



Date: August 12, 2021

Meeting Place: Microsoft Teams Meeting
+1 323-475-1528 : Conference ID: 368 696 887#

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

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

Staff Present: Lisa Ghotbi, PharmD *Director, Pharmacy*; Se Chung *Health Services Administrative Specialist*; Suu Htaung *Policy Analyst*; José A. Méndez *Senior Program Manager, Health Services Product Management (HSPM)*; Mary Reth *Associate Program Manager, HSPM*; Aryn Nathoo, LMFT *Manager, Care Management*; Grace D. Cariño, MPH *Program Manager, Appeals and Grievances*; Anh Huynh *Program Manager, HSPM*; Tammie Chau, PharmD, APh *Care Coordination Pharmacist*; Alicia English, PhD *Behavioral Health Manager*; Vaishali Patankar *Manager, HSPM*; Amy Huang *Specialist, HSPM*; Kaitie Hawkins, PharmD *BCPS Pharmacist Supervisor, Clinical Programs*; Elizabeth Sekera, RN *Manager, Population Health*

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
Call to Order	Meeting called to order at 7:33 AM with a quorum. • Roll Call.		

Consent Calendar	All in favor to approve consent calendar.		<p>Approved.</p> <ul style="list-style-type: none"> • Review of June 2021 Minutes • Q1 2021 ED Report • UM Committee Minutes - June and July 2021 • 2020 Annual Grievance Report • Q2 2021 PQI Report • HE P&P Updates Summary - May – July 2021
Quality Improvement	<ul style="list-style-type: none"> • <i>CMO Updates</i> <p>Presented by Fiona Donald, MD</p> <ul style="list-style-type: none"> • John Grgurina, Chief Executive Officer of SFHP will be retiring as of 04/01/22. Recruiting has already begun. • Department of Healthcare Services (DHCS) / California Advancing and Innovating Medi-Cal (CalAIM) updates: <ul style="list-style-type: none"> - Announcement of transition of the Pharmacy benefit from Managed Care Plans to the State. New date of transition: 01/01/22. - CalAIM: on track for implementation on 01/01/22: <ol style="list-style-type: none"> 1. Major organ transplant benefit to Health Plans 2. Implementation of Enhanced Care Management / In Lieu Of Services (ECM/ILOS) benefit. This is a program to provide high level care coordination and wrap around services to highest needs members. Targeted members for 01/01/22 include members who are high utilizers of medical services, substance use disorders, psychiatric illness, and homelessness. Working with Health Homes (HH) providers, the County, Department of Public Health (DPH), and Department of Homelessness and Supportive Housing (HSH) to help support the delivery those programs that was pervious funded under Whole Person Care (WPC). 		

	<p><i>Dr. Albert Yu: For non-county partners that are providing ECM/ILOS services, will the partners bill directly to the Health Plans or does it pass through the County?</i></p> <p><i>Dr. Fiona Donald: ILOS are services that are non-traditional benefits but are add-ons that support the members to achieve optimal health and wellness. Examples are medical respite and sobering services, housing navigation services. Initial plan is to contract through the County and focus on services that have been already delivered through the County and then work closely with additional partners as funds are available.</i></p> <ul style="list-style-type: none"> • COVID-19 Vaccine update SF County and SFHP has the highest rate of its Medi-Cal beneficiaries to have at least one dose of the vaccine. State has announced an incentive program. Currently approximately 65% of SFHP members and 85% in SF County have at least one dose (eligible 12 and older). SFHP looking to support/increase outreach focusing on narrowing the gaps and disparities. <p><i>Dr. Albert Yu: Are there any plans in the Health Plan to do any targeted communication to pediatric population when the eligibility opens up for 12 and under?</i></p> <p><i>Dr. Fiona Donald: A vaccine plan will be submitted to State due by 09/01/22. In feedback to State, SFHP stated there is a need for flexibility to target the pediatric population and anticipate working with school districts to figure out how to support easy access.</i></p> <ul style="list-style-type: none"> • Announcement of Courtney Grey, Director of Population Health and Special Programs. Formally, Director of Health Services Programs and Director of Care Management. 		
--	--	--	--

	<p>• 2020 Annual Grievance Report</p> <p>Presented by Grace D. Cariño, MPH</p> <ul style="list-style-type: none"> • Monitor appeals and grievances by reviewing annual report and a monthly trending report. Monitoring trends identifies opportunities for improvement. Rates are calculated per 1,000 members. • Grievances received: 259 (2020) v. 352 (2019); overall decrease in all categories 26.4%. • Appeals received: 65 (2020) v. 77 (2019); overall decrease in all categories 15.6%. <p>- The decrease in volume of grievances and appeals can be due to the pandemic which resulted in a lower overall utilization of outpatient care for deferred, preventive, and elective visits.</p> <ul style="list-style-type: none"> • Trends identified in 2020: trends are identified by three or more grievances filed by unique members within a three-month period that also have the same grievances subcategory that involves the same provider/clinic. Four trends have been identified. <p>- Timely access to a specialist (non-specialty mental health) trend identified. SFHP has addressed the issue Beacon Health Options. Interventions implemented: standing bi-weekly leadership meeting, prioritizing recruiting efforts in areas with major access issues, and review monthly Single Case Agreement (SCA) report to recruit out-of-network (OON) providers into the network.</p> <p>-Pharmacy improvements: overturned appeals are presented to Utilization Management (UM) committee monthly. They monitor medications to assess if a formulary change is required and further review to determine the potential impact on current processes and policies.</p>		
--	---	--	--

