



Quality Improvement Committee Meeting

Thursday, September 7, 2023

8:00 – 10:00 AM

50 Beale St
13th Floor, Conference Room City Hall
San Francisco, CA 94105

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Chung at 415-615-5692

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AGENDA

Quality Improvement Committee: Open Session			
Time	Topic	Objective	Assigned
8:00	Welcome / Roll Call (15 min)	Update	Eddy Ang, MD, MPH
	QIC quorum: 5 QIC members, 3 physicians, including Committee Chair <ul style="list-style-type: none"> CMO / SFHP Updates 	Update	
8:15	Consent Calendar (15 min)	Update / Vote	Eddy Ang, MD, MPH
	<ul style="list-style-type: none"> June 2023 QIC Minutes - (pp. 2-28) Q2 2023 Grievance Report - (pp. 29-36) Q2 2023 Appeals Report - (pp. 37-41) Q1 2023 ER Access Report - (pp. 42-44) UM Committee Minutes and supporting documentation <ul style="list-style-type: none"> May 2023 - (pp. 45-56) June 2023 - (pp. 57-69) July 2023 – (pp. 70-82) Health Services Policies & Procedures (P&P) Updates Summary - (pp. 83-86) 2022 Grievance & Appeals Annual Report – (pp. 87-92) P&T reappointments – (pp.93-99) QI Scorecard – (pp.100-103) Q2 2023 PQI Report - (p.104) 	Vote	
8:30	Quality Improvement (35 minutes)		
	<ul style="list-style-type: none"> CAHPS scores/ workgroup update QI Access Monitoring Annual Update 2024 MCAS MPL measures & ECDS 	Update	Yves Gibbons José Mendez
Quality Improvement Committee: Closed Session			
Time	Topic	Objective	Assigned
9:05	HEDIS At Risk Measures Confidential Data Report (55 minutes)	Update	Eddy Ang Hilary Gillette-Walch Kaitlin Hawkins David Ries José Mendez



Date: June 29, 2023
Meeting Place: Microsoft Teams Meeting
[+1 323-475-1528,,519741547#](https://teams.microsoft.com/join/323-475-1528-519741547)

Meeting Time: 8:00AM – 10:00AM

QIC Members Present:

In person: Jackie Lam, Medical Director/ QI Director at North East Medical Services (NEMS); Ana Valdez, Chief Health Officer at HealthRight360; Alecia Martin, Director of Quality at San Francisco Behavioral Health Services (BHS); Idell Wilson, community member; David Ofman, Chief Medical Officer at San Francisco Consortium of Community Clinics (SFCCC)

Virtual: Irene Conway, community member; Ed Evans, community member; Amy Lu, Chief Quality Officer, UCSF

Not present: Lukejohn Day, MD; Jaime Ruiz, MD; Kathleen Chung, MD

SFHP Staff Present:

In person: Stephanie MacAller, Associate Program Manager, Quality Improvement; Yves Gibbons, Supervisor, Quality Improvement; Kaitlin Hawkins, Pharmacy Operations Manager; David Ries, Director of Behavioral Health and Housing; Hilary Gillette-Walch, Director of Population Health; Eddy Ang, Chief Medical Officer

Virtual: Eileen Kim, Clinical Pharmacist; Lena Liu, Program Manager, Grievances and Appeals; Jose Mendez, Manager, Health Services Product Management

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
Call to Order	<ul style="list-style-type: none"> Meeting called to order at 8:20 AM with a quorum. Jackie Lam, Medical Director/ QI Director at North East Medical Services (NEMS) Ana Valdez, Chief Health Officer at HealthRight360 		

	<p>Alecia Martin, Director of Quality at San Francisco Behavioral Health Services (BHS) Idell Wilson, community member David Ofman, Chief Medical Officer at San Francisco Consortium of Community Clinics (SFCCCC)</p> <p><i>Eddy: Can I get the voting members to allow your participation of the remote members for the meeting today?</i></p> <ul style="list-style-type: none"> • Welcome new members Alecia Martin, Director of Quality at San Francisco Behavioral Health Services (BHS) David Ofman, Chief Medical Officer at San Francisco Consortium of Community Clinics (SFCCCC) Blake Gregory, Primary Care Director of Population Health and Quality at San Francisco Health Network Amy Lu, Chief Quality Officer at UCSF • Welcome SFHP attendees • Scheduling future QIC meetings for Wednesday or Thursday. What's better for committee? JL- either BG- Thursday AV- either AM- Thursday best, Wednesday ok IW- either DO - Wednesdays, except 4th Wednesday (4th Thursday better) AL - Thursday (can make Wednesday work if better for the rest of the members) IC- either 	<ul style="list-style-type: none"> • Stephanie will send out future schedule 	<p>Approved</p>
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<p>Consent Calendar</p>	<p>March 2023 QIC Minutes</p> <ul style="list-style-type: none"> • We went over usual reports that include grievance report, appeals report, PQIs, access report, and UMC policy changes. • No actions pending from the last meeting <p>Q1 2023 Grievance Report</p> <ul style="list-style-type: none"> • Some strands that we continue to monitor, but nothing that deviates from previous trends • Turnaround time is still at 98—99% compliance rate • Drivers for grievances (graph on p. 10 of consent calendar) <ul style="list-style-type: none"> ○ PCP service, specialist grievance, and SFHP top 3 ○ Nothing unique about 3 main drivers <p>Q1 2023 Appeals Report</p> <ul style="list-style-type: none"> • Numbers pretty steady year after year—not a lot of deviations <p>Q1 2023 PQI Report</p> <ul style="list-style-type: none"> • PQI has jumped from previous years b/c we’ve been better educating our team to ID them and refer to quality review team • PQI turnaround time outside of 60 days is 7 cases <ul style="list-style-type: none"> ○ This is actually a much shorter timeframe than many other plans ○ Other plans are 180 days ○ SFHP changed policy and have adopted 180 day compliance rate <p>Q4 2022 ER Access Report</p> <ul style="list-style-type: none"> • ER visit volume by facility and visits <ul style="list-style-type: none"> ○ ZSFGH & UCSF top ○ Chest, abdominal, and acute respiratory infections top 3 reasons <p><i>AV: where do ODs from fentanyl, etc. show up? Are they not making it to ER? Or is it coming under something like syncope and collapse?</i></p> <p><i>KH: It’s not all diagnoses, just top categories. Could be under “all other diagnoses” and just lower percentage. Possible that they could come into ER with diagnosis associated with one of these top categories and they had overdose, but unlikely. Probably right that they’re not showing up in ER</i></p> <p><i>EA: can we add line item for SUD or overdose?</i></p> <p><i>KH: will have to go back to data, but can add that.</i></p>	<ul style="list-style-type: none"> • Add more granular data to show SUD/overdose data 	<p>Approved.</p> <ul style="list-style-type: none"> • March 2023 QIC Minutes • Q1 2023 Grievance Report • Q1 2023 Appeals Report • Q1 2023 PQI Report • Q4 2022 ER Access Report • UM Committee Minutes and supporting documentation <ul style="list-style-type: none"> ○ January 2023 ○ April 2023 • Health Services Policies & Procedures (P&P) Updates Summary • QI Scorecard
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	<p><i>EA: next time will get more granular and share numbers</i> UM Committee Minutes and supporting documentation January 2023/ April 2023</p> <ul style="list-style-type: none"> • Usual reporting and policy changes: <ul style="list-style-type: none"> ◦ Major organ transplant and gender affirming services <p>Health Services Policies & Procedures (P&P) Updates Summary</p> <ul style="list-style-type: none"> • Standardized benefits and we monitor changes to Medicaid managed care benefits that come down through APS and then have usually 30 to 60 days to revamp, so there's a lot of policy changes included at the end. <p>QI Scorecard <i>EA: any questions or comments? (no). Hearing none, motion to approve?</i> <i>JL: motion to approve</i> <i>BG: second</i> <i>Approved</i></p>		
	<p>HEDIS Priority Quality Measure Overview</p> <p>Just wrapped up HEDIS performance for 2022. From 18 measures held to MPL (minimum performance level), we didn't meet MPL for just 2: FUM</p> <ul style="list-style-type: none"> • Headed in right direction • Went from below 5th percentile in 2021 to 33rd percentile in 2022 <p>W30</p> <ul style="list-style-type: none"> • For last two years SFHP has been at 10th percentile • In order for measure to be counted, you have to be using specific codes • We believe work is happening, and when discussing w/providers they agree • We'll work on <p><i>IC: well child visits may be due to coding, but in the past years we've had member incentives like \$25 Walgreens gift card that stalled during pandemic. Have they revived the program?</i> <i>EA: Thank you for the question. It's been there and we're making it easier to receive incentive by using claims data instead of needing a card to be signed off.</i></p>		

	<p><i>HGW: Because of KP ransomware attack they haven't been mailed out for last couple of months but we hope to resume in the next few weeks</i></p> <p><i>EA: Thanks. As Hilary mentioned, one of our vendors for mailing is currently under ransomware attack. Good news is that our member data has not been compromised, and we're not using them for any mailings right now. We're doing all mailings (ex. Late notice of action letters, denial or notification letters, etc.) manually here in office with internal staff. Takeaway here is that member data is safe.</i></p> <p><i>IC: I still have a follow up question. So I understand that payments are mailed automatically rather than a card, but are parents aware of the incentives? In past ,they had a card and brought it in intentionally, but is it all in the background? Or they may not be aware that this is a program?</i></p> <p><i>HGW: Yes, all eligible members are receiving mailings indicating that they are eligible for this incentive ahead of time, prompting them to see their primary care services. Once we have compliance, gift cards go out.</i></p> <p><i>JL: ok so the gift cards are going to go back to the families. I assume it's based on correct coding. In my experiences there are cases where parents are expecting something might come back and they don't get the stuff they've requested, so that might mean that there is some miscoding going on.</i></p> <p><i>HGW: the parent can call customer service if they believe we've missed them and we can look into. We are looking for the HEDIS compliant codes</i></p> <p><i>JL: so in cases of miscoding, are you contacting rendering provider to try and make the coding changes?</i></p> <p><i>HGW: no, we're not tracking that down if we see that were visits. We are sending out coding guides as a resource.</i></p> <p><i>EA: I think this may be a gap. If the codes aren't being captured by us, then we don't know that the parent has met those visits. One ask is that if you hear from any of your providers or patients that they have met the 6 visits, then have them call our customer service. We can work with provider to ask for some proof and that could be an opportunity for the provider to recode or adjust the code to reflect that those were actually well child visits.</i></p> <p><i>HGW: Yes, you're always able to submit another corrected claim.</i></p> <p><i>EA: feel free to send me or e-mail Hilary. Stephanie can follow up with measure owners contact.</i></p> <p><i>KH: Are the times between visits also a factor?</i></p> <p><i>HGW: Yes, there's a minimum spacing of two weeks.</i></p>	<ul style="list-style-type: none"> • Stephanie to follow up with measure owners contact info 	
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	<p><i>KH: so if they went for one visit a week later? That doesn't count?</i></p> <p><i>HGW: yes, spacing can be a factor; you might lose credit for one.</i></p> <p><i>EA: so it has to a minimum of 14 days apart between visits for both to count.</i></p> <p><i>HGW: yes, it will count the first visit.</i></p> <ul style="list-style-type: none"> • Wrap up performance from MY 2022. Where does that leave us? How do we compare to other health plans in CA or other Medicaid plans in CA? • Top 2 performing plans are Kaiser (Kaiser North and Kaiser South) • If we exclude Kaiser and look at local Medicaid plans, two tied for #1: Cal Optima in Orange County (southern California) and San Luis Obispo. • #2 Contra Costa and SFHP <ul style="list-style-type: none"> ○ #1 quality score was 82.67% ○ #2 our quality score was 82%, only .06% difference. • This performance is a reflection of providers' hard work. Please take this news back and share our gratitude and appreciation to your organization. <p><i>Ed: One thing that may be affecting quality of life for our disabled recipients has to do with in home support care. There's a new system that they have for the providers that will be implemented on July 1. Many of the providers I've been speaking with don't know anything about the reporting thing and some of them are talking about leaving their recipients as a result of this?</i></p> <p><i>EA: I need to take this question back and investigate the IHSS benefit and we will follow up with you separately by email.</i></p>		
	<p>QIC Vision and Purpose</p> <ul style="list-style-type: none"> • Reset and renewed energy around quality in health plans, QIC and our own quality efforts. • New team and new workgroups digging into details of priority measures • QIC has been compliance-related committee primarily responsible for reviewing and approving annual QI program and QI evaluation, providing monitoring and oversight of workplan. • We're wanting to hear more feedback, more brainstorming and input from you on what we're doing and to align what you're doing with what we're doing. • We will continue to share data with you but want to hear from you what you're seeing and hearing and how we can continue to support your work. 		
	HEDIS At Risk Measures (danger of not meeting MPL)		

	<p>AMR</p> <ul style="list-style-type: none"> • One of ER top visits, so this is a really important clinical lens • Want suggestions about ways we can partner with members of community and provider partners • As of last year we're at 10th percentile, but goal is to move from that to MPL • How do we support providers in terms of individually working with members? It's complicated and there can be multiple factors. • New GINA guidelines recommend using controller medications as both controller and rescue medication (esp. For adults) • We've been collaborating w/providers and developing educational materials for providers & patients • Reviewing this class for our pharmacy and therapeutics committee to see which drugs we cover and we have seen an increase in maintenance inhalers. • Looking at high numbers of prescriptions <ul style="list-style-type: none"> ○ Complicated for children who may need extra inhalers (school, home, etc.) ○ Pharmacies are potential source of issue because of auto refills, so we're working with them to work on that. • Working on adding generic inhalers to approved controller list to help with that number • <i>DO: could be a role here for doing some provider education in terms of offering a presentation. Quarterly DHP provider meeting where most of primary care providers show up, so that could be an opportunity.</i> • <i>AV: something on demand would be helpful, and something with CE.</i> • <i>Ed: has there been any reports of people with asthma not being able to get their medication in a timely manner?</i> <ul style="list-style-type: none"> ○ <i>KH: we have reporting that looks at adherence and we see how often they're filling their inhalers. When we look at data from Medi-Cal Rx, we have seen utilization of controllers has gone up, so that make me hopeful that their access is better. But I haven't heard anything directly about the experience at pharmacies that it's causing problems with access.</i> 	<ul style="list-style-type: none"> • SFHP to come up with on demand/ CME type seminars 	
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	<ul style="list-style-type: none"> • <i>Blake: Thanks for printing out qualifying controller meds. Disappointed that LAMAs aren't on here.</i> <ul style="list-style-type: none"> ○ <i>KH: we can ask auditors about this</i> ○ <i>Blake: where we struggle is pharmacies getting a 90 day supply and we can't catch up with that. With one or two dispensers a year, we're underwater.</i> ○ <i>KH: hopefully generics will help improve the numbers</i> ○ <i>Blake: there are some coding issues where people have COPD but they're not noted as such</i> ○ <i>EA: so we'll take that info to auditors and share feedback. This is a good example of how we can partner w/ providers because we have direct access to auditors. Two takeaways:</i> <ul style="list-style-type: none"> ▪ <i>continue this discussion with consortium and come up with on demand/ CME type seminars (follow up with Ana to get thoughts on that as well)</i> ▪ <i>Share thoughts on LAMA with the auditors</i> 	<ul style="list-style-type: none"> • SFHP to thoughts on LAMA with the auditors 	
	<p>FUM/FUA</p> <ul style="list-style-type: none"> • Next two measures behavioral health measures • Last year in summer DHCS released Comprehensive Quality Strategy (CQS) <ul style="list-style-type: none"> ○ Lots of ambitious goals state would like to achieve by 2025 ○ Three categories <ul style="list-style-type: none"> ▪ Behavioral health ▪ Maternal health ▪ Child health ○ This is why a lot of priority measures you're seeing today can fall into one of these buckets • Follow up after emergency department visit • Touch on challenges of health care system <ul style="list-style-type: none"> ○ Real need for care coordination <ul style="list-style-type: none"> ▪ Serious mental illness--> BHS ▪ Mild to moderate illness-->HCP • Huge improvement in measures because of data efforts. But there are still struggles: <ul style="list-style-type: none"> ○ State won't share SUD information with us ○ Avatar (BHS) isn't available to us 		

	<ul style="list-style-type: none"> ○ DPH uses Epic for information ○ Trying to integrate sharing of information among systems ○ We're getting out info on ED visits to provider partners so they can do follow ups ○ New under CalAIM is enhanced care management (ECM) focused just on care management for certain populations, including those with serious mental illness. ○ Providing ED visit to PCP on weekly basis ○ Working directly w/hospitals <ul style="list-style-type: none"> ▪ Substance use navigators (community health workers in hospitals) ▪ Bringing awareness to EDs to work on discharge planning ○ Carelon (formerly Beacon) is SFHP's network of mental health clinicians <ul style="list-style-type: none"> ▪ Ability to peer-to-peer consults w/psychiatrist ▪ Ability to offer telehealth services that patients can receive in person in the clinics (brings more services to clinics who may not have staffing otherwise) <p><i>AV: disjointed system w/DPH, clinics, and BHS paid in different ways. We've modeled having AUD counselors in clinics who are peers, people who have been through this, and it's successful, but they are not billable providers. It's an added cost for clinics and we have to figure out how to cover this.</i></p> <p><i>Navigation is going to be key and by peers. Our intake is on the first floor and they get seen on the 2nd floor and we lose them between the 1st and 2nd floor. Having navigators for short distances, providing transportation, essentially hand holding will get them from one place to another. Working with EDs on a way to get direct referrals. How to bridge these two systems. Telehealth is hard</i></p> <ul style="list-style-type: none"> • <i>Not everyone has the resources (phone, etc.)</i> • <i>High utilization (struggling w/addiction or mental illness) may not be able to receive telehealth services</i> • <i>It's good for those who have travel issues, of course</i> • <i>We had a horrible case where someone who left to get meds didn't come back the next day b/c they overdosed in our ICU. We have to bridge their meds and put them right into van and take them in b/c otherwise this is exactly what happens.</i> 		
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	<p><i>Education for providers: most of the patients we see we can't tell if it's a mental illness or substance use issue. Are they psychotic because they're using a lot of meth? Or are they using meth to try and treat their psychosis? I have been trying to hire an addiction psychiatrist for 5 years now. They're hard to come by or they're so costly we can't afford them. There's a lot of potential in city because people are doing the work and so committed, but how do we overcome those barriers?</i></p> <p><i>DR: hospitals say same thing regarding navigation, not sure how to get them from ED to follow up.</i></p> <p><i>KH: Is there an opportunity with the plan for us to do a project around that to get folks in on site where it's going to make a difference in terms of care coordination and follow up appointments?</i></p> <p><i>DR: Community health workers feels like a great opportunity, but they have too much admin.</i></p> <p><i>DO: So to be counted, the person needs to physically show up with appt. Not just have the appointment made, correct? The visit to the ED is likely to be more mundane than what a specialty mental health provider can help with. For example, it's not needing to change meds today, it's that they started drinking and stopped taking medicine. There's a crisis in their life and everything is falling apart. I suspect that the navigation piece is key. Getting support to the person to get to the appointment. Most primary clinics have workflows to make appointments after ED visits and admissions. If provider doesn't have a slot, they get them to someone else in 7—10 days. I don't think it's an issue making the appt. I think it's getting the person physically to the appointment.</i></p> <p><i>EA: Yes—that's a good call out and I agree. Every transition we lose so many opportunities. We need to think about how to tackle this from system point of view...from a patient or member journey perspective. How can we connect services between primary care and county and Carelon. I think FUM and FUA will remain on HEDIS set for next 5-10 years, so this will probably take multiyear effort. Need to continue discussion. We're working on data exchange process, but from clinical perspective, we need to develop pathway or come up with some resources to make sure that if a member wants to get treated, there will be no issues or friction around transportation, wait time, access to system. This is the type of feedback we want to hear from our</i></p>		
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	<i>providers, what are the real pain points. Also, for FUM, the visit can be with any type of provider—not necessarily psychiatrist or mental health providers.</i>		
	<p>DEV</p> <ul style="list-style-type: none"> • Relatively new measure • Benchmark is 35.6% and we came in just below at 35.1% • One issue is data collection <ul style="list-style-type: none"> ○ Are they coding for developmental screening w/o modifier • Starting a member incentive later this summer • Working with Dept. Of Early Childhood on promoting the Sparkler application <ul style="list-style-type: none"> ○ Phone app w/developmental screening tool for families ○ Providers share specific code so they can see results <p><i>Blake: We've shared with you that this is a problem...we were at the 90th percentile for this metric; our rates are 70%.</i></p> <p><i>HGW: we were talking to a group and they were doing it, but not coding it DO : the group was ours. There was some resistance from providers. Usual stuff, too busy, can't be bothered. Fix can't be at provider level. If you rely on providers to do something that's not required for next step they won't do it. Can we add an automatic reminder in the first three years if you haven't already used code. Did you provide developmental screening and you have to say yes or no to go onto the next step.</i></p> <p><i>HGW: I've heard from some groups that they have a dot phrase, so when they start to chart the developmental screenings or they bring it up it automatically adds the code, so making an EHR change.</i></p> <p><i>Blake: I think we enter all of our ASQ and so I think if there's some way when those fields are complete it automatically is pulled forward as a CPT. Not sure what's possible with auditor because we record all of this for QIP to DHCS. It all validated; is there a possibility to accept the local mapping as we work on an EHR fix?</i></p> <p><i>HGW: Jose and I are setting up a standardized template for data submissions so we can collect data that isn't coming through.</i></p>	<ul style="list-style-type: none"> • SFHP to share standard data sharing template with provider partners 	
	<p>TFL-CH</p> <ul style="list-style-type: none"> • Another new measure • Covers children 1—20 years of age and it's looking for two fluoride applications 	<ul style="list-style-type: none"> • SFHP will update QIC on developments in measure definition 	

	<ul style="list-style-type: none"> ○ Not in alignment with US Preventive Services Task Force recommendation for American Academy of Pediatrics ○ Asking to change to HEDIS measure (from tooth eruption to 5 years of age) ○ SFHP working with local health plans association to push back on age range with DHCS ○ We have to comply with clinical guidelines based on evidence, not just DHCS range because they say so ● Looking to clinics to regularly apply fluoride varnish 		
	<p>W30</p> <ul style="list-style-type: none"> ● Down at 10th percentile ● CA overall is lowest 25th percentile in nation. ● Primary barrier is infant billing under mother's ID for first 2 months ● Working w/providers to secure infant well visits that are happening to close data gaps ● Working on Infant Wellness Map <ul style="list-style-type: none"> ○ Small map that unfolds (size of credit card) ○ Place for them to write in the dates of visits ○ Includes milestones for developmental screening and infant immunizations <p><i>Blake: is there a plan for addressing the ID issues?</i></p> <p><i>HGW: Yes, it's to get your EHR data. Once we have that ID we can pull those with missing visits. Because it's an all or nothing, if they have 5 out of 6, they're not compliant.</i></p> <p><i>EA: if you have any data in whatever format that you think should be included in the accounting for the HEDIS performance please let us know. Please reach out to the measure owners so we can gather your feedback and work with auditors. At least for these 6 measures, we want to make sure we have a good handle on the data that's available on your end or what rates you see and to close that gap with auditors.</i></p>		
	<p>Data Gaps and SFHP Provider Guide</p> <ul style="list-style-type: none"> ● Purpose is to give guidance on what information or logic is being used for the measurements, including specific codes or practitioner requirements. If you have any feedback, please reach out to me. 		

