



Date: June 09, 2022
Meeting Place: Microsoft Teams Meeting
 +1 323-475-1528 : Conference ID: 391 444 455#

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

Members Present: Ana Valdes, MD *Chief Healthcare Officer, Healthright360*; Kenneth Tai, MD *Chief Medical Officer, North East Medical Service*; Jackie Lam, MD *Medical Director and QI Director Northeast Medical Services*; Katie Chung, MD *Medical Director, Value Based Care, San Francisco Health Network*; Irene Conway *SFHP Member Advisory Committee Member*; Idell Wilson *SFHP Member Advisory Committee Member*

Staff Present: Eddy Ang, MD *Senior Medical Director*; Hanan Obeidi, MPH, CHES *Vice President, Health Services Programs*; Yves Gibbons *Senior Program Manager, Quality & Access*; Leslie Mulhern, RN, CPHQ, CHCQM *Concurrent Review & Care Transitions Nurse*; Michelle Faust, RN *Prior Authorization Nurse*; Jackie Hagg, RN *Senior Nurse Specialist*; Kaitlin Hawkins PharmD BCPS *Manager, Pharmacy Operations*; Elizabeth Sekera, RN *Manager, Population Health*; Matija Cale RN, MS *Director, Clinical Operations*; Edward Cho *Provider Relations Specialist*; Se Chung *Health Services Administrative Specialist*; Jose Mendez, *Senior HEDIS Program Manager*

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
Call to Order	Meeting called to order at 7:30 AM with a quorum. <ul style="list-style-type: none"> Roll Call. Dr. Eddy Ang and Hanan Obeidi are co-facilitating meeting on behalf of Dr. Fiona Donald who is on leave. Dr. Katie Chung joining first SFHP QIC meeting. 		

Consent Calendar	<p>-In Q1 2022 performance target up to 90% from previous Q4 2021 dip.</p> <p>-In Q1 2022 10 PQI cases open.</p> <p>-SFHP updated policy on gender affirmation surgeries in compliance with State law and WPATH (The World Professional Association for Transgender Health). Version 8 standard of care guide to be released shortly.</p> <p>-All in favor to approve consent calendar.</p>		<p>Approved.</p> <ul style="list-style-type: none"> • Review of February 2022 Minutes • Q4 2021 ER Report • Q1 2022 Grievance Report • Q1 2022 Appeals Report • Q1 2022 PQI Report • UM Committee Minutes (Jan. – Feb. 2022) • HE P&P Updates Summary (Feb. – May 2022) • Q2 2022 QI Scorecard
Quality Improvement	<p>• <i>Accessibility Monitoring Annual Update</i> Presented by Yves Gibbons.</p> <p>Survey Administration:</p> <p>-Policy QI-05 monitoring of accessibility of provider services. Covers appointment survey, wait time in providers offices, telephone & triage access, etc.</p> <p>-2 Wait Time & Triage surveys. Elements in survey: telephone time to answer/return, office wait time during daytime/after-hours triage times. Compliance parameters: with each element, 80% rate required, non-response does not contribute to compliance, surveyed individual PCP site & clinics.</p> <p>-Highlights: Medical groups: 80% met for time to answer, office wait time. SFHP: 80% met for time to return. In triage: SFHP daytime hours increased 5% to 85%.</p> <p>Expected time of turn around: Wait time – 30 minutes; Time to return within 24hrs; Triage: within 30 minutes.</p> <p>-Medical groups at 80% (minimum standard for compliance):</p> <p>9/9 Telephone Time to Answer; 12/12 Telephone Time to Return; 11/12 Office Wait time; 8/12 Day Triage; 10/18 After hours Triage – CAP to be sent.</p>		

	<p>-Opportunities for improvement: Improve compliance with after hours triage & improve response consistency between day/afterhours triage to stay within 30-minute window.</p> <p>- Next Steps: CAPS to be sent, offer technical support and plan for 2022 fielding.</p> <p><u>Appointment Access Elements:</u> Areas in Primary care (Routine, Urgent, Prenatal), Specialty care (Routine, Urgent), Behavioral Health (Routine, Urgent) & Ancillary care (Routine). 14 specialty types.</p> <p>Survey first sent by fax/email. If not completed, vendor calls provider to complete survey.</p> <p>-Compliance parameters: 80% rate for compliance; under 80% CAP is issued. 50% response rate from provider is required. Compliance reflects site for PCP; individual provider for all others.</p> <p>-Highlights: In primary care: all providers 80% routine and prenatal appointments. Specialty: increased response rate 5% from 47% to 52%. Behavioral Health: increased response rate in psychiatry from 77% to 94%. Increased non-physician (ex. license marriage and family therapist) response rate from 78% to 84%. Ancillary (only surveying MRI and Physical Therapy): all provider groups reached 80%. Appointments made within 15 business days.</p> <p>-Medical groups at 80% (minimum standard for compliance): 33/36 Primary Care; 66/235 Specialty Care; 15/26 Behavioral Health; 4/4 Ancillary Care.</p> <p><i>Dr. Eddy Ang: Is there a sense of which specialty is contributing to the low number is specialty care?</i></p> <p><i>Yves Gibbons: It is all the specialties. OBGYN is the closest at 63%. Survey conducted Sept-Dec. COVID could have been a trigger for lower rates in 2021.</i></p> <p><i>Dr. Eddy Ang: Going back to 2018/19 do the number looks similar?</i></p>		
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	<p><i>Yves Gibbons: 2021 is the worse result year. Previously only measured Cardiology, Endocrinology, Gastroenterology, Oncology and Gynecology. No additional data. 2019/2020 added more specialties.</i></p> <p><i>Dr. Eddy Ang: Is there difference in the size of the response rate from 2020 and 2021?</i></p> <p><i>Yves Gibbons: Increasing response rates overall. The added specialty types are required by DHCS so response rate in 2020 47%, 2021 52% but has 2019 was lower than 47%.</i></p> <p><i>-Next Steps: CAPs for 80% non-compliance of elements or less than 50% response rate. Close CAPs by end of 2022. Planning for 2022 PAAS (Provider Appointment Availability Survey) & Technical Assistance.</i></p> <p><i>Dr. Eddy Ang: Are these findings consistent with your observations on these surveys?</i></p> <p><i>Irene Conway: From the patient point of view; specialty care has been challenging because of retirements, hiring freeze, lack of staff, resignations, etc.</i></p> <p><i>Dr. Katie Chung: Yes, can agree with all those reasons for the lack of availability. SFHN is staffed by UCSF physicians and DPH. Am experiencing longer than normal delays across the board especially an echocardiogram – appointment times was 2-3 months; now 6-9 months.. DPH was on a hiring freeze but is now hiring.</i></p> <ul style="list-style-type: none"> • Meeting adjourned at: 8:19 AM. 		
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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

1st Quarter 2022

San Francisco Health Plan Medi-Cal LOB

Goal:

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

Methodology:

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

Findings:

Section 1 - ER Visits

In 1Q2022, 10,035 members had 15,261 ER visits, averaging 1.52 ER visits per member, which is roughly the same as the previous quarter (1.53). This reflects an ER visit by approximately 7.7% of the SFHP Medi-Cal membership within the quarter, which slightly decreased from 8.1% previously. Visits by ER facility and the number of Member ER visits increased compared to the previous quarter (15,612 and 10,174 respectively).

Table 1A: Visits by ER Facility

ER Facility	ER Visits
ZSFG AND TRAUMA CENTER	3,711
UCSF MEDICAL CENTER	2,732
ZSFG- ACUTE CARE 2	1,863
ST FRANCIS MEMORIAL	1,618
CPMC MISSION BERNAL CAMPUS- ACUTE CARE	1,447
CPMC VAN NESS CAMPUS-ACUTE CARE	935
CPMC PACIFIC CAMPUS- OUTPATIENT AND ER	737
CHINESE HOSPITAL	470
ST MARYS MEDICAL CENTER	467
CPMC DAVIES CAMPUS-ACUTE	363
KAISER HOSPITAL SF	309
Other ED Facilities	609
TOTAL	15,261

Table 1B: Member ER Visits

# ER Visits	Member
1	6,708
2	1,961
3	625
4	297
5	154
6	75
7	69
8	35
9	28
10	14
11+	69
TOTAL	10,035

Section 2 - Top Diagnoses

Of the 15,261 ER visits in 1Q2022 7,108 visits (47%) resulted in a medication (from ER or pharmacy) within 72 hours of the ER Visit and 7,344(48%) did not. Not all ER visits warranted medication treatment (i.e. chest pain, abdominal pain or altered mental status). Overall, the distribution of top ER visits by diagnoses category is shown in Table 2. COVID-19 related ER visits have significantly increased by 370% (640) compared to last quarter's 136 visits. Suicidal ideation diagnosis continues to be a top diagnosis during pandemic 1Q2022(110 visits) compared to pre-pandemic 4Q2019 (60 visits).

Table 2: Percent ER Visits by Diagnoses (1Q2022)

Top Diagnoses Categories	ICD10	ER Visits	% of Visits
Chest pain	R07.xx	983	6.4%
Abdominal pain	R10.xx	673	4.4%
COVID-19	U07.1	640	4.2%
Shortness of breath	R06.02	273	1.8%
Headache	R51.9	196	1.3%
Cough	R05	165	1.1%
Fever Unspecified	R50.9	159	1.0%
Altered mental status	R41.82	157	1.0%
Head Injury Unspecified	S09.90	155	1.0%
Acute Upper Respiratory Infection Unspecified	J06.9	148	1.0%
Dizziness and Giddiness	R42	137	0.9%
Nausea with Vomiting	R11.2	125	0.8%
Suicidal Ideations	R45.851	110	0.7%
Urinary Tract Infection	N39	102	0.7%
All Other Diagnoses		11,238	73.6%
TOTAL		15,261	100.00%

Section 3 - Key Diagnoses Category

Selected key diagnoses with a high likelihood for ER discharge prescription are reported in Table 3. In 1Q2022, greater than 95% of ER visits for all key diagnoses received medication treatment within 72 hours of the visit.

Table 3: ER Visit – Key Diagnoses Category

Diagnoses Category	ICD10	RX Filled	ER Treated	No Rxs	ER Visit Total	% Treatment
Asthma Exacerbation	J45.901, J45.909, J45.902	45	22	2	69	97%
COPD	J44, J44.1, J44.9	26	29	1	56	98%
Pneumonia	J18.9	17	8	1	26	96%
UTI	N39.0	47	25	3	75	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 5,937 member visits to a pharmacy after an ER discharge, the top 15 most utilized pharmacies are reported in Table 4. The only 24-hour pharmacy in San Francisco was also the most utilized. Access to a pharmacy after an ER visit can occur throughout the day and would not be limited to only after-hours. In this analysis, member visits are defined as unique days that prescriptions are filled for a member per unique pharmacy.

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

Pharmacy	Hours of Operation	Mbr Visits	% of Visits
SF General (1001 Potrero Ave)	9AM – 8PM M-F, 9AM-1PM Sat	689	11.61%
Walgreens 3711 (1189 Potrero Ave)	8AM – 10PM M-F, 8AM – 9PM Sat-Sun	435	7.33%
Walgreens 5487 (5300 3rd St)	8AM – 9PM	330	5.56%
Walgreens 1327 (498 Castro St)	24 Hours	267	4.50%
Walgreens 4609 (1301 Market St)	8AM – 9PM	256	4.31%
Chinese Hospital (845 Jackson St)	8AM – 7PM M-F, 9AM-5PM Sat-Sun	204	3.44%
Walgreens 4231 (2690 Mission St)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	201	3.39%
Daniels Pharmacy(943 Geneva Ave)	9AM-6:30PM	187	3.15%
Walgreens 7150 (965 Geneva Ave)	9AM – 9PM	168	2.83%
Walgreens 3185 (825 Market St)	8AM – 9PM M-F, 9AM – 5PM Sat, 10AM – 6PM Sun	160	2.69%
Walgreens 1626(2494 San Bruno Ave)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	147	2.48%
Walgreens 1054(3398 Mission St)	9AM-9PM M-F, 9AM-1:30PM, 2PM-5PM SAT, 10AM-1:30PM, 2PM-6PM SUN	131	2.21%
Walgreens #3558 (1301 Franklin St)	9AM-9PM M-F, 9AM-1:30PM, 2PM-5PM SAT, 10AM-1:30PM, 2PM-6PM SUN	124	2.09%
Scriptsite Pharmacy (870 Market St #1028)	9:30AM-5:30PM M-F, Closed SAT/SUN	111	1.87%
Walgreens 2866 (1363 Divisadero St)	9AM-9PM M-F, 9AM-1:30PM, 2PM-5PM SAT, 10AM-1:30PM, 2PM-6PM SUN	96	1.62%
All Other Pharmacy Locations		3,506	59.05%
TOTAL		5,937	100.00%

Summary:

No barrier to pharmacy access during after-hours was identified in this quarter. ER utilization was roughly the same in 1Q2022 compared to 4Q2021 (15,261 visits versus 15,612) with each

member utilizing the ER at 1.52 visits. About 47% of ER visits received a medication (from ER or pharmacy) within 72 hours of the ER visit, slightly lower than last quarter (49%). Appropriate prescription fills were seen in all four key diagnoses category. Monitoring of member access to medication treatment after an ER visit will continue.

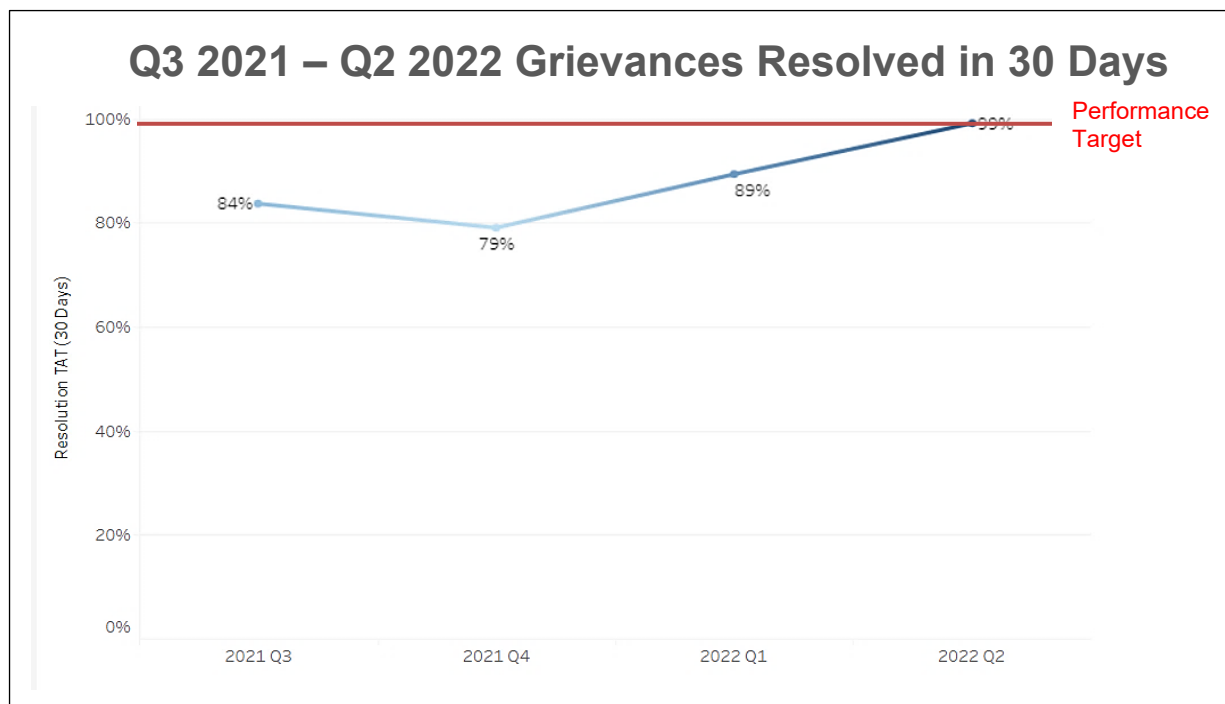
MEMO

Date: August 1, 2022

To	Quality Improvement Committee
From	Grace Cariño, MPH Interim Supervisor, Grievances and Appeals
Regarding	Q2 2022 Grievance Report

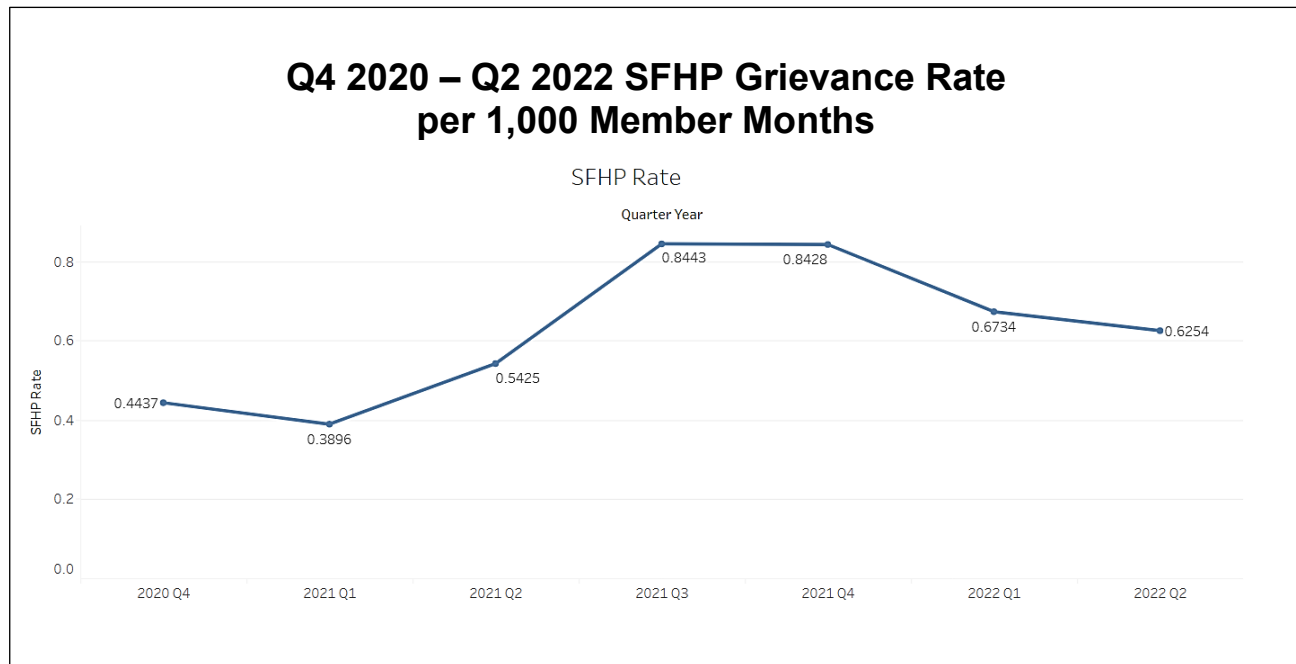
- SFHP received a total of 120 grievances in Q2 2022. Overall grievance volume decreased by 5.5% from 127 total grievances in Q1 2022.
- In Q2 2022, one out of 120 grievances were not closed within the required timeframe of 30 calendar days, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).
- Ninety-eight percent of acknowledgement letters were sent out within five calendar days, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).