	<p><i>Dr. Fiona Donald: Given the concerns about access with Beacon Health Options, I have begun to meet with Beacon leadership to determine how to support increased access.</i></p> <p><i>Dr. Jamie Ruiz: Does this grievance report get sent to DHCS?</i></p> <p><i>Grace Carino: Yes, we report to DHCS and DMHC and report is used for NCQA.</i></p> <p><i>Dr. Jamie Ruiz: You measure per member but if you have a high percentage of members not seeking care due to pandemic it may be useful to use the denominator of number per visits. Seems to be a better baseline measure of usage.</i></p> <p><i>Dr. Albert Yu: Are Beacon Health Options access issues limited to the County or a larger issue?</i></p> <p><i>Alicia English, PhD: Yes, there are ongoing issues across California. San Francisco seems to be more challenging because of Medi-Cal rates and high cost of living. Working on negotiating different rates and making Beacon more accountable to better access to services.</i></p> <p>Questions to committee:</p> <ol style="list-style-type: none"> <i>1. Steps to improve quality or timeliness of responses?</i> Previously received delayed responses but now going back to timeframe to resolve grievances within the required 30 calendar days. Internally, SFHP does not ask more than five questions and give Providers ten calendar days to respond. One improvement SFHP has implemented: provide a summary of the long grievances so Providers can focus on the concerns of the grievance. <i>2. What are you hearing from members about their telehealth experience?</i> <p><i>Dr. Albert Yu: A lot of members are unable to navigate the technology portion of telehealth and therefore not utilizing it.</i></p>		
--	--	--	--

	<p><i>Dr. Jamie Ruiz: Challenging for members to do video calls, phone is more accessible, sometime there are privacy issues, preference of in-person visits, not enough data bandwidth to access. Video is helpful to see expressions/reactions. Health Plans can support by reaching out and educate members about telehealth and how to connect.</i></p> <p>• Medication Therapy Management (MTM2020) Program Results Presented by Tammie Chau, PharmD, APh</p> <ul style="list-style-type: none"> • Goals: Optimizing medication regimen for members with chronic conditions, empower members to understand their medication an in turn improving adherence, and meeting regulatory expectations. • Since 2018, program integrated with Care Management team. Medication optimization is a shared goal. • Five Core Elements followed in MTM: 1. Reviewing all medications including nonprescription and herbal 2. Safety check for any interactions 3. Collaborate with member's care team 4. Document notes 5. Provide Personal Medication Record (PMR) to member. PMR is available in 20 languages and different font sizes. • Program Results 2020: Since March 2020, SFHP staff pivoted to remote work. Pharmacy team continued to support Care Management team and care was provided by mailing the medication calendar and fanny packs for medication management. <ul style="list-style-type: none"> - 781 pharmacy tasks completed, 9% higher than 2019 (708). Increase could be due to addition of COVID-19 positive to NCQA chronic condition management and Care Transitions (complex discharges needs with 30-day period) and Pharmacy programs. 		
--	---	--	--

	<p>-Out of 194 completed reconciliations, 329 interventions were discovered. 55% underuse, 17% suboptimal drug therapy, 8% unsafe. Examples of interventions: adherence (calendar, pillbox), effectiveness (recommend medication regime) and safety. Of 329 interventions, 300 (91%) completed; 29 (9%) incompletes.</p> <p><i>Dr. Fiona Donald: When Medi-Cal Rx transition happens, medications will be paid for and administered through the State (prior authorization and working with pharmacies), but Health Plans will still be responsible for quality and care coordination.</i></p> <p><i>Lisa Ghotbi, PharmD: MTM programs are on the docket to added as a Medi-Cal benefit, will also be a requirement for some CalAIM programs and Health Homes. SFHP is one of the few managed health plans to this program already in place.</i></p> <p>• <i>Healthcare Effectiveness Data and Information Set (HEDIS) MY2020</i></p> <p>Presented by José A. Méndez</p> <ul style="list-style-type: none"> • Completed: roadmaps, submitted preliminary rates, completed two audits for NCQA and MCAS, medical record reviews for hybrid measures/validation, and made final submission in June. • Post-Season activities (June-January): review lessons learned, program/data improvements, update disparities dashboard, upgrade to web-based tool – QR Web. <p><i>Dr. Fiona Donald: An area of focus for the plan and also in our organization goals is to identify several projects and quality initiatives where there are disparities in race/ethnicity, language and create action plans. The dashboard will help us guide in these efforts.</i></p> <ul style="list-style-type: none"> • HEDIS dashboard in Tableau: main dashboard gives summary of total HEDIS indicators (race/ethnicity, spoken language). 		
--	---	--	--