	<i>EA: we as a plan cannot dictate what diagnosis or ICD 10 or CPT codes that you and your providers. We're not here to dictate how to provide care, just a cheat sheet. We were going to go over anonymized data but we will follow up with that info in an email. We will also follow up in an email in about a month about closing some of the loops on the action items from today.</i>		
	Meeting adjourned at 10:00am	<ul style="list-style-type: none"> Stephanie will follow up with anonymous data and other info requested/discussed in meeting 	

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

From: [Ang, Eddy](#)
To: ["Jaime Ruiz"](#); Kenneth.Tai@nems.org; avaldes@healthright360.org; [Jackie \(Wai-Hang\) Lam](#); albert.yu@sfdph.org; lukejohn.day@ucsf.edu; [Chung, Kathleen \(DPH\)](#); [irenekc](#); ["edwevans@gmail.com"](mailto:edwevans@gmail.com); [Idele Wilson](#)
Cc: [MacAller, Stephanie](#)
Subject: Thank you for voting on the new QIC members
Date: Wednesday, June 14, 2023 2:19:00 PM

Dear members of the QIC,

I am delighted to report that the four health leaders I nominated for new membership on QIC were approved by a majority vote of this sitting group.

Alecia and Drs. Amy, Blake, and David will join us as voting members, starting immediately. I congratulate you all on a swift voting process and look forward to this expanded collaborative group energizing our Quality efforts at SFHP and across San Francisco health systems. Thank you and we look forward to seeing you in person at the next QIC on 6/29/23.

First Name	Last Name	Vote
Jaime	Ruiz	Yes
Kenneth	Tai	Yes
Ana	Valdes	Yes
Jackie	Lam	Yes
Albert	Yu	Yes
Lukejohn	Day	Yes
Kathleen	Chung	Yes
Irene	Conway	Yes
Edward	Evans	n/a
Idele	Wilson	n/a

Best,
Eddy

Eddy Ang, MD, MPH

(he/him/his)

Chief Medical Officer

San Francisco Health Plan

Phone: (415) 615-4254

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From: Ang, Eddy

From: [Jaime Ruiz](#)
To: [Ang, Eddy](#)
Cc: [MacAller, Stephanie](#)
Subject: [External] RE: Your vote is needed to appoint new QIC members
Date: Friday, June 9, 2023 12:39:04 PM

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I vote yes for all candidates.

Jaime

From: Ang, Eddy <eang@sfhp.org>
Sent: Friday, June 9, 2023 11:58 AM
To: Jaime Ruiz <JaimeRuiz@mnhc.org>; Kenneth.Tai@nems.org; avaldes@healthright360.org; Jackie (Wai-Hang) Lam <jackie.lam@nems.org>; albert.yu@sfdph.org; lukejohn.day@ucsf.edu; Chung, Kathleen (DPH) <kathleen.chung@sfdph.org>; irenekc <irenekc@yahoo.com>; 'edwevans@gmail.com' <edwevans@gmail.com>; Idele Wilson <idealwilson23@yahoo.com>
Cc: MacAller, Stephanie <szmacaller@sfhp.org>
Subject: Your vote is needed to appoint new QIC members

Dear QIC Members,

I hope all is well. By way of this email, I would like to nominate 4 new healthcare leaders to join our quarterly QIC meetings as voting members. Below are the descriptions of their current roles for your review. These nominees lead Quality Improvement efforts at their organizations and will be bringing a wide range of expertise to enrich our discussions at the committee. I am very excited about their candidacy and would like to proceed with a formal voting process. **Your vote is very important to us, and please reply to this email by COB on Friday, June 16 with your vote** (yes, no, abstain) to appoint the following nominees:

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Alecia Martin, MPH (she/her) is the Director of Quality Management at SF DPH Behavioral

From: [Yu, Albert \(DPH\)](#)
To: [Ang, Eddy](#)
Cc: [MacAller, Stephanie](#)
Subject: [External] RE: Your vote is needed to appoint new QIC members
Date: Friday, June 9, 2023 12:01:25 PM

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Yes, for all 4 nominees.

Albert

From: Ang, Eddy <eang@sfhp.org>
Sent: Friday, June 9, 2023 11:58 AM
To: Ruiz, Jaime (UCSF) <jaimeruiz@mnhc.org>; Kenneth.Tai@nems.org; Dph-External Avaldes <avaldes@healthRIGHT360.org>; Jackie (Wai-Hang) Lam <jackie.lam@nems.org>; Yu, Albert (DPH) <albert.yu@sfdph.org>; Day, Lukejohn (UCSF) <Lukejohn.Day@ucsf.edu>; Chung, Kathleen (DPH) <kathleen.chung@sfdph.org>; irenekc <irenekc@yahoo.com>; 'edwevans@gmail.com' <edwevans@gmail.com>; Idele Wilson <idealwilson23@yahoo.com>
Cc: MacAller, Stephanie <szmacaller@sfhp.org>
Subject: Your vote is needed to appoint new QIC members

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Amy Lu, MD, MPH is the Chief Quality Officer and a Professor of Anesthesia and

From: [Irene Conway](#)
To: ["Jaime Ruiz"](#); Kenneth.Tai@nems.org; avaldes@healthright360.org; [Jackie \(Wai-Hang\) Lam](#); albert.yu@sfdph.org; lukejohn.day@ucsf.edu; [Chung, Kathleen \(DPH\)](#); ["edwevans@gmail.com"](mailto:edwevans@gmail.com); [Idele Wilson](#); [Ang, Eddy](#)
Cc: [MacAller, Stephanie](#)
Subject: [External] Re: Your vote is needed to appoint new QIC members
Date: Monday, June 12, 2023 6:03:34 PM

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Hello Eddy,

I vote "yes" to all 4 candidates.

Best regards,
Irene

On Friday, June 9, 2023 at 11:58:16 AM PDT, Ang, Eddy <eang@sfhp.org> wrote:

Dear QIC Members,

I hope all is well. By way of this email, I would like to nominate 4 new healthcare leaders to join our quarterly QIC meetings as voting members. Below are the descriptions of their current roles for your review. These nominees lead Quality Improvement efforts at their organizations and will be bringing a wide range of expertise to enrich our discussions at the committee. I am very excited about their candidacy and would like to proceed with a formal voting process. **Your vote is very important to us, and please reply to this email by COB on Friday, June 16 with your vote** (yes, no, abstain) to appoint the following nominees:

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Alecia Martin, MPH (she/her) is the Director of Quality Management at SF DPH Behavioral Health Services.

From: [Ang, Eddy](#)
To: [MacAller, Stephanie](#)
Subject: FW: Your vote is needed to appoint new QIC members
Date: Friday, June 9, 2023 12:54:38 PM

FYI—Dr. Day voted yes on all 4.

From: Day, Lukejohn <Lukejohn.Day@ucsf.edu>
Sent: Friday, June 9, 2023 12:35 PM
To: Ang, Eddy <eang@sfhp.org>
Subject: [External] Re: Your vote is needed to appoint new QIC members

Caution: External Sender Source

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Hi Eddy. I vote to approve all new members.

Luke

Sent from my iPhone

On Jun 9, 2023, at 11:58, Ang, Eddy <eang@sfhp.org> wrote:

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This message came from outside your organization.

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Blake Gregory, MD is the Primary Care Director of Population Health and

From: [Ang, Eddy](#)
To: [irenekc](#)
Cc: [MacAller, Stephanie](#)
Subject: RE: [External] Re: Your vote is needed to appoint new QIC members
Date: Tuesday, June 13, 2023 8:48:06 AM

Thanks so much Irene. Looking forward to seeing at the QIC on 6/29/23.

Best,
Eddy

From: Irene Conway <irenekc@yahoo.com>
Sent: Monday, June 12, 2023 6:03 PM
To: 'Jaime Ruiz' <jaimeruiz@mnhc.org>; Kenneth.Tai@nems.org; avaldes@healthright360.org; Jackie (Wai-Hang) Lam <jackie.lam@nems.org>; albert.yu@sfdph.org; lukejohn.day@ucsf.edu; Chung, Kathleen (DPH) <kathleen.chung@sfdph.org>; 'edwevans@gmail.com' <edwevans@gmail.com>; Idele Wilson <idealwilson23@yahoo.com>; Ang, Eddy <eang@sfhp.org>
Cc: MacAller, Stephanie <szmacaller@sfhp.org>
Subject: [External] Re: Your vote is needed to appoint new QIC members

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Hello Eddy,

I vote "yes" to all 4 candidates.

Best regards,
Irene

On Friday, June 9, 2023 at 11:58:16 AM PDT, Ang, Eddy <eang@sfhp.org> wrote:

Dear QIC Members,

I hope all is well. By way of this email, I would like to nominate 4 new healthcare leaders to join our quarterly QIC meetings as voting members. Below are the descriptions of their current roles for your review. These nominees lead Quality Improvement efforts at their organizations and will be bringing a wide range of expertise to enrich our discussions at the committee. I am very excited about their candidacy and would like to proceed with a formal voting process. **Your vote is very important to us, and please reply to this email by COB on Friday, June 16 with your vote** (yes, no, abstain) to appoint the following nominees:

From: [Ang, Eddy](#)
To: [Ana Valdes](#)
Cc: [MacAller, Stephanie](#)
Subject: RE: [EXTERNAL]Your vote is needed to appoint new QIC members
Date: Friday, June 9, 2023 12:30:31 PM
Attachments: [image001.png](#)

Hi Ana,

Thanks so much for your vote. Don't worry about PAC yesterday at all. I appreciate your input during these committee meetings, and look forward to seeing you at the QIC on 6/29/23. Have a wonderful weekend.

Best,
Eddy

From: Ana Valdes <avaldes@healthright360.org>
Sent: Friday, June 9, 2023 12:28 PM
To: Ang, Eddy <eang@sfhp.org>
Subject: [External] RE: [EXTERNAL]Your vote is needed to appoint new QIC members

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Hi Eddy

First of all my apologies for not responding and letting you know I was not available for the meeting yesterday. I was on work travel to LA and completely missed letting you know.

For the candidate below, my vote is yes!

Hope you have a good weekend,
Ana

Ana Valdés, MD ; Chief Healthcare Officer
(she/her/ella pronouns) [Why is this in my email signature?](#)



From: [Ang, Eddy](#)
To: [Jaime Ruiz](#)
Cc: [MacAller, Stephanie](#)
Subject: RE: Your vote is needed to appoint new QIC members
Date: Friday, June 9, 2023 12:55:09 PM

Thanks so much Jaime. Great to hear from you, and look forward to seeing you at the next QIC on 6/29/23. Have a wonderful weekend.

Best,
Eddy

From: Jaime Ruiz <JaimeRuiz@mnhc.org>
Sent: Friday, June 9, 2023 12:39 PM
To: Ang, Eddy <eang@sfhp.org>
Cc: MacAller, Stephanie <szmacaller@sfhp.org>
Subject: [External] RE: Your vote is needed to appoint new QIC members

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I vote yes for all candidates.

Jaime

From: Ang, Eddy <eang@sfhp.org>
Sent: Friday, June 9, 2023 11:58 AM
To: Jaime Ruiz <JaimeRuiz@mnhc.org>; Kenneth.Tai@nems.org; avaldez@healthright360.org; Jackie (Wai-Hang) Lam <jackie.lam@nems.org>; albert.yu@sfdph.org; lukejohn.day@ucsf.edu; Chung, Kathleen (DPH) <kathleen.chung@sfdph.org>; irenekc <irenekc@yahoo.com>; 'edwevans@gmail.com' <edwevans@gmail.com>; Idele Wilson <idealwilson23@yahoo.com>
Cc: MacAller, Stephanie <szmacaller@sfhp.org>
Subject: Your vote is needed to appoint new QIC members

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From: [Ang, Eddy](#)
To: [Jackie \(Wai-Hang\) Lam](#)
Cc: [MacAller, Stephanie](#)
Subject: RE: Your vote is needed to appoint new QIC members
Date: Monday, June 12, 2023 3:44:12 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)

Thanks so much Jackie. Great to hear from you, and I look forward to seeing you in person at the QIC on 6/29.

Best,
Eddy

From: Jackie (Wai-Hang) Lam <Jackie.Lam@nems.org>
Sent: Monday, June 12, 2023 3:41 PM
To: Ang, Eddy <eang@sfhp.org>
Subject: [External] RE: Your vote is needed to appoint new QIC members

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Hi Eddy,
I would like to vote yes to all 4 nominees. Thanks.

Jackie (Wai-Hang) Lam, MD

Medical Director/ QA/QI Director

1450 Noriega Street
San Francisco, CA 94122

Phone: (415) 391-9686 x7560

Email: Jackie.Lam@nems.org

Website: www.nems.org



From: [Ang, Eddy](#)
To: [Chung, Kathleen \(DPH\)](#)
Cc: [MacAller, Stephanie](#)
Subject: RE: Your vote is needed to appoint new QIC members
Date: Tuesday, June 13, 2023 8:49:24 AM

Good morning Katie,

Great to hear from you, and welcome back from maternity leave. Looking forward to seeing you at the QIC on 6/29/23. Thank you for your vote.

Best,
Eddy

From: Chung, Kathleen (DPH) <kathleen.chung@sfdph.org>
Sent: Monday, June 12, 2023 7:21 PM
To: Ang, Eddy <eang@sfhp.org>
Subject: [External] Re: Your vote is needed to appoint new QIC members

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Hi Eddy,

All 4 candidates sound like wonderful additions.

Cheers,

Katie

Kathleen Chung, MD

Medical Director of Value Based Care, San Francisco Health Network
Primary Care Provider, Silver Avenue Family Health Center
Clinical SME for Opioid Safety, Primary Care

Clinical practice:
Silver Avenue Family Health Center
1525 Silver Avenue | San Francisco, CA 94134
O: 415-657-1756 | P: 415-327-1722

For availability, please view my [Calendar](#).

This e-mail is intended for the recipient only. If you receive this e-mail in error, notify the sender and destroy the

From: [Ang, Eddy](#)
To: [Kenneth Tai](#)
Cc: [MacAller, Stephanie](#)
Subject: RE: Your vote is needed to appoint new QIC members
Date: Tuesday, June 13, 2023 12:05:56 PM
Attachments: [image002.png](#)
[image003.png](#)
[image004.png](#)

Thanks Ken! Looking forward to seeing you at the QIC on 6/29.

Best,
Eddy

From: Kenneth Tai <Kenneth.Tai@nems.org>
Sent: Tuesday, June 13, 2023 12:04 PM
To: Ang, Eddy <eang@sfhp.org>
Subject: [External] RE: Your vote is needed to appoint new QIC members

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Eddy,
I approve these providers.
Thanks.
Ken

Kenneth Tai, MD

Vice President & Chief Health Officer

2171 Junipero Serra Blvd
Daly City, CA 94014

Phone: (415) 391-9686 x5309
Email: Kenneth.Tai@nems.org
Website: www.nems.org





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From: Ang, Eddy <eang@sfhp.org>

Sent: Friday, June 9, 2023 11:58 AM

To: 'Jaime Ruiz' <JaimeRuiz@mnhc.org>; Kenneth Tai <Kenneth.Tai@nems.org>; avalides@healthright360.org; Jackie (Wai-Hang) Lam <Jackie.Lam@nems.org>; albert.yu@sfdph.org; lukejohn.day@ucsf.edu; Chung, Kathleen (DPH) <kathleen.chung@sfdph.org>; irenekc <irenekc@yahoo.com>; 'edwevans@gmail.com' <edwevans@gmail.com>; Idele Wilson <idealwilson23@yahoo.com>

Cc: MacAller, Stephanie <szmacaller@sfhp.org>

Subject: [EXTERNAL] Your vote is needed to appoint new QIC members

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David Ofman, MD, MA is the Chief Medical Officer for the San Francisco Community Clinic Consortium (SFCCC), which represents the nonprofit community clinics in San Francisco. His

From: [Ang, Eddy](#)
To: [Yu, Albert \(DPH\)](#)
Cc: [MacAller, Stephanie](#)
Subject: RE: Your vote is needed to appoint new QIC members
Date: Friday, June 9, 2023 12:03:12 PM

Thanks so much Albert for your quick response. Much appreciated and have a terrific weekend.

From: Yu, Albert (DPH) <albert.yu@sfdph.org>
Sent: Friday, June 9, 2023 12:01 PM
To: Ang, Eddy <eang@sfhp.org>
Cc: MacAller, Stephanie <szmacaller@sfhp.org>
Subject: [External] RE: Your vote is needed to appoint new QIC members

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Yes, for all 4 nominees.

Albert

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Sent: Friday, June 9, 2023 11:58 AM
To: Ruiz, Jaime (UCSF) <jaimeruiz@mnhc.org>; Kenneth.Tai@nems.org; Dph-External Avaldes <avaldes@healthRIGHT360.org>; Jackie (Wai-Hang) Lam <jackie.lam@nems.org>; Yu, Albert (DPH) <albert.yu@sfdph.org>; Day, Lukejohn (UCSF) <Lukejohn.Day@ucsf.edu>; Chung, Kathleen (DPH) <kathleen.chung@sfdph.org>; irenekc <irenekc@yahoo.com>; 'edwevans@gmail.com' <edwevans@gmail.com>; Idele Wilson <idealwilson23@yahoo.com>
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Cc: [MacAller, Stephanie](#)
Subject: Your vote is needed to appoint new QIC members
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David Ofman, MD, MA is the Chief Medical Officer for the San Francisco Community Clinic Consortium (SFCCC), which represents the nonprofit community clinics in San Francisco. His responsibilities include Quality Improvement, medical leadership, clinical programs, program development, network development, and grant development.

Thank you for your continued efforts and support of our quality program at SFHP. I look forward to a rich discussion at our next meeting on 6/29/23.

Best,
Eddy

Eddy Ang, MD, MPH
(he/him/his)

Chief Medical Officer
San Francisco Health Plan
Phone: (415) 615-4254

MEMO

Date: August 25, 2023

To	Quality Improvement Committee
From	Phoebe Tong, Associate Program Manager, Grievances and Appeals
Regarding	Q2 2023 Grievance Report

- SFHP received a total of 228 grievances in Q2 2023. Overall grievance volume **decreased by 16%** from 272 total grievances in Q1 2023.
- In Q2 2023, 6 out of 228 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). Four expedited grievances were not closed within the required timeframe of 72 hours, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).
- In Q2 2023, 12 acknowledgement letters were not sent out within five calendar days, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).

SFHP's performance threshold for closing grievances within the required timeframe of 30 days is 99%. In Q2 2023, the percentage of grievances resolved within 30 calendar days was 97%. SFHP did not send out six resolution letters within the 30-calendar day timeframe due to the following reasons:

- Two resolution letters were due to concerns not being resolved timely.
- One resolution letter was due to staff oversight in the processing of mail.
- Three resolution letters were due to SFHP staff oversight.

SFHP did not send out four resolution letters for the expedited grievances within the 72-hour timeframe due to the following reasons:

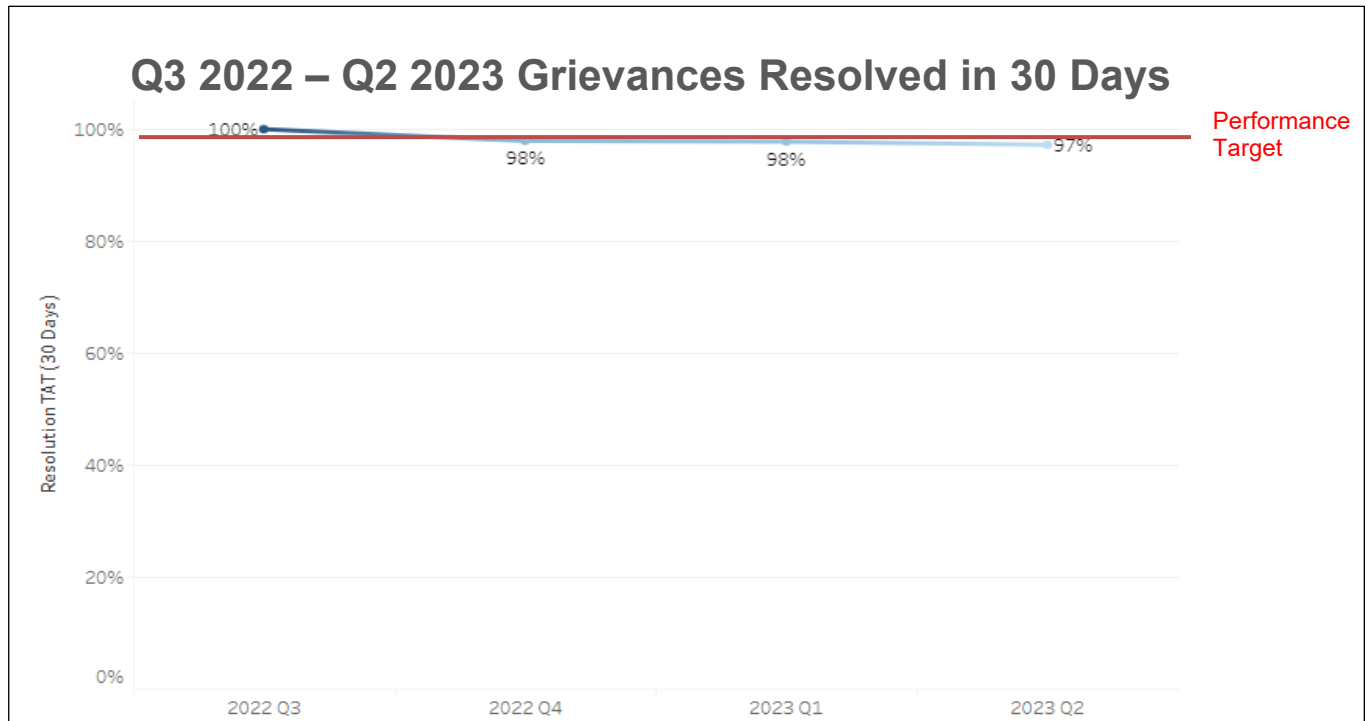
- Three resolution letters were due to SFHP staff oversight.
- One resolution letter was due to the inability to obtain information from the member timely.