SFHP's performance threshold for closing grievances within the required timeframe of 30 days is 99%. In Q2 2022, the percentage of grievances resolved within 30 calendar days was 99%. SFHP was unable to close one case within the 30-calendar day timeframe because SFHP did not receive a timely grievance investigation response from the provider.

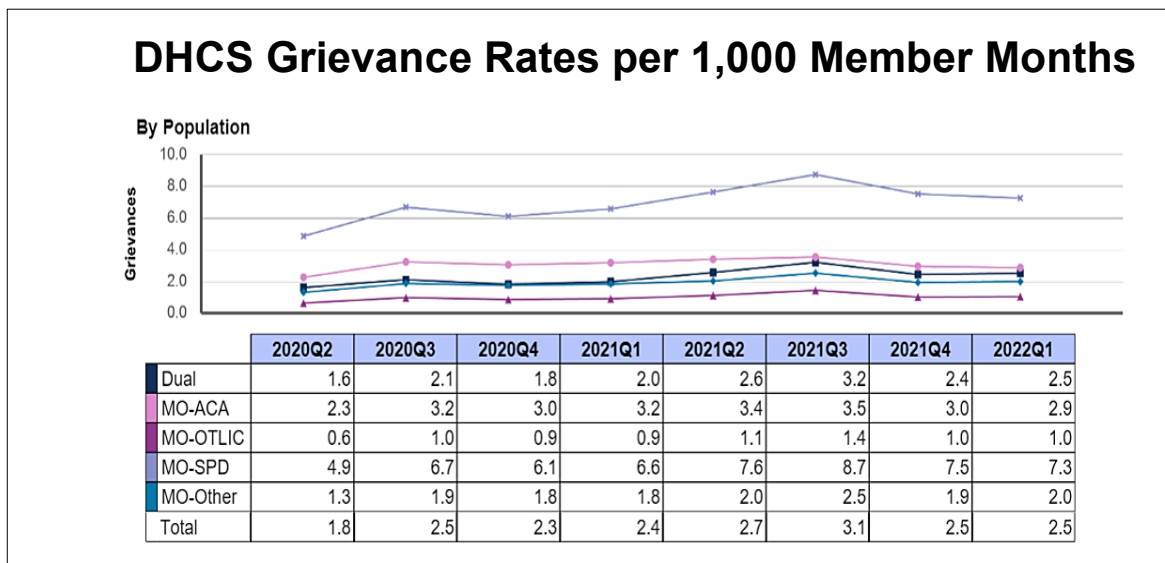


SFHP Grievance Rate

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



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



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

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

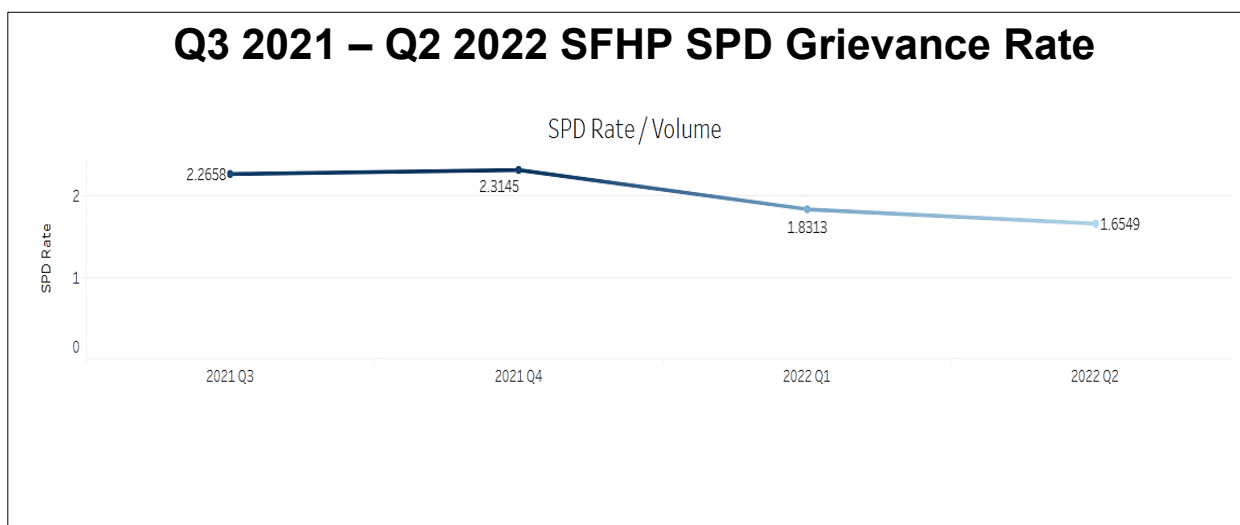
*MO-SPD: Medi-Cal Only Seniors and Persons with Disabilities

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

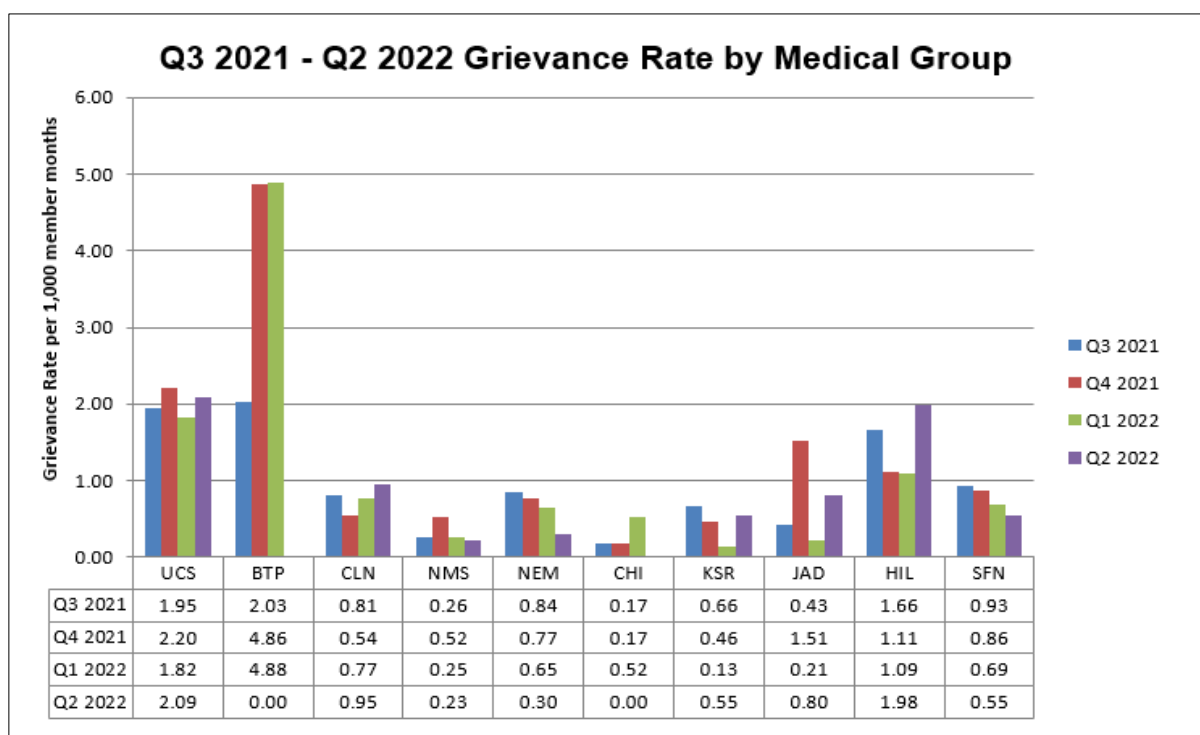
SFHP monitors grievances filed by members who are part of the SPD population.

- In Q2 2022, 48 grievances were filed by SPD members. The number of grievances filed by SPDs stayed the same compared to Q1 2022 when a total of 48 grievances were filed by SPD members.
- Grievances involving quality of service and quality of care continue to be the most common grievance categories for SPD members.

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

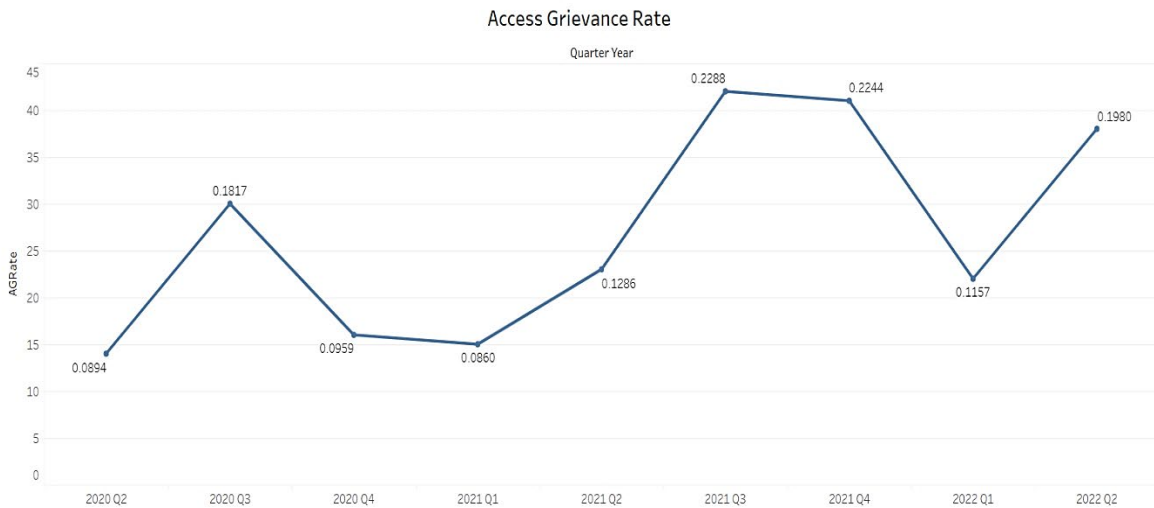


Grievance Rate by Medical Group:



Access to Care Grievances:

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



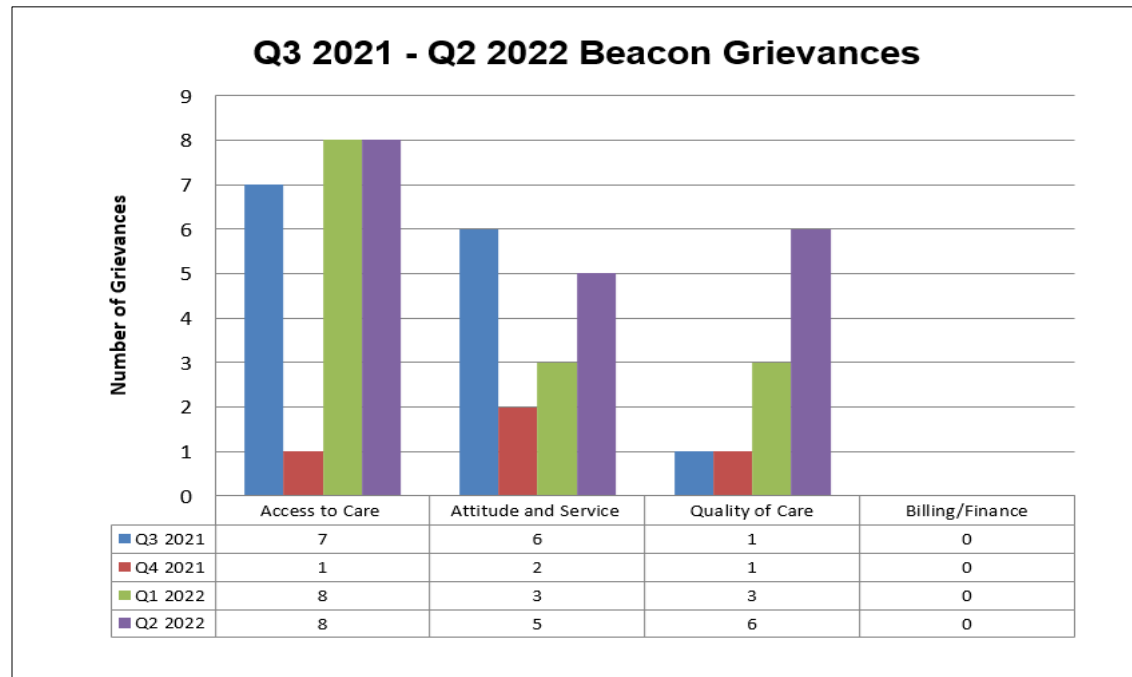
Access Grievances per 1,000 Member Months

Access Grievance Rate By Medical Group

	Quarter Year			
	2021 Q3	2021 Q4	2022 Q1	2022 Q2
BTP	1.36	3.47	0.66	
CHI	0.17	0.00	0.17	
CLN	0.29	0.24	0.06	0.39
HIL	0.00	0.00	0.50	0.00
JAD	0.00	0.00	0.00	0.20
KSR	0.07	0.00	0.00	0.06
NEM	0.38	0.27	0.14	0.07
NMS	0.00	0.13	0.12	0.11
SFN	0.14	0.22	0.08	0.20
UCS	0.58	0.45	0.38	0.70

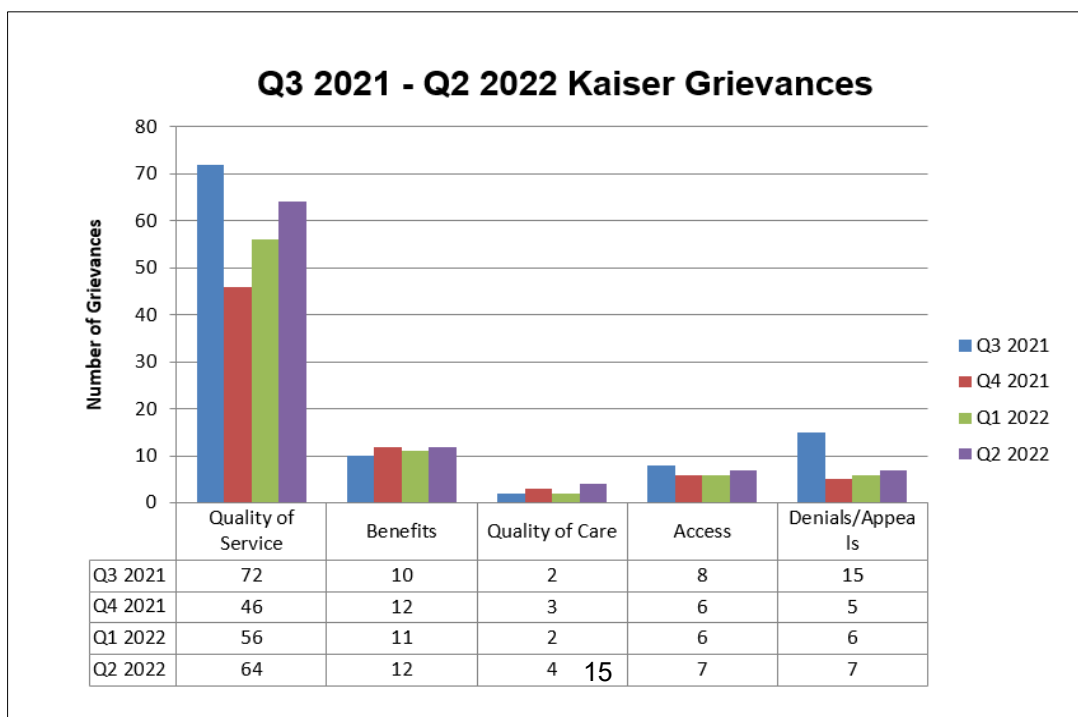
Beacon:

Beacon Health Options is SFHP's non-specialty mental health provider. Beacon is partially delegated to process grievances. Most grievances received in Q2 2022 involved Access to Care followed by Quality of Care and Attitude and Service.



Kaiser:

Kaiser is fully delegated to investigate and resolve grievances. Most grievances received in Q2 2022 were grievances involving Quality of Service and Benefits. This is consistent with previous quarters.





MEMO

Date: August 4, 2022

To	Quality Improvement Committee
From	Grace Cariño, MPH Interim Supervisor, Grievances and Appeals
Regarding	Q2 2022 UM Medical and Pharmacy Appeals Activity

Q2-2022 Appeals Activity – Overview

During Q2-2022, there were a total of 16 appeals filed (medical – 13/pharmacy – 3)ⁱ. In Q2-2022, there were a total of 4,730 authorizationⁱⁱ requests (medical – 4,595/pharmacy – 135) and a total of 99 denials (medical – 68/pharmacy – 31).