	<p>Some data is undeterminable, denominator may be too small for comparison. Also, ability to provide HEDIS rates information to medical groups. Two years of data in Dashboard. As more data is added, will be able to do trending reports and can also share the information.</p> <p><i>Dr. Albert Yu: Why doesn't the ethnic indicators match up with comparison group?</i></p> <p><i>José A. Méndez: The number do not always match up because not all race/ethnicity is represented in all the measures. Sometimes only a small group is measured. Incomplete data can also be a factor.</i></p> <ul style="list-style-type: none"> • NCQA accreditation set and final rates: successfully completed audit and submission, big impact on primary care services in 2020 due to COVID-19, concessions from NCQA such as inclusion of telehealth visits for many measures, updating data which included carveout data and excluding all duals and deceased members, report no benefit measures, reports are public. SFHP has achieved a rating 4.0 out of 5.0 to maintain its rating since 2019. Rating was suspended in 2020 due to COVID-19. • MCAS final rates: successfully completed audit and submission, inclusion of telehealth data for many measures, inclusion of carveout data, exclusion of all duals and deceased members, 50% minimum performance level. SFHP didn't meet minimum on three measures: Comprehensive Diabetes Care (CDC) Poor Control, WCC BMI, and Breast Cancer Screening (BCS). DHCS not holding plans to financial penalties for not meeting the minimum performance level in 2020. • Prevention and Screening Measures: decrease in WCC-BMI, reliant on medical record review, so challenging during COVID-19. Focused on Breast cancer screening (targeted member incentives, health education) and Chlamydia screening 		
--	---	--	--

	<p>(target health education) that are part of Quality Improvement Plan (QI Plan).</p> <p><i>Dr. Kenneth Tai: We are having a difficult time with breast cancer screening measure because the shortage of Mammographers. Hiring and retaining staff has been difficult thus can lead to limited access. Lack of staff will probably last through 2021. Other counties have requested access but there is machine but no staff. It would be great to divert any patients that SFHP knows providers that have availability.</i></p> <ul style="list-style-type: none"> • Respiratory Conditions measures – rates similar to previous year. Cardiovascular Conditions measures – 8.82% decrease in rate can be due to change in specs with more restrictions, challenging conducting medical records reviews. • Diabetes measures – additional data added from carveout Fee For Service (FFS), hybrid measure, challenging conducting medical record reviews. Medication Management and Care Coordination measures– rates similar to previous year. Data indicates minimum impact of pandemic in this area. Stable utilization. • Behavioral Health measures – small denominators. Currently analyzing if there is missing data, data information restrictions. • Access/Availability of Care measures – Prenatal and Postpartum Care improved due to additional hits from FFS data. • Utilization measures - W30 (Well-Child Visits in the First 30 Months of Life) new measure for MCAS this year. Part of QI Plan. Health education materials were sent to parents/guardians of target age group. • Risk Adjusted Utilization measure – rates similar to last year. 		
--	--	--	--

	<ul style="list-style-type: none"> • CMS Core set measures - MCAS combination of NCQA HEDIS measures and CMS adult/child core set measures. Rates similar to previous year. <p><i>Dr. Albert Yu: Are there additional plans to use the data from the Disparities Dashboard to look at the disparities that may be occurring in specific groups when there is a decrease in rates?</i></p> <p><i>Dr. Fiona Donald: Efforts are being made to have an informed approach to understanding the data, engaging Providers, incentive members.</i></p>		
--	--	--	--

QI Committee Chair's Signature & Date _____

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

 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 4 August 2021 2PM – 3PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly Recurring</p>	<p>Recorder: K. M. McDonald</p>
<p>Present:</p>	<p><u>Clinical Operations</u> Matija Cale, Monica Baldzikowski; SeDessie Harris, Tamsen Staniford; Kirk McDonald; April Tarpey; Morgan Kerr; Ravid Abraham; Tony Tai; Fiona Donald</p> <p><u>Pharmacy</u> Ralph Crowder, Lisa Ghotbi</p>	<p><u>Compliance</u> Betty DeLos Reyes Clark; Crystal Garcia</p> <p><u>Access and Care Experience</u> Jesse Chairez, Grace Carino, Nicole Ylagan, Ralph Custodio</p>
<p>Not Present:</p>		
<p>Quorum (details after the <i>Action Items</i> section below)</p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Fiona) • Senior Manager, Prior Authorization, RN (Monica) • Program Manager, Utilization Management, PhD (Kirk) • Manager, Pharmacy, RPh. (Ralph Crowder) • Director, Clinical Operations, RN (Matija) • Director, Pharmacy, Pharm. D. (Lisa) • UM Nurse Manager, Prior Authorizations, RN (Tamsen) • Manager, Concurrent Review and Care Transitions, RN (SeDessie) <hr/> <p>Not Present:</p>	
<p>Documents Presented:</p>	<p>Draft_Agenda_UMC_August_v8.2.21 Draft_Minutes_UMC_July_v7.8.21 UM Director Dashboard_Jun 2021_07 07 21 Pharmacy_Dashboard_Jun 2021_07_22_21</p>	

	Jesse_Appeals_August-2021_v8.3.21 SFH.IMR.CC_UMC Report_2021.08.04 EssetteAuths_June 2021_7 12 2021
--	---

Consent Calendar

ITEM #	Document	Review Schedule	Outcome
1.	UM Program Description UM1_ElemA_Factors1,3,5,6_2020_UMProgDescrip_v9.17.20	<ul style="list-style-type: none"> Annual (Q1) Evote (2.26.21) 	<ul style="list-style-type: none"> Approved by quorum.
2.	UM Program Evaluation 1.1.A.1_DHCS_UMProgEval-2020_v1.14.21a	<ul style="list-style-type: none"> Annual (Q1) Evote (2.26.21) 	<ul style="list-style-type: none"> Approved by quorum.
3.	Specialty Referral Report Q2/Q3 – 2020	<ul style="list-style-type: none"> April 2021 UMC Meeting 	<ul style="list-style-type: none"> Reviewed by UMC; will need to provide a metric improvement (details below).
4.	Internal Audit of Authorization Requests Report Q1-2021	<ul style="list-style-type: none"> August 2021 UMC Meeting 	<ul style="list-style-type: none"> Approved by quorum.
5.	Specialty Referral Report Q4-2020	<ul style="list-style-type: none"> August 2021 UMC Meeting 	<ul style="list-style-type: none"> Approved by quorum
6.	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"> August 2021 UMC Meeting 	<ul style="list-style-type: none"> All three criteria documents were approved by quorum.
7.	Annual benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> TBD 	<ul style="list-style-type: none">

