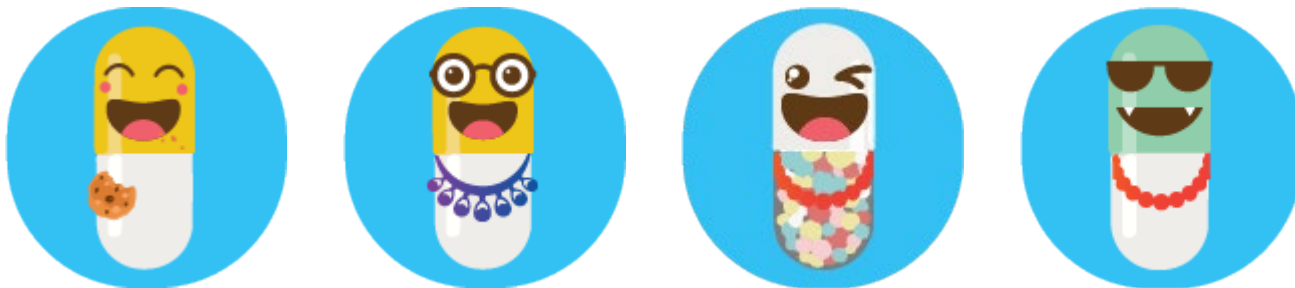


## Medi-Set Options



# Summary

- Pharmacists complete comprehensive medication assessments and medication reconciliation to ensure optimal drug, dose, and regimen for members
- All interventions and recommendations are documented in the Care Management system to promote transparency and integration of member's care
- With Medi-Cal Rx Transition slated for 1/1/22, medication reconciliation can be useful to support members and providers in reviewing medications and coordinating care



## **Medication Therapy Management (MTM) Program 2020 Program Summary and Results**

### **MTM Program Goals**

- 1) Individualize an optimal medication regimen for members engaged in Care Management.
- 2) Support member self-management with medication knowledge and compliance aids.
- 3) Meet DHCS program expectations and NCQA accreditation requirements for MTM.

### **Background**

Pharmacists are clinicians that can address a challenging aspect of patient care - appropriate medication management. By participating in multidisciplinary rounds, collaborating with health care teams and providing medication-related recommendations to providers, the role of pharmacists become valuable in patient care.<sup>1</sup> Pharmacists perform Medication Therapy Management (MTM) to ensure all prescribed medications are appropriate to the patient, improve accuracy and safety outcomes by identifying medication errors and help patients better understand the medications used to manage their health conditions.<sup>2</sup> CMS requires Medicare Part D plans to perform MTM services for beneficiaries. Although it is not a requirement for Medicaid to perform MTM services, many Medicaid plans provide MTM programs due to the proven clinical and financial benefits.<sup>3,4</sup> MTM is required in DHCS Health Homes program for transitions of care and recommended in NCQA disease management program.

With Medi-Cal Rx Transition originally slated for January 1, 2021, there was more emphasis from DHCS for managed care plans to be responsible in coordinating care for members and improve adherence and disease management. When DHCS surveyed all 26 managed care plans in the Drug Utilization Review (DUR) 2019 Annual Report, only 5 plans (19%) reported having a MTM program, decreased from 7 plans the previous year.<sup>5</sup> San Francisco Health Plan (SFHP) is the one managed care plan that has a MTM program evaluated and Pharmacy and Therapeutics committee involved. SFHP Care Coordination Pharmacist presented SFHP MTM program at DUR Board meeting in November 2020 and shared insights. DUR Board submitted a proposal for DHCS to design a MTM program like what is required in 18 other US States, to address care and support of Medicaid beneficiaries.<sup>6</sup>

### **Methodology**

#### *Configuration*

SFHP designed an internal MTM medication reconciliation tool with the software application used by SFHP Care Management team. The MTM medication reconciliation tool is accessible to all users in SFHP Care Management module for the following tasks:

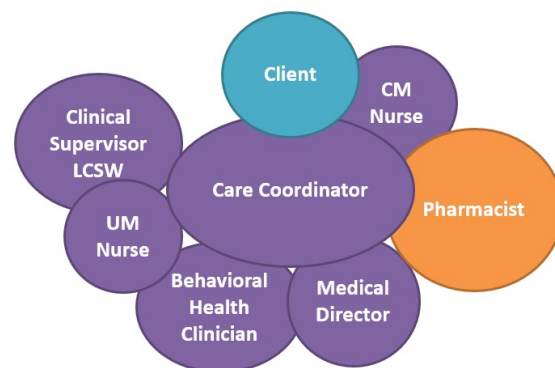
- Integrate the MTM tool, FDB MedsTracker™, into our Essette™ Care Management system to allow pharmacists to complete MTM medication reconciliation with data claims, perform drug safety checks, and document interventions.
- Emphasize member counseling points and prescriber recommendations of drug therapy in Essette™ Notes for all Care Management users to see and utilize in care planning.
- Provide personalized medication instructions at 6th grade reading level in over 20 languages through patient education material tool, FDB Meducation™ (See Appendix for examples). Care Coordinators and CM Nurses can provide clients a printed calendar in their primary language to use as an adherence tool and medication record.

This process took 1.5 years to bring together ITS business system analysts, program managers, clinical pharmacists, and software vendors to design, build, test, and deploy our integrated MTM solution.

### *Integrated Coordination of Care*

**Interdisciplinary:** The goal of this program is to optimize medication regimens and promote safe and effective use of medication in an interdisciplinary workflow. SFHP Pharmacy Team engages with the Care Management staff, Medical Director, client and client's providers to achieve goals and complete interventions. Care Coordinators and Nurses have direct contact with members engaged in Care Management program and can delegate tasks for pharmacists to review member's compliance history using medication claims, and complete medication reconciliation. Care Coordinators and CM nurses contact pharmacy team by e-mail or in-person daily regarding clients' medications. Pharmacy technicians contact network pharmacies to inactivate prescriptions, clarify medication directions and provide operational support like authorizations for medication synchronization and test claims. Pharmacists and pharmacy students also present disease topics to the Care Management team to increase their understanding of members' health conditions.