On a per 1,000 total authorization basis:

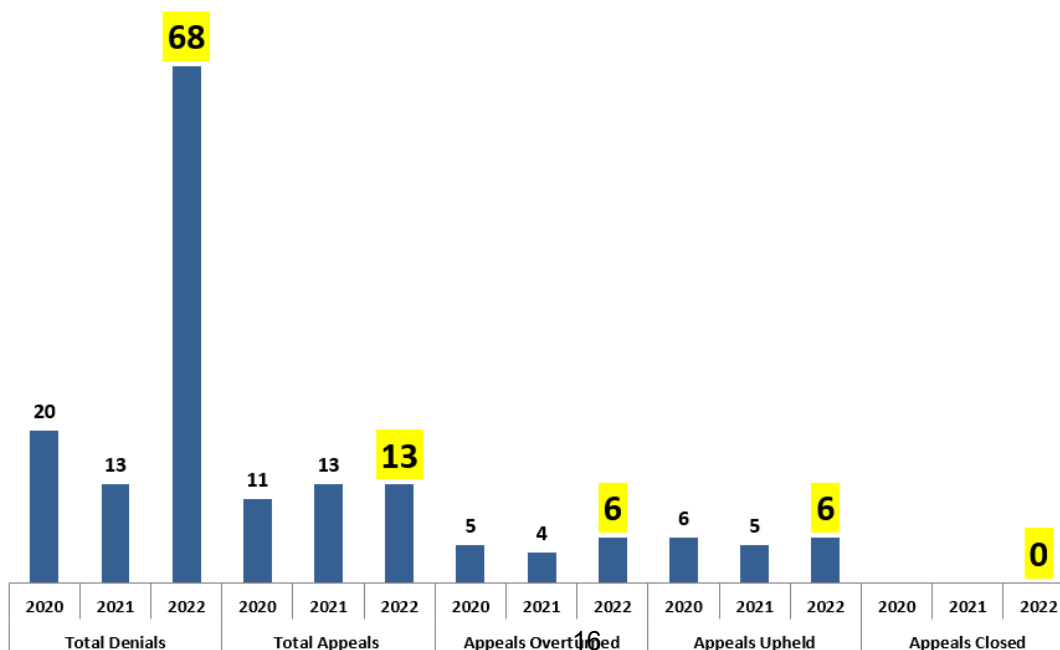
- 3.38 total appeals per 1,000 total authorizations
- 2.75 medical appeals per 1,000 total authorizations
- 0.63 pharmacy appeals per 1,000 total authorizations

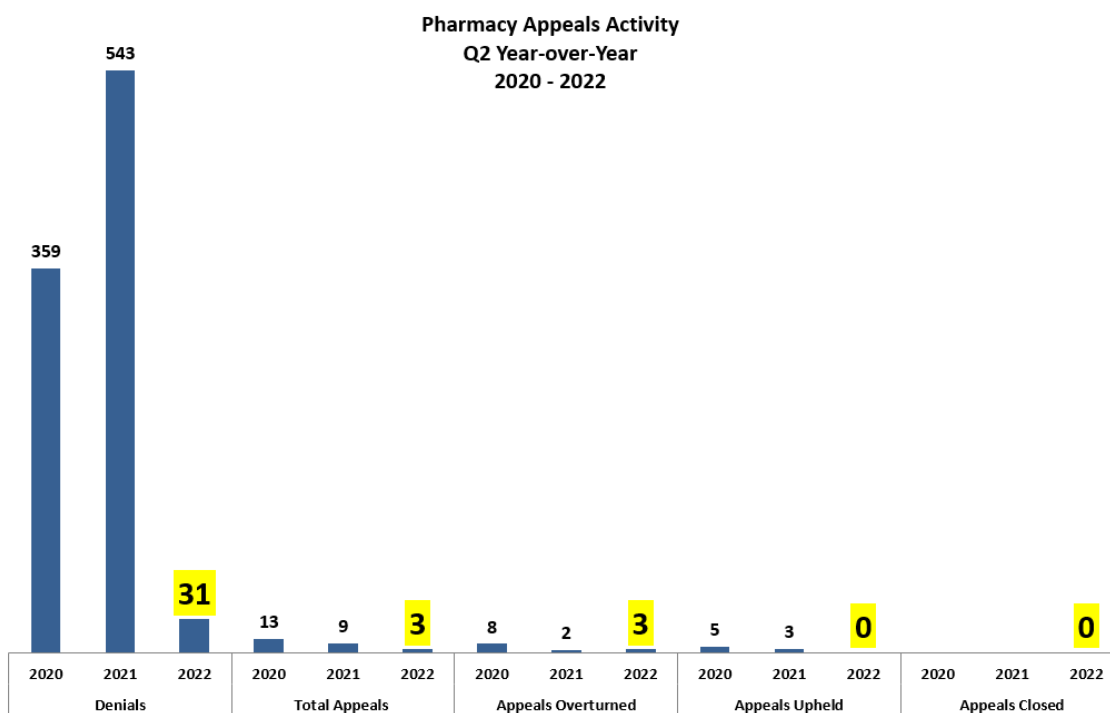
Comparing appeal activity in Q2-2022 to Q1-2022:

- 16 appeals in Q2-2022 vs. 21 appeals in Q1-2022
- 3.38 appeals/1000 in Q2-2022 vs. 4.0 appeals/1000 in Q1-2022

Of the 16 appeals in Q2-2022, 9 appeals were overturned (medical – 6/pharmacy – 3), which is a 56% overturn rate. This compares to a 48% overturn rate in Q1-2022 (10 overturned out of 21 appeals). Please note one medical appeal is still open during the creation of this report.

Medical Appeals Activity
Q2 Year-over-Year
2020- 2022





Analysis

Q2-2021 – Q2-2022 Medical Denial Rates

Between Q2-2021 and Q2-2022, the medical denial rates ranged from 0.34% (Q2-2021) to 1.48% (Q2-2022):

	Medical Authorizations	Medical Denials	Medical Denial Rate
Q2-2021	3,801	13	0.34%
Q3-2021	3,989	22	0.55%
Q4-2021	3,759	26	0.69%
Q1-2022	5,136	24	0.47%
Q2-2022	4,595	68	1.48%

Q2-2021 – Q2-2022 Pharmacy Denial Rates

Between Q2-2021 and Q2-2022, the denial rates ranged from 18.19% (Q3-2021) to 29.12% (Q1-2022):

	Pharmacy Authorizations	Pharmacy Denials	Pharmacy Denial Rate
Q2-2021	2,151	543	25.24%
Q3-2021	1,979	360	18.19%
Q4-2021	1,856	453	24.41%
Q1-2022	120	35	29.12%
Q2-2022	135	31	22.96%

Q2-2021- Q2-2022 Collective Medical & Pharmacy Appeal Rates per 1000 Denials

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

	Medical + Pharmacy Denials	Medical + Pharmacy Appeals	Medical + Pharmacy Appeals / 1000 Denials
Q2-2021	556	22	39.6
Q3-2021	556	21	37.8
Q4-2021	453	26	57.4
Q1-2022	59	21	35.6
Q2-2022	99	16	16.16

Q2-2022 Collective Medical & Pharmacy Appeal Adjudication Turn-Around-Time

Ninety-four percent of the medical and pharmacy appeals were adjudicated within 30-days in Q2-2022 compared to 76% in Q1-2022 and 79% in Q4-2021.

	Q2-2022		
	Total (Med + Pharm)	Medical	Pharmacy
Number (#) of Appeals	16	13	3
Percentage (%) of Appeals Adjudicated within 30-days	94%	92%	100%

Q2-2022 Member and Provider Appeal Activity

Of all appeals filed in Q2-2022, 56% were member initiated and 44% were provider initiated.

Of all appeals filed in Q2-2022, one appeal was expedited.

		Q2-2022		
		Total (Med + Pharm)	Medical	Pharmacy
Member	# of Initiated Appeals	9	9	0
	% of Total Appeals	56%	56%	0%
Provider	# of Initiated Appeals	7	4	3
	% of Total Appeals	44%	25%	19%
Member	# of Expedited Appeals	0	0	0
	% of Initiated Appeals	0%	0%	0%
Provider	# of Expedited Appeals	1	0	1
	% of Initiated Appeals	6%	0%	6%

Q2-2022 Basis for Overturned Appeals

One hundred percent of overturned appeals in Q2-2022 were based on additional clinical information submitted.

Q2-2022			
	Total (Med + Pharm)	Medical	Pharmacy
# of Overturned Appeals	9	6	3
% of Total Appeals	56%	38%	19%
# of Appeals overturned due to additional clinical information offered	9	6	3
% of Appeals overturned due to additional clinical information offered	100%	67%	33%
# Appeals overturned due to decision based on the same submitted clinical information	0	0	0
% Appeals overturned due to decision based on the same submitted clinical information	0%	0%	0%

Actions


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

ⁱ 0937ES Essette Grievance Report, Case Receipt Date 4/1/2022 - 6/30/2022 as of 8/2/22 11:34AM.

ii Source for Medical data: Original_Q2-2022_AllAuthorizationsData. As of 5.2020, the following data classes are no longer counted in the authorization (auth) total:

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

Source for Pharmacy Data: E-mail from 8/2/22

 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 6 April 2022 2PM – 3PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale (PTO) / SeDessie Harris preceding</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly Recurring</p>	<p>Recorder: K. M. McDonald</p>
<p>Present:</p>	<p><u>Clinical Operations</u> Monica Baldzikowski; SeDessie Harris, Tamsen Staniford; Kirk McDonald; April Tarpey; Morgan Kerr; Tony Tai; Fiona Donald, Eddy Ang</p> <p><u>Pharmacy</u> Kaitlin Hawkins</p>	<p><u>Compliance</u> Betty DeLos Reyes Clark, Monica Fong; Crystal Garcia</p> <p><u>Access and Care Experience</u> (No attendees)</p> <p><u>Guest</u> Debra Hagemann (ClearLink Partners); Rudy Wu</p>
<p>Not Present:</p>	<p>Nicole Ylagan; Matija Cale; Bill Mace; Tammy Chau; Jacqueline Hon (Pharmacy Intern)</p>	
<p><i>Quorum (details after the Action Items section below)</i></p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Fiona) • Senior Medical Director, (Eddy Ang) (The new Sr. Medical Director will start on 4.1.22 and will attend the April UMC meeting.) • Director, Clinical Operations, RN (Matija) • Senior Manager, Prior Authorization, RN (Monica) • Manager, Concurrent Review and Care Transitions, RN (SeDessie) • UM Nurse Manager, Prior Authorizations, RN (Tamsen) • Program Manager, Clinical Operations, PhD (Kirk) 	
	<ul style="list-style-type: none"> • Not Present 	
<p>Documents Presented:</p>	<p>Draft_Agenda_UMC_April_v4.05.22 Final-Draft_Minutes_UMC_Feb_v3.6.22 Clinical_Operations_KPI_Dashboard-February2022_v3.16.22 UM Director Dashboard_Feb 2022_03 15 22</p>	

	0937ES Essette Grievance Report_2.15.22-3.29.22_v3.29.22 SFH.IMR.CC_UMC Report_2022.04.06 SFHP Gender Affirming Services Medical Necessity Criteria_DRAFT_for UMC Vote 3-31-22 EssetteAuths_February 2022_3 15 2022 UM Phone Metrics - February 2022
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Consent Calendar – January to December 2022

ITEM #	Document	Review Schedule	Outcome	Comments
1.	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing MCG 25 th edition PP CO-57	<ul style="list-style-type: none"> Special Review for NCQA 2023 Renewal Survey Feb 24, 2022 	<ul style="list-style-type: none"> QIC approved the criteria (Q1-2022 meeting) 	<ul style="list-style-type: none">
2.	Annual (CY2022) benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> Annual (Q2/Q3) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
3.	Internal Audit of Authorization Requests Report Q3-2021 Report Q4-2021 Report Q1-2022 Report Q2-2022 Report	<ul style="list-style-type: none"> Jan 2022 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q3-2021 (Jan 2022 UMC) reviewed Q4-2021 (May 2022 UMC) reviewed Q2-2022 (Sept 2022 UMC) reviewed. This includes the inaugural audits of – (1) NCQA UM-12 (Denial TAT Systems Control); (2) NEMT, (3) Major Organ Transplants, and (4) MD Denial NOA reviews.
4.	2021 Utilization Program Evaluation Annual Review and Approval	<ul style="list-style-type: none"> Feb 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. 	<ul style="list-style-type: none">
5.	Updated UMC Charter and Reports/Documents Review Calendar	<ul style="list-style-type: none"> Feb 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. 	<ul style="list-style-type: none">
6.	2021 Specialty Referral Annual Report Q1-2022 Report Q2-2022	<ul style="list-style-type: none"> May 2022 UMC Meeting 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q1-2022 Q2-2022 Q3-2022

7.	Revised Gender Affirmation Criteria	<ul style="list-style-type: none"> April 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. Document - <i>SFHP Gender Affirming Services Medical Necessity Criteria_DRAFT_for UMC Vote 3-31-22</i> 	<ul style="list-style-type: none">
8.	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing PP CO-57	<ul style="list-style-type: none"> 2022 Annual Review (UMC) 2022 Annual Review (QIC) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
9.	2022 UM Program Description	<ul style="list-style-type: none"> Annual (Q4) UMC QIC 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
10.	2022 UM Program Evaluation	<ul style="list-style-type: none"> Annual (Q1-2023) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

	Topic	Brought By	Time	MINUTES	Decision
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	SeDessie	2:00 – 2:10	<ul style="list-style-type: none"> Agenda reviewed February minutes were approved by quorum Action Items <ul style="list-style-type: none"> Reviewed and updated (see updates below in table) CO Director Dashboard <ul style="list-style-type: none"> Staff reviews of February 2022 CO Director Dashboard are in appendix. The Maternity kick metrics lagged given the data upload was delayed. CO – KPI Dashboard <ul style="list-style-type: none"> 20% increase in prior authorizations from last year and 13% increase from last month due to membership increase and catching up on the COVID impact on outpatient services. An issue with duplicate authorizations, created inadvertently from slow processing, is now addressed by increased staffing. There is an extended wait for specialists due to out-of-medical-group (OOMG) requests. Addressed by 	

	Topic	Brought By	Time	MINUTES	Decision
				<p>extending/reauthorizing expired approved authorization, with the increased staffing, this issue to level off by next month.</p> <ul style="list-style-type: none"> ▪ What are the mitigation measures: increase staff and increase the no-PA required list. ○ Denial rate is increasing due to managing the OOMG auth requests. <ul style="list-style-type: none"> ▪ TAT is increasing. ▪ The constraint is the non-Par piece, if you remove the non-Par piece opens folks up to Stanford. ▪ Are there certain types of non-Par piece which can be adjusted to ensure there is no increase in Stanford referrals as an option. ○ IP denial rate <ul style="list-style-type: none"> ▪ Seen an increase in OBS converted to IP status. ▪ Increased in IP stays after OP procedures. ▪ Number of facilities are based on APDRG except Stanford. ▪ OP members placed in IP status versus Obs status and room and board are not covered. ○ Also observed a slight increase in Retros. • Pharmacy Dashboard <ul style="list-style-type: none"> ○ DHCS will be providing a dashboard to SFHP, date to be determined. 	
2.	<ul style="list-style-type: none"> • Medical/Pharmacy Appeals: Upheld and Overturned • Independent Medical Review (IMR) • State Fair Hearings (SFH) • Consumer Complaints 	<ul style="list-style-type: none"> • April – DMG appeal cases • Tamsen – CHN/UCSF cases • Jessica – Pharmacy Appeals • Betty 	2:10 – 2:15	<ul style="list-style-type: none"> • Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> ○ UM – Appeals - 5 <ul style="list-style-type: none"> ▪ Upheld appeals – 2 ▪ Overturned appeals – 3 ○ Pharmacy – Appeals - 1 <ul style="list-style-type: none"> ▪ Upheld appeals – 0 ▪ Overturned appeals – 1 • Compliance <ul style="list-style-type: none"> ○ IMR – 4 ○ SFH – 0 ○ Consumer Complaints – 5 <ul style="list-style-type: none"> ▪ Consumer complaint regarding claim that SFHP unnecessarily prolonged PA process for hair restoration with OON provider. 	

	Topic	Brought By	Time	MINUTES	Decision
				<ul style="list-style-type: none"> Betty suggested – the core issue is about voiding an authorization. Best practice is to deny an authorization. A denial does not annul a member's appeals right. 	
3.	Review and vote on revised SFHP Gender Affirmation Criteria	Monica	2:15 – 2:30	<p>Document – <i>SFHP Gender Affirming Services Medical Necessity Criteria_DRAFT_for UMC Vote 3-31-22</i></p> <ul style="list-style-type: none"> The criteria need to be DMHC aligned. Not all of the criteria are covered by WPATH. E g., WPATH does not address hair restoration. The SFHP criteria are not stricter than the community partners. Provided an extensive citation section to address the source of evidentiary support for various gender affirming criteria. Underscores that WPATH is the source of the criteria. What are the next steps? The SFHP criteria will go to a medical director for final review. 	UMC voted to approve the revised SFHP Gender Affirmation criteria. Quorum was met.
4.	Review UM Trending	SeDessie	2:30 – 2:50		Added to the May UMC agenda.
5.	Recap / Action Item Review	Kirk	2:50 – 2:55	<p>Review the new action items</p> <p>Readmission – All Cause – send out email to select the final benchmark value....</p>	

Action Items – April 2022 UMC

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	SeDessie / Eddy Ang	<ul style="list-style-type: none"> Work w/ Eddy Ang on OBS metrics. Need to be consistent in how OBS rules are applied. 	
2.	April / Fiona / Eddy	<ul style="list-style-type: none"> Appeal MA220228001 (NEMS) Appealed for a new mask for the member's CPAP machine but was denied because of an annual limit of one new mask per year. Need to follow up on the denial of the CPAP mask. 	
3.	April / Fiona / Eddy	<ul style="list-style-type: none"> Appeal MA220307001 (CCHCA) Member received a denial letter for a CT scan PA, stating the clinic did not perform any X-Rays on the member so therefore the request was denied. 	

		<ul style="list-style-type: none"> Need to follow-up 	
4.	Tamsen / Fiona / Eddy	<ul style="list-style-type: none"> Appeal MA220311001 Denial of facial feminization surgery Need to follow-up: <ul style="list-style-type: none"> Part I – multilevel grievance and issue of the TAT to address the appeal. Part II – contracting and surgery limitations about facial limitation. Fiona needs to work w/ Kaliki regarding cannot restrict something related to costs. The UCSF contract: the base issue of reconstructive surgery and cosmetic surgery and surgery limitations. An issue of medical necessity. 	
5.	Betty / Monica / Tamsen	<ul style="list-style-type: none"> Consumer complaint regarding claim that SFHP unnecessarily prolonged PA process for hair restoration with OON provider. Follow-up 	
6.	Monica / Tamsen	<ul style="list-style-type: none"> The SFHP Gender Affirmation criteria will go to a medical director for final review. 	
7.	Kirk	<ul style="list-style-type: none"> Set up a meeting with Matija/Eddy/Fiona to discuss readmission benchmarks. 	4.14.22 - Completed and final readmission benchmark sent to Rudy/BI.