Agenda

	Topic	Brought By	Time	MINUTES
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review 	Matija	2:00 – 2:10	<ul style="list-style-type: none"> August Agenda July Minutes <ul style="list-style-type: none"> Approved by vote. Director Dashboard <ul style="list-style-type: none"> Subacute Table

	<ul style="list-style-type: none"> Medical/Pharmacy Directors' Dashboards 			<ul style="list-style-type: none"> <ul style="list-style-type: none"> See comment (7/7/21) in Action Item Table for Subacute care. PA Table <ul style="list-style-type: none"> It is suggested the increase in PAs might be due to increase in membership. Suggested to adjust the metrics to auths per 1000 members. UM Claims Edits Table <ul style="list-style-type: none"> Increase due to a configuration change, the configuration was updated, and the claims edits decreased to normal levels with in 4 weeks. Pharmacy Dashboard <ul style="list-style-type: none"> On review of the dashboard's tables, the Pharmacy team shared the metrics are universally stable. Action Items <ul style="list-style-type: none"> 2.16.21 Item (BPM) <ul style="list-style-type: none"> Suggested to place an annual limit on BPMs. <ul style="list-style-type: none"> This will depend on if an annual limit can be configured in QNXT Recommended not to require a Prior Authorization (PA) for BPMs. The BPM benefit will require monitoring for over-utilization but will need to develop a tracking system.
2. d	<ul style="list-style-type: none"> Medical/Pharmacy Appeals: Upheld and Overturned Independent Medical Review (IMR) State Fair Hearings (SFH) Consumer Complaints 	<ul style="list-style-type: none"> Monica April – DMG appeal cases Monica/Tamsen – CHN/UCSF cases Kandice/Betty 	2:10 – 2:25	<ul style="list-style-type: none"> Appeals <ul style="list-style-type: none"> UM – Appeals - 4 <ul style="list-style-type: none"> Upheld appeals – 1 Overturned appeals – 3 <ul style="list-style-type: none"> MA210624001 and MA210629001 <ul style="list-style-type: none"> MCG had originally provided the algorithms leading to the original denials.

				<p>However, on consulting with MRloA, both appeals were overturned based on the MRloA responses.</p> <ul style="list-style-type: none"> ○ A suggestion was to follow-up with the MCG representative. • MA210706002 <ul style="list-style-type: none"> ○ Discussed who is the provider in-network for orthopedic (joint) consultation. ○ This is an action item. ○ Pharmacy – Appeals - 2 <ul style="list-style-type: none"> ▪ Upheld appeals – 1 ▪ Overturned appeals – 1 • Compliance <ul style="list-style-type: none"> ○ IMR – 0 ○ SFH – 0 ○ Consumer Complaints – 2 <ul style="list-style-type: none"> ▪ Provider updates on currently opened complaints.
3.	<p>Q1-2021 Internal Audit review and approval (July approval)</p> <p>Q4-2020 Specialty Referral Report (July approval)</p> <p>Benchmark Update</p>	Kirk	2:25 – 2:35	<ul style="list-style-type: none"> • Approved the Q1-2021 Internal Audit / Q4-2020 Specialty Referral reports. <ul style="list-style-type: none"> ○ Discussed the need to evaluate the current process– extremely resource intense – Special Referral follow-up process. <ul style="list-style-type: none"> ▪ Continue? Or change the process? • The benchmark update vote is pending on a new Tableau benchmark data refresh.
4.	<p>Gender Criteria</p> <p>Private Duty Nursing Criteria</p>	Matija / Monica	2:35 – 2:50	<ul style="list-style-type: none"> • Approved by quorum: <ul style="list-style-type: none"> ○ 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"> • The Gender criteria is being currently reviewed and updated. When the final version is available will conduct a new vote. • EPSDT Private Duty Nursing (PDN) <ul style="list-style-type: none"> ○ Discussed whether to adopt the MCG PDN module/criteria and replace the home-grown criteria. ○ Currently, SHFP only handles about 2 cases per year. ○ Concluded to continue to use the home-grown criteria given the cost of the MCG PDN module and the ROI is very low.
5.	Recap / Action Item Review	Kirk	2:50 - 2:55	•

8.04.21 – Action Items

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Kirk	<ul style="list-style-type: none"> • Annual Benchmark Update <ul style="list-style-type: none"> ○ On confirmation from Priya of the refresh, revisit the benchmark presentation figures. 	•
2.	Ravid / Matija	<ul style="list-style-type: none"> • Appeals MA210624001 and MA210629001 • Will follow up with the MCG representative regarding the original denials, based on the current MCG algorithms, and being overturned based on input from MRloA. 	•
3.	Ralph or April (TBD)	<ul style="list-style-type: none"> • Regarding the overturned UM appeal (MA210706002) • Need to ask PNO who is the in-network provider for orthopedic (joint) consultation. 	•
4.	Monica/Matija	<ul style="list-style-type: none"> • Evaluating on whether to continue the current Specialty Referral follow-up process or to modify the process. 	•