**Figure 1. Integrated Coordination of Care to Support Engaged Care Management Client**



**Multidisciplinary:** Pharmacists attend weekly multidisciplinary rounds called "POD," where Care Coordinators present any challenges members experience to receive feedback. Figure 1 illustrates the integrated coordination of care to support engaged members that include: Medical Director, UM Nurse, Behavioral Health social worker, and Pharmacist. Pharmacists take on average 1 hour to review cases beforehand to provide medication answers or clinical recommendations.

### **Results**

SFHP navigated a global pandemic in March 2020 and successfully pivoted to remote work for all employees. Care Management team shifted to telephonically outreaching clients. Care was also provided by mailing medication calendar and fanny packs to members.

### *Pharmacy Tasks*

In 2020, 781 pharmacy tasks in Essette™ were completed, 9% more tasks compared to 2019 (708). An increase in pharmacy tasks was due to COVID-19 pandemic shifting Care Management's focus to support members positive for COVID-19. Figure 2 illustrates the completed pharmacy tasks: provide medication claims data history (63%), medication reconciliation (25%), and pharmacy consultation (12%).

**Figure 2. Completed Pharmacy Tasks in 2020 (n=781)**

When providing medication compliance report, pharmacists add inferred directions to meet NCQA requirements of having a medication list provided and assess whether medication reconciliation is recommended. Care Management Nurses use the medication compliance report as a reference when interviewing clients on what medications clients take and see how often medications are filled.

To do this work required staffing of 1 pharmacist, 1 back-up pharmacist, and 1 pharmacy technician in an integrated care team and would leverage other team members for interventions.

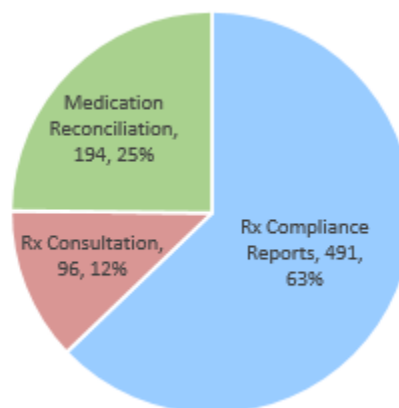
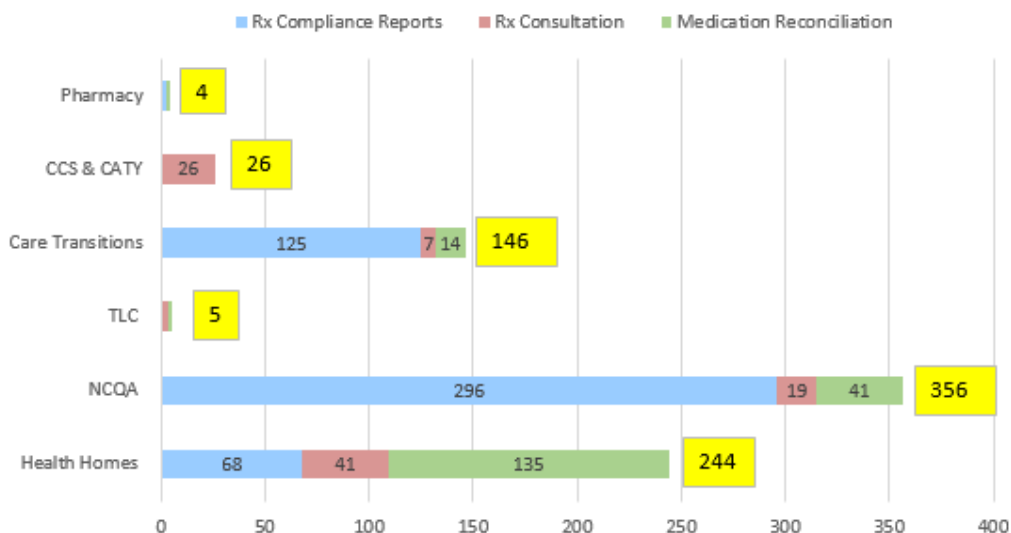


Figure 3 shows a breakdown of pharmacy tasks by Care Management program type. The majority of completed pharmacy tasks were for members in NCQA 356 (46%), Health Homes 244 (31%), and Care Transitions 146 (19%). Care Transitions was an identified area in 2019 where pharmacists may increase involvement. With an update to Care Transitions initial assessment and workflow, 146 pharmacy tasks were completed compared to 26 tasks in 2019. New Pharmacy program type was added in 2020 to complete medication reconciliations for members not in either Care Management or Care Transitions.

**Figure 3. Completed Pharmacy Tasks in 2020 by Program Type (n=781)**

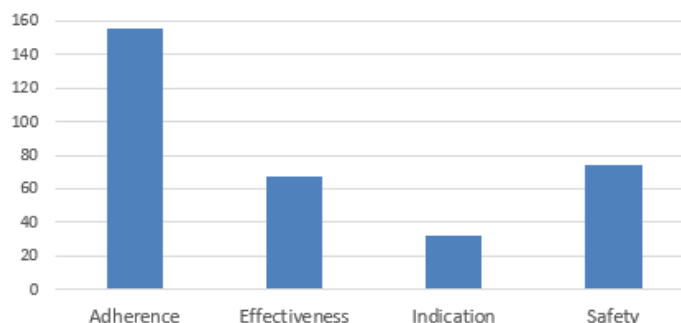


- NCQA program focuses on members with chronic condition management like Diabetes with Hypertension, Chronic Heart Failure (CHF), or Chronic Obstructive Pulmonary Disease (COPD) and in 2020, members with COVID-19 test positive.
- Health Homes program focuses on the highest risk members with multiple chronic conditions, mental health conditions, and high acuity related to emergency department visits and/or inpatient admissions.
- Care Transitions (CT) program supports members with complex discharge needs for up to 30 days post-discharge.
- Pharmacy program supports members referred from prior authorizations, grievances, drug utilization review, or Emergency Medicine Access utilization report.