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
1.19.21	Monica	PA TAT Tables: formally requesting IT Team to assist in correcting this issue	3.31.22 – Completed. now being worked on by Tony and Business Analytics as part of the Clin Ops Data Dashboard Project.	3
11.03.21	April	<ul style="list-style-type: none"> Regarding the overturned UM appeal (MA210706002) Need to ask PNO who is the in-network provider for orthopedic (joint) consultation. 	12.16.21: Still gathering information. Will revisit this due to resource constraints in A&G (email Thu 12/16/2021 7:33 AM).	2
12.16.21	Wayne Pan / Crystal	Review auth requests for Hypoborate Oxygen for potential PQIs. Compliance to reach out to Wayne.	3.29.22 – Completed. Betty followed up with Wayne waiting for his response	3

12.16.21	Tamsen	Develop a consistent msg. to DMGs about the criteria difference between SFHP and Medical RX for CGMs to address potential confusion about whether to bill SFHP or DHCS.	3.31.22 - Completed	3
2.24.22	Fiona	<ul style="list-style-type: none"> • IMR / GenVisc • Fiona will send the details of the IMR to the medical directors' group for further discussion. 	Completed 4.6.22 – Did discuss at the medical director's meeting. And the group will monitor this for future.	3
2.24.22	April	To include UM perspective about continuity of care in DMG trainings.	Completed 4.6.22 – Working w/ Crystal and will be including this in the DMG training.	3
2.24.22	AI UMC Members	Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be included in the UMC Charter as an out-of-scope item.	2.24.22 - This is ongoing for 2022	2

Parking Lot

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

Appendix

Appeals / Overturned – April 2022

APPEALS AND GRIEVANCES							
Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name of Service or Medication
MA220224001	Member Appeal	SFN	Overturned	SFHP-Pharmacy	Provider submitted an appeal for Sofosbuvir-Velpatasvir 400-100mg tablet.		Sofosbuvir-Velpatasvir 400-100mg tablet
MA220228001	Member Appeal	NEM	Overturned	Medical Group	Member would like to submit an appeal for a Visco Supplement (Joint lubricant Therapy) because the member failed conventional therapy. However, NEMS denied the original request for Visco Supplement as not medically necessary. Member also appealed for a new mask for the member's CPAP machine but was denied because of an annual limit of one new mask per year.	Called NEM to confirm member needs Visco Supplement (Joint lubricant therapy). Provided DMHC phone number. Advised PCP services, urgent care, and ER are covered services.	Visco supplement knee injection
MA220307001	Member Appeal	CHI	Overturned	Medical Group	Provider appealed a denial for a CT scan. The denial letter stated the CT scan was denied because the rendering provider's office did not provide a history of X-Ray/imaging.	Called member to provide the DMHC phone number. Member is aware that the provider is submitting this appeal.	CT Scan
MA220311001	Member Appeal	CLN	Partially Overturned	SFHP	Member is appealing the denial of facial feminization surgery (FFS). Member originally appealed for FFS that was upheld (MA210706001) in July 2021. Member shared they submitted a 150-page document to file a second appeal for FFS back in December 2021. The appeal from December 2021 (MA211220001) only addressed lymphatic massage treatment. However, there was a 228-page document regarding FFS attached to the case, but FFS wasn't mentioned in the case or	Approved FFS with the rendering provider.	Facial Feminization Surgery (FFS)

					letter to the member. Compliance advised to open a new appeal since the 228-page document contained new information regarding FFS with a received date as the one from December (12/20/21). An appeal was submitted for the original PA denial, but the denial was upheld. Member submitted additional information in December 2021 regarding FFS.		
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Staff Reviews of CO Director Dashboard for February 2022

- Discharge Planning assessments and Maternity Kick both dropped, any insight on these trends?
 - Prior authorizations (PA) are up 27% from last year, and 13% from last month. IP admits are up 18% from last year.
 - An insight is with the CLN split, an increased membership, and still recovering from prior authorization delays due to COVID.
 - Additionally, an increase in duplicate authorization requests
- Inpatient (IP) denials are up to 7%, higher than usual.
- For maternity kick, February is always a lower value given the month is less calendar days, as opposed to, other months (28 days vs. 30/31 days). February 2021 there were 75 deliveries and for February 2022 there were 77 deliveries. It is anticipated there will be an increase for March 2022.
- Denial rate increase is multifactorial:
 - An increase in observation (OBS) to IP conversions that should have stayed OBS because they did not meet acute criteria, however the OBS members were IP status for more than 2-days, so had to be routed.
 - Increase in IP admissions following outpatient (OP) procedures that should have been OBS.
 - Increase in pediatric cases denied for CCS, or no PA obtained given the expectation that CCS would provide coverage.
 - A marked increase in retros typically denied for late retro.
 - Flux of census impacting the denominator.

AuthSubClass: February 2022

AuthSubClass	Total Count
Acute Rehab	1
Dialysis	1
Home Hospice	1
ED to IP	2
Transplant	2
Carve-Out	4
Radiation Oncology	12
Home Infusion	16
Transportation	18
Chemotherapy	23
Home Health Care	35
Skilled Nursing Facility	36
Pediatric/Neonatal	42
Transgender Services	50
Surgeries with Anesthesia	65
PT, OT, ST	72
Maternity	79
Orthotics & Prosthetics	79
Outpatient Services	119
Diagnostics and Procedures	146
Durable Medical Equipment	147
Medical Supplies	152
Radiology	180
Acute Inpatient	465
Office Visits	580

Authorizations by Type: February 2021 – February 2022

Month	Year	Inpatient Auth Count	Outpatient Auth Count	Outpatient Auth Count (Manual – Includes Faxes / Portal)
February	2021	526	1335	2253
March	2021	545	1314	2890
April	2021	567	1519	2700
May	2021	574	1543	2529
June	2021	590	1472	2744
July	2021	693	1562	2571
August	2021	701	1708	2790
September	2021	545	1314	2868
October	2021	626	1605	2844
November	2021	649	1493	2575
December	2021	736	1439	2661
January	2022	763	1421	2701
February	2022	635	1692	3110

AuthSubClass per 1000: February 2021 – February 2022

AuthSubClass	Per 1000
Home Hospice	0.565
Carve-Out	0.918
Acute Rehab	1.059
Dialysis	1.341
Portal DME/Med Supplies	4.271
Home Infusion	5.648
Transportation	11.684
Home Health Care	11.755
Chemotherapy	12.849
Radiation Oncology	13.096
Orthotics & Prosthetics	15.496
Pediatric/Neonatal	19.591
Skilled Nursing Facility	20.650
Surgeries with Anesthesia	24.004
Transgender Services	25.486
PT, OT, ST	31.205
Maternity	41.689
Outpatient Services	46.666
Medical Supplies	52.490
Durable Medical Equipment	63.998
Radiology	64.810
Diagnostics and Procedures	69.928
Acute Inpatient	207.985
Office Visits	252.815

 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 4 May 2022 2PM – 3PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly Recurring</p>	<p>Recorder: M. Kerr</p>
<p>Present:</p>	<p><u>Clinical Operations</u> Matija Cale, Monica Baldzikowski; SeDessie Harris, Tamsen Staniford; April Tarpey; Morgan Kerr; Tony Tai; Fiona Donald, Eddy Ang</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Tammy Chau, Jacqueline Hon (Intern).</p>	<p><u>Compliance</u> Betty DeLos Reyes Clark, Monica Fong; Crystal Garcia</p> <p><u>Access and Care Experience</u> Nicole Ylagan</p> <p><u>Guest</u> Debra Hagemann (ClearLink Partners); Rudy Wu</p>
<p>Not Present:</p>	<ul style="list-style-type: none"> • Kirk McDonald (PTO); Fiona Donald (LOA); Betty DeLos Reyes Clark; Tammy Chau (LOA), Jacqueline Hon (Intern); Nicole Ylagan; Debra Hagemann 	
<p><i>Quorum (details after the Action Items section below)</i></p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Fiona) • Senior Medical Director, (Eddy Ang) • Director, Clinical Operations, RN (Matija) • Senior Manager, Prior Authorization, RN (Monica) • Manager, Concurrent Review and Care Transitions, RN (SeDessie) • UM Nurse Manager, Prior Authorizations, RN (Tamsen) • Program Manager, Clinical Operations, PhD (Kirk) 	
	<p>Not Present</p> <ul style="list-style-type: none"> • Chief Medical Officer, MD (Fiona) • Program Manager, Clinical Operations, PhD (Kirk) 	
<p>Documents Presented:</p>	<p>Draft_Agenda_UMC_May_v5.2.22</p> <p>UM Director Dashboard_Mar 2022_04 12 22</p>	

	0937ES Essette Grievance Report_v4.25.22 SFH.IMR.CC_UMC Report_2022.05.02 Annual_CY2021_SpecialtyReferralReport_v4.28.22 Draft_UMAdverseDecisionAuditReport_Q4-2021_v4.08.22 EssetteAuths_March 2022_4 8 22 UM Phone Metrics - March 2022
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2.	Annual (CY2022) benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> Annual (Q2/Q3) 		
3.	Internal Audit of Authorization Requests Report Q3-2021 Report Q4-2021 Report Q1-2022 Report Q2-2022 Report	<ul style="list-style-type: none"> Jan 2022 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q3-2021 (Jan 2022 UMC) reviewed Q4-2021 (May 2022 UMC) reviewed Q2-2022 (Sept 2022 UMC) reviewed. This includes the inaugural audits of – (1) NCQA UM-12 (Denial TAT Systems Control); (2) NEMT, (3) Major Organ Transplants, and (4) MD Denial NOA reviews.
4.	2021 Utilization Program Evaluation Annual Review and Approval	<ul style="list-style-type: none"> Feb 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. 	<ul style="list-style-type: none">
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6.	2021 Specialty Referral Annual Report Q1-2022 Report	<ul style="list-style-type: none"> May 2022 UMC Meeting 	<ul style="list-style-type: none"> No vote required. 	<ul style="list-style-type: none"> Q1-2022 Q2-2022

	Q2-2022		<ul style="list-style-type: none"> Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q3-2022
7.	Revised Gender Affirmation Criteria	<ul style="list-style-type: none"> April 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. Document - <i>SFHP Gender Affirming Services Medical Necessity Criteria_DRAFT_for UMC Vote 3-31-22</i> 	<ul style="list-style-type: none">
8.	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing PP CO-57	<ul style="list-style-type: none"> 2022 Annual Review (UMC) 2022 Annual Review (QIC) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
9.	2022 UM Program Description	<ul style="list-style-type: none"> Annual (Q4) UMC QIC 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
10.	2022 UM Program Evaluation	<ul style="list-style-type: none"> Annual (Q1-2023) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

May UMC Agenda

	Topic	Brought By	Time	Agenda	Decision
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	SeDessie	2:00 – 2:10	<ul style="list-style-type: none"> Agenda reviewed Action Items <ul style="list-style-type: none"> All action items were reviewed and updated. Approval of April draft minutes was postponed until June UMC CO Director Dashboard <ul style="list-style-type: none"> Inpatient Census remains high; however, seeing a downward trend. Decrease in PA Denial TATs attributed to staffing constraints. To mitigate this, the PA team updated the Essette TAT configurations to provide an expiry notification in advance of regulatory TAT expiry guidelines. This advance notification improved the staff's ability to proactively handle PAs prior to their expiry date. The new parameters are: 	

	Topic	Brought By	Time	Agenda	Decision
				<ul style="list-style-type: none"> ▪ Expedited review = 60 hours from receipt date/time (previously set at 72 hours). ▪ Delay = 12 calendar days from receipt date (previously set at 14 calendar days) ▪ Extension = 26 calendar days from receipt date (previously set at 28 calendar days) ○ DMG performance is monitored through annual audits conducted by the Delegation Oversight RN. Results are tracked and trended outside of this dashboard. • Clinical Operations – KPI Dashboard <ul style="list-style-type: none"> ○ KPI dashboard does include DMG admission data. • Pharmacy Dashboard <ul style="list-style-type: none"> ○ For Medi-Cal LOB <ul style="list-style-type: none"> ▪ DHCS will be providing a dashboard to SFHP, date to be determined. ○ For Healthy Worker LOB <ul style="list-style-type: none"> ▪ Pharmacy team will maintain an operational dashboard. It is being updated. 	
2.	<ul style="list-style-type: none"> • Medical/Pharmacy Appeals: Upheld and Overturned • Independent Medical Review (IMR) • State Fair Hearings (SFH) • Consumer Complaints 	<ul style="list-style-type: none"> • April – DMG appeal cases • Tamsen – CHN/UCSF cases • Jessica – Pharmacy Appeals • Betty 	2:10 – 2:15	<ul style="list-style-type: none"> • Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> ○ UM – Appeals - 0 <ul style="list-style-type: none"> ▪ Upheld appeals – 0 ▪ Overturned appeals – 0 ○ Pharmacy – Appeals - 0 <ul style="list-style-type: none"> ▪ Upheld appeals –0 ▪ Overturned appeals – 0 • Compliance <ul style="list-style-type: none"> ○ IMR – 1 <ul style="list-style-type: none"> ▪ Hyperbaric oxygen treatments – Outcome Pending ○ SFH – 1 <ul style="list-style-type: none"> ▪ Fertility preservation for Medi-Cal member. Excluded benefit. Hearing scheduled for 5/3/22 ○ Consumer Complaints – 4 <ul style="list-style-type: none"> ▪ Compensation for misdiagnosis, pain, and suffering. Forwarded to Kaiser. DMHC response pending. 	

	Topic	Brought By	Time	Agenda	Decision
				<ul style="list-style-type: none"> ▪ OON NAET acupuncture treatment and reimbursement for past services. DMHC response pending. ▪ Reimbursement for OON mental health care due to no in-network availability. Forwarded to Kaiser. DMHC response pending. ▪ Hair restoration. DMHC ruled against SFHP stating we created as unfair practice of requiring PCP submission vs. surgeon. Compliance to file response as certain facts in DMHC's response were incorrect. Enforcement action pending 	
3.	<ul style="list-style-type: none"> • 2021 Annual Specialty Report • Q4-2021 Internal Audit Report 	Matija / Kirk	2:15 – 2:30	<ul style="list-style-type: none"> • Reviewed 2021 Annual Specialty Report <ul style="list-style-type: none"> ○ 2,782 total Specialty Referrals ○ 18.3% of all 2021 Outpatient authorizations (15,168) ○ 8.9% (1,355) referrals were not attached to a claim <ul style="list-style-type: none"> ▪ 91.1% (13,813) referrals were attached to a claim ○ Of those auths not attached to a claim <ul style="list-style-type: none"> ▪ 81.11% (1,099) were routine referrals <ul style="list-style-type: none"> • 18.89% (256) were expedited referrals ○ The top service classes for authorizations not attached to a claim were: <ul style="list-style-type: none"> ▪ Office visits ▪ Transgender Services • Reviewed Q4-2021 Internal Audit of Authorization Requests <ul style="list-style-type: none"> ○ PA Q4-2021 Clinical Operations Medical Necessity Audit <ul style="list-style-type: none"> ▪ The compliance rate with State (DHCS /DMHC) and NCQA requirements was 100%. 8 files total were audited: 8 files were compliant, and 0 files were non-compliant. ○ CCR Q4-2021 Clinical Operations Medical Necessity Audit <ul style="list-style-type: none"> ▪ The compliance rate with State (DHCS /DMHC) and NCQA) requirements was 79%. 30 files total were audited: 30 files were compliant, and 8 files were non-compliant. <ul style="list-style-type: none"> • Staff remediation conducted to address incorrect partial denial of extended 	

	Topic	Brought By	Time	Agenda	Decision
				<p>observation stay at non-contracted facility as well as member NOA download/mailing issue.</p> <ul style="list-style-type: none"> Non-clinical Q4-2021 Clinical Operations Medical Necessity Audit <ul style="list-style-type: none"> The compliance rate with State (DHCS /DMHC) and NCQA) requirements was 100%. 16 files total were audited: 16 files were compliant, and 0 files were non-compliant. 	
4.	Review UM Trending	SeDessie	2:30–2:45	<p>Reviewed dashboard details.</p> <ul style="list-style-type: none"> Metrics include <ul style="list-style-type: none"> Admits per 1000 member months (MM) Outpatient visits per 1000MM ED visits per 1000MM Average length of stay Bed days per 1000MM Readmission rate APRDRG cost PMPM Acute stays per 1000MM Per visit cost Per diem cost Average Hospital Specific Relative Value (HSRV) payment weight Member Months per 1000 are standardized rates used to facilitate comparisons across groups (DMGs and Sister Plans) regardless of the size of the groups enrolled population. Utilization rates per 1,000 members per month are calculated by dividing overall utilization of a given service (e.g., inpatient days) by the total number of member months for the same time period and multiplying the result by 1,000. <p>Trending areas for follow-up:</p> <ul style="list-style-type: none"> Sepsis and infection are the top APRDRG by cost. Finance hired consultants to conduct an external audit and determine whether services were billed appropriately or if upcoding had occurred. Results to be shared at future UMC. SFN medical group: High ED visits and low outpatient utilization. What opportunities for improvement exist? 	

	Topic	Brought By	Time	Agenda	Decision
				<ul style="list-style-type: none"> Compared to DMGs, ED visits and ALOS is notably higher in med groups managed by SFHP. What opportunities do we have? Drivers behind high ALOS. Can the results be identified as, e.g., outlier cases, SNF placement challenges. <p>A goal of the trending report is to create CM programs tailored to our populations to achieve and support better health outcomes. Share data with DMGs for transparency and action.</p>	
5.	Recap / Action Item Review	Morgan	2:45 – 2:50	Review the new action items	

Action Items – May 2022 UMC

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	TBD	<ul style="list-style-type: none"> Sepsis and infection are the top APRDRG by cost. Finance hired consultants to conduct an external audit and determine whether services were billed appropriately or if upcoding had occurred. Results to be shared at future UMC. 	
2.	TBD	<ul style="list-style-type: none"> SFN medical group: High ED visits and low outpatient utilization. What opportunities for improvement exist? 	
3.	TBD	<ul style="list-style-type: none"> Compared to DMGs, ED visits and ALOS is notably higher in med groups managed by SFHP. What opportunities do we have? 	
4.	TBD	<ul style="list-style-type: none"> Drivers behind high ALOS. Can the results be identified as, e.g., outlier cases, SNF placement challenges. 	
5.	Kirk	<ul style="list-style-type: none"> April minutes require approval in June UMC 	6.1.22 - Completed
6.	April	<ul style="list-style-type: none"> Share DMG audit tool and performance results with Eddy 	
7.	SeDessie	<ul style="list-style-type: none"> Request APRDRG Audit results from Finance 	
8.	Rudy	<ul style="list-style-type: none"> For ALOS metric, assess whether an indicator can be added to identify if high ALOS is/isn't attributed to a one-off case. 	