In Q2 2023, the percentage of acknowledgement letters sent out within five calendar days was 94%. SFHP did not send out 12 acknowledgement letters within five calendar days due to the following reasons:

- One acknowledgement letter was due to staff oversight in the processing of mail.

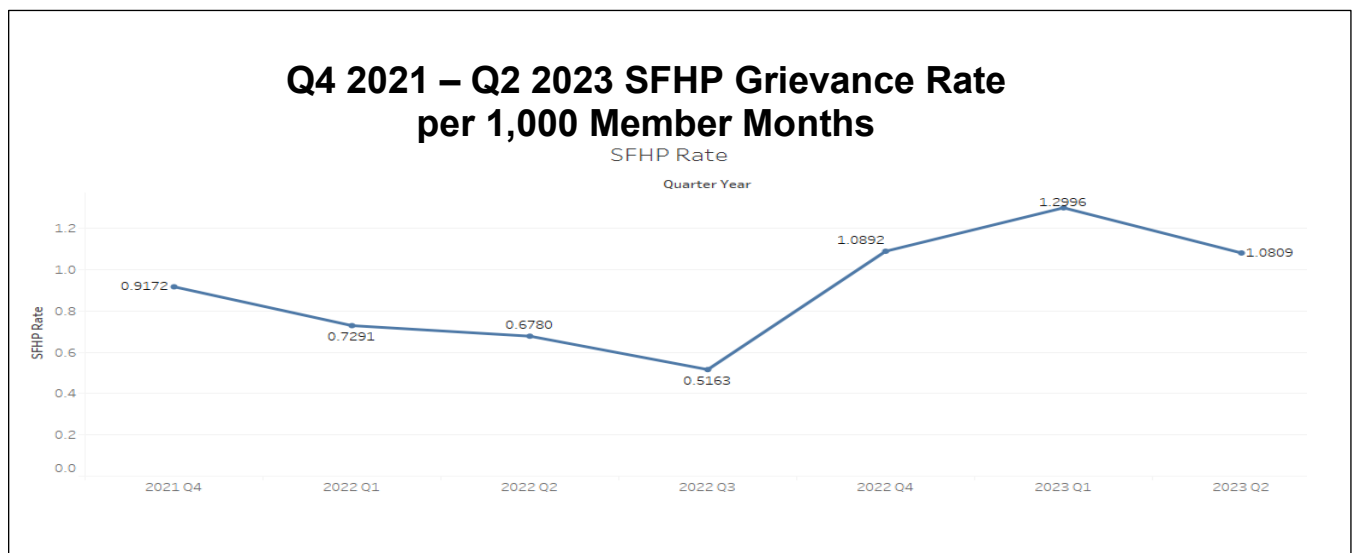
- 11 acknowledgement letters were due to staff oversight.

As of 07/10/2023, the processing of non-clinical grievances was transitioned from the Customer Service team to the Grievance and Appeals team. This transition allows an additional layer of oversight to all grievance cases.

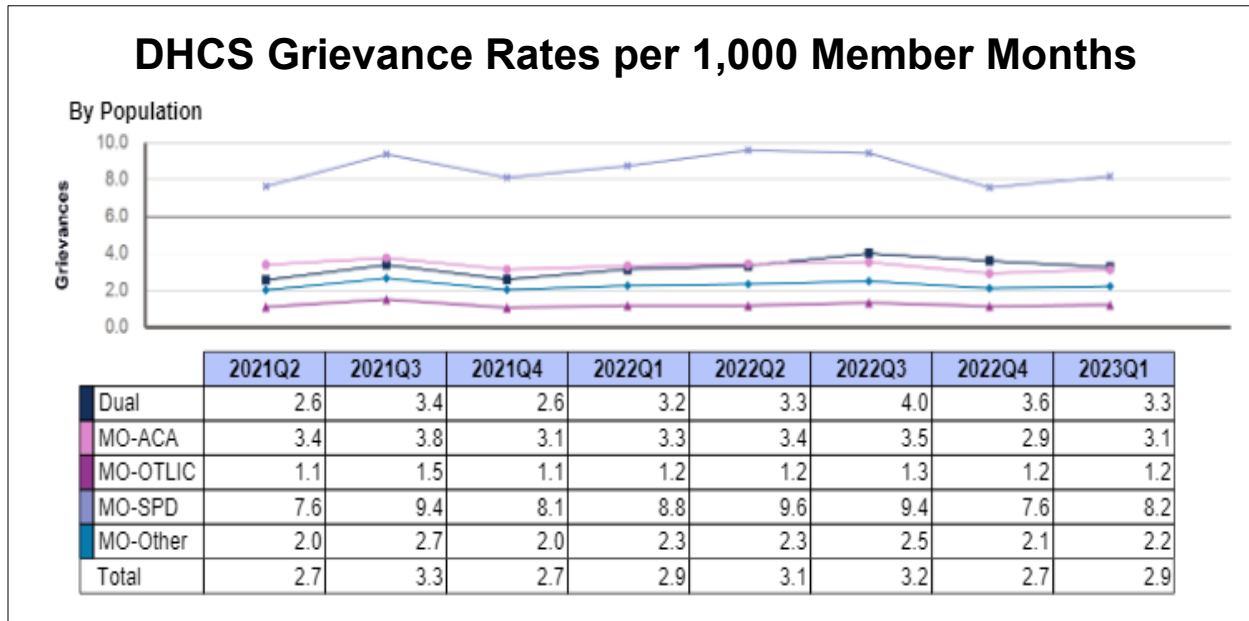


SFHP Grievance Rate

SFHP's grievance rate decreased from Q4 2021 to Q3 2022. The rate then started increasing from Q3 2022 through Q1 2023. The rate decreased again in Q2 2023.



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



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

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

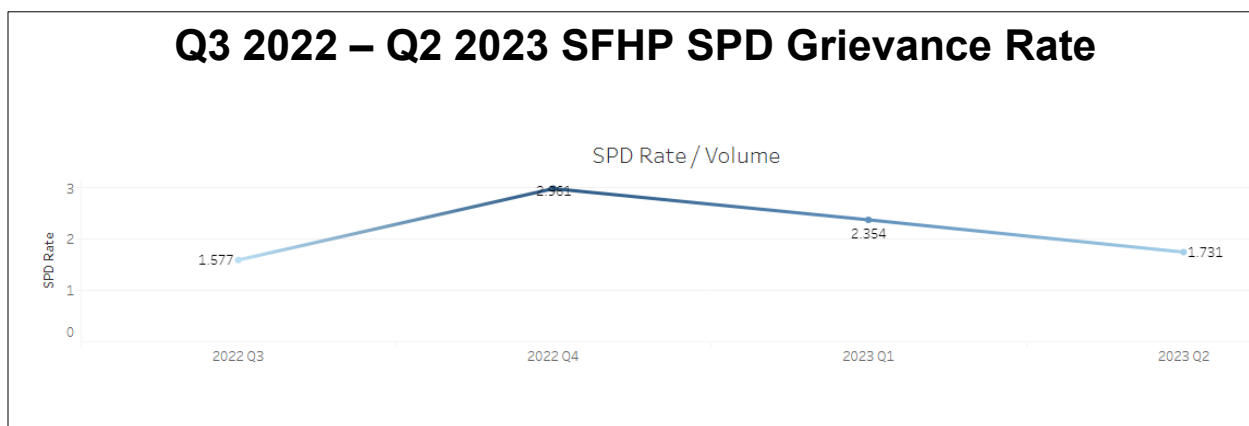
*MO-SPD: Medi-Cal Only Seniors and Persons with Disabilities

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

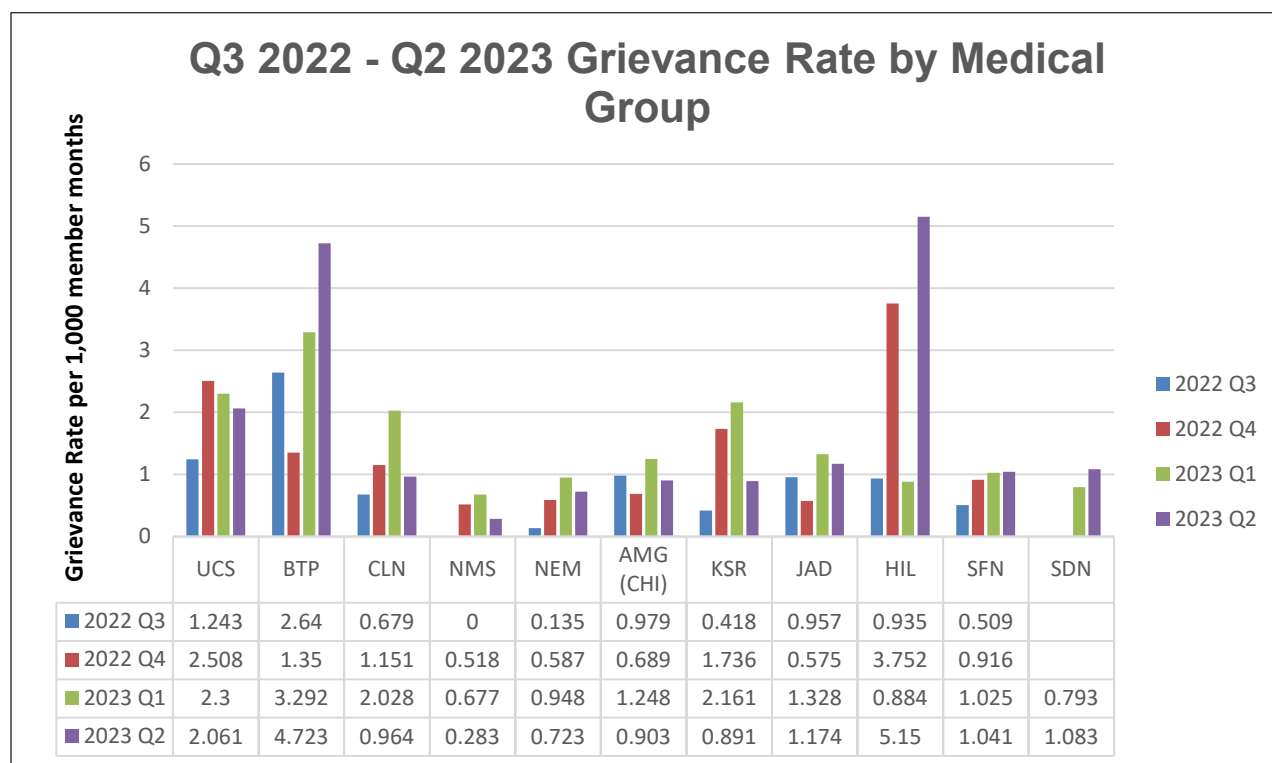
SFHP monitors grievances filed by members who are part of the SPD population.

- In Q2 2023, 87 grievances were filed by SPD members. The number of grievances filed by SPDs decreased by 26% compared to Q1 2023 when a total of 118 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:



*Includes clinical and non-clinical grievances only.

All American Medical Group (AMG) took over Chinese Community Health Care Association (CHI) effective July 1, 2023. The data for CHI is listed as AMG in this report.

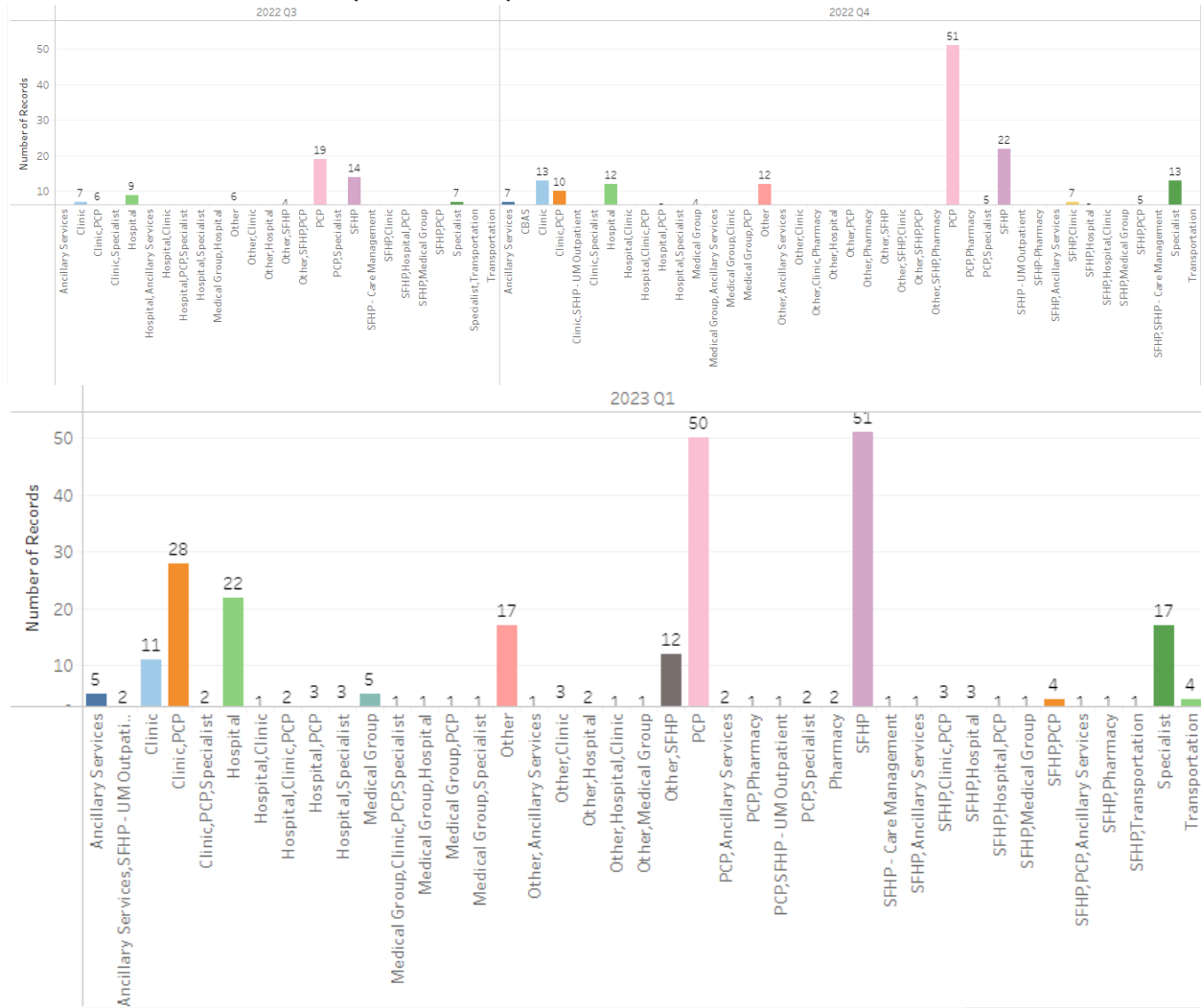
Seven of the medical groups' grievance rates decreased, while four medical groups' grievance rates increased compared to Q1 2023.

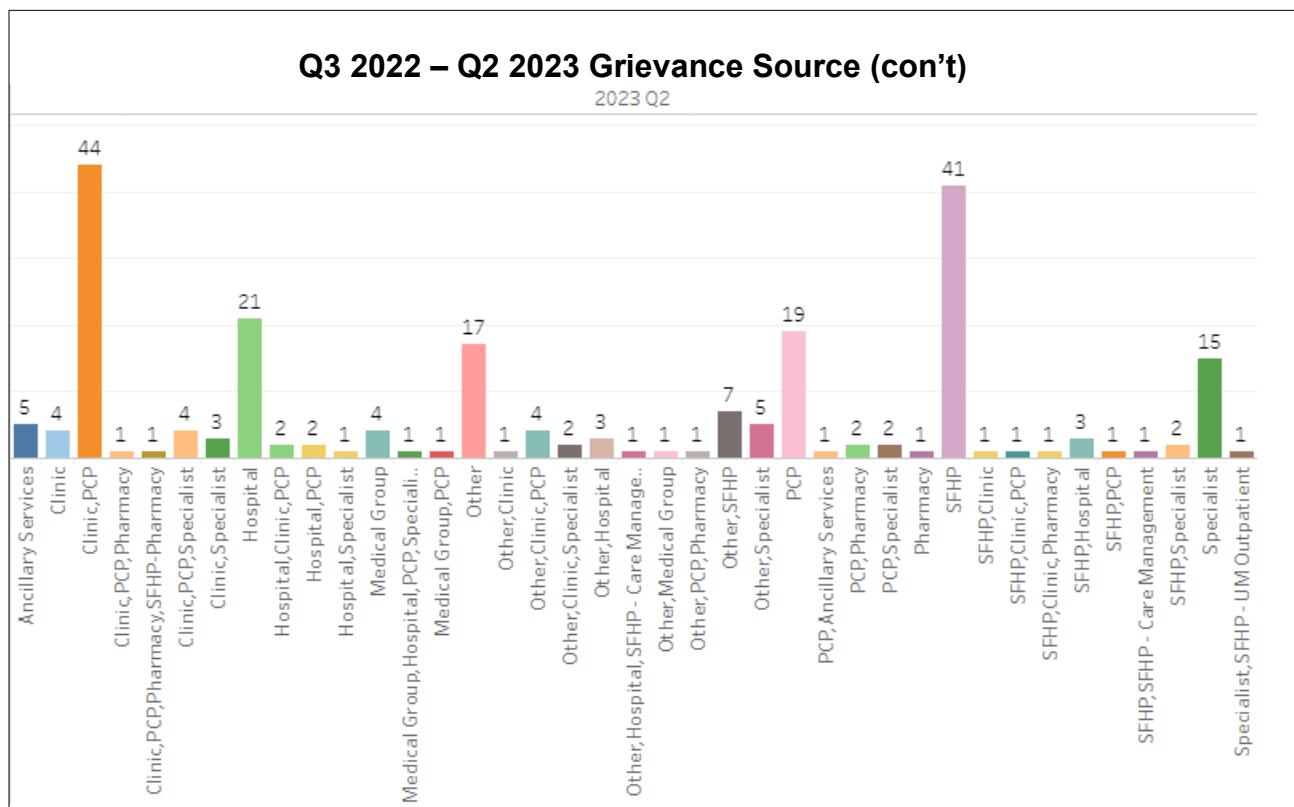
The previous reports mistakenly used data from Access Grievance Rate by Medical Group. The graph above has been updated to reflect the Grievance Rate by Medical Group.

Source of the grievances:

The graph below shows who was involved in the grievance e.g., member's Primary Care Provider (PCP), clinic staff, or hospital. The source of most grievances received in Q2 2023 were those involving services provided by the member's clinic and PCP followed by SFHP.

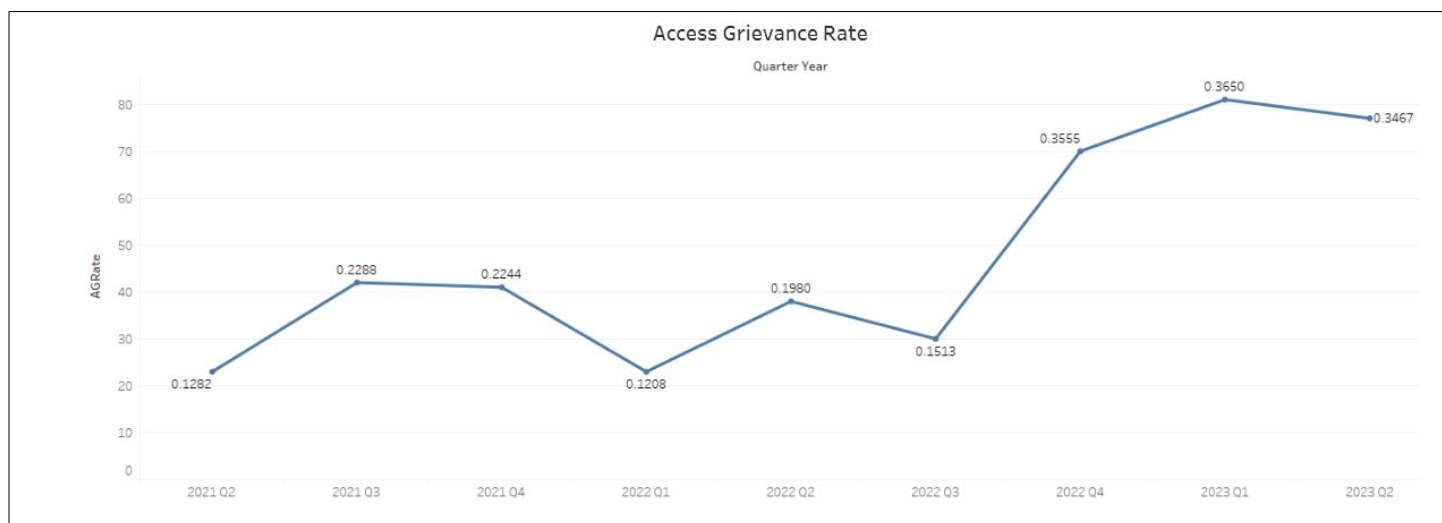
Q3 2022 – Q2 2023 Grievance Source





Access to Care Grievances:

The access grievance rate increased from Q2 2021 to Q3 2021 and then started decreasing from Q3 2022 to Q1 2022. The rate increased again in Q2 2022 and decreased in Q3 2022. The rate increased significantly from Q4 2022 to Q1 2023 and decreased again in Q2 2023.