#### *Total Interventions*

Of the 194 completed medication reconciliations, pharmacists discovered 329 total interventions. Pharmacists add interventions to improve adherence, safety, indication, and effectiveness under the goal: optimize medication regimen. Figure 4 shows created interventions by category.

**Figure 4. Created Interventions in 2020 by Category (n=329)**





#### Examples of Interventions:

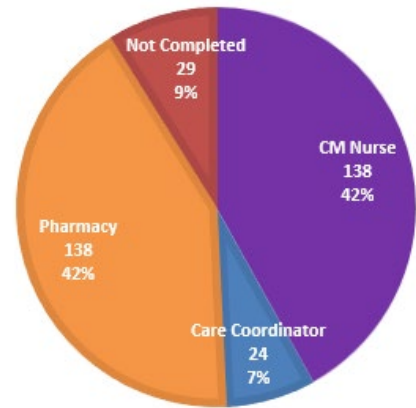
- Adherence – simplified medication calendar, provide pill box or fanny pack, medication synchronization for bubble pack medications
- Effectiveness – recommend optimal medication regimen, formulary medications or prior authorization request needed on denied pharmacy claims
- Safety – duplicate medications prescribed by multiple providers and pharmacies, drug-drug interactions

#### Completed Interventions

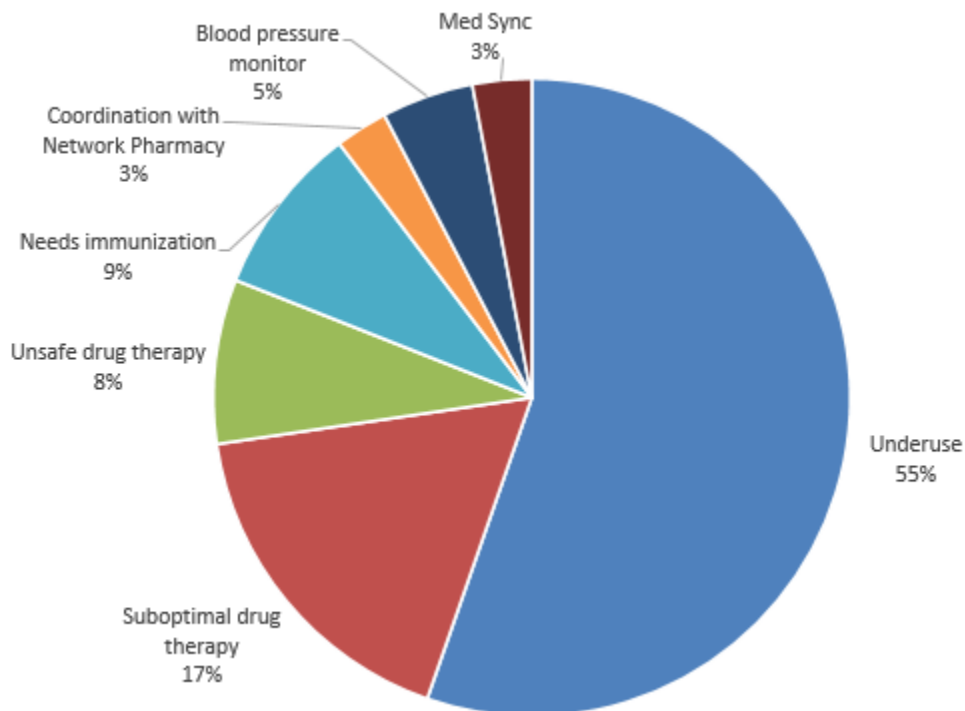
Of the 329 interventions discovered by pharmacists, 300 (91%) interventions were completed and 29 (9%) were incomplete due to client lost to follow-up or currently in progress at time results were being collected. Majority of interventions were completed by Care Management Nurse (42%) and Pharmacy Team (42%), with Care Coordinator completing non-medical related interventions (7%).

Interventions can be completed by discussing medication recommendations with provider, resolving medication discrepancies with pharmacy network or providing adherence aids to the client. Figure 6 demonstrates the completed interventions categorized by medication therapy problems: underuse (55%), suboptimal drug therapy (17%), immunization needed (9%), unsafe drug therapy (8%),

**Figure 5. Total Interventions in 2020 completed by Staff (n=329)**



**Figure 6. Completed Interventions in 2020 by Medication Therapy Problem (n=300)**



## Member Success Stories

The enactment of shelter-in-place order on March 16, 2020 provided many coordination opportunities for members, pharmacies, and providers. SFHP worked together to facilitate information through website, outreach to moderate and high-risk member populations, and support our network providers. SFHP allowed pharmacies one time overrides for early refill and/or Out-of-Network for member who are quarantined or staying in another area during the pandemic. SFHP also temporarily added an expanded benefit on rubbing alcohol, gloves, and digital thermometer.

Pharmacy team received an influx of coordination questions during shelter-in-place. Pharmacy Technician helped coordinate delivery or early refill overrides for clients. Pharmacist provided updates to Care Management team on pharmacies that were temporarily closed due to vandalism or nearby pharmacy locations if their preferred pharmacy was permanently closed.