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
11.20.20	Angie / Monica / Tamsen	> GAFS Hair reduction criteria are missing from the MGC gap analysis.	11.3.11 - On hold 5.3.22- hair reduction includes in approved SFHP criteria.	3
12.15.20	Ravid/Matija	<ul style="list-style-type: none"> • Appeals MA210624001 and MA210629001 • Will follow up with the MCG representative regarding the original denials, based on the current MCG algorithms, and being overturned based on input from MRIOA . 	2.24.22 On hold until further notice. When the senior MD is onboard, and if there are more cases, we can determine if we need to meet with MCG .	4
2.16.21	Monica	> Will work with PNO about the GAFS surgeons' proposal for increasing their ownership role in surgery coordination.	11.3.21 - on hold. Waiting until we make more than stop-gap changes to existing GAFS criteria.	4
2.16.21	Monica / Jim	Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers.	On hold to further notice.	4
2.24.22	All UMC Members	Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be included in the UMC Charter as an out-of-scope item.	2.24.22 - This is ongoing for 2022	2
4.06.22	SeDessie / Eddy Ang	<ul style="list-style-type: none"> • Work w/ Eddy Ang on OBS metrics. • Need to be consistent in how OBS rules are applied. 	5/4/22--SeDessie, Matija, Eddy working on priorities--medium category	2
4.06.22	April / Fiona / Eddy	<ul style="list-style-type: none"> • Appeal MA220228001 (NEMS) • Appealed for a new mask for the member's CPAP machine but was denied because of an annual limit of one new mask per year. • Need to follow up on the denial of the CPAP mask. 	This information/questions about inappropriate denial was presented to the UM team at NEMS, waiting on response. 5/4/22 – April is gathering more info from NEMS	2

4.06.22	April / Fiona / Eddy	<ul style="list-style-type: none"> • Appeal MA220307001 (CCHCA) • Member received a denial letter for a CT scan PA, stating the clinic did not perform any X-Rays on the member so therefore the request was denied. • Need to follow-up 	This information/questions about inappropriate denial was presented to the UM team at CCHCA, waiting on response. 5/4/22 – April is gathering more info from CCHCA	2
4.06.22	Tamsen / Fiona / Eddy	<ul style="list-style-type: none"> • Appeal MA220311001 • Denial of facial feminization surgery • Need to follow-up: <ul style="list-style-type: none"> o Part I – multilevel grievance and issue of the TAT to address the appeal. o Part II – contracting and surgery limitations about facial limitation. Fiona needs to work w/ Kaliki regarding cannot restrict something related to costs. The UCSF contract: the base issue of reconstructive surgery and cosmetic surgery and surgery limitations. An issue of medical necessity. 	5/4/22--Monica, Matija, Eddy, and Tamsen meeting 5/5 about GA workflow	2
4.06.22	Betty / Monica / Tamsen	<ul style="list-style-type: none"> • Consumer complaint regarding claim that SFHP unnecessarily prolonged PA process for hair restoration with OON provider. • Follow-up 	5/4/22--Monica setting up meeting with Betty and Angie	2
5.04.22	Kirk	April minutes require approval in June UMC	6.1.22 - Completed	3
5.04.22	April	Share DMG audit tool and performance results with Eddy		2
5.04.22	SeDessie	Request APRDRG Audit results from Finance		2
5.04.22	Rudy	For ALOS metric, assess whether an indicator can be added to identify if high ALOS is/isn't attributed to a one-off case.		2

Parking Lot

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

Appendix

Appeals / Overturned – May 2022

There were no UM or pharmacy appeals in May.

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

AuthSubClass: March 2022


AuthSubClass	Per 1000
Office Visits	273.8043
Acute Inpatient	200.9653
Radiology	71.96139
Diagnostics and Procedures	60.55287
Medical Supplies	58.35893
Durable Medical Equipment	56.60377
Outpatient Services	40.80737
Maternity	35.98069
PT, OT, ST	35.98069
Transgender Services	32.90917
Surgeries with Anesthesia	20.18429
Skilled Nursing Facility	19.30671
Home Health Care	17.55156
Orthotics & Prosthetics	16.67398
Pediatric/Neonatal	16.67398
Chemotherapy	9.653357
Radiation Oncology	9.214568
Home Infusion	7.898201
Transportation	7.898201
ED to IP	2.632734
Carve-Out	1.316367
Acute Rehab	0.877578
Home Hospice	0.877578
Portal DME/Med Supplies	0.877578
Dialysis	0.438789

Authorizations by Type: March 2021 – March 2022

Month	Year	Essette Inpatient Auth Count	Essette Outpatient Auth Count	Faxes	Portal	Total Auth Count
February	2021	526	1335	1872	381	4114
March	2021	545	1314	2529	361	4749
April	2021	567	1519	2312	33	4431
May	2021	574	1543	2218	311	4646
June	2021	590	1472	2396	348	4806
July	2021	693	1562	2129	442	4826
August	2021	701	1708	2221	569	5199
September	2021	545	1314	2193	675	4727
October	2021	626	1605	2210	634	5075
November	2021	649	1493	2028	547	4717
December	2021	736	1439	2003	658	4836
January	2022	763	1421	1978	723	4885
February	2022	635	1692	2304	806	5437
March	2022	640	1654	2503	1203	6000

AuthSubClass per 1000: March 2021 – March 2022

AuthSubClass	Total Count
Office Visits	624
Acute Inpatient	458
Radiology	164
Diagnostics and Procedures	138
Medical Supplies	133
Durable Medical Equipment	129
Outpatient Services	93
Maternity	82
PT, OT, ST	82
Transgender Services	75
Surgeries with Anesthesia	46
Skilled Nursing Facility	44
Home Health Care	40
Orthotics & Prosthetics	38
Pediatric/Neonatal	38
Chemotherapy	22
Radiation Oncology	21
Home Infusion	18
Transportation	18
ED to IP	6
Carve-Out	3
Acute Rehab	2
Home Hospice	2
Portal DME/Med Supplies	2
Dialysis	1

 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 8 June 2022 1PM – 2PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
Meeting called by:	Matija Cale	
Type of meeting:	Mandatory – Monthly Recurring	Recorder: K. M. McDonald
Present:	<p><u>Clinical Operations</u> Matija Cale, Monica Baldzikowski, Tamsen Staniford; April Tarpey; Morgan Kerr; Tony Tai; Eddy Ang; Kirk McDonald; Leslie Mulhern; Michelle Faust; Courtney Spalding</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim</p>	<p><u>Compliance</u> Betty DeLos Reyes Clark</p> <p><u>Access and Care Experience</u></p> <p><u>Guests</u> Rudy Wu</p>
Not Present:	Tammy Chau (LOA); SeDessie (OOO); Monica Fong; Crystal Garcia; Nicole Ylagan	
Quorum (details after the Action Items section below)	<ul style="list-style-type: none"> • Chief Medical Officer, MD (In transition to new CMO – Dr. Ellen Piernot) • Senior Medical Director, (Eddy Ang) • Director, Clinical Operations, RN (Matija) • Senior Manager, Prior Authorization, RN (Monica) • Manager, Concurrent Review and Care Transitions, RN (SeDessie) • UM Nurse Manager, Prior Authorizations, RN (Tamsen) • Program Manager, Clinical Operations, PhD (Kirk) 	
	Not Present <ul style="list-style-type: none"> • Chief Medical Officer, MD (Fiona) 	
Documents Presented:	Draft_Agenda_UMC_June_v6.2.22 Draft_Minutes_UMC_April_v4.06.22 Draft_Minutes_UMC_May_v5.4.2022 UM Director Dashboard_Apr 2022_05 13 22	

	Clinical_Operations_KPI_Dashboard_April-2022_v5.16.22 Pharmacy_Dashboard_1Q2022_June_UMC_v6.1.22 0937ES Essette Grievance Report_v6.1.22 SFH.IMR.CC_UMC Report_2022.06.02 Draft_DMG_SpecialtyReferral_AnnualEval_Q1-Q4_2021_v4.7.22 Draft_DMG_WorkPlans_AnnualEval_Q1-Q4-2021_v4.11.22 EssetteAuths_May 2022_5 19 22 UM Phone Metrics - April 2022
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Consent Calendar – January to December 2022

ITEM #	Document	Review Schedule	Outcome	Comments
1.	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing MCG 25 th edition PP CO-57	<ul style="list-style-type: none"> Special Review for NCQA 2023 Renewal Survey Feb 24, 2022 	<ul style="list-style-type: none"> QIC approved the criteria (Q1-2022 meeting) 	
2.	Annual (CY2022) benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> Annual (Q2/Q3) 		
3.	Internal Audit of Authorization Requests Report Q3-2021 Report Q4-2021 Report Q1-2022 Report Q2-2022 Report	<ul style="list-style-type: none"> Jan 2022 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q3-2021 (Jan 2022 UMC) reviewed Q4-2021 (May 2022 UMC) reviewed Q2-2022 (Sept 2022 UMC) reviewed. This includes the inaugural audits of – (1) NCQA UM-12 (Denial TAT Systems Control); (2) NEMT, (3) Major Organ Transplants, and (4) MD Denial NOA reviews.
4.	2021 Utilization Program Evaluation Annual Review and Approval	<ul style="list-style-type: none"> Feb 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. 	<ul style="list-style-type: none">
5.	Updated UMC Charter and Reports/Documents Review Calendar	<ul style="list-style-type: none"> Feb 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. 	<ul style="list-style-type: none">

6.	2021 Specialty Referral Annual Report	<ul style="list-style-type: none"> May 2022 UMC Meeting 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q1-2022 Report – July UMC Q2-2022 Q3-2022
7.	Revised Gender Affirmation Criteria	<ul style="list-style-type: none"> April 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. Document - <i>SFHP Gender Affirming Services Medical Necessity Criteria_DRAFT_for UMC Vote 3-31-22</i> 	<ul style="list-style-type: none">
8.	MCG Updates	<ul style="list-style-type: none"> June 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved, by quorum vote, to accept the MCG updates. 	<ul style="list-style-type: none">
9.	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing PP CO-57	<ul style="list-style-type: none"> 2022 Annual Review (UMC) 2022 Annual Review (QIC) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
10.	2022 UM Program Description	<ul style="list-style-type: none"> Annual (Q4) UMC QIC 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
11.	2022 UM Program Evaluation	<ul style="list-style-type: none"> Annual (Q1-2023) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

May UMC Agenda / Minutes

	Topic	Brought By	Time	Agenda	Minutes
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	Matija	1:00 – 1:20	<ul style="list-style-type: none"> Agenda reviewed Action Items Approval of April draft minutes Approval of May draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard 	<ul style="list-style-type: none"> Approved the April/May minutes. CO Director Dashboard <ul style="list-style-type: none"> Census is running high. PDRs / denials dashboards will be revamped. Discharge planning assessments stable. Maternity Kick – is up, but February 2022 is a short month. This dashboard will be phased out with the KPI dashboard. No outlier aberrations in metrics.

	Topic	Brought By	Time	Agenda	Minutes
					<ul style="list-style-type: none"> • KPI dashboards <ul style="list-style-type: none"> ○ Month over month/year over year. ○ The PA figures do not include faxes received. ○ The PA denial rate, slight increase, higher level of CCR auths, e.g., increased in extended stay with no acute needs denied while waiting; observation issues of patients admitted to inpatient. <ul style="list-style-type: none"> ▪ No particular facility is in the lead on the number of auths denied. ○ Total admissions, year over year, census has gone up due to the CLN split with more members now accounted for. • UM Trending Review <ul style="list-style-type: none"> ○ Admits per 1000 <ul style="list-style-type: none"> ▪ What are the APDRG driving the admits per 1000? ○ What type of activities can Clin Ops execute to affect this metric? ○ Q1-2022 reviewed for Acute Inpatient. ○ Sepsis is still #1 – 220 unique visits <ul style="list-style-type: none"> ▪ The 5 is for readmissions: member count = 220 and 225 total visits. ▪ What are we doing to support/target the 5 members. ▪ COVID-19 can cause sepsis. <ul style="list-style-type: none"> • Are we capturing both COVID/Sepsis • Only the primary diagnosis is captured. ○ Finance is aware of this and working on whether over coding? Incorrect coding?

	Topic	Brought By	Time	Agenda	Minutes
					<ul style="list-style-type: none">○ Went through the top 10 diagnoses b Acute Admit per 1000MM and what steps we can do to lower.● Pharmacy Dashboard<ul style="list-style-type: none">○ Highlights○ PA<ul style="list-style-type: none">▪ PBM started 1.22 so the PA drops for SFHP internal○ PA TAT<ul style="list-style-type: none">▪ Healthy workers TAT is different (24 hrs. for urgent and 72 for non-urgent)○ Med Therapy Management Tasks<ul style="list-style-type: none">▪ Was on hold for awhile○ Phone Service Levels<ul style="list-style-type: none">▪ Jump pre-transition and with the new PBM.▪ But decrease post-changes○ Pharmacy Metrics at a Glance<ul style="list-style-type: none">▪ Pre/Post transition data reviewed.▪ Generic utilization has increased.○ Controlled substances<ul style="list-style-type: none">▪ Top Members<ul style="list-style-type: none">● Can drill down to the member level for the top utilizers● Suggested this type of slicer can be used in the UM Trend.● This member level allows to monitor outlier members overuse vs. required use.

	Topic	Brought By	Time	Agenda	Minutes
2.	<ul style="list-style-type: none"> Medical/Pharmacy Appeals: Upheld and Overturned Independent Medical Review (IMR) State Fair Hearings (SFH) Consumer Complaints 	<ul style="list-style-type: none"> April – DMG appeal cases Leslie Mulhern; Michelle Faust – CHN/UCSF cases Jessica – Pharmacy Appeals Betty 	1:20 – 1:30	<ul style="list-style-type: none"> Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> UM – Appeals - 3 <ul style="list-style-type: none"> Upheld appeals – 2 Overturned appeals – 1 Pharmacy – Appeals - 3 <ul style="list-style-type: none"> Upheld appeals – 0 Overturned appeals – 3 Compliance <ul style="list-style-type: none"> IMR – 3 IMR/SFH – 1 SFH – 1 Consumer Complaints – 8 	<ul style="list-style-type: none"> Appeals <ul style="list-style-type: none"> UM & Pharmacy <ul style="list-style-type: none"> Magellan had issue w/ Faxes – need to watch trends. Compliance <ul style="list-style-type: none"> 3.23 case – will be tracking <ul style="list-style-type: none"> Did meet about this case internally; determined the PA team was compliant with the process. No process changes required. Will be addressing DMHC's response. 5.20 case <ul style="list-style-type: none"> The NOA from CCHCA was not written in member friendly terms. Maybe an issue to follow up for file audits.
3.	MCG Updates	Courtney Spalding	1:30 – 1:40	•	<ul style="list-style-type: none"> Walked through the PPT deck slides The updated MCG guidelines were approved by quorum vote.
4.	Annual DMG Work Plans and Specialty Referral Reports Evaluations (2021)	Kirk	1:40 – 1:50	<ul style="list-style-type: none"> To meet the NCQA requirements for UM13, Elements A & C No vote required 	<ul style="list-style-type: none"> Move to July 2022 UMC meeting.
5.	Recap / Action Item Review	Kirk	1:50 – 1:55	Review the new action items	•

Action Items – June 2022 UMC

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Kirk	<ul style="list-style-type: none"> Increase the UMC to 1.5 hours moving forward; Matija/Kirk to discuss 	6.28.22 - Completed
2.	Eddy / Matija / Rudy	<p>Need to investigate the sepsis rate deeper.</p> <p>The next steps suggested are:</p> <ul style="list-style-type: none"> For the 5 members dive deeper into their cases. 	

		<ul style="list-style-type: none"> We need to slice/dice to obtain granularity of the sepsis data. Drivers can be other comorbidities so need to look at secondary diagnosis. Currently there is a filter to disallow the download of individual, member data so is why the secondary diagnosis might not be immediately available. <i>Other specified sepsis</i> category should be included in the general Sepsis category. 	
3.	Kaitlin	<ul style="list-style-type: none"> COVID-19: Paxlovid is the oral medication and is effective to abate inpatient care for COVID-19. Provide the Paxlovid efficacy rate. 	
4.	Kaitlin	<ul style="list-style-type: none"> Moving forward, will be providing appeal review notes directly to Leslie prior to the UMC. 	
5.	Kaitlin	<ul style="list-style-type: none"> Will follow-up with the physician on appeal MA220517002. 	
6.	Eddy	<ul style="list-style-type: none"> To follow-up with Betty about the Kaiser items about consumer complaints. 	
7.	Kirk	<ul style="list-style-type: none"> Move review to July 2022 UMC meeting: Annual DMG Work Plans and Specialty Referral Reports Evaluations (2021) 	On the July UMC agenda.