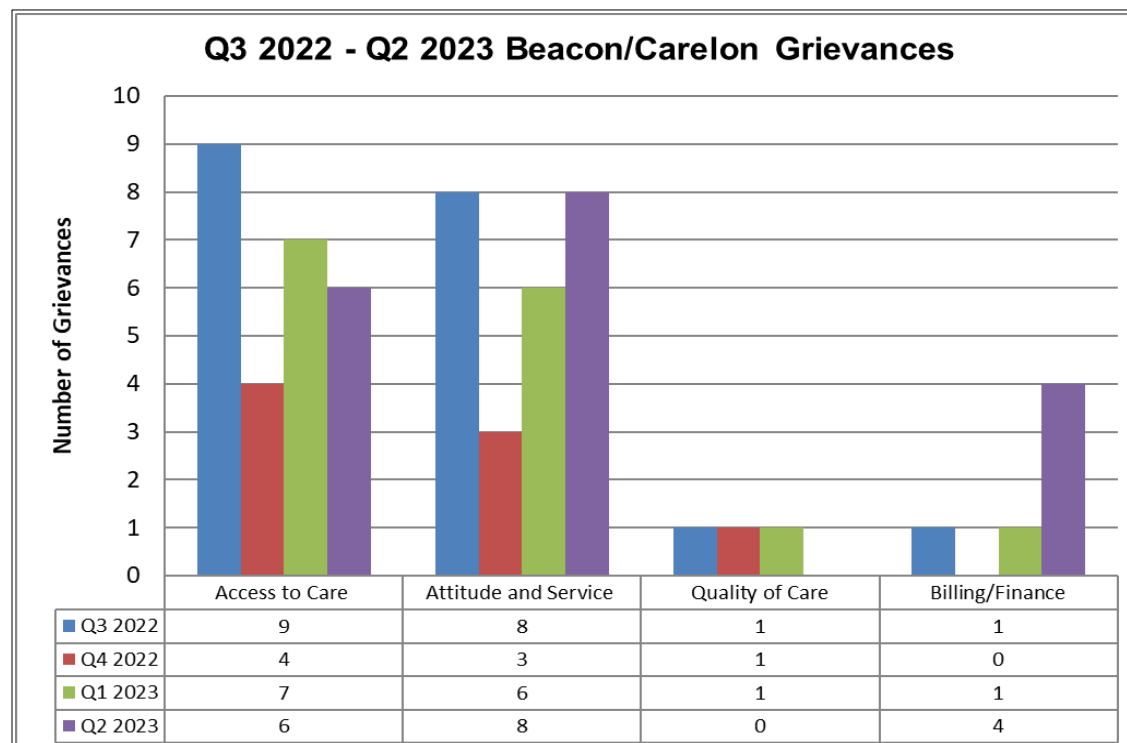


Access Grievances per 1,000 Member Months

Access Grievance Rate By Medical Group				
	Quarter Year			
	2022 Q3	2022 Q4	2023 Q1	2023 Q2
AMG	0.49	0.52	0.71	0.18
BTP	1.32	1.35	1.97	3.37
CLN	0.21	0.42	0.86	0.41
ECM				
HIL	0.47	1.41	0.44	2.58
JAD	0.38	0.19	0.19	0.98
KSR	0.06	0.18	0.06	0.06
NEM	0.04	0.23	0.26	0.26
NMS		0.10	0.19	0.09
SDN			0.05	0.25
SFN	0.13	0.35	0.38	0.36
UCS	0.44	1.00	0.81	0.37

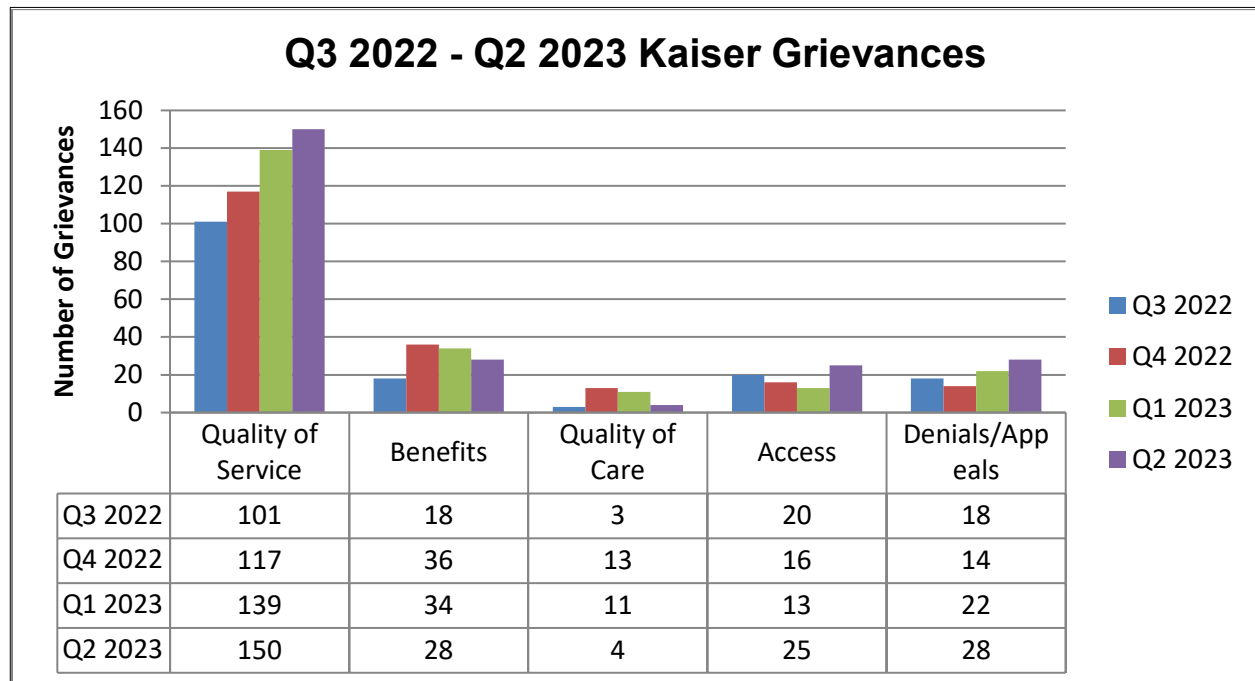
Beacon/Carelon:

As of 03/01/2023, Beacon Health Options name was changed to Carelon. Carelon is SFHP's non-specialty mental health provider. Carelon is partially delegated to process grievances. Grievances received in Q2 2023 involved Attitude and Service followed by Access to Care and Billing/Finance.



Kaiser:

Kaiser is fully delegated to investigate and resolve grievances. There was an increase in the number of grievances received in Q2 2023. Most grievances received in Q2 2023 were grievances involving Quality of Service, which is consistent with previous quarters. In Q2 2023, grievances involving Access and Denials/ Appeals increased compared to Q1 2023 while grievances involving Benefits and Quality of Care decreased.





MEMO

Date: August 18, 2023

To	Quality Improvement Committee
From	Grace Cariño, MPH Supervisor, Grievances and Appeals
Regarding	Q2 2023 UM Medical and Pharmacy Appeals Activity

Q2-2023 Appeals Activity – Overview

During Q2-2023, there were a total of 13 appeals filed (medical – 9/pharmacy – 4)ⁱ. In Q2-2023, there were a total of 5,767 authorizationⁱⁱ requests (medical – 5,567/pharmacy – 200) and a total of 190 denials (medical – 139/pharmacy – 51).

On a per 1,000 total authorization basis:

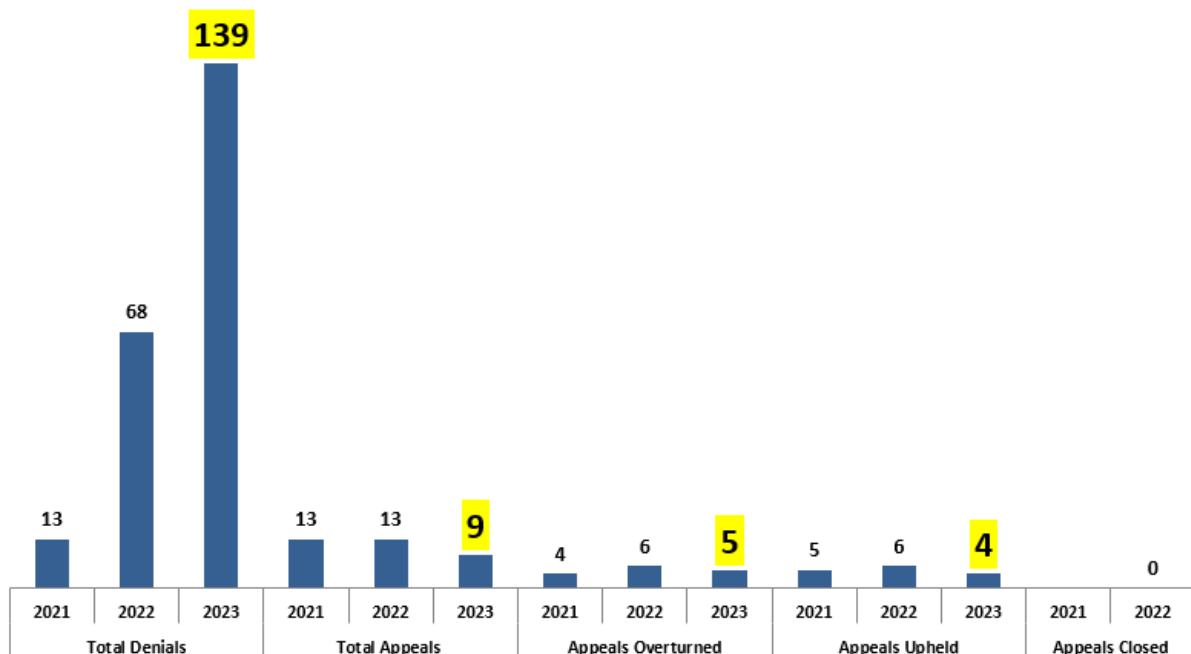
- 2.25 total appeals per 1,000 total authorizations
- 1.56 medical appeals per 1,000 total authorizations
- 0.69 pharmacy appeals per 1,000 total authorizations

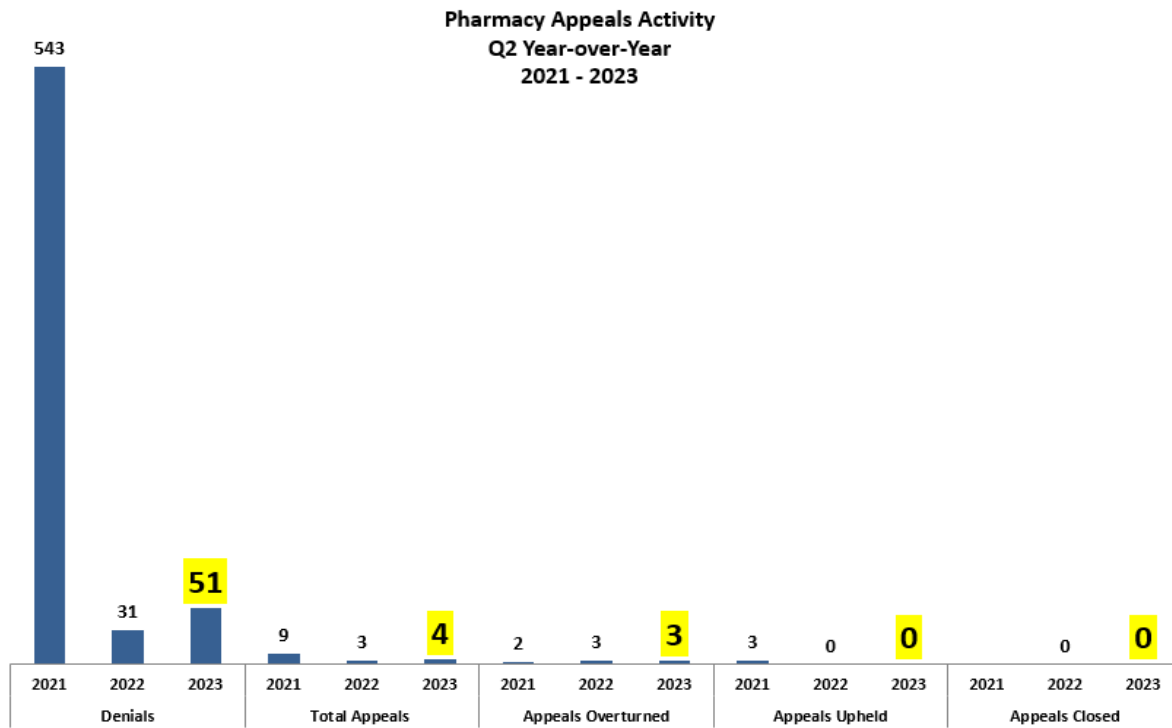
Comparing appeal activity in Q2-2023 to Q1-2023:

- 13 appeals in Q2-2023 vs. 14 appeals in Q1-2023
- 2.25 appeals/1000 in Q2-2023 vs. 2.39 appeals/1000 in Q1-2023

Of the 13 appeals in Q2-2023, 8 appeals were overturned (medical – 5/pharmacy – 3), which is a 62% overturn rate. This compares to a 50% overturn rate in Q1-2023 (7 overturned out of 14 appeals).

Medical Appeals Activity
Q2 Year-over-Year
2021- 2023





Analysis

Q2-2022 – Q2-2023 Medical Denial Rates

Between Q2-2022 and Q2-2023, the medical denial rates ranged from 0.35% (Q3-2022) to 2.50% (Q2-2023):

	Medical Authorizations	Medical Denials	Medical Denial Rate
Q2-2022	4,595	68	1.48%
Q3-2022	5,383	19	0.35%
Q4-2022	4,409	30	0.68%
Q1-2023	5,003	21	0.42%
Q2-2023	5,567	139	2.50%

Q2-2022 – Q2-2023 Pharmacy Denial Rates

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

	Pharmacy Authorizations	Pharmacy Denials	Pharmacy Denial Rate
Q2-2022	135	31	22.96%
Q3-2022	146	50	34.24%
Q4-2022	198	60	30.30%
Q1-2023	200	68	34.00%
Q2-2023	200	51	25.5%

Q2-2022 – Q2-2023 Collective Medical & Pharmacy Appeal Rates per 1000 Denials

Between Q2-2022 and Q2-2023, the collective medical and pharmacy appeal rates per 1000 denials ranged from 6.84 (Q2-2023) to 35.6 (Q1-2022):

	Medical + Pharmacy Denials	Medical + Pharmacy Appeals	Medical + Pharmacy Appeals / 1000 Denials
Q2-2022	59	21	35.6
Q3-2022	99	16	16.16
Q4-2022	69	9	13.04
Q1-2022	90	11	12.22
Q2-2023	190	13	6.84

Q2-2023 Collective Medical & Pharmacy Appeal Adjudication Turn-Around-Time

One hundred percent of the standard medical and pharmacy appeals were adjudicated within 30-days in Q2-2023 compared to 86% in Q1-2023.

	Q2-2023		
	Total (Med + Pharm)	Medical	Pharmacy
Number (#) of Appeals	13	9	4
Percentage (%) of Appeals Adjudicated within 30-days	100%	9	4

Q2-2023 Member and Provider Appeal Activity

Of all appeals filed in Q2-2023, 69% were member initiated and 31% were provider initiated.

No appeals were expedited in Q2 2023.

		Q2-2023		
		Total (Med + Pharm)	Medical	Pharmacy
Member	# of Initiated Appeals	9	8	1
	% of Total Appeals	69%	62%	7%
Provider	# of Initiated Appeals	4	1	3
	% of Total Appeals	31%	8%	23%
Member	# of Expedited Appeals	0	0	0
	% of Initiated Appeals	0%	0%	0%
Provider	# of Expedited Appeals	0	0	0
	% of Initiated Appeals	0%	0%	0%

Q2-2023 Basis for Overturned Appeals

One hundred percent of overturned appeals in Q2-2023 were based on additional clinical information submitted.

Q2-2023			
	Total (Med + Pharm)	Medical	Pharmacy
# of Overturned Appeals	8	5	3
% of Total Appeals	61%	38%	23%
# of Appeals overturned due to additional clinical information offered	8	5	3
% of Appeals overturned due to additional clinical information offered	100%	63%	37%
# 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 4/1/2023 - 6/30/2023 as of 8/18/2023 4:24PM.

ii Source for Medical data: Original_Q2-2023_AllAuthorizationsData. As of 5.2020, the following data classes are no longer counted in the authorization (auth) total:

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

Source for Pharmacy Data: E-mail from 8/18/2023

Emergency Room Visit / Prescription Access Report

1st Quarter 2023

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 the 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 1Q2023, 12,279 members had 18,060 ER visits, averaging 1.47 ER visits per member, which is slightly lower as the previous quarter (1.49). This reflects an ER visit by approximately 8.5% of the SFHP Medi-Cal membership within the quarter, which is slightly higher than the previous quarter. Visits by ER facility and the number of Member ER visits increased compared to the previous quarter (17,122 and 11,529 respectively).

Table 1A: Visits by ER Facility

ER Facility	ER Visits
ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER	3,616
ZSFG - ACUTE CARE 2	3,031
UC SAN FRANCISCO MEDICAL CENTER	2,812
ST FRANCIS MEMORIAL HOSPITAL	1,711
CPMC MISSION BERNAL - ACUTE	1,612
CPMC VAN NESS CAMPUS - ACUTE CARE	1,336
CPMC PACIFIC CAMPUS – OUTPATIENT & ER	881
ST MARYS MEDICAL CENTER	646
CHINESE HOSPITAL	601
CPMC DAVIES CAMPUS - ACUTE	465
KAISER FOUNDATION HOSPITAL SAN FRANCISCO	434
Other ED Facilities	753
TOTAL	18,060

Table 1B: Member ER Visits

# ER Visits	Member
1	8,113
2	2,458
3	814
4	346
5	193
6	103
7	80
8	52
9	24
10	19
11+	77
TOTAL	12,279

Section 2 - Top Diagnoses

Of the 18,060 ER visits in 1Q2023 7,786 visits (45%) resulted in a medication (from ER or pharmacy) within 72 hours of the ER Visit and 9,361 (52%) did not. Not all ER visits warranted medication treatment (i.e. chest pain, abdominal pain or altered mental status). Overall, the distribution of top ER visits by diagnoses category is shown in Table 2.

Table 2: Percent ER Visits by Diagnoses (1Q2023)

Top Diagnoses Categories	ICD10	ER Visits	% of Visits
Chest pain	R07.xx	1,406	8.2%
Abdominal pain	R10.xx	946	5.5%
Shortness of breath	R06.02	307	1.8%
Acute Upper Respiratory Infection Unspecified	J06.9	283	1.7%
Alcohol Use	F10.xx	241	1.4%
Head Injury Unspecified	S09.90	240	1.4%
Headache	R51.9	234	1.4%
COVID-19	U07.1	226	1.3%
Dizziness and Giddiness	R42	195	1.1%
Cough	R05	191	1.1%
Abnormal Electrocardiogram	R94.31	191	1.1%
Altered mental status	R41.82	152	0.9%
Nausea with Vomiting	R11.2	148	0.9%
Vomiting Unspecified	R11.10	148	0.9%
Fever Unspecified	R50.9	141	0.8%
Urinary Tract Infection Not Specified	N39.0	135	0.8%
Syncope and Collapse	R55	131	0.8%
All Other Diagnoses		12,745	71%
TOTAL		18,060	100%

Further analysis of diagnoses include 97 ER visits for substance use disorder with 38 of the visits (39%) resulted in a pharmacy intervention. Overdose of opioid resulted in 56 ER visits and overdose of poison included 23 ER visits.

Section 3 - Key Diagnoses Category

Selected key diagnoses with a high likelihood for ER discharge prescription are reported in Table 3. In 1Q2023, more than 90% of ER visits for all key diagnoses received medication treatment within 72 hours of the visit.

Table 3: ER Visit – Key Diagnoses Category

Diagnoses Category	ICD10	RX Filled	ER Treated	No Rxs	ER Visit Total	% Treatment
COPD	J44, J44.1, J44.9	24	28	2	54	96%
Asthma Exacerbation	J45.901, J45.909, J45.902	61	40	5	106	95%
UTI	N39.0	64	35	6	105	94%
Pneumonia	J18.9	40	21	5	66	92%

Section 4 - Pharmacy Location


For the members filling a prescription from a Pharmacy within 72 hours of their ER visit date, a further analysis evaluated the location of the pharmacy relative to where the member received emergency care and the hours of operation for these pharmacies. Of the 6,888 member visits to a pharmacy after an ER discharge, the top 15 most utilized pharmacies are reported in Table 4. 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	681	9.89%
Walgreens 3711 (1189 Potrero Ave)	8AM – 10PM M-F, 8AM – 9PM Sat-Sun	549	7.97%
Walgreens 5487 (5300 3rd St)	8AM – 9PM	344	4.99%
Walgreens 1327 (498 Castro St)	24 Hours	326	4.73%
Chinese Hospital (845 Jackson St)	8AM – 7PM M-F, 9AM-5PM Sat-Sun	284	4.12%
Walgreens 7150 (965 Geneva Ave)	9AM – 9PM	278	4.04%
Walgreens 4609 (1301 Market St)	8AM – 9PM	228	3.31%
Walgreens 4231 (2690 Mission St)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	220	3.19%
Walgreens 1626(2494 San Bruno Ave)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	174	2.53%
Walgreens 1054(3398 Mission St)	9AM-9PM M-F, 9AM-1:30PM, 2PM-5PM Sat, 10AM-1:30PM, 2PM-6PM Sun	167	2.42%
Walgreens 3185 (825 Market St)	8AM – 9PM M-F, 9AM – 5PM Sat, 10AM – 6PM Sun	167	2.42%
Walgreens #3558 (1301 Franklin St)	9AM-9PM M-F, 9AM-1:30PM, 2PM-5PM Sat, 10AM-1:30PM, 2PM-6PM Sun	166	2.41%
Walgreens 1283 (500 Geary St)	9AM to 1:30PM, 2PM to 7PM M-F, 9AM to 1:30PM, 2PM to 5PM Sat	144	2.09%
Daniels Pharmacy (943 Geneva Ave)	9AM-6:30PM	132	1.92%
NEMS-San Bruno (2574 San Bruno Ave)	8AM-6PM M-F, 8AM-12PM, 1PM-5PM Sat	125	1.81%
Scriptsite Pharmacy (870 Market St #1028)	9:30AM-5:30PM M-F	123	1.79%
NEMS Chinatown (1520 Stockton St)	8AM-6PM M-F, 8AM-12PM, 1PM-5PM Sat	118	1.71%
CVS 9577 (7191 Warner Avenue, Huntington Beach, CA) Mail Order	10AM to 1:30PM, 2PM to 8PM M-F, 10AM to 1:30PM, 2PM to 6PM Sat, 11AM to 1:30PM, 2PM to 5PM Sun	104	1.51%
All Other Pharmacy Locations		2,558	34.14%
TOTAL		6,888	100.00%

Summary:

No barrier to pharmacy access during after-hours was identified in this quarter. ER utilization was slightly higher in 1Q2023 compared to 4Q2022 (18,060 visits versus 17,122) with each member utilizing the ER at 1.47 visits. About 45% of ER visits received medication (from ER or pharmacy) within 72 hours of the ER visit, which was slightly higher compared to last quarter (43%). Appropriate prescription fills were seen in all four key diagnoses category. Monitoring of member access to medication treatment after an ER visit will continue.