- Client was unable to refill anti-diabetic medication at out-of-state pharmacy
  - Care Coordinator informed SFHP pharmacy team that client is staying with daughter in Washington state during shelter-in-place
  - Pharmacy Technician called the client's preferred SF pharmacy to reverse the claim for anti-diabetic medication and placed an out-of-network override
  - Client was able to refill anti-diabetic medication in Washington state
- Client was filling medications from two different pharmacies
  - Pharmacist informed Care Coordinator of polypharmacy. Care Coordinator outreached to client who agreed to fill at one pharmacy
  - Pharmacy Technician called second pharmacy to transfer and inactivate prescriptions. Client was able to fill all their medications at preferred pharmacy
- Client had trouble receiving Suboxone from preferred pharmacy
  - Care Coordinator contacted SFHP pharmacy team regarding issue
  - Pharmacy Technician contacted preferred pharmacy and informed Suboxone needs to be billed to Fee-for-Service using brand name, not generic name
  - Client was able to pick-up the medication
- Client needed a blood pressure monitor with extra-large cuff
  - UCSF Population Health nurse e-mailed SFHP Pharmacist with issues coordinating extra-large cuff from client's preferred pharmacy
  - SFHP Pharmacy Technician was able to locate NDCs with extra-large cuff and called client's preferred pharmacy for availability. One manufacturer was available to order for the client
  - Client's care team submitted prior authorization and SFHP approved it. Client was able to fill blood pressure monitor with extra-large cuff for appropriate monitoring
- Client was recently discharged from hospital and had changes to medications that needed an update to their next bubble pack from preferred pharmacy
  - Pharmacist noticed the addition of antifungal treatment when completing post-discharge medication reconciliation
  - Pharmacy Technician called preferred pharmacy to ensure new medication is added to bubble pack
  - Pharmacist informed CM Nurse and Coordinator of the changes and expected delivery of the bubble pack. CM Nurse also contacted the client's on-site housing RN
- Client was unable to fill levothyroxine capsules because SFHP formulary prefers tablet formulation



- Pharmacist noticed denied claims data for capsules and informed CM Nurse to contact PCP for new prescription of levothyroxine tablet. Client was able to pick-up medication the next day
- Client had more than 20 ED/inpatient visits across different hospitals in SF resulting in many changes to their medications
  - Pharmacist completed post-discharge medication reconciliation and added reconciled medication list to PreManage
  - ER Charge Nurse at hospital was able to view the reconciled med list and continue client's medications. ER Charge Nurse notified SFHP Pharmacist of the changes in medications
  - Pharmacist and CM Nurse coordinated client's bubble pack and delivery of the changes

## Innovative Initiatives

### *Fanny Packs*

From qualitative analysis of member experience, SFHP found that many members who are marginally housed may not have a safe, convenient place to store medication like inhalers and insulin. The intention of a fanny pack initiative is to support medication adherence and reduce medication loss particularly for inhalers, insulin, and other medications that may not fit in a pill box/organizer. Fanny pack is filled with supplies (e.g. hygiene products, pill box/organizer) that support medication adherence. The hygiene supplies will also serve as an additional adherence reminder. For example, when the toothbrush is removed from the fanny pack at night then it could be a reminder to take a nightly medication.

The fanny pack was distributed to 8 members in 2020. With shelter-in-place, a workaround was created in October to mail the fanny pack. Of these, 4 members have had documented improvement in medication adherence prior to case closure. 3 members have been lost to follow-up by Care Management. Most members chosen for the fanny packs were marginally housed. Some members were housed but in living situations where others in the home had stolen medication or other items from the member. 1 member was chosen specifically after receiving kidney transplant to help improve adherence to immunosuppressants. The fanny packs are a low-cost intervention to prevent loss of expensive medications like inhalers and insulin pens and prevent hospitalizations for DKA and shortness of breath.

**Figure 7. Fanny Pack Initiative to Support Medication Adherence and Reduce Medication Loss**



### *Collective Medical EDie™/PreManage*

For clients engaged in Health Home Program, there was high utilization of the emergency department and multiple facilities. SFHP adapted Collective Medical's EDie™/PreManage Community to improve coordination of care with network providers. This online resource allows SFHP to receive real-time notifications of ED and inpatient admissions to hospitals, create shared care planning and increase access to member data across the network.

SFHP Pharmacist saw EDie™/PreManage as an opportunity to improve transitions of care by adding reconciled medication list. Hospital staff performing inpatient medication reconciliation can refer to the patient view page as a resource on what home medications the patient takes. To ensure optimal transition of medication information, SFHP pharmacist will update changes to the medication list in both Essette and on the PreManage drug list to provide updated information. This initiative of adding reconciled medication list has been adapted by Collective Medical for other clients.

**Figure 8. Reconciled Medication List can be viewed by Hospitals in Collective Medical's EDie™/PreManage**

SAN FRANCISCO HEALTH PLAN

Care Coordination:

SFHP Lead Care Coordinator Veronika is outreach CM services under the NCQA Program to this Pt. Please contact if pt presents to ED or gets admitted.

Reconciled medication list as of 06/05/2020 by SFHP Pharmacist using claims history and provider notes. Please contact Tammie Chau at tchau@sfhp.org for any updates or changes on medications.

AMLODIPINE 2.5 mg tablet-1 Tablet PO every day  
APIXABAN 5 mg tablet-1 Tablet PO twice daily  
ATORVASTATIN 40 mg tablet-1 Tablet PO every day at bedtime  
FUROSEMIDE 20 mg tablet-1 Tablet PO every day  
GABAPENTIN 300 mg capsule-1 Capsule PO every day at bedtime  
LOSARTAN 100 mg tablet-1 Tablet PO every day  
METFORMIN EXTENDED RELEASE 24 HOUR TABLET 500 mg-2 Sustained Release 24 hour Tablet PO twice daily  
METOPROLOL SUCCINATE EXTENDED RELEASE 24 HOUR TABLET 50 mg-1 Tablet PO every day

These are guidelines and the provider should exercise clinical judgment when providing care.