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
6.2.22	Leslie / Michelle	<ul style="list-style-type: none"> Regarding the overturned UM appeal (MA210706002) Need to ask PNO who is the in-network provider for orthopedic (joint) consultation. 	6.2.22 – Renewed from 11.03.21. Michelle/Leslie will now be handling this; a handoff from April.	2
12.15.20	Ravid/Matija	<ul style="list-style-type: none"> Appeals MA210624001 and MA210629001 Will follow up with the MCG representative regarding the original denials, based on the current MCG algorithms, and being overturned based on input from MRIOA . 	6.2.22 - if there are more cases, we can determine if we need to meet with MCG .	4

2.16.21	Monica	> Will work with PNO about the GAFS surgeons' proposal for increasing their ownership role in surgery coordination.	6.2.22 – continues to be on hold. Waiting until we make more than stop-gap changes to existing GAFS criteria.	4
2.16.21	Monica	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.	6.2.22 – Should we remove this? This would need to be a CMO driven request, as it is a resource request from SFN, and it not required by regulators. I don't know how this request should be prioritized against current regulatory requests from SFHP for SFN (Compliance reporting, auditing, etc.)	4
2.24.22	AI UMC Members	Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be included in the UMC Charter as an out-of-scope item.	2.24.22 - This is ongoing for 2022	2
4.06.22	SeDessie / Eddy Ang	<ul style="list-style-type: none"> • Work w/ Eddy Ang on OBS metrics. • Need to be consistent in how OBS rules are applied. 	5.4.22: SeDessie, Matija, Eddy working on priorities--medium category	2
4.06.22	April / Fiona / Eddy	<ul style="list-style-type: none"> • Appeal MA220228001 (NEMS) • Appealed for a new mask for the member's CPAP machine but was denied because of an annual limit of one new mask per year. • Need to follow up on the denial of the CPAP mask. 	<p>This information/questions about inappropriate denial was presented to the UM team at NEMS, waiting on response.</p> <p>5/4/22 – April is gathering more info from NEMS</p>	2
4.06.22	April / Fiona / Eddy	<ul style="list-style-type: none"> • Appeal MA220307001 (CCHCA) • Member received a denial letter for a CT scan PA, stating the clinic did not perform any X-Rays on the member so therefore the request was denied. • Need to follow-up 	<p>This information/questions about inappropriate denial was presented to the UM team at NEMS, waiting on response.</p> <p>5/4/22 – April is gathering more info from NEMS</p>	2
4.06.22	Tamsen / Fiona / Eddy	<ul style="list-style-type: none"> • Appeal MA220311001 • Denial of facial feminization surgery • Need to follow-up: <ul style="list-style-type: none"> o Part I – multilevel grievance and issue of the TAT to address the appeal. o Part II – contracting and surgery limitations about facial limitation. <p>Fiona needs to work w/ Kaliki regarding cannot restrict something related to costs. The UCSF contract: the base issue of reconstructive surgery and cosmetic surgery and surgery limitations. An issue of medical necessity.</p>	6.2.22 - Matija, Eddy, Monica, and Tamsen met on 5/5/22, and discussed application of new GA criteria, information to begin tracking in order to manage our SFHP GA provider network more effectively for quality of patient outcomes.	2
4.06.22	Betty / Monica / Tamsen	<ul style="list-style-type: none"> • Consumer complaint regarding claim that SFHP unnecessarily prolonged PA process for hair restoration with OON provider. • Follow-up 	6.2.22 - Monica B., Tamsen, Crystal, Monica F., and Angie met on 5/5/22 and determined that SFHP followed processes and policy. Case well-documented and handled within regulated turnaround times.	2

4.06.22	Monica / Tamsen	• The SFHP Gender Affirmation criteria will go to a medical director for final review.	6.2.22 -Completed	3
5.4.22	April	Share DMG audit tool and performance results with Eddy	6.2.22 -Meeting invite sent for 6/13/22	2
5.4.22	SeDessie	Request APRDRG Audit results from Finance		2
5.4.22	Rudy	For ALOS metric, assess whether an indicator can be added to identify if high ALOS is/isn't attributed to a one-off case.		2

Parking Lot

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

Appendix

Appeals / Overturned – June 2022

APPEALS AND GRIEVANCES							
Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name of Service or Medication
MA220427001	Member Appeal	SFN	Overturned	SFHP-Pharmacy	Provider submitted an appeal. Farxiga previously denied because prior auth department said they didn't receive necessary clinical info, but this info was submitted via fax several times. Provider was told via phone that this info would be submitted to appeal department but never received any additional response and prior auth department has no record of appeal being submitted. Farxiga is being prescribed by nephrology for CKD stage IV to reduce risk of sustained kidney function decline. Patient does not have polycystic kidney disease and is not on immunosuppressive therapy for kidneys. Crcl is 30 ml/min based on adjusted body weight. CKD etiology is likely hypertension for which patient is on maximum medical therapy. Patient has significant proteinuria. Alternative is dialysis and/or kidney transplant for which patient is actively pursuing.	San Francisco Health Plan (SFHP) has reviewed the appeal and decided to overturn the original denial decision. This is because the Clinical Pharmacist sent information showing it medically necessary for the patient to have Farxiga 10mg. The information also shows the patient meets SFHP's criteria SGLT-2 INHIBITORS.	Farxiga
MA220505001	Member Appeal	HIL	Overturned	Medical Group	Member, assisted by Hill Physicians, called to file an appeal regarding a denied PA from Hill's UM Department . This PA is for the member to see a hematologist, for 3 follow up visits. The PA was denied. Member needs continuity of care. Member has a follow appointment with Dr. ---- this month in May 2022. Because Hill denied the PA, the member cannot get services with Dr.		

					<p>---- for the member's follow up visits. Member requested to submit this appeal as urgent because an upcoming appointment.</p>		
MA220512001	Member Appeal	SFN	Overtured	SFHP-Pharmacy	<p>Magellan submitted an appeal for Testosterone 50 mg (1%) gel packets. Magellan stated the denied medication is a non-formulary medication, and the original request was expedited. When member was notified about this appeal, the member wanted to inform the decision maker about the following: The member has been on this medication for 10 years. The original prescriber left, so another provider took over. When the new provider submitted the medication for refill, the medication was denied.</p>		
MA220517002	Member Appeal	SFN	Overtured	SFHP-Pharmacy	<p>Provider from Tom Waddell Urban Health submitted an appeal. The provider wrote: I am the primary care doctor and have been caring for ----- for the last 3 years. I am also a board-certified Addiction Medicine doctor and have been supporting ----- with --- opioid dependence and pain. ---- has been on methadone through a clinical program for more than a decade. --- is eager, however, to be transitioned to buprenorphine due to its safer profile. To accomplish this transition from methadone to buprenorphine safely, we must use both buprenorphine patches (Butrans, #4) and buprenorphine sublingual films to reduce ---- risk for precipitated withdrawal and hospitalization. We would be using the buprenorphine for both chronic pain and opioid dependence. We have safely and successfully used this regimen to bridge people off of methadone to</p>		

					buprenorphine and request your approval for a box of four buprenorphine 20 mcg/hr patches to aid in this patient's care.		
--	--	--	--	--	--	--	--

AuthSubClass: May 2022

AuthSubClass	Per 1000
Office Visits	6.235
Acute Inpatient	4.759
Durable Medical Equipment	2.056
Radiology	1.78
Diagnostics and Procedures	1.444
Medical Supplies	1.287
Maternity	1.065
PT, OT, ST	0.593
Transgender Services	0.574
Skilled Nursing Facility	0.494
Surgeries with Anesthesia	0.48
Outpatient Services	0.469
Pediatric/Neonatal	0.433
Orthotics & Prosthetics	0.375
Home Health Care	0.316
Transportation	0.302
Chemotherapy	0.25
Radiation Oncology	0.187
Home Infusion	0.139
Portal DME/Med Supplies	0.047
Dialysis	0.045
Acute Rehab	0.039
Carve-Out	0.02
Home Hospice	0.017

Authorizations by Type: May 2021 – May 2022

Month	Year	Inpatient Auth Count	Outpatient Auth Count
April	2021	567	1519
May	2021	574	1543
June	2021	590	1472
July	2021	693	1562
August	2021	701	1708
September	2021	545	1314
October	2021	626	1605
November	2021	649	1493
December	2021	736	1439
January	2022	763	1421
February	2022	635	1692
March	2022	640	1654
April	2022	567	1519

AuthSubClass per 1000: May 2021 – May 2022

AuthSubClass	Total Count
Office Visits	585
Acute Inpatient	379
Radiology	167
Durable Medical Equipment	129
Diagnostics and Procedures	126
Medical Supplies	105
Outpatient Services	102
Maternity	96
PT, OT, ST	58
Skilled Nursing Facility	56
Transgender Services	56
Surgeries with Anesthesia	46
Transportation	33
Orthotics & Prosthetics	27
Pediatric/Neonatal	27
Chemotherapy	26
Radiation Oncology	21
Home Health Care	19
Home Infusion	9
Portal DME/Med Supplies	8
Acute Rehab	4
ED to IP	4
Home Hospice	2
Carve-Out	1

Clinical Operations Phone Metrics – April 2022

Legend – in line with FY 19-20 Goals

97% or greater calls answered <30 seconds = GREEN

96.99-93% calls answered <30 seconds = YELLOW

92.99% or less calls answered <30 seconds = RED

Year	Month and Year	Department	ASA < 30 secs	Total Calls	Answered Calls	Abandoned Calls	Abandonment Rate (%)	FlowOut (voicemails)
2021	July 2021	Inpatient	90.17%	185	173	4	2.162162162	8
2021	July 2021	Outpatient	99.19%	763	742	17	2.228047182	4
2021	August 2021	Inpatient	96.67%	217	180	15	6.912442396	22
2021	August 2021	Outpatient	99.03%	836	822	10	1.196172249	4
2021	September 2021	Inpatient	98.01%	172	151	2	1.162790698	19
2021	September 2021	Outpatient	99.32%	772	739	27	3.497409326	6
2021	October 2021	Inpatient	98.80%	171	166	1	0.584795322	4
2021	October 2021	Outpatient	98.61%	663	647	15	2.262443439	1
2021	November 2021	Inpatient	98.46%	147	130	6	4.081632653	11
2021	November 2021	Outpatient	99.34%	624	607	13	2.083333333	4
2021	December 2021	Inpatient	98.71%	203	155	20	9.852216749	28
2021	December 2021	Outpatient	97.81%	575	549	23	4	3
2022	January 2022	Inpatient	96.45%	169	141	7	4.142011834	21
2022	January 2022	Outpatient	97.70%	547	522	24	4.387568556	1
2022	February 2022	Inpatient	95.27%	172	148	4	2.325581395	20
2022	February 2022	Outpatient	96.29%	643	620	19	2.954898911	4
2022	March 2022	Inpatient	96.02%	196	176	8	4.081632653	12
2022	March 2022	Outpatient	98.66%	776	746	24	3.092783505	6
2022	April 2022	Inpatient	91.11%	152	135	7	4.605263158	10
2022	April 2022	Outpatient	94.93%	697	641	18	2.582496413	38

Here's the data for April 2022. ASA and volume has declined quite a bit last month. Please be sure that your status changed in the interaction client, if you step away from your computer or phone.

Goal of avg abandonment rate = 4%

Average abandonment rate by team:

IP = 3.99%

OP = 2.82%

Total Avg = 3.41%

Policies and Procedures (P&Ps) Updates and Monitoring

June & July

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

P&P Updates:

June:

Policy	Summary of New Policy and Updates
CR-10 Ongoing Monitoring of Sanctions and Interventions	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> Added to the list of Medical Board Alerts.
CRA-18 Designated Record Set and Legal Health Record	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> Updated the titles of the individuals that conduct the Monitoring activities.
CT-03 Vision Services	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> No process changes needed.
FSR-01 Facility Site Review Surveys	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> Updated APL reference. Clarified CAP Timeline is 10 <i>business</i> days. Updated staff titles, department names, related documents, and references.
FSR-02 Physical Accessibility Reviews	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> Updated APL references throughout. Added to the Policy Statement. Updated staff titles, department names, related documents, and references.
HE-06 Alcohol and Drug Screening, Interventions, and Referral to Treatment	<u>Policy Updates (Biennial Review – DHCS-Approved):</u> P&P and process updates made during implementation of DHCS APL 21-014.
PR-17 Specialists Serving as Primary Care Providers	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> No process updates needed.
CRA-14 Use and Disclosure of PHI	<u>Policy Updates (Policy Update – DMHC-Approved):</u> Changes made to comply with new Confidentiality of Medical Information Act (“CMIA”): <ul style="list-style-type: none"> Added clarifying information to the Policy Statement. Added information about Sensitive Services. Added process for accommodating a member’s Confidential Communication Request. Added process for notifying SFHP’s delegates and other trading

Policy	Summary of New Policy and Updates
	<p>partners of member preferences for confidential communication.</p> <ul style="list-style-type: none"> • Aligned definitions with CMIA.
CRA-09 Confidentiality of Medi-Cal Information	<p><u>Policy Updates (Policy Update – DMHC-Approved):</u> Changes made to comply with new Confidentiality of Medical Information Act (“CMIA”):</p> <ul style="list-style-type: none"> • Added references to CRA-14 and CRA-25. • Aligned definitions with CMIA.
CRA-13 Members’ Right to Restrict the Use and Disclosure of Protected Health Information	<p><u>Policy Updates (Policy Update – DMHC-Approved):</u> Changes made to comply with new Confidentiality of Medical Information Act (“CMIA”):</p> <ul style="list-style-type: none"> • Aligned language to match other related P&Ps. • Aligned definitions with CMIA.
CRA-15 Protecting Member Protected Health Information	<p><u>Policy Updates (Policy Update – DMHC-Approved):</u> Changes made to comply with new Confidentiality of Medical Information Act (“CMIA”):</p> <ul style="list-style-type: none"> • Aligned language to match other related P&Ps. • Added references to CRA-14 and CRA-25. • Aligned definitions with CMIA. • Removed attachments because the forms are listed in the Related Documents.
CRA-25 Minor Consent	<p><u>Policy Updates (Policy Update – DMHC-Approved):</u> Changes made to comply with new Confidentiality of Medical Information Act (“CMIA”):</p> <ul style="list-style-type: none"> • Aligned language to match other related P&Ps. • Added clarifying information to the Policy Statement. • Added process for accommodating a member’s Confidential Communication Request. • Aligned definitions with CMIA.
CRA-31 Revision and Distribution of Memorandums of Understanding	<p><u>New Policy:</u></p> <ul style="list-style-type: none"> • Revised title to clarify P&P purpose. • Added the purpose of the MOUs to the Policy Statement. • Added that providers/delegates are informed of their responsibilities pursuant to the MOUs. • Added steps conducted by PNO. • Updated Monitoring activities.
IS-34 SFHP Company Cell Phone Device	<p><u>Policy Updates (Biennial Review):</u></p> <ul style="list-style-type: none"> • Clarified steps for Section B. Use of Personal Cell Phone Device. • Updated Section H. Employee Requirements & Responsibilities. • Updated Monitoring activities.
MC-10 Social Media Security	<p><u>New Policy</u></p>
MEM-02 Provider	<p><u>Policy Updates (Policy Update):</u></p>

Policy	Summary of New Policy and Updates
Location Changes and Member Notification	<p>Changes made during the implementation of DHCS APL 21-003:</p> <ul style="list-style-type: none"> • Removed all steps related to provider terminations. Those steps and requirements are now included in PR-24, a newly created P&P. • Renamed P&P. • Updated steps for location changes to match the current process.
PR-24 Medi-Cal Network Provider and Subcontractor Terminations	<p><u>New Policy:</u> Policy created for implementation of DHCS APL 21-003.</p>

July

CRA-08: Fraud and Abuse Prevention and Investigation	<p><u>Policy Updates (Biennial Review):</u></p> <ul style="list-style-type: none"> • Changed Regulatory affairs to Oversight. • Added “Chief” in front of officer throughout the policy • Added alerts generated by the FDAas system under procedure
CRA-17: Responding to Lien and Subpoena Requests	<p><u>Policy Updates (Biennial Review):</u></p> <ul style="list-style-type: none"> • Healthy Kids HMO name removed throughout • Added title of Reg affairs manager under section Special Confidentiality Rules • Removed examiner, and replaced with title of Program manager, NCQA under section responding to lien requests pertaining to Medi-Cal Members • Added additional data items on page 3. • Added APL 21-007 under references
CR-06: Initial Credentialing, Recredentialing, Screening and Enrollment of Practitioners	<p><u>Policy Updates (Biennial Review) DHCS approved:</u></p> <ul style="list-style-type: none"> • Revised Credentialing Checklist to now read Credentialing Verification and added clarifying information. • “The Manager” was replaced with Provider Relations Manager throughout. • Added Organization Provider under definitions • Revised Provider definition • Added Operations as affected department • Added IS-25 policy under related policies and procedures
CS-13: Member Grievances and Appeals Rights Intake and Case Creation	<p><u>Policy Updates (DHCS approved):</u></p> <ul style="list-style-type: none"> • Added clarifying sentence under B. Informing Members of the Grievance and Appeals Process
CS-14: Non-Clinical Grievances and Non-Clinical Decline-to-File	<p><u>Policy Updates (DHCS approved):</u></p> <ul style="list-style-type: none"> • Added provider or authorized rep. under section D for documentations that SFHP will maintain

	<ul style="list-style-type: none"> • Added under acknowledgment that members may request free copies of medical records and other documents as bullet point b. • Added clarifying lines under section for Resolutions • Added clarifying information under Oversight Roles and Responsibilities section • Added NABD alongside NOA section
EDI-01: SFHP's Standard Data Exchange Requirements	<p><u>Policy Updates (Biennial Review):</u></p> <ul style="list-style-type: none"> • Added clarifying lines to Procedure section • Added CMS Interoperability Mandate, HL7 Transactions, and SFHP 834 Companion guide (Inbound and Outbound) under references
Pharm-07: Emergency Medication Supply	<p><u>Policy Updates (Annual Review)</u></p> <ul style="list-style-type: none"> • Removed Medi-Cal and Medi-Cal Rx transition language as well as the DHCS references. • Added the definition of PBM.
PHARM-11: Member Reimbursement for Pharmacy Services	<p><u>Policy Updates (Annual Review)</u></p> <ul style="list-style-type: none"> • Added Appendix A and Appendix B, a copy of both acceptable Pharmacy reimbursement request forms, a reference to them in procedure I, and as well as identifying the additional form accepted in the related policies and procedures and other documents section. • Added language on NOA provision in threshold languages and member's selected alternative format for members with visual impairment. (DHCS APL 22-002 Alternative Format Selections). • Removed NCQA references as they are no longer applicable (accredited for Medi-Cal only).
PHARM-14: Pharmacy Drug Utilization Review (DUR) Program	<p><u>Policy Updates (Annual Review)</u></p> <ul style="list-style-type: none"> • Updated Medi-Cal LOB info in prospective DUR to reflect current state (post-Medi-Cal Rx implementation). Removed formulary Medi-Cal exclusions. • PAs are now fully delegated to the PBM, therefore, removed SFHP pharmacist/MD involvement in the reviewing all brand name medication PAs. • To align with the HW HMO language that was updated for SB-855, mental health parity, updated ED drugs exclusions with an exception to when it's prescribed as a medically necessary treatment of a mental health condition or substance use disorder. • Monitoring section: updated the annual DHCS DUR program activities report to add data specified by DHCS. • Added that retrospective DUR activities include looking into adherence for possible referral to care management/outreach.