 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 19 May 2023 2:00 – 3:00PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly meeting. Meeting frequency is a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.</p>	
<p>Present:</p>	<p><u>Clinical Operations</u> Matija Cale, SeDessie Harris; April Tarpey; Morgan Kerr; Eddy Ang; Chris Ball; Traci Jovancevic; Eddy Ang (MD), Stephanie Penrod</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim</p>	<p><u>Compliance</u> Monica Fong; Crystal Garcia</p> <p><u>Quality Review Team</u> Michelle Faust Leslie Mulhern Jenna Colin-Arriola</p> <p><u>Optional Attendees in Attendance</u> Rudy Wu (Business Analytics) Courtney Spalding (Clinical Operations)</p> <p><u>Guests</u> Wayne Pan, MD (Medical Director) on behalf of Eddy Ang, MD</p>
<p>Optional Attendees</p>	<p>Shost, Jessica (Pharmacy); Nathoo, Aryn (Care Management); Tammie Chau (Pharmacy)</p>	
<p>Not Present (NP):</p>	<p>Tamsen Staniford; Susan Porter; Kirk McDonald; Tony Tai</p>	
<p><i>Quorum (details after the Action Items section below)</i></p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Eddy Ang; official date of hire as the CMO 2.3.23) • Senior Medical Director (vacant) • Director, Clinical Operations, RN (Matija Cale) • Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • Manager, Long Term Care Nurses (Susan Porter, RN) • Manager, Clinical Operations (Morgan Kerr, MBA) 	

	<ul style="list-style-type: none"> • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Program Manager, Clinical Operations, PhD (Kirk McDonald)
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Documents Presented:	<p>Draft_Agenda_UMC_May-2023_v5.19.23</p> <p>Draft_Minutes_UMC_April-2023_v5.15.23</p> <p>1.1.23-5.14.23_ProductivityDashboard_v5.15.23</p> <p>Pharmacy_Operations_Dashboard_1Q2023_v5.10.23</p> <p>4.1.23 - 4.30.23 Resolved Appeal Cases_v5.15.23</p> <p>SFH.IMR.CC_UMC Report_2023. 05. 15</p> <p>CBAS_UnderUtilizationMonitoring_v5.15.23</p> <p>Proposed_Draft_UMC_Charter_v3.30.23</p> <p>May_Phone Productivity Dashboard_v5.15.23</p>
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Consent Calendar – January 2023 to December 2023

ITEM #	Document	Review Schedule	Outcome	Comments	Meeting notes
1.	Quarterly Varis/APRDRG	<ul style="list-style-type: none"> • Dec 2022 • March 2023 • June 2023 • September 2023 • December 2023 	•	•	• Compliance Team / UMC 1.23 presented
2.	<p>UM Criteria for Non-Genital Gender Confirmation Services</p> <p>UM Criteria for Genital Gender Confirmation Services</p> <p>UM Criteria for EPSDT Private Duty Nursing</p> <p>MCG 25th edition; and 26th Edition (6.22)</p>	<ul style="list-style-type: none"> • Gender Affirming Services (Jan 2023 UMC) • QIC February 2023 • September/October 2023 (All criteria) 	<ul style="list-style-type: none"> • Jan 2023: Gender Affirming Services criteria approved. • Feb 2023: QIC approved all criteria (reference the document <i>QIC_Annual_ClinicalCriteriaReview_Feb-23_Mtg_v2.15.23</i>). 	•	•

	PP CO-57				
3.	Annual (CY2022) benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> Annual (Q3) 		<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
4.	Internal Audit of Authorization Requests Report Q3-2022 Report (April UMC) Q4-2022 Report Q1-2023 Report Q2-2023 Report Q3-2023 Report	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q3-2022; this includes the UAT results of the new audits for: PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. Q4-2022; This includes the inaugural audits of PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. 	<ul style="list-style-type: none"> April UMC: Q3-2022 Internal audit reviewed. June UMC: Q4-2022 Internal Audit reviewed.
5.	2022 Utilization Program Evaluation Annual Review and Approval	<ul style="list-style-type: none"> June 2023 UMC Meeting 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> FINAL_Draft_2022_UMProgEval_v3.9.23
6.	Updated UMC Charter and Reports/Documents Review Calendar	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Added 2 new quorum members. UMC voted, quorum met, to approve. 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> January 2023 UMC June 2023 UMC
7.	2023 Specialty Referral Reports	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q1-2023 Report (May UMC) Q2-2023 Q3-2023 	<ul style="list-style-type: none"> Q4-2022 / Annual 2022 Report – June UMC
8.	2022 UM Program Description 2023 UM Program Description	<ul style="list-style-type: none"> UMC Q1-2023 (Final version) UMC (Nov 2023) QIC (Dec 2023) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Oct 2022 UMC meeting. Reviewed the 2022 Interim UM Program Description with the PAD/LTC/Pharmacy updates. 	<ul style="list-style-type: none">

				<ul style="list-style-type: none"> 2023 version UMC (Nov) & QIC (Dec) 	
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	Topic	Brought By	Time	Agenda	Meeting Notes
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	Matija	2:00 PM – 2:20	<ul style="list-style-type: none"> Agenda reviewed. Action Items Approval of draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard (will be providing the quarterly dashboard the second month of the quarter (we need the first month of the quarter to compile last quarter's data). <ul style="list-style-type: none"> Q4-2022 (April UMC) Q1-2023 (May UMC) Q2-2023 Q3-2023 	<ul style="list-style-type: none"> Minutes Approval <ul style="list-style-type: none"> The April 2023 minutes were approved by quorum vote. Action Items Review <ul style="list-style-type: none"> May Action Items tabled until June UMC. See other updates in the Action Item Table below. Parking Lot Review <ul style="list-style-type: none"> No updates. Dashboards <ul style="list-style-type: none"> Clinical Operations (CO) Authorization Productivity KPI Dashboard <ul style="list-style-type: none"> New item: Custodial Care auth status is now separate from SNF care auth status. Turn-Around-Time (TAT) Metrics <ul style="list-style-type: none"> The actual, manual TATs metrics are slightly off the 99% benchmark. The KPI metrics in the tableau report are not accurate. This issue will be addressed when Jiva is fully operable (April 2024) UM Trending <ul style="list-style-type: none"> Focused on Q4-2022. Discussed new zip code filter for ED visits & Inpatient admissions. <ul style="list-style-type: none"> Question about where members live vs where hospitals are located. <ul style="list-style-type: none"> Homeless members get mail at general delivery address or use ZSFGH address which correlates with density of map.

					<ul style="list-style-type: none"> ○ Possible correlation with availability of primary care geographically. ○ Past Care Transition experience, PCP care is available in dense member zip codes with ED/IP utilization areas, but access to specialty care is geographically limited in those zip codes. ○ Eddy and the committee agree a subgroup from Health Services could be beneficial to dissect ED data and a new representative from population health should join UMC. Invitation for next UMC will include Hilary, Director of Population Health Management. • Pharmacy Dashboard Highlights <ul style="list-style-type: none"> ○ Care Management (CM) engagement <ul style="list-style-type: none"> ▪ Collaborating with internal CM team to increase participation in the Medication Adherence Program (MAP). ○ Phone Volume <ul style="list-style-type: none"> ▪ Increased Medi-Cal Rx related inquiries, but pharmacy team is continuing with provider education efforts. ○ PA TAT and PA Requests for Information (RFI) <ul style="list-style-type: none"> ▪ The activity is still within limits, but TATs are increasing. Continuing discussions with PBM on why TATs are increasing.
2.	<ul style="list-style-type: none"> • Medical/Pharmacy Appeals (RAMP 0937ES): Upheld and Overturned • Independent Medical Review (IMR); State Fair Hearings (SFH). Consumer Complaints 	<ul style="list-style-type: none"> • April – DMG appeal cases • Leslie Mulhern; Michelle Faust – CHN/UCSF cases • Jessica – Pharmacy Appeals 	2:20 PM – 2:35	<ul style="list-style-type: none"> • Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> ○ UM – Appeals - 6 <ul style="list-style-type: none"> ▪ Upheld appeals – 3 ▪ 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 – 0 	<ul style="list-style-type: none"> • UM Appeals <ul style="list-style-type: none"> ○ Appeal MA230410001 <ul style="list-style-type: none"> ▪ Overturned for higher level of care. ▪ A&G team identified PA information data for members transferring from CCHA to AAMG did not occur. Crystal confirmed this was addressed and being monitored by SFHP Compliance. ○ Appeal MA230414003

		<ul style="list-style-type: none"> Monica – Compliance 		<ul style="list-style-type: none"> SFH – 1 Consumer Complaints – 4 	<ul style="list-style-type: none"> <ul style="list-style-type: none"> No process change-overturned after additional information was received during the appeal process. <ul style="list-style-type: none"> Appeal MA230418001 <ul style="list-style-type: none"> Overturned for Continuity of Care (COC) SFHP DMG Oversight Nurse will monitor for DMG COC denial trends; if increases occur, DMG nurse will review with DMGs. Pharmacy Appeals <ul style="list-style-type: none"> Appeal MA230414004: Wegovy <ul style="list-style-type: none"> No process change-overturned after additional information was received during the appeal process. Compliance <ul style="list-style-type: none"> SFH & Consumer complaint regarding Aqua Therapy dismissed because there was no denial from SFHP. The member was able to receive additional visits. No changes to policies or processes.
3.	Review/Approval of CBAS Eligibility Logic	Morgan Kerr	2:35 PM – 2:45		<ul style="list-style-type: none"> CBAS identified as underutilized benefit, so previously approved by UMC to adopt as a benefit to measure in SFHP's triennial program. Dashboard creation is in process and logic was developed by Clinical Operations, Health Services States Program Director, Medical Directors and CMO. Discussion: CO Director recommends removing aid code for opportunities to capture more members eligible for CBAS benefit. <ul style="list-style-type: none"> Eddy and committee in agreement with recommendation. The committee approved CBAS Eligibility Dashboard logic with the aid code removed.
4.	Transportation (NEMT) Update	Morgan Kerr	2:45 PM – 2:50		<ul style="list-style-type: none"> The New Transportation Coordinator has completed the onboarding process and is now training to assume all NEMT coordination related activities. RFP for a transportation broker is in process.
5.	eVote Update the UMC Charter	Morgan	2:50 PM – 2:55	<ul style="list-style-type: none"> Proposed_Draft_UMC_Charter_v3.30.23 Grievance Program Leadership Team (GPLT)] would like to update the UMC Charter to "to include upheld appeals to the sentence "Discussion will focus on 	<ul style="list-style-type: none"> Tabled from April meeting.

				overturned appeals requiring a policy and/or a process change". Grace Carino request	
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Action Items May 2023

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Tamsen	<ul style="list-style-type: none"> PA Process Updates 	5.15.23 – to be tabled until June UMC meeting.
2.	Kirk	<ul style="list-style-type: none"> DMG Semi-annual Reports (NCQA UM-13, Elements A & C) <ul style="list-style-type: none"> Specialty referral/Work Plan Final_Draft_ClinicalOperations_InternalAuditReport_Q3-2022_v3.14.23 <ul style="list-style-type: none"> + Q4-2022/Annual Report FINAL_Draft_2022_UMProgEval_v3.9.23 	5.17.23 – Tabled to June (6.21)
3.	Eddy	<ul style="list-style-type: none"> Form a cross-functional Health Services to dissect ED data; include Hilary, Director of Population Health Management. 	
4.	Kirk	<ul style="list-style-type: none"> Invite Hilary Gillette-Walch to June UMC 	6.8.23 – Completed; included a cover email explaining the context for the invite.

Legend

1	= Need Update
2	= In progress

3	= Completed
4	= On Hold

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
10.5.22	Tamsen/Tony	<ul style="list-style-type: none"> PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. 	<p>1.9.23 - Jan 2023- relying on manual check implemented for Health Services KPI spreadsheet until Tableau KPI report logic updates can be prioritized into BA work. Tamsen to follow up with Tony and Jay for new timeline.</p> <p>2.24.23- oh hold through March while focusing on processing SDN and preparing for SFN FFS auth volume.</p> <p>4.18.23-On hold in April for same reason</p>	2
12.07.22	Kirk	<ul style="list-style-type: none"> Review Specialty Referral Tracking process for opportunities. Suggestions: <ul style="list-style-type: none"> Can we drill down on specialty care type and volume per specialty type? Demonstrate impact of member not getting specialty care timely (e.g., increase in ED or IP services). What is economic impact? Share findings with provider stakeholders 	<p>1.9.23 – will address formally after DHCS Audit prep is completed.</p> <p>5.15.23 – In progress. The RAMP report is being updated to provide discrete member demographics and diagnostic information.</p> <p>5.16.23 - VARIS recommended combining existing DRG Review service with their new Clinical Validation and Readmissions programs.</p>	2
1.11.23	Crystal (?)	<ul style="list-style-type: none"> The PMPM costs are strictly related to inpatient acute. The overall PMPM rate is lower. Is Varis doing a better job following up? 	<p>5.19.23-VARIS on hold until there are updates that can be presented to UMC.</p> <p>Next steps - Presentation to be scheduled with VARIS to learn more about these added services.</p>	2
1.11.23	Crystal	<ul style="list-style-type: none"> An issue of Laser Away being in Marin - and might be an issue of the time/distance standards - need to follow-up ---- Crystal will take care of this. 	<p>4.19.23 – North Bay (Not Laser Away); this is a non-issue. But to be followed up by Crystal.</p> <p>5.19.23-Non-issues, so committee agreed to change to complete and remove from next UMC agenda.</p>	2
4.19.23	Rudy	<ul style="list-style-type: none"> Updates to the Utilization Trending Dashboard <ul style="list-style-type: none"> Add a legend for the map colors. Include Q4-2022 data. 	<p>5.18.23 – Completed. Published Update to PROD.</p>	3

4.19.23	Eileen Kim	<ul style="list-style-type: none"> • Appeal MA230302001 for Myrbetriq • The appeal overturned was based on "original info" that was actually the same information was in the original PA. • Follow-up with Magellan: if the original PA had all of the information required to approve the authorization, why was the original PA denied? 	<p>5.18.23 - Completed. Reached out to the PA team at Magellan, discussed that SFHP considered the original PA to have had enough information for approval.</p> <p>5.19.23-Completed and can be removed from next UMC agenda.</p>	3
4.19.23	Rudy	<ul style="list-style-type: none"> • Are we able to cross match the top 10 diagnosis with Pharmacy information provided by Kaitlin in the Pharmacy dashboard? 	<p>6.8.23 – this was an ask by Hanan. Kaitlin shared due to the complexity of configuring such a crossmatch it is not feasible at this time.</p>	3

Parking Lot

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

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

Appeals / Overturned – April 2023

Grievance Month Submitted	Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name Of Service Or Medication
April 2023	MA230410001	Member Appeal	CHI	Overturned	Medical Group	<p>The member's mom called on 03/14/2023 but was told there was no action needed.</p> <p>[The member's] Mom stated Dr. ---- told her she needed to appeal with SFHP. [The member's] Mom stated the member has no toenails on both feet. [The member's mother] also said the member had seen Dr. ---- for 1 year with no progress. Per [member's mother], there is only one nail specialist in CA, Dr. ----- . [The member's] Mom stated the member was not allowed by the medical group to see Dr. ----- because [Dr.----] was not a pediatric dermatologist. [The Member's] Mom stated the member was referred with a PA to Dr.----- , who is a pediatric specialist [The mother's] Mom stated the member needs to see Dr-----</p>	<p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because SFHP got more information showing that it is medically needed for your son to see Dr. -----.</p>	April 2023

						<p>Dermatology at ----. [The member's mother] also stated that the member should be able to see Dr. ---- since they have already seen Dr. ----.</p> <p>WHAT HAS BEEN DONE SO FAR TO TRY TO SOLVE THE PROBLEM?</p> <p>2.) Called to find out the denial reason for PA, but they were not taking phone calls due to high volume of calls.</p> <p>3.) Explained a new PA needed to be submitted to the member's medical group.</p>		
April 2023	MA230414003	Member Appeal	SFN	Overtured	SFHP	<p>Provider filed an appeal on the member's behalf. [SFHP] called the member and left a message, the member called back and gave consent for [provider] to file an appeal.</p> <p>Provider wrote: PA for libre3 CGM was denied on the basis that pt is not injecting insulin 3 times a day, and checking BG 2 times a day. Pt can commit to frequent scanning of BG readings with continuous monitor device. Please approve.</p>	<p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because SFHP got more information showing that it is medically needed for you.</p>	April 2023
April 2023	MA230414004	Member Appeal	SFN	Overtured	Pharmacy	<p>The member's provider submitted an appeal.</p> <p>The provider requests the following: 1. Prescription PA to be approved for Wegovy 0.25/.5 mg.</p>	<p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because SFHP got more information showing that Wegovy is medically needed for you.</p>	April 2023
April 2023	MA230418001	Member Appeal	NEM	Overtured	Medical Group	Member filed an online appeal.	San Francisco Health Plan (SFHP) has reviewed your appeal and	April 2023

						<p>Member wrote: ...I was denied authorization to see Dr. -----, an Otology surgeon at -----. I have been working with Dr. ----- for over a decade, having had 4 surgeries under his care. It is important given my inability of being able to hear out of my operated ear that I continue to work with Dr. -----, given he is most familiar with my health history and has operated on my ear previously. I am requesting an appeal on the denied authorization to see [Dr.--] and am seeking authorization to continue to work with [Dr.-----].</p> <p>WHAT HAS BEEN DONE SO FAR TO TRY TO SOLVE THE PROBLEM?</p> <p>1.) Member is assigned to.... 2.) [SFHP] checked Qnxt, No auth on file.</p>	<p>decided to overturn the original denial decision. This request is now approved.</p> <p>This is because -----has been managing your medical condition. You qualify for continuity of care as a new SFHP member. Continuity of care is when SFHP members may go to providers who are not in the SFHP network because they have moved from another plan or fee-for-service (FFS) or a provider that was in the network is now out-of-network. Please refer to pages 15-17 of the SFHP Medi-Cal Member Handbook for more information about continuity of care.</p>	
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 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 21 June 2023 1:30 – 3:00PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly meeting. Meeting frequency is a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.</p>	
<p>Present:</p>	<p><u>Clinical Operations</u> Matija Cale, SeDessie Harris, April Tarpey, Morgan Kerr, Eddy Ang, Kirk McDonald, Tony Tai, Tamsen Staniford, Chris Ball, Traci Jovancevic, Stephanie Penrod, Susan Porter</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim</p>	<p><u>Compliance</u> Monica Fong, Erica Sanchez, John Bhambre</p> <p><u>Quality Review Team</u> Michelle Faust Leslie Mulhern</p> <p><u>Optional Attendees in Attendance</u> Courtney Spalding (Clinical Operations)</p> <p><u>Guests</u> Diana Garza (Pharmacy)</p>
<p>Optional Attendees</p>	<p>Jessica Shost (Pharmacy), Amyn Nathoo (Care Management), Tammie Chau (Pharmacy),</p>	
<p>Not Present (NP):</p>	<p>Crystal Garcia (Compliance), Rudy Wu (Business Analytics), Jenna Colin-Arriola (Quality Review), Wayne Pan, MD (Medical Director), Hilary Gillette-Walch (Population Health)</p>	
<p><i>Quorum (details after the Action Items section below)</i></p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Eddy Ang; official date of hire as the CMO 2.3.23) • Senior Medical Director (vacant) • Director, Clinical Operations, RN (Matija Cale) • Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • Manager, Long Term Care Nurses (Susan Porter, RN) • Manager, Clinical Operations (Morgan Kerr, MBA) • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) 	

	<ul style="list-style-type: none"> • Program Manager, Clinical Operations, PhD (Kirk McDonald)
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Documents Presented:	<ul style="list-style-type: none"> • Draft_Agenda_UMC_June-2023_v6.20.23 • 5.1.23 - 5.31.23 Resolved Appeal Cases • Draft_Annual-2022_SpecialtyReferralReport-UMC_v6.6.23 • Draft_DMG_SpecialRefer_2022_Annual_v5.22.23 • Draft_DMG_WorkPlans_Annual_2022_v5.22.23 • Draft_Minutes_UMC_May-2023_v6.12.23 • Draft_Q4-2022_SpecialtyReferralReport-UMC_v.5.1.23 • FINAL_Draft_2022_UMProgEval_v3.9.23 • Final_Draft_ClinicalOperations_InternalAuditReport_Q3-2022_v3.14.23 • NEMT Process Enhancement_UMC • SFH.IMR.CC_UMC Report_2023. 06. 14 • DHCS 2023 Audit Findings for UMC Review • Q4-2022_InternalAudit_Results_v6.20.23 • 5.15.23-6.14.23_ProductivityDashboard_v6.15.23 • June_Phone Productivity Dashboard_v6.29.23
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Consent Calendar – January 2023 to December 2023

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

	MCG 25 th edition; and 26 th Edition (6.22) PP CO-57				
3.	Annual (CY2022) benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> Annual (Q3) 		<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
4.	Internal Audit of Authorization Requests Report Q3-2022 Report (April UMC) Q4-2022 Report Q1-2023 Report Q2-2023 Report Q3-2023 Report	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q3-2022; this includes the UAT results of the new audits for: PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. Q4-2022; This includes the inaugural audits of PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. 	<ul style="list-style-type: none"> April UMC: Q3-2022 Internal audit reviewed. June UMC: Q4-2022 Internal Audit reviewed.
5.	2022 Utilization Program Evaluation Annual Review and Approval	<ul style="list-style-type: none"> June 2023 UMC Meeting 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> FINAL_Draft_2022_UMProgEval_v3.9.23
6.	Updated UMC Charter and Reports/Documents Review Calendar	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Added 2 new quorum members. UMC voted, quorum met, to approve. 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> January 2023 UMC June 2023 UMC
7.	2023 Specialty Referral Reports	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q1-2023 Report (May UMC) Q2-2023 Q3-2023 	<ul style="list-style-type: none"> Q4-2022 / Annual 2022 Report – June UMC
8.	2022 UM Program Description	<ul style="list-style-type: none"> UMC Q1-2023 (Final version) UMC (Nov 2023) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Oct 2022 UMC meeting. Reviewed the 2022 Interim UM Program 	<ul style="list-style-type: none">

	2023 UM Program Description	<ul style="list-style-type: none"> QIC (Dec 2023) 		Description with the PAD/LTC/Pharmacy updates. <ul style="list-style-type: none"> 2023 version UMC (Nov) & QIC (Dec) 	
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	Topic	Brought By	Time	Agenda	Meeting Notes
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	Matija	1:30 PM – 1:50	<ul style="list-style-type: none"> Agenda reviewed. Action Items Approval of draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard (will be providing the quarterly dashboard the second month of the quarter (we need the first month of the quarter to compile last quarter's data). <ul style="list-style-type: none"> Q4-2022 (April UMC) Q1-2023 (May UMC) Q2-2023 (August UMC) Q3-2023 (November UMC) 	<ul style="list-style-type: none"> Announcement <ul style="list-style-type: none"> Kirk McDonald, Clinical Operations Program Manager is transitioning to SFHP Operations Department effective 7.03.2023. Minutes Approval <ul style="list-style-type: none"> The May 2023 minutes were approved by quorum vote. Action Items Review <ul style="list-style-type: none"> See the updates in the Action Item table below. Parking Lot Review <ul style="list-style-type: none"> No updates. Dashboards <ul style="list-style-type: none"> Clinical Operations (CO) Authorization Productivity KPI Dashboard <ul style="list-style-type: none"> Continue to see increases in volume of PA requests and CCR census. PA received record high of 5,086 requests for May 2023. Despite volume increases, PA is meeting TATs at 99.88% and CCR at 99.7% TATs. The onboarding of new staff on both teams has helped keep up with volume increases. The Custodial Care Dashboard is still in a test phase and improvements are in process.