### *Pharmacy Technician Support*

With the increasing case load of members in Care Management module who would benefit from having medications optimized, a Pharmacy Technician supports Pharmacists in MTM. A Pharmacy Technician workflow was used in companion with the Pharmacist workflow as a reference for the following duties:

- Collecting data from medication claims history and provider notes to enter meds in MedsTracker
- Adding reconciled medication list to EDie™/PreManage for network providers to access
- Responding to e-mails from Care Management team or providers and triage questions to pharmacist
- Contacting network pharmacies to inactivate prescriptions, clarify directions or refill status, place med sync authorization for bubble packs

### *MedTalks*

Pharmacists and pharmacy students provide an overview of disease state, treatment, and education to Care Management team. Topics presented include: COVID-19 and its affects in CHF and COPD, anti-diabetic agents, Opioid Use Disorder, and Steroid Use in auto-immune disease

### **Summary**

Pharmacists complete comprehensive medication assessments and medication reconciliation to ensure optimal drug, dose, and regimen for the members. All interventions and recommendations are documented in the Care Management system to promote transparency and integration of member's care.

### **Next Steps:**

With the Medi-Cal Rx Transition slated for January 1, 2022, Pharmacy team can develop reports to identify and provide support to members on critical medications that cannot be interrupted during this transition. Medication reconciliation can be useful to support members and providers in reviewing pharmacy access changes and reduce transition confusion. The projected impact may require more pharmacy staffing to meet the medication therapy management needs.

<sup>1</sup> Pharmacy Quality Alliance (PQA). "Strategies to Expand Value-Based Pharmacist-Provided Care Action Guide," 2019. <https://pqa.memberclicks.net/assets/S2S/Pharmacist-Provided%20Care%20Action%20Guide.pdf>

<sup>2</sup> Splawski J, Minger H. Value of the Pharmacist in the Medication Reconciliation Process. P T. 2016;41(3):176–178.

<sup>3</sup> National Conference of State Legislatures. "Medication Therapy Management: Pharmaceutical Safety and Savings," 2016. <http://www.ncsl.org/research/health/medication-therapy-management.aspx>

<sup>4</sup> CDC. "Community Pharmacists and Medication Therapy Management," 2021. <https://www.cdc.gov/dhds/pubs/guides/best-practices/pharmacist-mtm.htm>

<sup>5</sup> Chan, Pauline. FFY 2019 DUR Annual Report: Medi-Cal Managed Care Plan Summary. DHCS Global Medi-Cal Drug Use Review Board. Sept 15, 2020. <https://files.medi-cal.ca.gov/pubsdoco/dur/Articles/packet20200915.pdf>

<sup>6</sup> Paulson, Yana. Medi-Cal Comprehensive Medication Management Program Proposal. DHCS Global Medi-Cal Drug Use Review Board. February 23, 2021. <https://files.medi-cal.ca.gov/pubsdoco/dur/Articles/packet20210223.pdf>

## Appendix 1. Compliance Report (12-month history of prescription claims) to identify adherence barriers

**Member Compliance Detail Report**

**September 2017 - August 2018**

**MOUSE, MICKEY**

Quantity/ Days Supply

Standard TC	Label Name	Maint. Ind.	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Last Fill Date	First Fill Date	Pharmacy NPI	Pharmacy Name	Pharmacy Phone	Prescriber Name
ANTHULCER PREPS/GASTROINTESTINAL PREPS	PANTOPRAZOLE SOD DR 40 MG TAB	Y	0/0	0/0	30/30	0/0	0/0	0/0	0/0	30/30	30/30	0/0	0/0	0/0	5/15/2018	11/26/2017	1234567890	WALGREENS	4151234567	DUCK, DONALD
PSYCHOSTIMULANTS-ANTIDEPRESSANTS	TRAZODONE 100 MG TABLET	Y	0/0	0/0	0/0	30/30	30/30	30/30	30/30	0/0	0/0	0/0	0/0	0/0	3/28/2018	12/21/2017	1234567890	WALGREENS	4151234567	DUCK, DONALD
PSYCHOSTIMULANTS-ANTIDEPRESSANTS	BUPROPION HCL XL 150 MG TABLET	Y	0/0	7/7	0/0	0/0	0/0	0/0	20/20	0/0	0/0	0/0	0/0	0/0	3/31/2018	10/5/2017	1234567890	WALGREENS	4151234567	DUCK, DONALD
PSYCHOSTIMULANTS-ANTIDEPRESSANTS	BUPROPION HCL XL 300 MG TABLET	Y	0/0	30/30	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	0/0	10/5/2017	10/5/2017	1234567890	WALGREENS	4151234567	DUCK, DONALD
ANTICONSULSANTS	GABAPENTIN 300 MG CAPSULE	Y	0/0	0/0	0/0	0/0	0/0	20/10	0/0	0/0	0/0	0/0	0/0	0/0	2/14/2018	2/14/2018	1234567890	WALGREENS	4151234567	DUCK, DONALD
ANTICONSULSANTS	TOPIRAMATE 50 MG TABLET	Y	0/0	0/0	0/0	0/0	0/0	0/0	60/33	0/0	0/0	0/0	0/0	0/0	3/28/2018	3/28/2018	1234567890	WALGREENS	4151234567	DUCK, DONALD
ANTICONSULSANTS	GABAPENTIN 600 MG TABLET	Y	0/0	0/0	0/0	0/0	0/0	90/30	90/30	0/0	0/0	0/0	0/0	0/0	3/28/2018	2/20/2018	1234567890	WALGREENS	4151234567	DUCK, DONALD
LIPOTROPICS	ATORVASTATIN 40 MG TABLET	Y	0/0	90/90	0/0	0/0	30/30	90/90	0/0	30/30	60/60	0/0	90/90	0/0	7/18/2018	10/10/2017	1234567890	WALGREENS	4151234567	DUCK, DONALD
OTHER ANTIHYPERTENSIVES	BENAZEPRIL HCL 10 MG TABLET	Y	0/0	0/0	0/0	0/0	0/0	0/0	30/30	0/0	0/0	0/0	0/0	0/0	3/28/2018	3/28/2018	1234567890	WALGREENS	4151234567	DUCK, DONALD
DIURETICS	HYDROCHLOROTHIAZIDE 25 MG TAB	Y	0/0	90/90	0/0	0/0	0/0	90/90	0/0	0/0	90/90	0/0	0/0	0/0	8/2/2018	10/30/2017	1234567890	WALGREENS	4151234567	DUCK, DONALD

## Appendix 2. Medication calendar can be translated in over 20 languages and different fonts to improve adherence

**EVERY DAY: Medicine you need to use every day.**

	Morning	Noon	Evening	Bedtime	
Lisinopril Tablet 40 mg	1 pill				Take by MOUTH.
Clonazepam 2 mg tablet	1 pill		1 pill		Take by MOUTH.
Simvastatin Tablet 40 mg			1 pill		Take by MOUTH.