PHARM-15: Generic Drug Management	<p><u>Policy Updates (Annual Review)</u></p> <ul style="list-style-type: none"> • Removed Medi-Cal Rx transition language as well as the DHCS references. • Added the definition of a PBM to align with other policies.
PHARM-16: Pharmacy Systems User Access	<p><u>Policy Updates (Annual Review)</u></p> <ul style="list-style-type: none"> • Removed language pertaining to manual member eligibility updates no longer needed or performed due to eligibility system improvement project. Tightened access by removing member eligibility editing for users to view only access, as the function is not needed. Removed the procedure to gain departmental management approve prior to adding a new member profile to the PBM database as no longer relevant. • Removed definition of Decision Maker as the previously configured user roles is no longer applicable. Updated PBM definition to align with other policies.
PR-23: Tuberculosis Coverage and Coordination with TB Control Program	<p><u>Policy Updates (Biennial Review):</u></p> <ul style="list-style-type: none"> • Revised Procedure section • Added CRA Policy CRA 31 under related policies and procedures
IS-18: Systems and Service Vendor Acquisition & Replacement	<p><u>Policy Updates (Biennial Review):</u></p> <ul style="list-style-type: none"> • Removal of specific product and vendor names. • Added Accountable Lead, per new format requirement • Added details for 3rd Party Vendor Security Assessment • Other minor edits for better clarity
CO-01: UM Authorization and NOA Letters	<p><u>Policy Updates (Biennial Review, and DHCS updates):</u></p> <p>PROCEDURE</p> <ul style="list-style-type: none"> • Clarified - SFHP approves, defers, denies, or partially denies. SFHP does not terminate, suspend, or reduce previously authorized services. • Clarified - All determinations are communicated to members and providers except for CCR approvals, which are only communicated to providers (H&S Code 1367.0) • Added - Content requirements vary between approvals and adverse determinations • Added – All member letters are accompanied with the DHCS approved NDN and Tagline doc's • Moved – Benefit versus medical necessity denial verbiage into section VII. • Updated – Approval NOA section to include alternative formats and replaced "statement that reads..." with tagline and NDN documents. • Updated – Denial/Deferral section to clarify full NOA translation and alternative format requirements (when applicable). • Added – Content requirements for Deferral versus Denial/Partial Denial NOAs • Added – Decision makers contact info is present on Provider NOAs

	<ul style="list-style-type: none"> • Updated – “Your Rights” section • Added – State Fair Hearing form is included with all adverse determination NOAs • Clarified – Inclusion of IMR form and envelope is only required for experimental/investigational denials • Added – Postmark on notification is used to confirm compliance with timeliness standards • Removed - Terminate, suspend, or reduce section. This is not Clin Op’s practice. • Moved – Delegation oversight section into monitoring <p>MONITORING</p> <ul style="list-style-type: none"> • Added- Delegation oversight section <p>DEFINITIONS</p> <ul style="list-style-type: none"> • Removed – Business and Calendar day • Added – Adverse benefit determination, concurrent request, NOA, NABD, preservice request, and post-service request <p>RELATED DOCUMENTS</p> <ul style="list-style-type: none"> • Added - Translation & Mail Process Flow Document <p>REFERENCES</p> <ul style="list-style-type: none"> • Added – NCQA UM 7, DHCS APLs 21-004, 21-011, and 22-002
CRA-12: Member Access and Request to Amend PHI	<p><u>Policy Updates (Biennial Review):</u></p> <ul style="list-style-type: none"> • Revised Compliance Officer to now state Chief Compliance and Regulatory Affairs Officer throughout policy. • Added CRA-15 as related policy
QI-06: Clinical Member-Grievances	<p><u>Policy Updates (DHCS approved):</u></p> <ul style="list-style-type: none"> • Added clarifying material under D. Documentation • HSO has been spelled out to Health Services Operation • AFS language added to E. Acknowledgment, G. Resolution • G&A sentence added under A. Quality improvement • Additional definitions added
QI-17: Member Appeals	<p><u>Policy Updates (DHCS approved):</u></p> <ul style="list-style-type: none"> • Added clarifying material to C. Triage as bullet point #8 • Added clarifying material to H. Clinical review as bullet point #6 • Updated Oversight Roles and Responsibilities section to include information on written record of Grievances • Added compliance with SB 855 information under section monitoring • DHCS APL 21-011 added under references

Date: April 8, 2022

To	Quality Improvement Committee
From	Nicole A. Ylagan Supervisor Appeals & Grievances
Regarding	2021 Annual Grievance and Appeals Report

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 2019	Grievance Rate per 1,000 Members 2019	Number of grievances received 2020	Grievance Rate per 1,000 Members 2020	Number of grievances received 2021	Grievance Rate per 1,000 Members 2021
Attitude/Service	136	0.89	107	0.75	133	0.88
Quality of Care	147	0.96	80	0.56	85	0.56
Access	50	0.33	45	0.31	63	0.42
Quality of Practitioner Office Site	0	0	0	0.00	1	0.01
Billing/Financial	19	0.12	27	0.19	26	0.17
SFHP Total/Number per 1,000 Member Months	352	2.3	259	1.81	308	2.04

Table 2: Appeal Volume Report

Category	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	Number of appeals received in 2021	Appeal Rate per 1,000 Members 2021
Quality of Care	0	0.00	0	0.00	0	0.00
Access	77	0.50	65	0.45	72	0.48
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 Member Months	77	0.50	65	0.45	72	0.48

Data Analysis:

A total of 308 grievances and 72 appeals were reported in 2021 compared to 259 grievances and 65 appeals in 2020. The grievance volume in 2021 increased 18.9% from 2020. The appeal volume in 2021 increased 10.7% from 2020.

SFHP's performance threshold for each NCQA grievance category is ≤ 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 2021.

Qualitative Analysis of Grievances 2021:

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 2021 trending grievances:

- In Q1 2021, SFHP received two clinical grievances and two Decline to File Grievances (members' mother filed two Decline to File Grievances for her two children) where the members reported experiencing poor communication from Mission Neighborhood Health Clinic (MNHC) providers. GRC review of one of the grievances (MGC200821001) resulted in a follow up question for MNHC. The response to the follow question was presented at GRC and no additional follow up was needed. SFHP notified MNHC of

grievance trend to investigate improvement opportunities regarding communication to patients. Also, SFHP received three clinical grievances where the members reported experiencing poor communication from Haight Ashbury Integrated Care Center providers. GRC reviewed the grievances found Haight Ashbury Integrated Care Center's responses to the grievances were appropriate. GRC recommended to monitor Haight Ashbury Integrated Care Center to see if members continue to file grievances involving poor communication.

- In Q2 2021, SFHP found that two unique members filed grievances regarding a \$10 copayment at Advanced Chiropractic Center (MGC210322001; MGNC210413002). Advanced Chiropractic Center is contracted with American Specialty Health (ASH), SFHP's chiropractic provider. SFHP completed the following actions regarding the \$10 copay issue:
 1. Members were reimbursed for the copay they paid at Advanced Chiropractic Center.
 2. SFHP Provider Network Operations (PNO) contacted ASH who confirmed ASH's Claims Department ran a report from 1/1/21 to present to identify additional cases involving copays. They did not find additional cases.
 3. ASH educated Advanced Chiropractic Center on SFHP's benefit.
 4. SFHP may issue the provider a Corrective Action if these issues occur again.
- In Q3 2021, SFHP found that four unique members filed grievances regarding timely access to a Primary Care Provider (PCP) at Zuckerberg San Francisco General Hospital (ZSFG) Family Health Center. GRC recommend notifying ZSFG Family Health Center of grievance trend to investigate improvement opportunities regarding timely access to PCPs. Also, SFHP identified timely access issues to Beacon, SFHP's non-specialty mental health provider. GRC recommended that the access issues be included with the Corrective Action Plan (CAP) that was initiated with Beacon of their overall performance.

Qualitative Analysis of Appeals 2021:

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 2021, the UMC conducted full committee discussions of medical and pharmacy appeals.

Quarter 1 2021

UMC recommended American Specialty Health (ASH), SFHP's provider for chiropractic services add language to the Notice of Action (NOA) letter to make it clearer that some NOAs are not a bill. This language will reduce member confusion and thereby reduce appeals team work to explain the letters. UMC also recommended to inform Delegated Medical Groups (DMG) that any of their medical decisions reviewed on appeal are subject to CO-57 (UM clinical criteria) hierarchy will be applied to appeals.

Quarter 2 2021

IUMC recommended to review SFHP criteria for enteral nutrition products as a result of an appeal.

Quarter 3, 2021

UMC recommended to re-educate a DMG, North East Medical Services (NEMS) about facial feminization surgical services and benefits. Also, UMC recommended that the Provider Network Operations (PNO) department review the network for available pediatric orthopedics. In addition, UMC recommended to meeting with MCG Health to review algorithms and guidelines to avoid further appeals.

Quarter 4 2021*Pharmacy*

UMC recommended for Pharmacy to ensure that Tacrolimus 0.1 % ointment generic is covered by Medi-Cal and a prior authorization is needed.

St. Anthonys – Identified Trend

From October – December 2021, SFHP found that three unique members filed grievances regarding delay of care and discrimination. Although the three grievances involved three unique members, all the members were part of the same household. The mother of the members filed three grievances that were duplicates of each other. On 3/24/22, the Grievance Review Committee (GRC) agreed to the severity level of 0. However, SFHP will continue to monitor these types of grievances in order to identify if there is a trend in the future.

UCSF Lakeshore - Identified Trend

From October – December 2021, SFHP found that three unique members filed decline to file grievances regarding timely access to a primary care provider (PCP). It is recommended that the continuing issue of timely access appointments with a PCP should be discussed at a forum such as a Joint Administrative Meeting (JAM)/Joint Operations Committee (JOC). On 3/24/22, the Grievance Review Committee (GRC) recommended that the severity level be 2 or 3 because of past access issues with UCSF. The data from the 2021 access surveys showed that UCSF is compliant with all elements of the survey.



Date:

To	Quality Improvement Committee
From	Michelle Faust, RN, BSN Leslie Mulhern, RN, CPHQ, CHCQM Quality Review Nurse Appeals & Grievances
Regarding	Quarter 2, 2022 Potential Quality Issue Report

Case Reviews

Q 2, 2022 - Case types reviewed		Count
Total cases reviewed for PQI		168
	Appeals	18
	Decline to File Grievances (Clinical)	30
	Grievances (Clinical)	111
	Internal referrals (not including grievances)	9
	External referrals	0
	Provider Preventable Condition (PPC)	0

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

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

PQI Final Determination
PRACTITIONER PERFORMANCE AND SYSTEM RANKING

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

Analysis: No trends at this time are identified during Quarter 2, 2022, however, 20 cases are still being investigated.

Referred for Peer Review Quality Cases

Case #1

Initial Complaint/Findings: Member with a history of metastatic lung adenocarcinoma involving brain and bone, diagnosed June 2017. The member had an inpatient hospital stay from 11/1/21-11/11/21 and was diagnosed with leptomeningeal cancer and assigned to receive outpatient palliative care. Member had an appointment scheduled with a palliative care doctor on 12/23/22, however on 12/13/21, without their consent/knowledge, the appointment was changed to 1/13/22, due to the doctor going out of town. A grievance filed on 12/17/21 due to the change of appointment, and being unable to get ahold of PCP, Palliative care, or Oncologist for help on the matter. The palliative care center was unable to accommodate an earlier appointment, so had their nurse check on patient on 12/16/21, 12/17/21, 12/28/21. The member did have home health services. Had video visit with Oncology 12/23/21 and noted that since MD had seen her at the last admission, there was a marked decline, "We did discuss prognosis is limited given decline and that I estimate few weeks rather than several weeks to mos." Recommended Hospice, but family did not want that yet. Member passed away 12/27/21 without having the palliative care appointment.

Investigation: Partially investigated through the grievance process, and a PQI was opened due to the provider not having a good clinical reason to move the appointment and to investigate whether this delay in service had an impact on this member. Medical records were requested 3 times, and there was no response from the provider.

Findings: Reviewed by SFHP Medical Director who advised to forward to peer review without the provider's input. "This is a P2/S2 - delay in services impact on the patient who unfortunately passed away."

Follow-up/Recommendations:

Case #2

Initial Complaint/Findings: Member had history of UTI and saw a urologist, who ordered an MRI. The MRI was done on 10/27/21. She was told that she would get a call from her PCP with the results, and never received a call. Member filed a grievance about this on 11/9/21.

Investigation: This case was partially investigated through the grievance process. It was discovered that the MRI results were normal. This member opted to change PCPs.

Findings: Medical records were requested from the PCP three times with no response. Additionally, investigative research questions were sent to the PCP, with no response.

Follow-up/Recommendations:

Case #3

Initial Complaint/Findings: Member who is conserved, with past medical history of paraplegia, chronic substance abuse, schizophrenia, cluster B traits, cognitive impairment, history of elopement, brought to the ED 2/25/22 on a 5150, with a diagnosis of sacral ulcer. Member was evaluated by psychiatry as "gravely disabled," with no documentation for having a sitter. Eloped from the hospital on 3/17/22. Found by police 6 hours later and readmitted.

Investigation: Did not receive the response from the facility in question. Per the facility, they stated a response was already sent to SFHP. Of note, in a similar case presented to this facility on the same day, the response was that the facility is under no contractual obligation to provide policies and procedures and will not do so.

Findings: No findings as SFHP did not receive a response from the facility.

Follow-up/Recommendations:

Case #4

Initial Complaint/Findings: Member with h/o right tibial plateau fracture s/p ORIF, complicated by recurrent cellulitis with PICC line in place for antibiotics. He presented with cellulitis to a hospital on 3/8/22 and was subsequently found to have bacteremia from his PICC line. He was initially treated with Rocephin however was changed to daptomycin IV per ID recommendations with 10 days of treatment thereafter. A new PICC line was also placed. Patient indicated that he has 4 doses of daptomycin left at the time of hospital discharge. He was discharged on a Friday with instructions to follow up with his clinic on Monday, leaving the patient responsible to manage this issue himself, and did not receive antibiotics over the weekend.

Investigation: Hospital's response was received. Per response, this hospital is not contractually obligated to share policy and procedures. They are willing to send medical records if we have paid the claim but no other info will be provided.

Findings: No findings as we did not receive a response from the provider.

Follow-up/Recommendations:

Case #5

Initial Complaint/Findings: Member was starting a treadmill stress test when he suddenly passed out and fell and hit his head. He never lost pulses but was difficult to arouse after he passed out, and a code blue was called. Initial blood pressure was 80/50

Investigation: Despite five requests for a response from the hospital, none was received. It was found that the member was supposed to have a pharmacologic stress test, however, he was given a treadmill test. Member was admitted for a chest pain evaluation after the syncopal episode on the treadmill stress test, and for the head strike and LLE plegia/numbness.

Findings: "If no notes are available, then this is a PQI, P3/S3 - significant opportunity for improvement, significant adverse outcome to member as patient fell and hit his head with left lower extremity numbness/plegia, requiring admission post-incident."

Follow-up/Recommendations:

HEDIS QIC Review

Measurement Year 2021



Key Activities Completed

- Upgraded to web version of HEDIS tool – Quality Reporter:
Automated Overread Process. Overreads are the quality checks of medical record abstraction.
- Data improvement:
 - Member Enrollment Logic – Refined identification and exclusions of dual members
 - Pharmacy Mapping Logic – Quantity Dispensed correctly mapped to HEDIS tool Rx input file
 - Provider Chase Logic – Identified other Primary Care Practitioners seen (not just assigned PCPs)
- HDC and HSAG annual audits
All audit queries and findings completed and addressed
- Medical Record Review (MRR)
Completed and passed MRR Validation
- Preliminary and Final Rate Submissions
- HEDIS Team Off-boarding

Upcoming Post-Season Activities

- Lessons Learned
- Program Improvements
- Data Improvements
 - Inclusion of Electronic Medical Record and Case Management data sources
 - Provider Chase Logic - Refining identification of providers members saw during measurement year and location of medical charts
- HEDIS Disparities Dashboard
 - Disparities by Race/Ethnicity and Spoken Language
- MY2022 Program and Measures Assessment
 - New measures and requirements

Final Rates – NCQA Medicaid HP Accreditation

- Successful completion of HDC audit and submission of final rates – no major findings
- Continued impact from COVID-19 on access to primary care services in early 2021 including screenings and preventive care
- New NCQA Required Reportable Measures:
 - Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)
 - Plan All Cause Readmissions (PCR)
 - Pharmacotherapy for Opioid Use Disorder (POD)
 - Prenatal Immunization Status (PRS-E)
- Measures designated as 'No Benefit' by Auditor and not reportable:
 - Annual Dental Visit (ADV)
 - Follow-up After Hospitalization for Mental Illness (FUH)
 - Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)
 - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
 - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
- Public Reporting
 - Health Plan Ratings (HPR) for MY2021 will be published September 2022 – we project a continued 4.0 rating

Final Rates - MCAS

- Successful completion of HSAG audit and submission of final rates – no major findings
- Continued impact from COVID-19 on access to primary care services in early 2021 including screenings and preventive care
- New DHCS Required Reportable Measures:
 - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
 - Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Minimum Performance Level (50th %ile benchmark)
 - Did not meet for Well-Child Visits in the First 30 Months of Life (W30)
 - Impact of COVID-19 on primary care services in 2020 and early 2021.
 - Observed higher rates for Asian and Chinese-speaking cohorts. Lower rates for other race/ethnicity and spoken language categories.
 - Adherence to required number of visits in timeframe – 6 or more in first 15 months.
- Prior measures not meeting MPL did meet MPL this year - CDC Poor Control, WCC BMI, and BCS

Accreditation Measures

Domain	Measure	Measure Indicators	MY2020 Percentile Met	MY2020 Final Rate	MY2020 Denom	MY2021 Percentile Met	MY2021 Current Rate	Denom.
Access/Availability of Care	Prenatal and Postpartum Care - Postpartum	PPC - Postpartum	95	91.22%	830	95	88.44%	999
Access/Availability of Care	Prenatal and Postpartum Care - Prenatal	PPC - Prenatal	66	92.29%	830	90	93.20%	999
Behavioral Health	Antidepressant Medication Management-Effective Continuations Phase Tx	AMM - Continuation Phase	75	48.86%	964	75	51.98%	1164
Behavioral Health	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose & Cholesterol Testing Total	APM	50	35.71%	28	75	41.94%	31
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness - 7 Days - Total	FUM	<5	0.00%	0	<5	7.43%	969
Behavioral Health	Pharmacotherapy for Opioid Use Disorder - Total	POD	-	9.60%	396	<5	10.63%	442
Behavioral Health	Adherence to Antipsychotic Medications for Individuals with Schizophrenia	SAA	25	58.11%	444	25	59.20%	500
Behavioral Health	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	SSD	50	82.16%	583	95	87.27%	652
Cardiovascular Conditions	Controlling High Blood Pressure	CBP	50	63.99%	9081	90	66.93%	8432
Cardiovascular Conditions	Comprehensive Diabetes Care - Blood Pressure Control (<140/90)	CDC - BP <140/90	25	57.11%	6036	75	66.91%	6644
Cardiovascular Conditions	Comprehensive Diabetes Care - Eye Exams	CDC - Eye Exams	33	56.32%	6036	50	54.50%	6644
Cardiovascular Conditions	Comprehensive Diabetes Care - HbA1c Control (<8%)	CDC HbA1c Control <8%	33	51.05%	6036	75	54.74%	6644
Cardiovascular Conditions	Statin Therapy for Patients with Cardiovascular Disease - Received Statin Therapy - Total	SPC - Received Statin Therapy	75	84.39%	346	90	86.30%	416
Cardiovascular Conditions	Statin Therapy for Patients with Cardiovascular Disease-Statin Adherence 80%	SPC - Statin Adherence 80%	90	80.82%	292	75	80.22%	359
Cardiovascular Conditions	Statin Therapy for Patients with Diabetes - Received Statin Therapy - Total	SPD - Received Statin Therapy	75	68.93%	3280	75	70.96%	4328
Cardiovascular Conditions	Statin Therapy for Patients with Diabetes - Statin Adherence 80%	SPD - Statin Adherence 80%	95	81.11%	2261	75	79.88%	3071
Overuse/Appropriateness	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (inverse)	AAB	90	66.63%	899	75	68.70%	115
Overuse/Appropriateness	Risk of Continued Opioid Use - 15 Day Rate	COU (lower is better)	50	6.15%	2862	50	6.12%	3854
Overuse/Appropriateness	Use of Opioids at High Dosage	HDO (lower is better)	50	4.53%	1126	10	14.52%	1116
Overuse/Appropriateness	Use of Imaging Studies for Low Back Pain (inverse)	LBP	95	86.80%	788	75	81.07%	1030
Overuse/Appropriateness	Use of Opioids from Multiple Providers - Multiple Providers and Multiple Pharmacies	UOP (lower is better)	50	2.43%	1357	10	3.87%	1368
Overuse/Appropriateness	Appropriate Treatment for Upper Respiratory Infection (inverse)	URI	95	96.97%	9972	95	97.61%	2009
Prevention and Screening	Breast Cancer Screening	BCS	33	55.99%	7843	66	56.72%	10505
Prevention and Screening	Cervical Cancer Screening	CCS	75	68.06%	26844	75	64.17%	31783
Prevention and Screening	Chlamydia Screening	CHL	50	60.15%	2073	90	67.19%	2719
Prevention and Screening	Childhood Immunization Status Combo 10	CIS - Combo 10	95	61.22%	1242	95	59.95%	1771
Prevention and Screening	Immunizations for Adolescents Combo 2	IMA - Combo 2	95	57.91%	1552	90	56.58%	2048
Prevention and Screening	Prenatal Immunization Status - Combination Rate	PRSE	-	65.35%	834	95	59.61%	926
Prevention and Screening	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents BMI	WCC - BMI	25	72.02%	20251	50	78.81%	22812
Respiratory Conditions	Asthma Medication Ratio - Total	AMR	75	68.55%	779	10	55.47%	878
Respiratory Conditions	Appropriate Testing for Pharyngitis	CWP	10	64.07%	782	<5	44.21%	423
Respiratory Conditions	Pharmacotherapy Management of COPD Exacerbation-Bronchodilator	PCE - Bronchodilator	10	80.05%	376	66	87.83%	345
Respiratory Conditions	Pharmacotherapy Management of COPD Exacerbation-Systemic Corticosteroid	PCE - Systemic Corticosteroid	10	57.71%	376	33	70.14%	345
Risk Adjusted Utilization	Plan All Cause Readmissions	PCR	-	1.0168	2316	66	0.9251	2854