					<ul style="list-style-type: none">▪ Skilled Care auth reviews moved from 30 calendar day retro review to 5 business day TAT and are maintaining compliance with TATs.○ UM Trending<ul style="list-style-type: none">▪ Discussion: Why was there a spike in bed days and admits per 1000MM in Feb 23 & March 23?<ul style="list-style-type: none">• Data does not appear to match admission trends or ED visits 1000MM.• The committee request additional research with BA team to ensure data is accurate.▪ CBAS Dashboard:<ul style="list-style-type: none">• Hill Physicians Medical Group (HIL MG) has the highest volume of CBAS utilization.• The Committee requested additional research for data accuracy. If accurate, the Committee requests to reach out to HIL MG to understand their strategies for connecting members to CBAS services to increase CBAS utilization for all SFHP members.▪ Compliance and Clinical Operations are continuing to collaborate with VARIS to
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					<p>understand if upcoding is affecting UM Trends.</p> <ul style="list-style-type: none"> Pharmacy Dashboard Highlights <ul style="list-style-type: none"> Next review will be at August UMC.
2.	<ul style="list-style-type: none"> Medical/Pharmacy Appeals (RAMP 0937ES): Upheld and Overturned Independent Medical Review (IMR); State Fair Hearings (SFH). Consumer Complaints 	<ul style="list-style-type: none"> April – DMG appeal cases Leslie Mulhern; Michelle Faust – CHN/UCSF cases Jessica – Pharmacy Appeals Monica – Compliance 	1:50 PM – 2:05	<ul style="list-style-type: none"> Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> UM – Appeals - 4 <ul style="list-style-type: none"> Upheld appeals – 0 Overturned appeals – 1 Pharmacy – Appeals - 0 <ul style="list-style-type: none"> Upheld appeals – 0 Overturned appeals – 0 Compliance <ul style="list-style-type: none"> IMR – 0 SFH – 0 Consumer Complaints – 4 	<ul style="list-style-type: none"> UM Appeals <ul style="list-style-type: none"> MA230424002 <ul style="list-style-type: none"> Refer to table below for details. Discussion: <ul style="list-style-type: none"> Housing status should not be a factor in the decision. The Quality Review team will monitor to ensure this doesn't become a trend. Eddy requested DMG RN ensure NEMS UM is following the appropriate criteria. Compliance <ul style="list-style-type: none"> No updates on 10/05/22 & 5/05/23 Kaiser cases; pending response from DMHC. 6/05/23 Consumer complaint is in process by QR team. Member not available for next available appointments at UCSF and amenable to scheduling in August 2023. Calendar for August 2023 not available yet, so team will continue to follow up to ensure the member is able to get an appointment in August 2023.

3.	<ul style="list-style-type: none"> NEMT Coordination Improvement Updates NEMT Process Enhancement <ul style="list-style-type: none"> Vote or eVote? Transportation Vendor Selection Update 	Morgan Kerr	2:05 PM – 2:20	<ul style="list-style-type: none"> NEMT Process Enhancement_UMC 	<ul style="list-style-type: none"> NEMT Coordination improvements have been successful; this includes working with network providers to ensure PCS forms are audit compliant. NEMT Process Enhancement: The proposal is to move some levels of NEMT services to Coordinators for administrative review. See PowerPoint slide for additional details. <ul style="list-style-type: none"> The committee voted to approve proposed enhancements contingent on Nina, SFHP's Compliance Officer's approval. Transportation Vendor Selection Update: <ul style="list-style-type: none"> Vendor demos are still in process, but Modivcare is currently the first choice for Clinical Operations & Customer Service for the following reasons: <ul style="list-style-type: none"> Previous experience with other local health plans. Familiar with SF geographical landscape and demographics. Familiar with DHCS requirements. Goal is to go live with a vendor by 1.01.2024.
4.	<ul style="list-style-type: none"> Review Reports and UM Program Eval 	Kirk McDonald	2:20 PM- 2:35	<ul style="list-style-type: none"> DMG Semi-annual Reports (NCQA UM-13, Elements A & C): Specialty referral & Work Plans Final_Draft_ClinicalOperations_InternalAuditReport_Q3-2022 and Q4-2022 Specialty Referral reports: Q4-2022 and Annual Report FINAL_Draft_2022_UMProgEval_v3.9.23 	<ul style="list-style-type: none"> Highlights: <ul style="list-style-type: none"> UM Program Eval Draft will include a workplan that the UM Committee will start reviewing at the July 2023 UMC meeting. DMG Specialty Referral reports & Work Plans meet NCQA audit requirements, but Clinical Operations will continue to work with DMGs to improve their reports. Internal Audit Report: <ul style="list-style-type: none"> Q3 2023 includes new sub-audits which help identify room for improvements.

					<ul style="list-style-type: none"> Major Organ Transplants (MOT) audit identified room for improvement for urgent processing. PA teams have received additional training. Q4 2023 was prepared in a new format to simplify the report moving forward. See reports for additional details.
5.	<ul style="list-style-type: none"> 2023 DHCS Audit Finding & Next Steps 	Matija Cale	2:35 PM-2:45	<ul style="list-style-type: none"> DHCS 2023 Audit Findings for UMC Review 	<ul style="list-style-type: none"> Highlights: <ul style="list-style-type: none"> Items 1.3.1 & 1.3.2: QR team was aware of these issues prior to the audit & they have plans in place to address the findings. The committee agrees to remove item 1.5.2 from the chart since it is not applicable to UM. See DHCS 2023 Audit Findings for UMC Review document for additional details.
6.	<ul style="list-style-type: none"> Jiva Update 	Traci Jovancevic	2:45 PM-2:55		<ul style="list-style-type: none"> Postponed to July UMC

Action Items June 2023

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Stephanie	<ul style="list-style-type: none"> Send eVote to UMC Quorum members to vote on whether to update the UMC Charter to include upheld appeals to the sentence "Discussion will focus on overturned appeals requiring a policy and/or a process change" from May UMC agenda. 	
2.	Morgan	<ul style="list-style-type: none"> Research spike in admission & bed days per 1000MM for Feb 23 & March 23 since this does not appear to match admission trends and the ED visits 1000MM. Follow up with Rudy in BA. 	
3.	Morgan	<ul style="list-style-type: none"> Confirm HIL MG high utilization for CBAS services is accurate. If accurate, reach out to HIL to understand their strategies for connecting members to CBAS services to increase utilization for all SFHP members. 	

4.	Morgan	<ul style="list-style-type: none">Verify Nina, SFHP's Compliance officer agrees with the proposed NEMT Process Enhancement.	
5.	April	<ul style="list-style-type: none">Verify NEMS UM understands housing status should not be included in DME power wheelchair criteria and confirm they are using the Medi-Cal criteria.	

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
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10.5.22	Tamsen/Tony	<ul style="list-style-type: none"> • PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. • Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. 	<p>1.9.23 - Jan 2023- relying on manual check implemented for Health Services KPI spreadsheet until Tableau KPI report logic updates can be prioritized into BA work. Tamsen to follow up with Tony and Jay for new timeline.</p> <p>2.24.23- oh hold through March while focusing on processing SDN and preparing for SFN FFS auth volume.</p> <p>4.18.23-On hold in April for same reason</p> <p>6.16.23-Relying on manual check for accurate monthly count & plans to fix dashboard are on hold until Jiva implementation.</p>	4
12.07.22	Kirk	<ul style="list-style-type: none"> • Review Specialty Referral Tracking process for opportunities. • Suggestions: <ul style="list-style-type: none"> o Can we drill down on specialty care type and volume per specialty type? o Demonstrate impact of member not getting specialty care timely (e.g., increase in ED or IP services). What is economic impact? • Share findings with provider stakeholders 	<p>1.9.23 – will address formally after DHCS Audit prep is completed.</p> <p>5.15.23 – In progress. The RAMP report is being updated to provide discrete member demographics and diagnostic information.</p> <p>6.13.23 - Working w/ the QI Team regarding CAHPs.</p>	2
1.11.23	Crystal	<ul style="list-style-type: none"> · The PMPM costs are strictly related to inpatient acute. · The overall PMPM rate is lower. · Is Varis doing a better job following up? 	<p>5.16.23 - VARIS recommended combining existing DRG Review service with their new Clinical Validation and Readmissions programs.</p> <p>5.19.23-VARIS on hold until there are updates that can be presented to UMC.</p> <p>Next steps - Presentation to be scheduled with VARIS to learn more about these added services.</p>	4
5.19.23	Tamsen	PA Process Updates	<p>5.15.23 – to be tabled until June UMC meeting.</p> <p>6.16.23-Tabled until July UMC meeting.</p>	2
5.19.23	Eddy	Form a cross-functional Health Services to dissect ED data; include Hilary, Director of Population Health Management.	<p>6.16.23-UMC invite sent to Hilary; creation of cross-functional subcommittee pending.</p> <p>6.21.23-Matija will assume responsibility of creating cross-functional subcommittee</p>	2


Parking Lot

ITEM #	DATE	OWNER	ACTION ITEMS	STATUS
1.	2.16.21	Monica / Jim	<ul style="list-style-type: none"> Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers. 	<ul style="list-style-type: none"> 6.2.22 – Should we remove this? This would need to be a CMO driven request, as it is a resource request from SFN, and it is not required by regulators. I don't know how this request should be prioritized against current regulatory requests from SFHP for SFN (Compliance reporting, auditing, etc.)
2.	2.24.22	AI UMC Members	<ul style="list-style-type: none"> Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be included in the UMC Charter as an out-of-scope item. 	<ul style="list-style-type: none"> 2.24.22 - This is ongoing for 2022
3.	4.06.22	SeDessie / Eddy Ang	<ul style="list-style-type: none"> • Work w/ Eddy Ang on OBS metrics. • Need to be consistent in how OBS rules are applied. 	<ul style="list-style-type: none"> 5.4.22: SeDessie, Matija, Eddy working on priorities--medium category
4.	11.22	Eddy	<ul style="list-style-type: none"> Laser Hair Removal Provider Network 	<ul style="list-style-type: none"> Need monitor the laser hair removal provider network as a standing item for the new few UMC meetings to address the potential audit.

Appeals / Overturned – May 2023

Grievance Month Submitted	Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name Of Service Or Medication
April (Resolved in May)	MA230424002	Member Appeal	NMS	Overtured	SFHP	<p>DESCRIBE THE PROBLEM</p> <p>Member called because mbr's request for a power wheelchair was denied. Member received a call from [DME Vendor] xxx-xxx-xxxx informing mbr that the request for a power wheelchair was denied.</p> <p>Member fell from a 4th floor and broke their pelvis; half of their body is paralyzed; they cannot stand up. Last week the physical therapist ---- xxx-xxx-xxxx went to mbr's home to evaluate mbr, she took a picture of the crutches, member informed her that they use the crutches to push themselves, not to work. The member believes that due to her report the request for a power wheelchair was denied. Member already has a manual wheelchair that is in bad shape; but mbr needs a power wheelchair since he uses public transportation. Member does not have complaints against the PCP.</p> <p>WHAT WOULD THE MEMBER LIKE US TO DO ABOUT THIS PROBLEM? or WHAT IS THE EXPECTED OUTCOME?</p> <p>1.) Member wants SFHP to investigate the reason why the request for a Power Wheelchair was denied. 2.) Member wants to appeal the decision and make sure they get a</p>	<p>You appealed the denial of a power wheelchair through [DME Vendor]</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because SFHP got more information showing that it is medically needed for you.</p> <p>You may call ----to ask about the delivery of the power wheelchair. -- ---- phone number is xxx-xxx-xxxx.</p>	Group 2 power wheelchair

						power wheelchair since it is his main source of mobility.1.)I called [DME Vendor] after the call ended with member to make sure it was the correct company. Spoke to ----, he informed that NEM denies request due to the home assessment report.		
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 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 19 July 2023 1:30 – 3:00PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>SeDessie Harris on behalf of Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly meeting. Meeting frequency is a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.</p>	<p>Recorder: Stephanie Penrod</p>
<p>Present:</p>	<p><u>Clinical Operations</u> SeDessie Harris, April Tarpey, Eddy Ang, Tony Tai, Tamsen Staniford, Chris Ball, Traci Jovancevic, Stephanie Penrod, Susan Porter</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim</p>	<p><u>Compliance</u></p> <p><u>Quality Review Team</u> Michelle Faust Leslie Mulhern</p> <p><u>Optional Attendees</u> Courtney Spalding (Clinical Operations) Hilary Gillette-Walch (Population Health)</p> <p><u>Guests</u> N/A</p>
<p>Not Present (NP):</p>	<p>Matija Cale (Clinical Operations), Morgan Kerr (Clinical Operations), Crystal Garcia (Compliance), Monica Fong (Compliance), Jenna Colin-Arriola (Quality Review), Aryn Nathoo (Care Management), Tammie Chau (Pharmacy), Jessica Shost (Pharmacy), Rudy Wu (Business Analytics), Grace Carino (Appeals & Grievances), Wayne Pan, MD (Medical Director)</p>	
<p><i>Quorum (details after the Action Items section below)</i></p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Eddy Ang; official date of hire as the CMO 2.3.23) • Senior Medical Director (vacant) • Director, Clinical Operations, RN (Matija Cale) • Senior Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • Manager, Long Term Care Nurses (Susan Porter, RN) • Manager, Clinical Operations (Morgan Kerr, MBA) 	

	<ul style="list-style-type: none"> • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Manager, Pharmacy Operations, PharmD (Kaitlin Hawkins) • Program Manager, Clinical Operations, PhD (Kirk McDonald) (Transferred out of quorum effective 7.03.23)
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Documents Presented:	<ul style="list-style-type: none"> • 6.1.23 - 6.30.23 Resolved Appeal Cases • Draft_UM_2023-Workplan_6.8.23 • Draft_Minutes_UMC_June-2023_v6.29.23 • Draft_Agenda_UMC_July-2023_v7.17.23 • 6.15.23-7.14.23_ProductivityDashboard_v7.17.23 • July_Phone Productivity Dashboard_v7.17.23 • SFH.IMR.CC_UMC Report_2023. 07. 12 • PA Process Improvement Updates_V.7.18.23 • UMC - Jiva Overview
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Consent Calendar – January 2023 to December 2023

ITEM #	Document	Review Schedule	Outcome	Comments	Meeting notes
1.	Quarterly Varis/APRDRG	<ul style="list-style-type: none"> • Dec 2022 • March 2023 • June 2023 • September 2023 • December 2023 	•	•	• Compliance Team / UMC 1.23 presented
2.	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing MCG 25 th edition; and 26 th Edition (6.22) PP CO-57	<ul style="list-style-type: none"> • Gender Affirming Services (Jan 2023 UMC) • QIC February 2023 • September/October 2023 (All criteria) 	<ul style="list-style-type: none"> • Jan 2023: Gender Affirming Services criteria approved. • Feb 2023: QIC approved all criteria (reference the document <i>QIC_Annual_ClinicalCriteriaReview_Feb-23_Mtg_v2.15.23</i>). 	•	•

3.	Annual (CY2022) benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> Annual (Q3) 		<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
4.	Internal Audit of Authorization Requests Report Q3-2022 Report (April UMC) Q4-2022 Report Q1-2023 Report Q2-2023 Report Q3-2023 Report	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q3-2022; this includes the UAT results of the new audits for: PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. Q4-2022; This includes the inaugural audits of PAD Audit Tool; NEMT Audit Tool; Major Organ Transplant Audit Tool; State TAT Audit Tool; NCQA TAT Audit Tool. 	<ul style="list-style-type: none"> April UMC: Q3-2022 Internal audit reviewed. June UMC: Q4-2022 Internal Audit reviewed.
5.	2022 Utilization Program Evaluation Annual Review and Approval	<ul style="list-style-type: none"> June 2023 UMC Meeting 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> FINAL_Draft_2022_UMProgEval_v3.9.23 June UMC
6.	Updated UMC Charter and Reports/Documents Review Calendar	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Added 2 new quorum members. UMC voted, quorum met, to approve. 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> January 2023 UMC June 2023 UMC
7.	2023 Specialty Referral Reports	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> No vote required. Documenting review and discussion by the UMC. 	<ul style="list-style-type: none"> Q1-2023 Report (May UMC) Q2-2023 Q3-2023 	<ul style="list-style-type: none"> Q4-2022 / Annual 2022 Report – June 2023 UMC
8.	2022 UM Program Description 2023 UM Program Description	<ul style="list-style-type: none"> UMC Q1-2023 (Final version) UMC (Nov 2023) QIC (Dec 2023) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Oct 2022 UMC meeting. Reviewed the 2022 Interim UM Program Description with the PAD/LTC/Pharmacy updates. 	<ul style="list-style-type: none">

				<ul style="list-style-type: none"> 2023 version UMC (Nov) & QIC (Dec) 	
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	Topic	Brought By	Time	Agenda	Meeting Notes
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	SeDessie	1:30 PM – 1:50	<ul style="list-style-type: none"> Agenda reviewed. Action Items Approval of draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard (will be providing the quarterly dashboard the second month of the quarter (we need the first month of the quarter to compile last quarter's data). <ul style="list-style-type: none"> Q4-2022 (April UMC) Q1-2023 (May UMC) Q2-2023 (August UMC) Q3-2023 (November UMC) 	<ul style="list-style-type: none"> Minutes Approval <ul style="list-style-type: none"> The June 2023 minutes were approved by quorum vote. Action Items Review <ul style="list-style-type: none"> See updates in the Action Items table below. Parking Lot Review <ul style="list-style-type: none"> No updates. Dashboards <ul style="list-style-type: none"> Clinical Operations (CO) Authorization Productivity KPI Dashboard <ul style="list-style-type: none"> Auth volume trending down from May-18% for PA & 8% for CCR. June TATs: <ul style="list-style-type: none"> PA-99.55% CCR-100% LTC-97.8% SNF-100% SNF Auth Volume increased 20% in June. UM Trending <ul style="list-style-type: none"> Q1 2023-spike in average admits and average length of stay. Discussion: <ul style="list-style-type: none"> See July 2023 Action items 2 & 3 for more details. The committee requested a deeper analysis on why delegated medical groups have low utilization of CBAS

					<p>services and develop strategies to work with delegated medical groups to increase CBAS utilization.</p> <ul style="list-style-type: none"> Pharmacy Dashboard Highlights <ul style="list-style-type: none"> Next review will be in August UMC.
2.	<ul style="list-style-type: none"> Medical/Pharmacy Appeals (RAMP 0937ES): Upheld and Overturned Independent Medical Review (IMR); State Fair Hearings (SFH). Consumer Complaints 	<ul style="list-style-type: none"> April – DMG appeal cases Leslie Mulhern; Michelle Faust – CHN/UCSF cases Jessica – Pharmacy Appeals Monica – Compliance 	1:50 PM – 2:05	<ul style="list-style-type: none"> Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> UM – Appeals - 4 <ul style="list-style-type: none"> Upheld appeals – 3 Overturned appeals – 1 Pharmacy – Appeals - 1 <ul style="list-style-type: none"> Upheld appeals – 0 Overturned appeals – 1 Compliance <ul style="list-style-type: none"> IMR – 0 SFH – 0 Consumer Complaints – 4 	<ul style="list-style-type: none"> UM Appeals <ul style="list-style-type: none"> MA230608001 <ul style="list-style-type: none"> Refer to table below for details. Pharmacy Appeals <ul style="list-style-type: none"> MA230623001 <ul style="list-style-type: none"> Refer to table below for details. SFHP Pharmacy team reviewed criteria with Magellan & advised Magellan to use off label criteria on a case-by-case basis in addition to looking for other clinical indications besides the exact criteria. Eddy agreed with SFHP's recommendation given to Magellan. Compliance <ul style="list-style-type: none"> Postponed to August UMC
3.	<ul style="list-style-type: none"> Review UM 2023 Workplan eVote following meeting 	<ul style="list-style-type: none"> SeDessie 	2:05 PM – 2:25	<ul style="list-style-type: none"> Draft_UM_2023-Workplan_6.8.23 	<ul style="list-style-type: none"> Committee members were sent Workplan for review prior to UMC meeting and there were no questions or comments from members. Next steps: Send eVote
4.	<ul style="list-style-type: none"> PA Process Improvement Update 	<ul style="list-style-type: none"> Tamsen, Chris & Stephanie 	2:25 PM- 2:40	<ul style="list-style-type: none"> PA Process Improvement Updates 	<ul style="list-style-type: none"> See PowerPoint for details. Highlights: <ul style="list-style-type: none"> 72.93% increase in PA Auth Volume in 2023 compared to 2022. Improvements saved an average of 40 Coordinator hours per month & 28 Nurse hours per month

5.	<ul style="list-style-type: none"> Jiva Update 	<ul style="list-style-type: none"> Traci Jovancevic 	2:40 PM-2:55	<ul style="list-style-type: none"> UMC - Jiva Overview 	<ul style="list-style-type: none"> See PowerPoint for Details Highlights: <ul style="list-style-type: none"> Identified Process Improvements. Created a MS Teams Channel to track Jiva discussions. Opportunities available to use the software to help with auto-authorization approvals required for claims payment. Currently in the elaboration & design phase.
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Action Items July 2023

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Stephanie	<ul style="list-style-type: none"> Send eVote to UMC Quorum Members to vote on UM 2023 Workplan 	
2.	Stephanie	<ul style="list-style-type: none"> Set up a meeting with Rudy to discuss UM Trending Dashboard Follow Ups: <ul style="list-style-type: none"> Why is the ED & Acute IP Top 10 Diagnosis only displaying data through December 2022? Can we add the Average & Median data points to the dashboard? Explain the logic and alignment of the visit type & visit subtype on the UM Trending Summary page. 	
3.	Matija	<ul style="list-style-type: none"> Conduct a more in-depth analysis of top diagnosis for ED visits & IP admissions with a focus on race and ethnicity to help develop strategies such as increasing the use of Teladoc and targeting specific populations for ECM services. 	
4.	Leslie/Traci	<ul style="list-style-type: none"> Discuss and develop an internal community site to store UM process changes that cross functional teams can access. 	