**AS NEEDED: Medicine you should use as needed.**

Ibuprofen 600 mg tablet	Take the medicine by mouth every 4 to 6 hours. Use 600 mg each time. Take the medicine as needed for your symptoms.	Take by MOUTH. Take the medicine as needed for your symptoms.
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**CADA DÍA: Medicina que usted necesita usar todos los días.**

	Por la mañana	A mediodía	Por la tarde	Al acostarse	
Lisinopril Tablet 40 mg	1 píldora				Tomar por BOCA.
Clonazepam 2 mg tablet	1 píldora		1 píldora		Tomar por BOCA.
Simvastatin Tablet 40 mg			1 píldora		Tomar por BOCA.

**SEGÚN SEA NECESARIO: Medicina que usted debe usar si la necesita.**

Ibuprofen 600 mg tablet	Tomar el medicamento por la boca cada 4 a 6 horas. Usar 600 mg cada vez. Usar según sea necesario.	Tomar por BOCA. Tome este medicamento según sea necesario para sus síntomas.
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English

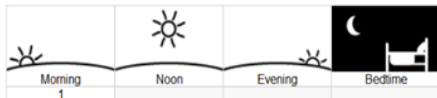
Spanish

### Appendix 3. Patient Medication Information that can be translated in over 20 languages and different fonts to improve adherence

#### Lisinopril Tablet 40 mg

##### How to take medicine

Take the medicine by mouth each morning.  
Take one (1) pill each time.



**IMPORTANT:** These are your specific instructions. If they differ from any other information you receive, including the instructions below, talk to your prescriber or pharmacist.

##### Instructions

Swallow the medicine without crushing or chewing it.

This medicine may be taken with or without food.

It is very important that you take the medicine at about the same time every day. It will work best if you do this.

#### Lisinopril Tablet 40 mg

##### 服藥方式

口服藥物，每天早上服用一次。  
Take the medicine by mouth each morning.  
每次服用一 (1) 片。

Take one (1) pill each time.



**重要：** 以下為您的特定指示。若與您收到的其他資訊不同，包括以下指示，請諮詢您的處方醫師或藥師。

##### 說明

請直接吞服本藥物，勿壓碎或咀嚼藥物。

本藥物可以與食物併服，也可以空腹服用。

請務必每天約同一時間服用本藥物，這樣做可讓藥物發揮最佳效果。

以室溫保存本藥物，避免靠近熱源及光線。

食用富含鉀的食物之前，請先向醫師諮詢。代鹽常含有鉀。醫師可能會希望您減少這些食物的攝取。

切勿錯過任一劑藥物的服藥時間，即使並未感到身體不適，仍請持續服藥。

### English

### Chinese (Traditional)

#### Lisinopril Tablet 40 mg

##### نحوه مصرف دارو

این دارو را هر روز صبح بخورید.  
Take the medicine by mouth each morning.  
هر روز یک (1) قرص بخورید.  
Take one (1) pill each time.



مهم این موارد دستورالعمل های خاص می باشد. اگر آنها با اطلاعاتی که دریافت کرده اید و همچنان دستورالعمل های زیر متفاوتی دارند، با تجویز کننده یا داروساز خود صحبت کنید.

##### دستورالعمل ها

دارو را بدون خرد کردن یا جویدن بنویسید.

این دارو را می توانید به همراه غذا یا بدون غذا مصرف کنید.

مصرف این دارو هر روز در یک زمان تقریباً مشابه بسیار حیاتی اهمیت است. در این صورت دارو بهترین تأثیر خود را دارد.

دارو را در دمای اتاق نگهداری کنید. دور از حرارت و نور مستقیم نگهدارید.

### Farsi

# HEDIS QIC

Measurement Year 2020



# Key Activities Completed

- [Roadmaps](#)
- [HOO](#) (Healthcare Organization Questionnaire)
- [Preliminary Rates](#)
- [HDC and HSAG audits](#)
- [Audit queries and findings](#)
- [Medical Record Review \(MRR\)](#)
- [MRR Validation](#)
- [Final Submissions](#)
- HEDIS team off-boarding

# Upcoming Post-Season Activities

- Lessons Learned
- Program Improvements
- Data Improvements
  - Psych IP, Psych ED and Substance OP carve out data
- [HEDIS Disparities Dashboard](#) updates
- Upgrade to QR Web

# Final Rates – NCQA Medicaid HP Accreditation

- Successful completion of HDC audit and submission of final rates
- Impact from COVID-19 on access to primary care services  
[The Impact of COVID-19 on the Use of Preventive Health Care](#)
- Inclusion of telehealth visits for many measures
- Included carveout data (FFS, MH, CCS and Rx)
- Excluded all duals and deceased members
- NB Measures (ADV, FUA, FUH, and IET)
- Public Reporting
  - Overall [HPR](#) (Better of RY2019 v RY2021)
  - Individual measure ratings (Based on RY2021 results)

[MY2020 Final Rates](#)



# Final Rates - MCAS

- Successful completion of HSAG audit and submission of final rates
- Impact from COVID-19 on access to primary care services  
[The Impact of COVID-19 on the Use of Preventive Health Care](#)
- Inclusion of telehealth visits for many measures
- Included carveout data (FFS, MH, CCS and Rx)
- Excluded all duals and deceased members
- MPL (50<sup>th</sup> %ile)  
Did not meet for CDC Poor Control, WCC BMI, and BCS  
DHCS not holding plans to MPL for MY2020