- Asthma Medication Ratio (AMR) impacted by pharmacy file mapping issue corrected. Prioritized for improvement.
- Statin Therapy for Patients with Cardiovascular Disease (SPC) and Statin Therapy for Patients with Diabetes (SPD) adherence indicators impacted by increase in new patients with care not yet established.
- Avoidance of Antibiotic Treatment for Acute Bronchitis (AAB) and Appropriate Testing for Pharyngitis (CWP) measures impacted by diagnosis of COVID over respiratory conditions and SF shelter in place mandates.
- Use of Opioids at High Dosage (HDO) and Use of Opioids from Multiple Providers (UOP) measures impacted by decrease in short term opioid prescriptions and new members coming into Medi-Cal on high dosage.

Domain	Measure	Measure Indicators	MY2020 Percentile Met	MY20 Final Rate	MY20 Denom	MY2021 Percentile Met	MY21 Current Rate	Denom.	HELD TO DHCS MPL
Access/Availability of Care	Contraceptive Care - Postpartum Women: LARC - 3 Days	CCP-LARC3	-	7.39%	866	-	6.88%	945	
Access/Availability of Care	Contraceptive Care - Postpartum Women: LARC - 60 Days	CCP-LARC60	-	16.86%	866	-	13.02%	945	
Access/Availability of Care	Contraceptive Care - Postpartum Women: Most or Moderately Effective Contraception - 3 Days	CCP-MMEC3	-	13.86%	866	-	12.59%	945	
Access/Availability of Care	Contraceptive Care - Postpartum Women: Most or Moderately Effective Contraception - 60 Days	CCP-MMEC60	-	32.79%	866	-	28.15%	945	
Access/Availability of Care	Contraceptive Care - All Women: Long-Acting Reversible Contraception (LARC)	CCW - LARC ages 15-20	-	2.32%	4861	-	2.09%	5512	
Access/Availability of Care	Contraceptive Care - All Women: Long-Acting Reversible Contraception (LARC)	CCW - LARC ages 21-44	-	3.45%	13982	-	4.07%	17597	
Access/Availability of Care	Contraceptive Care - All Women: Most or Moderately Effective Contraception	CCW - MMEC ages 15-20	-	12.45%	4861	-	12.35%	5512	
Access/Availability of Care	Contraceptive Care - All Women: Most or Moderately Effective Contraception	CCW - MMEC ages 21-44	-	18.46%	13982	-	19.79%	17597	
Access/Availability of Care	Prenatal and Postpartum Care - Postpartum	PPC - Postpartum	95	91.22%	830	95	88.44%	999	Y
Access/Availability of Care	Prenatal and Postpartum Care - Prenatal	PPC - Prenatal	66	92.29%	830	90	93.20%	999	Y
Behavioral Health	Follow Up Care for Children Prescribed ADHD Medication- Initiation Phase	ADD - Initiation Phase	5	30.36%	56	10	34.18%	79	
Behavioral Health	Antidepressant Medication Management-Acute Phase Tx	AMM - Acute Phase	90	65.25%	964	90	71.13%	1164	
Behavioral Health	Antidepressant Medication Management-Effective Continuations Phase Tx	AMM - Continuation Phase	75	48.86%	964	75	51.98%	1164	
Behavioral Health	Metabolic Monitoring for Children and Adolescents on Antipsychotics - Total	APM	50	35.71%	28	75	41.94%	31	
Behavioral Health	Screening for Depression and Follow-Up Plan	CDF	-	7.03%	61649	-	24.73%	64352	
Behavioral Health	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 7 Days - Total	FUA	-	0.00%	0	10	4.41%	1858	
Behavioral Health	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence - 30 Days - Total	FUA	-	0.00%	0	10	9.90%	1858	
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness - 7 Days - Total	FUM	-	0.00%	0	<5	7.43%	969	
Behavioral Health	Follow-Up After Emergency Department Visit for Mental Illness - 30 Days - Total	FUM	-	0.00%	0	<5	12.18%	969	
Behavioral Health	Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	SSD	50	82.16%	583	95	87.27%	652	
Cardiovascular Conditions	Controlling High Blood Pressure	CBP	50	63.99%	9081	90	66.93%	8432	Y
Cardiovascular Conditions	Comprehensive Diabetes Care - Poor Control	CDC HbA1c Poor Control >9 (lower is better)	33	41.05%	6036	75	34.79%	6644	Y
Overuse/Appropriateness	Concurrent Use of Opioids and Benzodiazepines	COB	-	11.81%	1177	-	10.14%	1174	
Overuse/Appropriateness	Use of Opioids at High Dosage in Persons without Cancer	OHD (lower is better)	-	5.46%	1007	-	16.38%	977	
Prevention and Screening	Breast Cancer Screening	BDS	33	55.99%	7843	66	56.72%	10505	Y
Prevention and Screening	Cervical Cancer Screening	CCS	75	68.06%	26844	75	64.17%	31783	Y
Prevention and Screening	Chlamydia Screening	CHL	50	60.15%	2073	90	67.19%	2719	Y
Prevention and Screening	Childhood Immunization Status Combo 10	CIS - Combo 10	95	61.22%	1242	95	59.95%	1771	Y
Prevention and Screening	Developmental Screening in the First Three Years of Life	DEV	-	18.97%	2989	-	31.39%	3928	
Prevention and Screening	Immunizations for Adolescents Combo 2	IMA - Combo 2	95	57.91%	1552	90	56.58%	2048	Y
Prevention and Screening	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents BMI	WCC - BMI	25	72.02%	20251	50	78.81%	22812	Y
Prevention and Screening	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Nutrition	WCC - Nutrition	66	77.62%	20251	75	77.01%	22812	Y
Prevention and Screening	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents Physical Activity	WCC - Physical Activity	66	75.43%	20251	75	76.72%	22812	Y
Respiratory Conditions	Asthma Medication Ratio - Total	AMR	75	68.55%	779	10	55.47%	878	
Risk Adjusted Utilization	Plan All Cause Readmissions	PCR	-	1.0168	2316	66	0.9251	2854	
Utilization	Ambulatory Care: Emergency Department (ED) Visits	AMB - ED Visits	5	31.24	41627	10	32.3052	1518577	
Utilization	Well-Child Visits in the First 30 Months of Life - 15 Months - 30 Months	W30	-	76.09%	1192	33	69.33%	1689	Y
Utilization	Well-Child Visits in the First 30 Months of Life - First 15 Months	W30	-	46.87%	687	10	41.63%	920	Y
Utilization	Child and Adolescent Well-Care Visits	WCV	-	47.83%	33924	75	56.39%	37253	Y

- Asthma Medication Ratio (AMR) impacted by pharmacy file mapping issues corrected. Prioritized for improvement.
- Follow-Up After ED Visit for Alcohol and Other Drug Abuse or Dependence (FUA) and Follow-Up After ED Visit for Mental Illness (FUM) new follow up measures requiring coordination with behavioral health services. Substance use disorder data gaps. Prioritized for improvement.
- Well-Child Visits in the First 30 Months of Life (W30) measure impacted by COVID impact on primary care services in 2020 and early 2021. Prioritized for improvement.

Quality Improvement Efforts

- The QI/PHM workgroup reviewed the final rates and prioritized key measures based on one or more of the following criteria:

Not meeting DHCS Minimum Performance Level

High volume impact

Healthcare Disparities

Cost reduction impact

NCQA Health Plan Rating score improvement

Other regulatory or compliance requirements

- The initial measures prioritized are:

Measure
AMR - Asthma Medication Ratio
BCS - Breast Cancer Screening
CDC - Comprehensive Diabetes Care
FUA - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
FUM - Follow-Up After Emergency Department Visit for Mental Illness
PCR - Plan All Cause Readmissions
SAA - Adherence to Antipsychotic Medications for Individuals with Schizophrenia
W30 - Well-Child Visits in the First 30 Months of Life

- Sub-groups are working to determine priority populations and identify interventions
- Workplan to be presented at upcoming QIC

Questions/Comments?

Health Plan CAHPS 2022









Quality Improvement Committee

Yves Gibbons

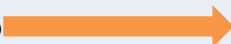



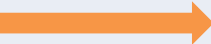



Senior Program Manager, Quality & Access

- Composite
 - Customer Service Composite improved in performance
- Improvement Projects
 - Circulation of Member Experience Video Series - seven videos in five languages
 - Incorporated health disparities data to inform five member facing programs or activities:
 - Breast cancer screening navigation
 - COVID-19 vaccine outreach and funding distribution
 - Enhanced Care Management Severe Mental Illness/Substance Use Disorder, Homeless, and High Utilizer populations

NCQA Scores and Comparison

Composite	2015-2022 Trend	2022	Percentile	NCQA Stars Out of Five
Rating of Health Plan		58.53%	10 th	★★
Rating of Personal Doctor		64.29%	10 th	★★
Rating of Specialist Seen Most Often		60.00%	Below 10 th	★
Rating of All Health Care		51.81%	Below 10 th	★
Getting Needed Care		66.48%	Below 10 th	★
Getting Care Quickly		71.34%	Below 10 th	★
Coordination of Care		82.00%	10 th	★★
Customer Service		82.30%	Below 10 th	NA

Top Priorities for Improvement










Current Key Driver Performance		Room for Improvement on Key Driver	Overall Improvement Opportunity
2022 Plan Rates		Percentage Point Difference Between Current Key Driver Score and the Best Practice Score	Expected Percentage Point Improvement in Rating of Health Plan score if Key Driver Performs at Best Practice Level
Ease of getting needed care, tests, or treatment:	71.43%	+21.00%  92.53%	 +4.59%
Rating of Personal Doctor	64.29%	+9.27%  73.56%	 +4.15%
Customer service provided needed information or help:	74.51%	+18.82%  93.33%	 +1.79%
Rating of Specialist Seen Most Often:	60.00%	+15.02%  95.51%	 +1.64%

- Circulate Member Experience Videos
- Conduct Member Focus Groups
 - Collect information and feedback on member experience of culturally competent care
- CAHPS Workgroup
 - Implement FY 22/23 off-cycle CAHPS survey to collect drill-down data on key drivers

- What insight can QIC provide on how SFHP can work to improve:
 - Access to care
 - Perception of primary care
 - Helpfulness of Information

Member Experience Survey – HP-CAHPS

SFHP annually conducts the Health Plan Consumer Assessment of Healthcare Providers and Systems (HP-CAHPS), a standardized survey measuring member experience with their health plan and covered health care services. SFHP underperforms on the Adult Medi-Cal HP-CAHPS compared to other Medicaid plans. Survey results provide SFHP and its provider network actionable member experience information. SFHP's performance in CAHPS contributes to National Committee for Quality Assurance (NCQA) accreditation. SFHP set a 1% improvement target over previous years' performance for each Rating and Composite shown below.

Ratings and Composites	2015-2022 Trend	2021	2022	2022 Target	National percentile comparison	Summary of 2022 Improvement Efforts
Rating of Health Plan		59.3%	58.5%	60.3%	10 th	<ul style="list-style-type: none"> Member Experience Video Series – SFHP created YouTube videos in Chinese, English, Russian, and Vietnamese and promoted them to improve member engagement with the health plan. Videos included guides to access members' care network, access to PCPs and specialists, and members right to interpreter services. Incentivized increase in members engaged in primary care Pay for Performance program. Members who attend provider appointments report better member experience of care. Implemented a project to address care disparities experiences by Black/African American membership in receiving breast cancer screening. Partnered with Project Open Hand, a community organization which will deliver medically tailored meals and/or groceries to SFHP members with chronic conditions.
Rating of Personal Doctor		67.4%	64.3%	68.4%	10 th	
Rating of Specialist Seen Most Often		64.1%	60.0%	65.1%	Below 10 th	
Rating of All Health Care		57.8%	51.8%	58.7%	Below 10 th	
Getting Needed Care		74.1%	66.4%	75.1%	Below 10 th	
Getting Care Quickly		70.5%	71.3%	71.5%	Below 10 th	
Coordination of Care		82.7%	82.0%	83.7%	10 th	
Customer Service		80.6%	82.0%	81.6%	Below 10 th	
How Well Doctors Communicate		88.5%	90.7%	89.6%	Below 10 th	

Results Key

Green Scores meet 2022 target

Orange Scores do not meet 2022 target











Methodology & Response Rate

Fielding: February 17th to May 11th, 2022

Sample: 1350 Medi-Cal members

Response rate: 21% (n=284)

Administration mode: email, mail, phone

Network	Year	Rating of Health Plan	Rating of Personal Doctor	Rating of Specialist Seen Most Often	Rating of All Health Care	Getting Needed Care	Getting Care Quickly	Coordination of Care	Customer Service	How Well Doctors Communicate
 SAN FRANCISCO HEALTH PLAN	2021	59.3%	67.4%	64.1%	57.8%	74.1%	70.5%	82.7%	80.6%	88.5%
	2022	58.5%	64.2%	60.0%	51.8%	66.4%	71.3%	82.0%	82.0%	90.71%
 BROWN & TOLAND PHYSICIANS	2021	46.5%	54.8%	66.7%	56.3%	81.7%	74.3%	79.2%	84.3%	92.2%
	2022	48.7%	51.8%	74.1%	66.7%	81.8%	81.8%	85.0%	83.4%	92.3%
 cchca 華美醫師協會	2021	52.3%	54.0%	53.3%	53.9%	72.2%	69.4%	84.2%	70.3%	88.5%
	2022	58.6%	65.9%	61.9%	54.1%	76.2%	73.1%	74.5%	83.7%	85.4%
 Hill Physicians	2021	65.9%	63.4%	70.4%	56.9%	79.7%	77.6%	66.7%	83.3%	87.5%
	2022	61.6%	64.6%	78.8%	51.0%	74.6%	76.4%	74.1%	90.3%	88.3%
 Jade HEALTH CARE MEDICAL GROUP	2021	55.6%	60.3%	61.4%	54.2%	63.5%	63.3%	71.8%	73.2%	90.3%
	2022	54.1%	60.7%	60.3%	49.6%	74.3%	71.6%	86.9%	75.6%	91.9%
 KAISER PERMANENTE	2021	64.9%	58.5%	73.2%	57.1%	84.2%	77.6%	81.3%	84.5%	91.0%
	2022	64.1%	65.7%	75.0%	64.4%	81.2%	87.1%	81.0%	76.3%	86.9%
 NEMS NORTH EAST MEDICAL SERVICES 東北醫療中心	2021	59.1%	66.1%	65.5%	53.7%	71.5%	62.4%	70.3%	78.9%	87.1%
	2022	55.7%	58.8%	42.9%	45.9%	57.5%	64.8%	82.6%	71.7%	93.5%
 SFCCC Community Clinic Consortium	2021	69.7%	63.6%	65.2%	61.7%	74.0%	61.8%	89.3%	87.6%	88.1%
	2022	36.6%	59.6%	68.2%	56.4%	74.4%	68.4%	85.0%	84.8%	88.2%
 San Francisco Health Network	2021	51.5%	77.6%	62.5%	60.0%	81.3%	75.0%	95.5%	76.2%	92.0%
	2022	57.5%	63.9%	57.9%	50.8%	76.8%	77.4%	80.0%	83.2%	90.8%
 UCSF	2021	59.6%	63.1%	57.7%	51.4%	75.1%	82.6%	81.6%	87.2%	90.4%
	2022	56.3%	72.6%	73.0%	63.2%	64.0%	72.7%	93.3%	80.9%	93.7%

Results Key

Orange	Scores decreased by ≥1% from 2021 to 2022
Green	Scores increased by ≥1% from 2021 to 2022

SFHP Prioritizes Improvement in CAHPS

While SFHP did not reach the 1% improvement target for most Ratings and Composites, we prioritize questions that are key drivers of members' Rating of Health Plan. HP-CAHPS key drivers most relevant for improvement include questions related to rating specialty providers, access to care, and customer service.

Opportunities	Access to Care, Tests, Treatment, and Appointments	Rating of Personal Doctor	Customer Service Provided Needed Information or Help
Barriers	Members lack awareness of options for accessing care during nights and weekends.	The lack of relationship between some members and their PCP is likely to drive members to the ED or Urgent Care instead of to their PCP.	Difficult to access information from Medi-Cal, SFHP, and provider offices regarding how to access care, covered services, administrative information, and processes to make changes to medical care.
Planned Actions	Continue to promote SFHP's telehealth availability through Teladoc.	Promote SFHP's member experience video series more widely including establishing connection to PCP.	Implement off-cycle CAHPS survey to survey members on specific customer service areas that need improvement.