Legend

1	= Need Update
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4	= On Hold

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
10.5.22	Tamsen/Tony	<ul style="list-style-type: none">• PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate.• Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate.	<p>1.9.23 - Jan 2023- relying on manual check implemented for Health Services KPI spreadsheet until Tableau KPI report logic updates can be prioritized into BA work. Tamsen to follow up with Tony and Jay for new timeline.</p> <p>2.24.23- oh hold through March while focusing on processing SDN and preparing for SFN FFS auth volume.</p> <p>4.18.23-On hold in April for same reason</p> <p>6.16.23-Relying on manual check for accurate monthly count & plans to fix dashboard are on hold until Jiva implementation.</p> <p>7.19.23-Tamsen confirmed this remains on hold until Jiva implementation.</p>	4
12.07.22	Morgan	<ul style="list-style-type: none">• Review Specialty Referral Tracking process for opportunities.• Suggestions:<ul style="list-style-type: none">o Can we drill down on specialty care type and volume per specialty type?o Demonstrate impact of member not getting specialty care timely (e.g., increase in ED or IP services). What is economic impact?• Share findings with provider stakeholders	<p>1.9.23 – will address formally after DHCS Audit prep is completed.</p> <p>5.15.23 – In progress. The RAMP report is being updated to provide discrete member demographics and diagnostic information.</p> <p>6.13.23 - Working w/ the QI Team regarding CAHPs.</p>	2

			7.03.23-Re-assigned to Morgan Kerr due to Kirk's transition out of the UMC Committee and Clinical Operations team.	
1.11.23	Crystal	<ul style="list-style-type: none"> The PMPM costs are strictly related to inpatient acute. The overall PMPM rate is lower. Is Varis doing a better job following up? 	<p>5.16.23 - VARIS recommended combining existing DRG Review service with their new Clinical Validation and Readmissions programs.</p> <p>5.19.23-VARIS on hold until there are updates that can be presented to UMC.</p> <p>Next steps - Presentation to be scheduled with VARIS to learn more about these added services.</p> <p>7.18.23-Meeting occurred Wednesday 6/14. Follow-up communication regarding pricing details is pending.</p>	2
5.19.23	Tamsen	PA Process Updates	<p>5.15.23 – to be tabled until June UMC meeting.</p> <p>6.16.23-Tabled until July UMC meeting.</p> <p>7.19.23-PA Process Updates provided via presentation by Chris, Tamsen, and Stephanie. See PowerPoint in July UMC folder for details.</p>	2
5.19.23	Matija	Form a cross-functional Health Services to dissect ED data; include Hilary, Director of Population Health Management.	<p>6.16.23-UMC invite sent to Hilary; creation of cross-functional subcommittee pending.</p> <p>6.21.23-Matija will assume responsibility of creating a cross-functional subcommittee.</p> <p>6.21.23-Matija will assume responsibility of creating a cross-functional subcommittee.</p> <p>7.12.23-Targeted date to kick off cross-functional subcommittee is August/September.</p>	2
6.21.23	Stephanie	•Send eVote to UMC Quorum members to vote on whether to update the UMC Charter "to include upheld appeals to the sentence "Discussion will focus on overturned appeals requiring a policy and/or a process change"" from May UMC agenda.	<p>6.22.23-Sent to UMC Quorum members.</p> <p>6.30.23-Complete. All 7 UMC Quorum members voted to approve UMC Charter update.</p>	3
6.21.23	Morgan	•Research spike in admission & bed days per 1000MM for Feb 23 & March 23 since this does not appear to match admission trends and the ED visits 1000MM. Follow up with Rudy in BA.	<p>6.29.23-Morgan sent Rudy an email requesting more information.</p> <p>6.30.23-Rudy confirmed this was due to a recent update on the backend encounter table on the non-acute IP admissions and the UM Dashboard will be fixed ASAP.</p>	2

			7.18.23-Stephanie sent a follow up email to Rudy to confirm if UM Dashboards have been updated.	
6.21.23	Morgan	•Confirm HIL MG high utilization for CBAS services is accurate. If accurate, reach out to HIL to understand their strategies for connecting members to CBAS services to increase utilization for all SFHP members.	6.29.23-Morgan is working with Tony Tai. to confirm data accuracy. 7.18.23- Initial analysis indicates data is accurate. Membership assigned to Hill is approx. 1.3%. However, Hill members make up 8% of total CBAS population. In addition, Hill members are attending CBAS more frequently than groups with comparable (i.e., CHI) or slightly greater (i.e., UCS) total CBAS members. This pattern continues in Q1 2023. 7.19.23-Committee requested a deeper analysis on why delegated medical groups have low utilization of CBAS services and develop strategies to work with delegate medical groups to increase CBAS utilization.	2
6.21.23	Morgan	•Verify Nina, SFHP's Compliance officer agrees with the proposed NEMT Process Enhancement.	7.03.23-Morgan sent email to Nina for approval. 7.07.23-Nina approved NEMT Process Enhancements. 7.12.23-NEMT Process Enhancements implemented & appropriate UM teams alerted.	3
6.21.23	April	•Verify NEMS UM understands housing status should not be included in DME power wheelchair criteria and confirm they are using the Medi-Cal criteria.	7.13.23-April is developing a message to send to NEMS UM Department. 7.19.23-April will communicate criteria to all delegated medical groups in addition to NEMs. Communication is targeted to be sent out in 1-2 months.	2

Parking Lot

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

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

Appeals / Overturned – June 2023

Grievance Month Submitted	Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name Of Service Or Medication
June 2023	MA230608001	Member Appeal	NEM	Overturned	Other, Medical Group	<p>DESCRIBE THE PROBLEM</p> <p>The member's daughter (PR), ----, called to appeal the denial of a PA for a visit to the specialist at -----. PR stated NEM called her earlier today and told her to appeal with SFHP. PR stated Mbr had surgery in March 2023</p>	You appealed the denial of a second opinion oncology consultation visit with ---- at ----. (Oncology is a branch of medicine that deals with the study, treatment, diagnosis, and prevention of cancer.)	Oncology Consultation Visit for Second Opinion at ----

						<p>for her tumor. But MRI/CT found cancer spread and mouth tumor and cancer cell had grown to 2 CM and lung also had cancer. PR did not know which step is wrong and would like to see a better doctor at -----.</p> <p>----- dentist interns had already seen radiation on 05/07/2023; MRI found normal. PR stated the referral is from -----, MD at ----- . PR was not sure it was medical malpractice or medical negligence because it should not take so long to find out the tumor had grown so rapidly. PR stated the poor medical service would affect MBR life expectancy. Advised PA is denied by NORTH EAST MEDICAL SERVICES - MEDICAL GROUP. Offered PCP change and PR stated she needed me to file the appeal first and then she would consider which PCP to change to. Advised PR to find more providers on SFHP provider directory.</p> <p>Called -----, MD office at ----- and talked to staff ---- to submit a modified PA to NEM. ---- provided ---- assistance ----- phone number -----.</p> <p>Provided ----- to PR. Called ---- and left a VM to ---- to submit a modified PA to NORTH EAST MEDICAL SERVICES - MEDICAL GROUP and called PR back at -----.</p> <p>-Explained ---- is out of network.</p> <p>Explained PA process.</p> <p>-PR inquired 2nd opinion. Advised 2nd opinion is covered benefit and ----- could submit PA to NEM</p>	<p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because it is medically necessary for you to see ----.</p> <ul style="list-style-type: none"> SFHP received the clinical information submitted by your current oncologist, ----. Dr. --- recommended that you see Dr. ---- for a second opinion. <p>You let us know you have an appointment with ---- scheduled for July 2023. You may call ---- at ---- if you have questions or concerns about your upcoming appointment.</p>	
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June 2023	MA230623001	Member Appeal	SFN	Overtured	Pharmacy	<p>DESCRIBE THE PROBLEM</p> <p>Provider, ---- from ----, submitted appeal for denied prior authorization (PA) request for member, ----, via the Grievance email on 6/23/23 at 4:45 PM.</p> <p>Provider's email address is ---- and phone number is ----.</p> <p>The online grievance description states: "---- is a 40 yo ---- with a diagnosis of periorifacial dermatitis, confirmed by dermatology consult. Mbr has been using topical steroid treatments for this condition without improvement, and with worsening of their skin condition. Per dermatology team, recommended initiation of protopic (tacrolimus) 0.1% ointment BID for management of her periorifacial dermatitis. This condition can worsen with steroids and there is no alternative treatment under the formulary. I'm writing to appeal the denied PA request for this patient. Patient with worsening symptoms while using topical steroids."</p> <p>Medical Attention is listed as "Yes".</p> <p>Outbound call to member was made to obtain verbal consent to file appeal of PA denial of treatment. Utilized AT&T Language Line for Spanish interpreter (Translator:----). Member provided verbal consent to file appeal, stating that member's symptoms are</p>	<p>Dr. ----, on your behalf, appealed the denial of Protopic (Tacrolimus) 0.1% Ointment BID. The Tacrolimus Ointment is a topical medicine used to treat certain skin conditions.</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because SFHP got more information showing that Tacrolimus 0.1% Ointment is medically needed for you.</p> <ul style="list-style-type: none"> Your condition meets the SFHP Healthy Workers HMO formulary criteria for off-label use. Off-label use means a drug is used for a different purpose than what the U.S. Food and Drug Administration (FDA) approved. <p>Please talk to Dr. ---- if you have any questions about the medicine. You can call Dr. ---- office at (xxx) xxx-xxxx.</p>	Protopic (Tacrolimus) 0.1% Ointment BID
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						<p>worsening and that it is an emergency to the member.</p> <p>WHAT WOULD THE MEMBER LIKE US TO DO ABOUT THIS PROBLEM? or WHAT IS THE EXPECTED OUTCOME?</p> <p>1.) Member would like to appeal PA denial of dermatology treatment.</p> <p>WHAT HAS BEEN DONE SO FAR TO TRY TO SOLVE THE PROBLEM?</p> <p>1.) Provided DMHC #888-466-2219.</p> <p>2.) Advised member to call 911 or go to the ER or Urgent Care.</p> <p>3.) Member inquired about their PCP information. Informed the member's PCP is ---- and provided PCP phone number (xxx)xxx-xxxx.</p>		
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Policies and Procedures (P&Ps) Updates and Monitoring October & November

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

July:

Policy (For Consent)	Summary of New Policy and Updates
CL-02 Interest Calculation for Late Payment of Claims	<u>Policy Updates Biennial Review</u> <ul style="list-style-type: none"> Minor word changes under procedure section Page 3, section B removed. Monitoring section updated
CL-07 Provider Dispute Resolution Mechanism	<u>Policy Updates Biennial Review</u> <ul style="list-style-type: none"> Minor wording changes CL-22 cited.
CO-12 Emergency Urgent Medical and Psychiatric Services	<u>Policy Updates</u> <ul style="list-style-type: none"> Beacon name changed throughout to Carelon Page 3, SFHP responsibilities updated per DMHC filing Psychiatric emergency definition added
CO-19 Specialty Care and Standing Referrals	<u>Policy Updates</u> <ul style="list-style-type: none"> Beacon name changed throughout to Carelon
CO-31 Breastfeeding and Lactation Management	<u>Policy Updates, Biennial Review</u> <ul style="list-style-type: none"> HE-07 added instead of CLS-05
CO-48 Repatriation	<u>Policy Updates, Biennial Review</u> <ul style="list-style-type: none"> No changes
CO-54 Evaluation of New Technology	<u>Policy Updates, Biennial Review</u> <ul style="list-style-type: none"> Beacon name changed throughout to Carelon
CRA-11 Developing New and Revising Existing SFHP PnPs	<u>Policy Updates</u> <ul style="list-style-type: none"> Beacon name change to Carelon
CRA-30 Third Party Liability Reporting	<u>Policy Updates</u> <ul style="list-style-type: none"> Beacon name change to Carelon
CT-01 Letter of Agreement	<u>Policy Updates Biennial Review</u> <ul style="list-style-type: none"> Procedure section TDX replaced with service desk tool QNXT replaced with Claims operating system PNO will do 3 outreaches added
DO-02 Oversight	<u>Policy Updates</u> <ul style="list-style-type: none"> Beacon name change to Carelon
FI-03 Financial Oversight of Contracted Providers	<u>Policy Updates Biennial Review</u> <ul style="list-style-type: none"> No changes to this policy
FI-05 Procurement Policy	<u>Policy Updates Biennial Review</u> <ul style="list-style-type: none"> Purchase authorization limits updated page 4
HE-03 Preventive Health Care Guidelines	<u>Policy Updates</u> <ul style="list-style-type: none"> Procedure section updated, to add C. SFHP uses initiatives, etc.

	<ul style="list-style-type: none"> Community guide definition added.
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August:

Policy (For Consent)	Summary of New Policy and Updates
CL-03 Payment for Family Planning Services	<u>Policy Update Biennial Review</u> <ul style="list-style-type: none"> Minor language changes throughout Delegate definition updated CL-22 added as a related policy
CO-32: Hospice Care	<u>Policy Update</u> <u>POLICY STATEMENT</u> <ul style="list-style-type: none"> Added additional H&S Codes required by DMHC <u>PROCEDURE</u> <ul style="list-style-type: none"> Clarified: “The Hospice Election From and waiver is only applicable to Medi-Cal members.” for DMHC Added Title XVII of the Social Security Act reference to section V, bullet B on page 3 <u>REFERENCES</u> Updated references required by DMHC
IS-37 Medi-Cal Rx Portal Access Control	<u>Policy Update Biennial Review</u> <ul style="list-style-type: none"> Accountable Lead added
Pharm-01 Pharmacy and Therapeutics Committee	<u>Policy Updates Annual Review</u> <ul style="list-style-type: none"> The changes were minor to reflect current SFHP staffing structure and ensure all voted upon changes are executed per the current schedule.
Pharm- 07 Emergency Med Supply	<u>Policy Updates Annual Review</u> <ul style="list-style-type: none"> Removed reference to Specialty pharmacy network (relevant to Medi-Cal).
Pharm-11 Member Reimbursement for Pharmacy Services	<u>Policy Updates Annual Review</u> <ul style="list-style-type: none"> Removed procedures for processing Medi-Cal LOB reimbursement requests with service dates prior to Medi-Cal Rx implementation (1/1/2022). >18 months since this benefit was carved out.
Pharm-16 Pharmacy Systems User Access	<u>Policy Updates Annual Review</u> <ul style="list-style-type: none"> Updated reporting and audit of active account users from annual to monthly to reflect the current process. New monitoring item: user access lists sent quarterly to SFHP ITS Cyber Security Analyst for quarterly User Access and Entitlement Reviews.
Policy (For Discussion)	Summary of New Policy and Updates
CO-33: EPSDT and EPSDT Supplemental Services	<u>Policy Update Biennial Review</u> <u>PROCEDURE</u> <ul style="list-style-type: none"> Page 6 Updated SFHP’s Roles and Responsibilities section with language to align with APL 23-009 requirements

	<p>including:</p> <ul style="list-style-type: none"> ○ SFHP will refer to EPSDT as Medi-Cal for Kids & Teens in member outreach & educational material ○ SFHP will utilize DHCS developed child-focused or teen-focused brochures and “Medi-Cal for Kids & Teens: You MediCal Rights” letters ○ Clarified when and how the material is distributed to members by SFHP Marketing ○ Network provider education requirements managed by PNO • Updated Beacon to Carelon • Page 8 Clarified overlapping responsibilities with SFHP and Local Education Agency (LEA), Regional Center (RC), CCS or local governmental health programs per APL 23-009 • Clarified SFHP does not impose service limitations including flat or hard limits based on a monetary cap or budgetary constraints for EPSDT benefits per APL 23-009 <p>MONITORING</p> <ul style="list-style-type: none"> • Updated UMC’s meeting frequencies • Updated EPSDT Utilization Dashboard monitoring process which is now owned by Population Health & the Children & Family, Senior Program Manager
IS-08 Access Controls	<p><u>Policy Updates</u></p> <ul style="list-style-type: none"> • Consolidated IS-25 into this policy • Policy statement updated • Procedure section updated to add scope • Individual responsibilities added • Page 8 revised to add new sections • Monitoring updated
IS-28 External Network Access Restriction	<p><u>Policy Update Biennial Review</u></p> <ul style="list-style-type: none"> • Policy statement updated • Ransomware, AI, peer to peer added under procedure
QI-21 Quality Performance Reporting	<p><u>Policy, New Policy</u></p> <ul style="list-style-type: none"> • New policy focused solely on quality reporting. • Policy main purpose to show SFHP’s compliance with all quality reporting requirements for NCQA, DMHC and DHCS.

Date: April 12, 2023

To	Quality Improvement Committee
From	Grace Cariño, MPH Supervisor, Grievances and Appeals
Regarding	2022 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 2020	Grievance Rate per 1,000 Members 2020	Number of grievances received 2021	Grievance Rate per 1,000 Members 2021	Number of grievances received 2022	Grievance Rate per 1,000 Members 2022
Attitude/Service	107	0.75	133	0.88	150	0.92
Quality of Care	80	0.56	85	0.56	140	0.86
Access	45	0.31	63	0.42	143	0.72
Quality of Practitioner Office Site	0	0.00	1	0.01	0	0
Billing/Financial	27	0.19	26	0.17	12	0.23
SFHP Total/Number per 1,000 Member Months	259	1.81	308	2.04	445	2.73

Table 2: Appeal Volume Report

Category	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	Number of appeals received in 2022	Appeal Rate per 1,000 Members 2022
Quality of Care	0	0.00	0	0.00	0	0.00
Access	65	0.45	72	0.48	56	0.34
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	65	0.45	72	0.48	56	0.34

Data Analysis:

A total of 445 grievances and 56 appeals were reported in 2022 compared to 308 grievances and 72 appeals in 2021. The grievance volume in 2022 increased 44.5% from 2021. The appeal volume in 2022 decreased 22.2% from 2021.

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 2022.

Qualitative Analysis of Grievances 2022:

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. However, if any grievance(s) is identified as extraordinary and requiring immediate action, that grievance is addressed in the same manner as an identified trend. Grievance trends trigger an analysis and discussion by SFHP's Grievance Review Committee (GRC), Grievance Program Leadership Team (GPLT), 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 2022 trending grievances:

- From January – December 2022, SFHP received 14 Clinical Member Grievances and six Decline to File Grievances regarding issues with scheduling a primary care provider (PCP) appointment and/or telephone access issues with the San

Francisco Health Network (SFHN) Primary Care Clinics. The grievances involve the following SFHN Primary Care Clinics:

- Castro Mission Health Center
- Chinatown Public Health Center
- Maxine Hall Health Center
- Ocean Park Health Center
- Potrero Hill Health Center
- Richard H. Fine People's Clinic
- Southeast Family Health Center
- ZSFG Family Health Center

This grievance trend was presented to GRC in January 2023. Given that access at SFHN clinics was an ongoing issue in 2022, GRC recommended that a letter be sent to SFHN requesting a root cause analysis and for the issue to be discussed at the next SFHN Joint Administrative Meeting (JAM) in February 2023. The SFHN JAM meeting participants recommended scheduling a follow-up meeting to discuss the grievances and SFHN's process improvements in more detail. A root cause analysis letter was not sent to SFHN since a follow-up meeting was scheduled. This meeting occurred in April 2023. SFHN shared that they are in the process of hiring more staff and changing their call workflows and standardizing calls. They are also exploring online scheduling through MyChart and self-scheduling systems for appointments. SFHP and SFHN will continue to work together to improve access issues at their primary care clinics.

- From January – December 2022, SFHP received five Clinical Member Grievances regarding telephone access issues with the office of Dr. Adam Bellamy and Dr. Amber Bellamy. In 2023, two additional grievances were filed regarding similar issues. This grievance trend was presented to GRC in January 2023. GRC recommended sending a letter to their office and requesting a root cause analysis as well as discussing this issue during the next Brown and Toland Physicians (BTP) JAM. The root cause analysis letter was sent to BTP in March 2023 and the issue was discussed at the BTP JAM in May 2023. SFHP received a response to the root cause analysis letter from Dr. Lewandowski, the clinic's owner. Dr. Lewandowski's response was discussed at GRC and will be discussed at the next Grievance Program Leadership Team (GPLT) meeting for additional review and follow up.

Q1 2022:

- SFHP received three Clinical Member Grievances regarding the denial of service/treatment from North East Medical Services (NEMS). The grievance trend was presented to GRC in August 2022. GRC recommended no action was required because analysis of the cases showed that unique factors contributed to the trend.

Q2 2022:

- There were no grievance trends identified in Q2 2022.

Q3 2022:

- SFHP received three Clinical Member Grievances regarding poor attitude from providers and staff at Castro Mission Health Center. SFHP also received two Clinical Member Grievances and one Clinical Decline to File Grievance regarding difficulty with contacting Castro Mission Health Center. These grievance trends were presented to GRC in January 2023. Regarding the trend about telephone access issues, this was addressed in SFHP's meetings with SFHN. Regarding the trend about poor attitude from Castro Mission Health Center staff, GRC recommended no action was required for this trend because analysis of the cases showed that unique factors contributed to the trend.
- SFHP received three Clinical Member Grievances regarding poor communication from Potrero Hill Health Center staff. This grievance trend was presented to GRC in January 2023. GRC recommended no action was required for this trend because analysis of the cases showed that unique factors contributed to the trend.

Q4 2022

- SFHP received two Clinical Member Grievances and one Clinical Decline to File Grievance regarding poor communication with staff at University of California, San Francisco (UCSF) General Medicine at Divisadero and Post. The grievance trend was presented to GRC in February 2023. GRC determined that there was a minor opportunity for improvement, thus GRC recommended notifying UCSF of the improvement opportunity. GRC also recommended including the grievance trend in UCSF's quarterly medical group report.
- SFHP received three Clinical Member Grievances regarding alleged discrimination by the Zuckerberg San Francisco General (ZSFG) Emergency Department. The grievance trend was presented to GRC in February 2023. GRC recommended no action was required for this grievance trend because analysis of the cases showed that unique factors contributed to the trend.
- SFHP received three Clinical Member Grievances regarding alleged discrimination by NEMS at 2475 San Bruno Avenue. The grievance trend was presented to GRC in March 2023. GRC recommended no action was required for this grievance trend because analysis of the cases showed that unique factors contributed to the trend.
- SFHP received three Clinical Member Grievances regarding poor communication from staff at UCSF General Medicine at Divisadero and Post. The grievance trend was presented to GRC in May 2023. GRC recommended no action was required for this grievance trend because analysis of the cases showed that unique factors contributed to the trend.
- SFHP received three Clinical Member Grievances regarding the denial of service and/or treatment at Ocean Park Health Center. The grievance trend was presented to GRC in May 2023. GRC recommended no action was required for this grievance trend because analysis of the cases showed that unique factors contributed to the trend.
- SFHP received four Clinical Member Grievances regarding poor communication with ZSFG Family Health Center. The grievance trend was presented to GRC in

March 2023. GRC determined that there was a minor opportunity for improvement, thus GRC recommended notifying SFHN of the improvement opportunity. GRC also recommended including the grievance trend in SFHN's quarterly medical group report. SFHP is currently creating the notification to SFHN.