Legend

1	= Need update
2	= In progress
3	= Completed

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
4.07.21	Lisa Ghotbi	Potential follow-up with the provider who submitted the appeal (Grievance ID MA210326001) for Vemlidy 25mg.	Completed No further follow-up needed.	3
2.16.21	Monica	<ul style="list-style-type: none"> > No prior authorization will be required for BPM. > Work with the Configuration Team to set BPM benefit limits. > Work with the Fraud, Waste Abuse Team (Compliance) regarding ability for Pondera software to monitor BPM claims. > Work with PNO regarding access to quality BPMs at Medi-Cal prices. 	This week received go live for pharmacy benefit 1/1/22, so we can begin the configuration process 10/1/21.	2
1.19.21	Monica	> PA TAT Tables: formally requesting IT Team to assist in correcting this issue	We are still in the ITS queue to fix this	2
12.15.20	Tamsen	<ul style="list-style-type: none"> > CPAP follow-up > Working w/ Katy Shaffer to dive deeper into the utilization data. > Need to provide a 6-month impact analysis of the PA removal and report to UMC. 	Update from 5/27 for June UMC: Propose to put on hold. Katy confirmed the dashboard may only be showing paid claims and not full utilization and the pandemic likely impacted claims more than auth requirement change. Additional claims/encounter data should be gathered and analyzed when more ITS and UM resources are available. On hold until at least Sept 2021	2
2.16.21	Tamsen	> Will follow-up with the Pharmacy/PNO for potential of local pharmacies having/obtaining licenses to supply DME in order to provide DME like CGMs after Medi-CalRx go-live	Will connect with Pharmacy Aug 2021 now that Medi-Cal Rx is rescheduled for 1/1/22.	2

2.16.21	Matija	> Will track the Governor's budget to confirm CGMs are a confirmed Medi-Cal benefit. and if coverage date remains	7.7 CGMs scheduled to be a Medi-Cal benefit in January 2022	2
6.2.21	Ralph Crowder	Follow-up was for the appeal - MA210426003: > Do more requests for ENTERAL NUTRITION PRODUCTS come through the pharmacy auth process or the clin op process? > What is the auth split? > The need to align the Rx/Med criteria as an opportunity for improvement. > The ESPDT challenge of supplements is the need to include a tapering criteria requirement, transition plans to move off the enteral nutrition product. > Something to consider placing in criteria	In progress	2
6.2.21	Matija / Lisa	> The need to align the Rx/Med criteria as an opportunity for improvement.	7.7 Completed. Enteral nutrition alignment was done in the past. This is something that we need to keep in mind for future.	3
6.2.21	Angie / Monica / Tamsen	> GAFS Hair reduction criteria are missing from the MCG gap analysis.	7/7 This will be addressed in the meeting with leadership in August.	2
6.2.21	Monica	> Need to revisit the homegrown criteria for Private Duty Nursing. > An outcome of using MCG criteria for GAFS.	Completed with Ravid	3
6.2.21	Pharmacy Team	> Requested to have access to all the GAFS Workgroup materials when the Workgroup is launched.	Pending given the iterative rounds of review.	2

6.2.21	Fiona, Matija,	> Fiona and Matija to discuss next steps on Gender Affirmation Criteria	7.7 Completed. Fiona taking the lead. Fiona scheduled meeting to discuss Gender Affirmation	3
2.16.21	April	> Update CO-57 and the Provider Manual to reflect the delegate clinical criteria hierarchy monitoring process and state SFHP's criteria hierarchy will be applied to appeals	<p>The verbiage has been added to the provider handbook and the appeals DTP.</p> <p>This has been added to CO-57 but it only in draft version now. Not passed at PCC.</p> <p>Given we were about to change GAFS criteria to MCG and had discussion of transition PDN to MCG as well, waiting for a decision.</p>	2
9.15.20	Monica	> Will work with PNO about the GAFS surgeons' proposal for increasing their ownership role in surgery coordination.	When the GAFS criteria is finalized, this will be the next step.	2
7.7.21	Matija / SeDessie	• Will review the Sub-Acute Care Days table in the CO Dashboard at the August UMC meeting.	<p>Completed.</p> <p>When reviewing the CO dashboard in June's UMC, it was questioned why the Sub-Acute care days appeared so low at 200, It was explained that we typically stay about a month behind in receiving clinicals from SNFs and we don't create the care days until receipt of clinicals so that's why the most current month may read low, however next month it will read higher. For instance, now May is over 700 care days and it's June that reads low.</p>	3