[MY2020 Final Rates](#)

# Prevention and Screening

Measure	RY2021 Percentile Met	Denom.	RY21 Current Rate	RY21 90th	RY20 Final Rate	RY20 90th	Change 2021 vs. 2020 Rates
CCS - Cervical Cancer Screening	75	360	68.06%	72.68%	65.94%	72.02%	2.12%
CIS - Childhood Immunization Status Combo 10	95	392	61.22%	52.07%	61.11%	49.27%	0.11%
IMA - Immunizations for Adolescents Combo 2	95	392	57.91%	50.85%	61.60%	47.20%	-3.69%
WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents BMI	25	411	72.02%	90.77%	83.57%	90.40%	-11.56%
WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Nutrition	66	411	77.62%	85.16%	-	-	NEW MEASURE
WCC - Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Physical Activity	66	411	75.43%	81.02%	-	-	NEW MEASURE
BCS - Breast Cancer Screening	33	7843	55.99%	69.22%	65.89%	69.23%	-9.91%
CHL - Chlamydia Screening	50	2073	60.15%	71.42%	58.06%	71.58%	2.09%

- WCC BMI – Additional hits from carveout FFS data. Challenge finding visits for BMI assessment in charts due to impact of pandemic on primary care services.
- \*BCS – No significant hits from carveout data. Screening compliance down due to impact of pandemic on primary care services. PIP measure, targeted member incentive and health education.
- \*CHL - Continued benefits from lab data improvements in 2019. Health education to targeted age group.

## Respiratory Conditions

Measure	RY2021 Percentile Met	Denom.	RY21 Current Rate	RY21 90th	RY20 Final Rate	RY20 90th	Change 2021 vs. 2020 Rates
AMR - Asthma Medication Ratio – Total	75	779	68.55%	73.69%	72.79%	71.60%	-4.24%
CWP - Appropriate Testing for Pharyngitis	10	782	64.07%	87.12%	63.87%	90.77%	0.19%

## Cardiovascular Conditions

Measure	RY2021 Percentile Met	Denom.	RY21 Current Rate	RY21 90th	RY20 Final Rate	RY20 90th	Change 2021 vs. 2020 Rates
CBP - Controlling High Blood Pressure	50	411	63.99%	72.75%	72.81%	72.26%	-8.82%
SPC - Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy - Total	75	346	84.39%	85.71%	82.66%	83.80%	1.74%
SPC - Statin Therapy for Patients with Cardiovascular Disease-Statin Adherence 80%	90	292	80.82%	78.49%	79.53%	74.47%	1.29%

- CBP – Change in specs to look for 2 OP visits with HTN in first 6 mos of 2020 or in 2019. No significant hits from carveout data. Challenge finding BP readings in charts due to impact of pandemic on primary care services.

## Diabetes

Measure	RY2021 Percentile Met	Denom.	RY21 Current Rate	RY21 90th	RY20 Final Rate	RY20 90th	Change 2021 vs. 2020 Rates
CDC - Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	25	380	57.11%	76.43%	82.11%	77.02%	-25.00%
CDC - Comprehensive Diabetes Care - Eye Exams	33	380	56.32%	69.56%	72.37%	69.53%	-16.05%
CDC - Comprehensive Diabetes Care - HbA1c Control (<8%)	33	380	51.05%	60.58%	60.26%	41.69%	-9.21%
CDC - Comprehensive Diabetes Care - Poor Control (lower rate is better)	33	380	41.05%	27.98%	27.11%	27.98%	13.95%
SPD - Statin Therapy for Patients with Diabetes - Received Statin Therapy - Total	75	3280	68.93%	71.83%	68.67%	70.23%	0.26%
SPD - Statin Therapy for Patients with Diabetes - Statin Adherence 80%	95	2261	81.11%	75.98%	76.03%	71.36%	5.08%

- CDC -Additional hits from carveout FFS data. Challenge finding charts with visits for CDC indicators due to impact of pandemic on primary care services.

## Medication Management and Care Coordination

Measure	RY2021 Percentile Met	Denom.	RY21 Current Rate	RY21 90th	RY20 Final Rate	RY20 90th	Change 2021 vs. 2020 Rates
AAB - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (inverse)	90	899	66.63%	65.24%	65.40%	48.88%	1.23%
COU - Risk of Continued Opioid Use - 15 Day Rate	50	2862	6.15%	2.68%	-	NA	NEW MEASURE
HDO - Use of Opioids at High Dosage	50	1126	4.53%	1.54%	4.54%	NA	-0.01%
LBP - Use of Imaging Studies for Low Back Pain (inverse)	95	788	86.80%	81.96%	82.89%	80.24%	3.91%
UOP - Use of Opioids from Multiple Providers - Multiple Subscribers and Multiple Pharmacies	50	1357	2.43%	0.64%	7.06%	1.03%	-4.63%
URI - Appropriate Treatment for Upper Respiratory Infection (inverse)	95	9972	96.97%	93.53%	96.23%	96.79%	0.74%