Qualitative Analysis of Appeals 2022:

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 initial forum for reviewing and discussing the outcome of the appeals 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/or operational processes. Additionally, the appeals information, which is contained in the minutes, and supporting documentation, is shared with the Quality Improvement Committee (QIC) at their quarterly meetings. During 2022, the UMC conducted full committee discussions of medical and pharmacy appeals.

Q1 2022

- UM Appeals
 - Regarding authorizations for Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, UMC discussed that if MCG criteria is not met, the nurses need to send the authorization to a physician for review. The physician will then make the final decision to approve or deny the authorization.
- Pharmacy Appeals
 - No change to operational processes or policies.

Q2 2022

- UM Appeals
 - UMC discussed an appeal for a new mask for a member's continuous positive airway pressure (CPAP) machine. The request was denied because the criteria stated that there is an annual limit of one new mask per year. The nurse reviewer followed-up and determined the criterion of continuity of care applied to the member and overturned the denial.
 - UMC discussed an appeal that involved provider contracting and surgery limitations regarding gender affirmation services for facial surgery. SFHP's Chief Medical Officer (CMO) provided education to internal and external provider teams regarding the principle that if a service is medically necessary, the service(s) cannot be restricted because of cost considerations. The denial was overturned.
- Pharmacy Appeals

- UMC discussed an appeal that arose from a member notification issue. SFHP Pharmacy staff met with SFHP's Pharmacy Benefit Manager (PBM) and discussed the issue. They also addressed how to improve the member communication process.

Q3 2022

- UM Appeals
 - No change to operational processes or policies.
- Pharmacy Appeals
 - No change to operational processes or policies.

Q4 2022

- UM Appeals
 - UMC discussed an appeal related to timely access standards for urgent care visits. The Timely Access Standards state that urgent care visits should be provided within 48 hours of the request if no authorization is required or 96 hours if an authorization is required. The CMO held a peer-to-peer conference with the Delegated Medical Group's (DMG) physician team. The outcome was that the DMG agreed to update their protocols for urgent, out-of-network appointment requests.
 - UMC discussed an appeal concerning an authorization that was overturned for lack of medical necessity. The DMG approved a palliative care provider in the same palliative care center as the member's oncologist. The member's oncologist specializes in palliative care for oncology patients. SFHP's Provider Network Operations (PNO) team worked with the DMG to update the DMG's provider list and provided education on the palliative care benefit (clinic-based vs. intensive home-based).
- Pharmacy Appeals
 - UMC discussed that given the turnaround time requirements to approve a pharmacy authorization, and the time to confirm if an authorization is a continuity of care request, it was suggested that a partial approval might be provided to allow time for determining if the authorization request classifies as a continuity of care request.
 - UMC discussed that when considering if an authorization request is a cosmetic service or medically necessary for a member with a severe mental illness, this particular member characteristic should be considered in the decision-making process. Members with this characteristic might necessitate an exception to the policy of not approving a cosmetic service. The rationale for approving the service, though traditionally considered a cosmetic service, is that it is medically necessary for this sub-population of members.

MEMO

To	Quality Improvement Committee
From	Luke Nelson, Pharmacy Analyst
Regarding	2023-2025 P&T Re-appointments & New Committee Members
Date	September 7, 2023

List below are San Francisco Health Plan's 2023-2025 Pharmacy & Therapeutics (P&T) Committee re-appointments and one new appointment for the QIC committee's review and approval.

First Name	Last Name	Degree	Company	Specialty
Monique	Yohanan	MD	San Francisco Health Plan	Geriatrician
Nicholas	Jew	MD	Chinese Community Health Care Association	Internal Medicine
Maria	Lopez	PharmD	Mission Wellness Pharmacy	Specialty
Joseph	Pace	MD	San Francisco Dept. of Public Health	Internal Medicine
Ron	Ruggiero	PharmD	UCSF Dept. of Clinical Pharmacy	OB/GYN Women's Health
Jaime	Ruiz	MD	Mission Neighborhood Health Center	Pediatrics
Linda	Truong	PharmD	San Francisco Health Network	
R. Brad	Williams	MD	Mission Neighborhood Health Center	Internal Medicine
Steven	Wozniak	MD	South of Market Mental Health	Psychiatry

Healthcare Executive

Performance-focused, growth-oriented executive with demonstrated success in leading, managing, and directing cross-functional teams and leveraging technology to promote value-based care, increased access, and decrease disparities.

Highlights of Expertise

- Evidence-Based Medicine
- Clinical Decision Support
- Technology Integration of Healthcare Solutions
- Public Speaking & Presenting
- Value-Based Care
- Strategic Client Acquisition & Relationships
- Government Relations & Regulatory Compliance
- Leading & Building Cross-Functional Teams
- Key Opinion Leader Recruitment & Management
- Social Determinants of Health & Population Health

Career Experience

Veterans Administration Palo Alto Health Care System, Palo Alto, California

Medical Director, Community Living Center, Menlo Park Division (2022-present)

Provide direction on strategic goals and vision, making leadership decisions regarding the clinical wellbeing of 105 CLC residents and leading the interdisciplinary team of care 7 direct-care providers. Oversight and management of interprofessional staff providing care to veterans with complex chronic diseases and mental illness, and leadership of quality improvement efforts for best practice and regulatory compliance.

Change Healthcare, Nashville, Tennessee

Chief Medical Officer, InterQual (2021-2022)

Senior Medical Director, Clinical Content (2019 - 2021)

Lead the continued clinical development and execution of content strategy, including evidence generation, regulatory compliance, coding and software integration, and publication cycle management. New product innovation and project management for value-based care solutions. Recruitment, hiring, and mentoring of staff (15 direct reports; 60 department members). Primary clinical resource across company, including business development support. External stakeholder management of top tier payer and provider clients. Oversight of \$7million annual budget against \$100 million Annual Contract Volume in products.

Schooner Strategies, Annapolis, Maryland

Chief Medical Officer (2019)

Engaged key stakeholders, including Magellan Health, to gain support and national recognition for radiology accreditation standards for Cone Beam CT, leading to launch of national imaging certification program.

Clear Health Quality Institute, Annapolis, Maryland

Advisory Board/Senior Clinical Reviewer (2018 - 2019)

Oversight and development of standards for telehealth, remote patient monitoring, and mental health and substance use disorders which were adopted as national standards within 6 months of market release.

MCG, A Hearst Health Company, Seattle, Washington

Senior Physician Editor (2012 – 2017) | **Director, State Government Relations** (2017-2018)

Product management of behavioral health content, increasing scope from 40 to 150 guidelines and growth of annual contract volume from \$800K to \$7.5M, increasing covered lives from 1M to 140M.

Engagement with government stakeholders, including CMS and Medicaid, to support sales and regulatory compliance.

Epocrates, San Mateo, California

Physician Editor (2009 - 2012)

Created and maintained content for point-of-care clinical decision-making support on handheld device. Led project management including KOL relationship management, budgeting, scope, and staffing.

Education & Credentials

Master of Public Health

Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland

Doctor of Medicine

Dartmouth/Brown Program in Medicine, Hanover, New Hampshire & Providence, Rhode Island

Post-Doctoral/Residency Training

Fellowship, Geriatric Medicine, Stanford University School of Medicine

Internship and Residency, Mount Auburn Hospital, Internal Medicine, Harvard Medical School

Professional Development

- California Medical License, Active
- Internal Medicine, Current
- Geriatric Medicine, Current
- Certificate in Health, Finance, and Management, Johns Hopkins Bloomberg School of Public Health

Honors & Awards

Centers for Disease Control and Prevention

- Excellence in Communication Partnering Award

Johns Hopkins Bloomberg School of Public Health

- Delta Omega Honorary Society in Public Health

Harvard Medical School/Mount Auburn Hospital

- Excellence in Teaching
- Excellence in Emergency Medicine
- Excellence in Cardiology
- Clinical Excellence and Compassion

Selected Publications

- Yohanan M. The Opioid Crisis: Evidence-Based Guidelines. White Paper. 2017.
- Yohanan M. Mental Health Parity. White Paper. 2017.
- Yohanan M. Community Mental Health Services. White Paper. 2016.
- Boland RJ, Yohanan MV, Goldberg RJ. Acute Pain Management and Psychopharmacology in the Medically Ill. In: Fogel BS, Greenberg D, eds. Psychiatric Care of the Medical Patient, 3rd Edition. 2015.



CONFIDENTIALITY AGREEMENT FOR MEMBERS OF SAN FRANCISCO HEALTH PLAN PHARMACY AND THERAPUTICS COMMITTEE

The San Francisco Health Authority and the San Francisco Community Health Authority (hereinafter “Plan” or “SFHP”) have a legal and ethical responsibility to safeguard the privacy of all members and providers, and to protect the confidentiality of their health and other information. Additionally, the Plan has both legal and ethical responsibilities to assure the confidentiality of its managed care rates, human resources, payroll, fiscal, research, computer systems, and management information (collectively, along with member and provider information referenced above, the “Confidential Information”).

In the course of my participation on the Plan’s Pharmacy and Therapeutics Committee (such Committee along with any subcommittees collectively, “P&T”), I understand that I may come into the possession of Confidential Information. As a condition of my participation on P&T, I agree that:

1. I will not intentionally or unintentionally disclose or discuss any Confidential Information with others, including friends or family, who do not have a need to know it. Should I have any doubts as to whether information is Confidential Information or not, I seek clarification from the Chair of P&T and/or the Chief Executive Officer.
2. I will not access or view any Confidential Information other than that required for my duties on P&T.
3. I agree to abide by all laws, rules and regulations protecting the confidentiality of the Confidential Information including but not limited to the requirements set forth in the Health Insurance Portability and Accountability Act of 1996, as amended and attendant privacy and security regulations.
4. Upon termination of my participation on P&T, I will immediately destroy or return any documents or other media containing Confidential Information to SFHP.
5. I agree that my obligations under this Agreement will continue after the termination of my participation on P&T.
6. I understand that violation of this Agreement may result in termination of my participation on P&T, as well as potential legal liability.

I have read the above agreement and agree to comply with all its terms.

DocuSigned by:
Signature Monique Yohanan
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Print name Monique Yohanan

Date 8/23/2023



CONFLICT OF INTEREST AGREEMENT FOR MEMBERS OF SAN FRANCISCO HEALTH PLAN PHARMACY & THERAPEUTICS COMMITTEE

The San Francisco Health Authority and the San Francisco Community Health Authority (hereinafter “Plan” or “SFHP”) are committed to upholding the highest ethical standards. Employees, contractors or committee representatives involved in Plan activities must disclose potential conflict of interest in accordance with all government codes, state practice Acts and Plan policy and procedures. Any member of the Plan’s Pharmacy & Therapeutics Committee (such Committee along with any subcommittees collectively, “P&T”) with a conflict of interest or any involvement which impairs objectivity must also refrain from casting a vote on any related issue and shall absent him/herself from any proceedings in which such issues are raised for consideration.

In accordance with all applicable rules and regulations including but not limited to the Fair Political Practice Act, participation and influence in decision making activities and committees that result in any of the following are expressly prohibited:

- a personal or professional conflict
- a violation of a fiduciary relationship or duty
- a financial gain for the party in question

Any violation of applicable statutes, regulations, policies, and/or procedures designed to prevent conflicts of interest will constitute grounds for immediate disciplinary action, up to and including discharge from P&T. After any expiration or termination of employment or contractual relationship, all P&T members remain obligated to comply with the requirements referenced in this Agreement. Failure to comply with these requirements and all applicable statutes, regulations, policies and procedures may result in potential legal liability.

I have read the above agreement and agree to comply with all its terms.

Name: Monique Yohanan
DocuSigned by:

Signature: Monique Yohanan
2F2793B63FAB4B5...

Title: Senior Medical Director, SFHP

Date: 8/23/2023

Based on the meeting agenda, I excuse myself from voting on the following topics:



Pharmacy and Therapeutics Committee CONTACT INFORMATION

Monique Yohanan, MD, MPH

Name/Degree

Senior Medical Director

Title

San Francisco Health Plan

Company

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Email

SEPTEMBER 2023 QIC – QUALITY PROGRAM SCORECARD UPDATE

Managing Members with Emerging Risk

Measure Title	Measure Description	Baseline	Target	Planned Activity	September Activity Update
Diabetes Care – HbA1c in Poor Control HEDIS: CDC-H9	Decrease the number of members who have diabetes in poor control	34.79%	30.90%	CDC-EED & CDC-H9: Enroll members with diabetes into the Medically Tailored Meals program administered by Project Open Hand.	Project Open Hand discontinued new enrollments into the program at the end of February 2023. The program will re-launch as a Community Support later in 2023.
				CDC-H9 only: Incentivize providers through inclusion of controlling diabetes improvement indicator in SFHP’s pay-for-performance program.	Participants have submitted final rates for 22-23. Team is currently processing data
Prenatal Care for Black & Native American Members HEDIS: PPC-Pre	Improve the rate of prenatal care for Black & Native American members	92.86%	95.86%	PPC-Pre & PPC-Post: Conduct mail campaign to African American and Native American female identifying members ages 18-45 to encourage them to ask their PCP to submit a recommendation for a doula on their behalf.	Members are no longer required to request a recommendation from their provider. SFHP has issued a standing order for this benefit.
				PPC-Pre & PPC-Post: Incentivize perinatal visits for through a member incentive gift card.	Incentive program was launched.
Postpartum Care for Black & Native American Members HEDIS: PPC-Post	Improve the rate of postpartum care for Black & Native American members	57.14%	60.14%	PPC-Pre & PPC-Post: Promote prenatal and post-partum care visits through a reproductive health mail campaign.	Mail campaign was completed
Postpartum Depression Follow-Up for Black & Native American Members	Improve the rate of postpartum depression follow-up from screening for Black & Native American members	0%	38.89%	PPC-Pre, PPC-Post, & PDS-E: Enroll and credential doulas that represent SFHP’s diverse population	10 new doulas were enrolled and credentialed
				PDS-E only: Partner with local community-based organizations to educate members and facilitate connection to care.	SFHP, Expecting Justice/Abundant Birth project and SF-DPH discussed moving forward with partnership on the following maternal mental health activities: increasing availability of telehealth for behavioral health, promoting racial/cultural/linguistic concordance in behavioral

Measure Title	Measure Description	Baseline	Target	Planned Activity	September Activity Update
HEDIS: PDS-E					health, and developing a Maternal Mental Health Training and Toolkit for Providers to promote depression screening and referral to Behavioral Health Services.
				PDS-E only: Collaborate with Carelon to pilot a maternal mental health clinical program tailored to the specific needs of Black and Native American members SFHP members.	SFHP sent Carelon a list of industry recognized MMH provider trainings to promote with their provider network. SFHP has also focused on expanding Carelon's Provider Network to ensure racial/cultural/linguistic concordance care by referring Behavioral Health Providers serving the Black and Native American population to Carelon Providers; Embrace UCSF's List of BH Clinicians of Color, Instituto de la Raza, Inclusive Therapy Resources, and Policy Center for Maternal Mental Health List of Certified MMH providers.

Managing Multiple Chronic Conditions

Measure Title	Measure Description	Baseline	Target	Planned Activity	September Activity Update
Care Management Follow Up on Clinical Depression	Increase the percentage of clients in Care Management programs who screen positive for depression and receive follow up care	85.70%	90.00%	Train staff in mental health, particularly on severe mental illness (SMI) and community resources, to ensure that staff is equipped to identify signs and symptoms of clinical depression, address client safety including connection to behavioral health services.	Offered the following trainings and in-services for the Care Management team: Overdose Prevention and Community Health Initiatives; Post Pandemic Recovery_ Substance Use; Med Talk: Dementia Overview
				Clinical Supervisors to review CM dashboard monthly with staff and to coach staff to ensure members are screened and receive appropriate follow up.	Clinical Supervisors reviewed monthly reports and Care Management Dashboards with staff and coached staff to ensure members were screened and received appropriate follow up during their weekly 1:1s. As of August 2023, 2 out of 2 (100%) cases where members scored a 15 or higher on the PHQ-9 have a Behavioral Health care plan goal in place.
				Clinical Supervisors to conduct audits every 4 months to ensure best practices and regulatory requirements are met.	Clinical Supervisors completed clinical audits in August and provided feedback to the team, including trends and gaps in training. Temporarily increased frequency of audits to every quarter. New CCM and TLC Supervision tracking tools developed in August.

Patient Safety or Outcomes Across Settings

Measure Title	Measure Description	Baseline	Target	Planned Activity	September Activity Update
Medication Therapy Management Follow-Up Care	Increase the percentage of members receiving follow-up care after a medication reconciliation has been completed	72.60%	70.00%	Monitor the pharmacist resource requirements needed to support the population of members engaged in Care Management.	Additional pharmacy technician was trained on med recs to support increased pharmacist tasks. Pharmacists and pharmacy technicians received a Rx Refresher training on the changes to the Essette workflows.
				Assess for additional efficiencies in workflow and member assessment configurations.	Essette Pharmacist workflow and Pharmacy Technician workflow were updated in July to provide efficiencies and additions related to MAP. Essette task: Pharmacist to complete post-discharge med rec was removed in July to reduce confusion.

Measure Title	Measure Description	Baseline	Target	Planned Activity	September Activity Update
					Met with Jiva team and completed the medication adherence workflow. Still waiting for Jiva to provide demo on using pharmacy claims for med rec and integrating with Meducation vendor.
				Continue reviewing members in the initial assessment process which recommends a Medication Therapy Management assessment and establish the denominator population for this measure.	NCQA Mock Audit demonstrated an improvement on medication lists and training was conducted for pharmacy technicians and pharmacists to review inferred directions (SIG) more closely.
				Expand Medication Therapy Management to include members not engaged in Care Management. These members may include those with multiple providers, with ten or more prescriptions, and/or members utilizing multiple pharmacies.	MAP referral as of 11/2022, completed 23 med recs since 8/23/23. Referrals as of July 2023 are from HEDIS AMR non-compliant member list in Tableau for a proactive member list.
SFHN All Cause Readmission	Reduce the number of inpatient re-admissions for members in the SFHN network	16.50%	13.50%	Incentivize providers through inclusion of follow-up after hospital discharge improvement indicator in SFHP's pay-for-performance program.	Participants have submitted final rates for 22-23. Team is currently processing data.

Quality of Service & Access to Care

Measure Title	Measure Description	Baseline	Target	Planned Activity	September Activity Update
Cultural & Linguistic Services: Provider Language Data	The percentage of all credentialed practitioners who have voluntarily provided SFHP with their language proficiency data for languages other than English	23.90%	25.00%	Publish language services available through the practice in the provider directory	Provider Survey launched; providers began taking survey. Publishing to directory is tentatively scheduled "As available" in October Plan Release.
Health Plan Consumer Assessment of Healthcare Providers and Systems – Getting Needed Care	Increase the rate of NCQA Rating of Specialist Abbreviation: RoS	60.00%	62.79%	GNC, RoS, RoPD: Implement a supplemental member experience survey to identify specific actions to drive improvement.	SFHP's contract with the survey vendor has been finalized and survey questions have been finalized.

Measure Title	Measure Description	Baseline	Target	Planned Activity	September Activity Update
Health Plan Consumer Assessment of Healthcare Providers and Systems – Rating of Personal Doctor	Increase the rate of NCQA Rating of Personal Doctor	64.29%	66.86%	GNC, RoS, RoPD: Promote SFHP’s telehealth services to increase access to care	SFHP staff have conducted initial assessment of telehealth promotion that occurs throughout the network. This assessment will guide communication with the provider network on collecting more information about how SFHP members access telehealth.
	Abbreviation: RoPD			GNC, RoS, RoPD: Develop marketing, education and communication approaches to increase members understanding of what additional care options are available	Campaign across all digital channels + homepage landing page launched in June and July.
				GNC, RoS, RoPD: Identify provider network member experience champions and launch a CAHPS provider workgroup to develop shared goals, outline strategies and shared lessons learned on ways to improve SFHP member experience.	SFHP met with provider leaders from across SFHP's provider network, comprised of representatives from groups that include safety-net providers and clinics met on August 21. Topics included learning from Mission Neighborhood's efforts on equity and cultural competency training and a discussion on developing training opportunities led by SFHP for network providers, provider network office and call center staff.
Routine Appointment Availability in Specialty Care	Percentage of non-behavioral health specialists surveyed in PAAS with eligible survey responses that indicate routine appointment availability	57.90%	59.90%	Request Corrective Action Plans of provider groups performing below 80% compliance rate and below 50% response rate.	All provider groups have submitted corrective action plans and have received technical assistance, approval, and/or feedback.
				Provide technical assistance with Corrective Action Plans.	

Utilization of Services

Measure Title	Measure Description	Baseline	Target	Planned Activity	September Activity Update
Antidepressant Medication Management—Effective Continuation Phase Treatment HEDIS: AMM	Increase the percentage of members who remained on an antidepressant medication for at least 180 days	51.98%	56.24%	Collaborate with Carelon on member and provider outreach and education.	<p>SFHP and Carelon determined components of provider training, including expanding training to include member-facing staff and incorporating the use of motivational interviewing skills and promotion of Carelon’s PCP Decision Support – Peer to Peer Consultation service.</p> <p>SFHP and Carelon are engaging PCP and Providers by developing/offering increased provider support (i.e., AMM Carelon education bulletin for providers, SFHP provider materials, training, Carelon’s PCP Decision Support – Peer to Peer Consultation, etc.).</p>



Date: September 7, 2023

To	Quality Improvement Committee
From	Leslie Mulhern, RN Nurse Supervisor, Quality Review Appeals & Grievances
Regarding	Quarter 2, 2023 Potential Quality Issue Report

Case Reviews

Q2 2023 - Case types reviewed		Count
Total cases reviewed for PQI		365
	Appeals	25
	Decline to File Grievances (Clinical and Non-clinical)	101
	Grievances (Clinical and non-clinical)	239
	Internal referrals (not including GRC)	16
	External referrals	1
	Provider Preventable Condition (PPC)	0

Outcomes		Count
	Opened for PQI investigation	23
	Formal PQI investigation (PQI letter)	23
	Cases requiring external physician review or peer review	1
	Confirmed Quality Issue	1
	PQI cases resulting in Corrective Action Plan (CAP)	1
	Confirmed Provider Preventable Condition (PPC)	0
	PQI cases closed within 180-day turnaround time	1
	PQI cases closed outside 180-day turnaround time	0

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