7.7.21	April	<ul style="list-style-type: none"> • Appeal MA210602001 • Work with NEMS to reeducate about facial feminization surgical services and benefits. 	Working on creating this teaching. Will be added to the agenda of first UM workgroup meeting with each DMG. Because of the collaborative nature of forming this workgroup, will wait until after DMHC. Will present update at next UMC.	2
7.7.21	Ralph Crowder	• Need to include a marker in the appropriate Pharmacy dashboard tables indicating when the PBM took over the PA review responsibility.	Completed. A marker has been integrated into the Pharmacy dashboards.	3
7.7.21	Betty	<ul style="list-style-type: none"> • 6.1.21 consumer complaint regarding second opinion with a hematologist to discuss previous pulmonary embolism. • The core issue is an e-Referral is not considered a second medical opinion. • Will need to follow-up with the Appeals and Grievance Committee (A&G) to discuss SFHN's understanding of this distinction about e-Referrals. 	Completed A&G Committee reached out to the CMO of Specialty Care at SFHN and addressed the concern and educated the CMO about SFHP's policy.	3
7.7.21	Kirk	<ul style="list-style-type: none"> • To handle the follow-up questions about the Benchmark draft report: <ul style="list-style-type: none"> o ALOS metrics § Are these ONLY for DMGs who are delegated UM, or for all of the DMGS? o Inpatient Acute Days metrics § Do these figures include acute rehab, SNF data? o ER metrics § The lower the benchmark (reverse) is better, therefore, the lower HEDIS percentiles are the ideal benchmarks. 	<ul style="list-style-type: none"> • The metrics in the Tableau report are for all DMGs. • Need to ask about the SFH question still. • The metrics are in the process of being refreshed. Will need to review the refresh metrics and update the benchmark presentation, if needed, and re-present to UMC. 	2

Parking Lot

6.16.20	Monica	Will review the Private Duty Nursing EPSDT criteria at the June 2021 UMC meeting	<ul style="list-style-type: none"> • Completed (8.4.21) • Will be followed up --- Working w/ MCG on the PDN criteria access for review and evaluation
---------	--------	--	---

3.17.20	Monica / Jim	Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers.	<ul style="list-style-type: none"> On hold to further notice.
1.21.20	Kirk / Katy Shaffer	<p>A “cheat-sheet” for the Utilization Trending Service report/tool.</p> <p>Create a resource by providing screen shots with explanatory labels.</p>	<ul style="list-style-type: none"> Completed (July 2)

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

Appendix

AuthSubClass: June 2021


AuthSubClass	Total Count
Acute Inpatient	409
Acute Rehab	4
Carve-Out	3
Chemotherapy	25
Diagnostics and Procedures	122
Durable Medical Equipment	142
ED to IP	3
Home Health Care	27
Home Hospice	1
Home Infusion	6
Maternity	92
Medical Supplies	119
Office Visits	552
Orthotics & Prosthetics	27
Outpatient Services	81
Pediatric/Neonatal	45
Portal DME/Med Supplies	8
PT, OT, ST	71
Radiation Oncology	18
Radiology	151
Skilled Nursing Facility	31
Surgeries with Anesthesia	55
Transgender Services	55
Transportation	15

Authorizations by Type: June 2020 to June 2021

Month	Year	Inpatient Auth Count	Outpatient Auth Count
June	2020	504	1243
July	2020	523	1199
August	2020	516	1330
September	2020	502	1220
October	2020	584	1348
November	2020	577	1118
December	2020	540	1195
January	2021	545	1314
February	2021	526	1335
March	2021	545	1314
April	2021	567	1519
May	2021	574	1543
June	2021	590	1472

AuthSubClass per 1000: June 2020 to June 2021

AuthSubClass	Per 1000
Acute Inpatient	201.190
Acute Rehab	1.694
Carve-Out	1.116
Chemotherapy	10.578
Diagnostics and Procedures	62.311
Dialysis	7.479
Durable Medical Equipment	76.195
Home Health Care	11.363
Home Hospice	0.620
Home Infusion	5.578
Maternity	44.709
Medical Supplies	52.932
Office Visits	270.113
Orthotics & Prosthetics	16.198
Outpatient Services	23.553
Pediatric/Neonatal	18.429
Portal DME/Med Supplies	1.942
PT, OT, ST	27.520
Radiation Oncology	8.140
Radiology	75.989
Skilled Nursing Facility	21.693
Surgeries with Anesthesia	21.983
Transgender Services	26.073
Transportation	12.603

 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 1 September 2021 2PM – 3PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly Recurring</p>	<p>Recorder: K. M. McDonald</p>
<p>Present:</p>	<p><u>Clinical Operations</u> Matija Cale, Monica Baldzikowski; SeDessie Harris, Tamsen Staniford; Kirk McDonald; April Tarpey; Morgan Kerr; Ravid Abraham; Tony Tai; Fiona Donald</p> <p><u>Pharmacy</u> Ralph Crowder, Lisa Ghotbi, Li Roseland</p>	<p><u>Compliance</u> Betty DeLos Reyes Clark; Crystal Garcia</p> <p><u>Access and Care Experience</u> Jesse Chairez, Grace Carino, Nicole Ylagan, Ralph Custodio</p>
<p>Not Present:</p>	<p>Ralph Custodio; Monica Baldzikowski; Morgan Kerr, Lisa Ghotbi</p>	
<p>Quorum (details after the <i>Action Items</i> section below)</p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Fiona) • Senior Manager, Prior Authorization, RN (Monica) • Program Manager, Utilization Management, PhD (Kirk) • Manager, Pharmacy, RPh. (Ralph Crowder) • Director, Clinical Operations, RN (Matija) • Director, Pharmacy, Pharm. D. (Lisa) • UM Nurse Manager, Prior Authorizations, RN (Tamsen) • Manager, Concurrent Review and Care Transitions, RN (SeDessie) <hr/> <p>Not Present: Lisa Ghotbi. Monica Baldzikowski</p>	
<p>Documents Presented:</p>	<p>Draft_Agenda_UMC_September_v8.27.31 UM Director Dashboard_Jul 2021_08 13 21 Pharmacy_Dashboard_Jul 2021_08_27_21 Jesse_Appeals_September_2021_v8.26.21</p>	