## Behavioral Health

Measure	RY2021 Percentile Met	Denom.	RY21 Current Rate	RY21 90th	RY20 Final Rate	RY20 90th	Change 2021 vs. 2020 Rates
ADD - Follow Up Care for Children Prescribed ADHD Medication- Continuation and Maintenance Phase	NA	13	23.08%	67.98%	40.74%	69.15%	-17.66%
ADD - Follow Up Care for Children Prescribed ADHD Medication- Initiation Phase	5	56	30.36%	55.33%	43.48%	56.57%	-13.12%
AMM - Antidepressant Medication Management- Acute Phase Tx	90	964	65.25%	64.29%	66.32%	65.95%	-1.08%
AMM - Antidepressant Medication Management- Effective Continuations Phase Tx	75	964	48.86%	49.23%	45.85%	48.42%	3.00%
APM - Metabolic Monitoring for Children and Adolescents on Antipsychotics – Total	50	28	35.71%	56.34%	44.44%	49.08%	-8.73%
FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 7 Days – Total	NA	0	NB	23.98%	NB	23.02%	N/A
FUH - Follow-Up After Hospitalization for Mental Illness - 7 Days	NA	0	NB	52.45%	NB	51.72%	N/A
FUM - Follow-Up After Emergency Department Visit for Mental Illness - 7 Days – Total	NA	0	#DIV/0!	64.93%	0.00%	62.05%	N/A
SAA - Adherence to Antipsychotic Medications for Individuals with Schizophrenia	25	444	58.11%	72.50%	51.35%	71.96%	6.76%
SSD - Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	50	583	82.16%	87.87%	88.57%	86.76%	-6.41%

- **ADD** – Additional hits from carveout FFS data. Small denom (<30) - newly prescribed members likely not being identified.
- **APM** – Small denom (<30) – Few children/adolescents identified with 2 or more antipsychotic meds dispensed in 2020.
- **FUH, FUM, FUA** – Missing Psych IP, Psych ED and Substance OP carve out data. To be added for 2021.
- **SAA and SSD** – Increased denominator with addition of carveout Rx data.

## Access/Availability of Care

Measure	RY2021 Percentile Met	Denom.	RY21 Current Rate	RY21 90th	RY20 Final Rate	RY20 90th	Change 2021 vs. 2020 Rates
PPC - Prenatal and Postpartum Care – Prenatal	66	376	92.29%	95.86%	93.19%	90.98%	-0.90%
PPC - Prenatal and Postpartum Care – Postpartum	95	376	91.22%	84.18%	82.24%	74.36%	8.98%
ADV - Annual Dental Visits	NA	0	NB	70.87%	NB	69.31%	N/A
APP - Use of First-Line Psychosocial Care For Care for Children and Adolescents on Antipsychotics - Total	NA	0	#DIV/0!	79.37%	0.00%	75.04%	N/A
IET - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment - Engagement - Total	NA	0	NB	23.53%	NB	21.61%	N/A

- PPC – Additional hits from carve out FFS data.
- APP – Small denom (<30) - newly prescribed members likely not being identified.

## Utilization

Measure	RY2021 Percentile Met	Denom.	RY21 Current Rate	RY21 90th	RY20 Final Rate	RY20 90th	Change 2021 vs. 2020 Rates
AMB - Ambulatory Care: Emergency Department (ED) Visits	5	-	31.24	78.02	40.14	77.11	-8.90
W30 - Well-Child Visits in the First 30 Months of Life - First 15 Months	-	687	46.87%	-	-	-	NEW MEASURE
W30 - Well-Child Visits in the First 30 Months of Life - 15 Months - 30 Months	-	1192	76.09%	-	-	-	NEW MEASURE
WCV - Child and Adolescent Well-Care Visits	-	33924	47.83%	-	-	-	NEW MEASURE

- \*W30 – Most hits from added carveout FFS data. Health education materials sent to parents/guardians of targeted age group.

\*Measure included in QI Plan

Note: Utilization measures are designed to capture the frequency of certain services provided by the organization. Organizations should use this information for internal evaluation only. NCQA does not view higher or lower service counts as indicating better or worse performance.

## Risk Adjusted Utilization

Measure	RY2021 Percentile Met	Denom.	RY21 Current Rate	RY21 90th	RY20 Final Rate	RY20 90th	Change 2021 vs. 2020 Rates
PCR - Plan All Cause Readmissions	-	2316	10.45%	-	10.57%	-	-0.12%

Note: For this measure, risk adjustment weights based on observation stays status at discharge, surgeries, discharge condition, comorbidity, age and gender.

## CMS Core Set

Measure	RY2021 Percentile Met*	Denom.	RY21 Current Rate	RY21 90th	RY20 Final Rate	RY20 90th	Change 2021 vs. 2020 Rates
CCP - Contraceptive Care - Postpartum Women: LARC - 3 Days	-	866	7.39%	-	1.36%	-	6.03%
CCP - Contraceptive Care - Postpartum Women: LARC - 60 Days	-	866	16.86%	-	11.69%	-	5.17%
CCP - Contraceptive Care - Postpartum Women: Most or Moderately Effective Contraception - 3 Days	-	866	13.86%	-	5.56%	-	8.29%
CCP - Contraceptive Care - Postpartum Women: Most or Moderately Effective Contraception - 60 Days	-	866	32.79%	-	27.70%	-	5.10%
CCW - Contraceptive Care - All Women: Long-Acting Reversible Contraception (LARC)	-	4861	2.32%	-	2.77%	-	-0.45%
CCW - Contraceptive Care - All Women: Long-Acting Reversible Contraception (LARC)	-	13982	3.45%	-	4.47%	-	-1.01%
CCW - Contraceptive Care - All Women: Most or Moderately Effective Contraception	-	4861	12.45%	-	13.78%	-	-1.34%
CCW - Contraceptive Care - All Women: Most or Moderately Effective Contraception	-	13982	18.46%	-	20.25%	-	-1.79%
CDF - Screening for Depression and Follow-Up Plan	-	53711	7.03%	-	0.82%	-	6.22%
COB - Concurrent Use of Opioids and Benzodiazepines	-	1177	11.81%	-	11.56%	-	0.25%
DEV - Developmental Screening in the First Three Years of Life	-	2989	18.97%	-	22.00%	-	-3.03%
OHD - Use of Opioids at High Dosage in Persons without Cancer	-	1007	5.46%	-	5.15%	-	0.31%

- CCP – Similar to PPC Postpartum, likely additional hits from FFS carve out data.
- CDF – Numerator now includes negative screening results as well as positive.



**Questions/Comments?**