	RalphCustodio_Summary Appeal UMC_Email_8.27.21 Betty_SF.H.IMR.CC_UMC Report_2021.08.31 GraceCarino_Appeals_Data_Q2_8.25.21_GC EssetteAuths_July 2021_8 16 2021
--	---

Consent Calendar

ITEM #	Document	Review Schedule	Outcome
1.	UM Program Description UM1_ElemA_Factors1,3,5,6_2020_UMProgDescrip_v9.17.20	<ul style="list-style-type: none"> Annual (Q1) Evote (2.26.21) 	<ul style="list-style-type: none"> Approved by quorum.
2.	UM Program Evaluation 1.1.A.1_DHCS_UMProgEval-2020_v1.14.21a	<ul style="list-style-type: none"> Annual (Q1) Evote (2.26.21) 	<ul style="list-style-type: none"> Approved by quorum.
3.	Specialty Referral Report Q2/Q3 – 2020	<ul style="list-style-type: none"> April 2021 UMC Meeting 	<ul style="list-style-type: none"> Reviewed by UMC; will need to provide a metric improvement (details below).
4.	Internal Audit of Authorization Requests Report Q1-2021	<ul style="list-style-type: none"> August 2021 UMC Meeting 	<ul style="list-style-type: none"> Approved by quorum.
5.	Specialty Referral Report Q4-2020	<ul style="list-style-type: none"> August 2021 UMC Meeting 	<ul style="list-style-type: none"> Approved by quorum
6.	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"> August 2021 UMC Meeting 	<ul style="list-style-type: none"> All three criteria documents were approved by quorum.
7.	Annual benchmark updates for the utilization trending tableau report	<ul style="list-style-type: none"> Nov 2021 UMC Meeting 	<ul style="list-style-type: none">
8.	Internal Audit of Authorization Requests Report Q2-2021	<ul style="list-style-type: none"> Nov 2021 UMC Meeting 	<ul style="list-style-type: none">
9.	Specialty Referral Report Q1-2020	<ul style="list-style-type: none"> Nov 2021 UMC Meeting 	<ul style="list-style-type: none">
10	2021 Utilization Management Program Description Annual Review and Approval	<ul style="list-style-type: none"> Nov 2021 UMC Meeting 	<ul style="list-style-type: none">

11	CO-57 – UM Clinical Criteria	<ul style="list-style-type: none"> Nov 2021 UMC Meeting 	•
12	2021 Utilization Program Evaluation Annual Review and Approval	<ul style="list-style-type: none"> Jan 2022 UMC Meeting 	•

Agenda

	Topic	Brought By	Time	MINUTES
1.	<p>Standing Items:</p> <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	Matija	2:00 – 2:10	<ul style="list-style-type: none"> September Agenda August Minutes (updated October 1, 2021) <ul style="list-style-type: none"> Final minutes for the August UMC meeting will be approved at the November UMC meeting Received verbal approval for the pending items on 10.1.21 (Kirk and Monica). Director Dashboard <ul style="list-style-type: none"> Inpatient Authorization Table <ul style="list-style-type: none"> There was an increase in IP authorizations in July. Potential causes are, (1) an effect of the CHN split, (2) an increase in PA volume, (3) a surge in COVID related cases beginning in July 2021. UM Claim Edits Table <ul style="list-style-type: none"> An increase in July 2021. <ul style="list-style-type: none"> Related to a configuration change. An adjustment was made and a significant decrease in edits was the outcome, but further review is required, which might result in a further decrease in claim edits. Pharmacy Dashboard <ul style="list-style-type: none"> Overall, the pharmacy metrics are exhibiting the effects of the change from the prior PBM to the new PBM (Magellan). PA Requests for Information Table <ul style="list-style-type: none"> The prior PBM only counted fax requests, Magellan, however, counts fax requests and telephone requests.

				<p>Therefore, this is why there is a significant increase in request in July 2021.</p> <ul style="list-style-type: none"> ▪ This change in metric accounting had a ripple effect on a number of key metrics: Prior Authorization Table, PA Average TAT Table, Appeal & Overturn Rates of Denied PA Table. ○ Prior Authorization Table <ul style="list-style-type: none"> ▪ Despite the increase in PA authorizations in June, the approval rate increased to @84% in July. ▪ This is attributed to the increase in Magellan's PA information outreach ○ PA Average TAT Table <ul style="list-style-type: none"> ▪ The increase from 8 hrs. to 12 hrs., though a spike, is within the requirements of 24 hrs. ▪ The spike might be indication of the time spent by Magellan following-up on PA information requests. ▪ Also, Magellan does not include the TAT for telephone calls and do not extend a case's TAT unless it is a fax request. ○ Appeal & Overturn Rates of Denied PA Table <ul style="list-style-type: none"> ▪ With an increase in approval rates, and an expanded information request outreach, it is anticipated there will be a correlating decrease in appeals. ▪ This anticipated trend will be monitored by the Pharmacy Team. • Action Items <ul style="list-style-type: none"> ○ See Updates below
2.	<ul style="list-style-type: none"> • Medical/Pharmacy Appeals: Upheld and Overturned • Independent Medical Review (IMR) 	<ul style="list-style-type: none"> • April – DMG appeal cases • Tamsen – CHN/UCSF cases • Kandice/Betty 	2:10 – 2:25	<ul style="list-style-type: none"> • Appeals – No UM changes to policies or process required. <ul style="list-style-type: none"> ○ UM – Appeals - 7 <ul style="list-style-type: none"> ▪ Upheld appeals – 4 ▪ Overturned appeals – 3 ▪ Discussion

	<ul style="list-style-type: none"> • State Fair Hearings (SFH) • Consumer Complaints 			<ul style="list-style-type: none"> • MA210719001 <ul style="list-style-type: none"> ○ Discussed the denial rate of CCHCA. ○ Most CCHCA denials are OON related vs. pelvic exams. • MA210601001 <ul style="list-style-type: none"> ○ Discussed that a PA process change was not required. • MA210813002 <ul style="list-style-type: none"> ○ Discussed the potential equity concern of offering fertility preservation benefits to members undergoing oncological chemotherapy, but not offering the option to transgender members. ○ The coverage distinctions are DMHC is focused on commercial plans and DHCS excluded fertility preservation benefit for all members. ○ Pharmacy – Appeals - 0 <ul style="list-style-type: none"> ▪ Upheld appeals – 0 ▪ Overturned appeals – 0 • Compliance – No changes to policies or processes recommended. <ul style="list-style-type: none"> ○ IMR – 0 ○ SFH – 1 <ul style="list-style-type: none"> ▪ Discussion <ul style="list-style-type: none"> • Will following up on whether the in-office service met medical necessity or was cosmetic. ○ Consumer Complaints – 3
--	--	--	--	--

3.	<ul style="list-style-type: none"> CPAP – Update <p>Will be tabled until the November 2021 UMC meeting.</p>	Tamsen	2:25 – 2:30	<ul style="list-style-type: none">
4.	<ul style="list-style-type: none"> Appeals Q2-2021 Report CO-57 Update 	Jesse	2:30 – 2:40	<ul style="list-style-type: none"> The PPT slide deck - GraceCarino_Appeals_Data_Q2_8.25.21_GC – was presented. <ul style="list-style-type: none"> Discussion <ul style="list-style-type: none"> Slide 3, <i>Who Submitted?</i> <ul style="list-style-type: none"> What are possible reasons for the increase in members submitting appeals? Slide 5, <i>Member Appeal – UM vs. Pharmacy vs. Other</i> <ul style="list-style-type: none"> What are the possible reasons for the increase in member UM appeals vs. Pharmacy appeals?
5.	<ul style="list-style-type: none"> Facial feminization - DMG education – update <p>Will be tabled until the November 2021 UMC meeting.</p>	April	2:40- 2:50	<ul style="list-style-type: none"> Preparing the first DMG workgroup agenda. Proposed topics: <ul style="list-style-type: none"> UM reporting updates (ensuring DMGs are reporting correct denial reasons aka Benefit vs Medical Necessity). -APL Updates including Letter 20-018 (Ensuring Access to Transgender Services) and how this applies to approving facial feminization surgery as medically necessary in the presence of gender dysphoria. -Quarterly file reviews and areas of improvement in denial files. Delegation Oversight Team is working on scheduling the first round of the DMG workgroup meetings.
6.	Recap / Action Item Review	Kirk	2:50 - 2:55	<ul style="list-style-type: none">

9.01.21 – Action Items

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Ralph Crowder	<ul style="list-style-type: none"> Address the Enteral nutritional products in the Medicaid Pharmacy Project 	•
2.	Betty	<ul style="list-style-type: none"> Following up on SFH request regarding Stanford and whether an in-office procedure was medically necessary or a cosmetic procedure. 	•
3.	Jesse	<ul style="list-style-type: none"> To be further investigate: <ul style="list-style-type: none"> Slide 3, <i>Who Submitted?</i> <ul style="list-style-type: none"> What are possible reasons for the increase in members submitting appeals? Slide 5, <i>Member Appeal – UM vs. Pharmacy vs. Other</i> <ul style="list-style-type: none"> What are the possible reasons for the increase in UM member appeals vs. Pharmacy member appeals? 	•

Legend

1	= Need update
2	= In progress
3	= Completed

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
6.2.21	Ralph Crowder	Follow-up was for the appeal - MA210426003: > Do more requests for ENTERAL NUTRITION PRODUCTS come through the pharmacy auth process or the clin op process? > What is the auth split? > The need to align the Rx/Med criteria as an opportunity for improvement. > The ESPDT challenge of supplements is the need to include a tapering criteria requirement, transition plans to move off the enteral nutrition product. > Something to consider placing in criteria	8.31.21 - In progress. 9.1.21 – to be moved to the Parking Lot. See Parking Lot table below for details.	2

2.16.21	April	> Update CO-57 and the Provider Manual to reflect the delegate clinical criteria hierarchy monitoring process and state SFHP's criteria hierarchy will be applied to appeals	8.31.21 Pending SB855 changes, GAFS updates, and review comments by DMHC.	2
7.7.21	April	<ul style="list-style-type: none"> • Appeal MA210602001 • Work with NEMS to reeducate about facial feminization surgical services and benefits. 	8.31.21 - Actively working our first DMG workgroup agenda. In our first meeting we will cover: - UM reporting updates (ensuring DMGs are reporting correct denial reasons aka Benefit vs Medical Necessity) - APL Updates including Letter 20-018 (Ensuring Access to Transgender Services) and how this applies to approving facial feminization surgery as medically necessary in the presence of gender dysphoria. -Quarterly file reviews and areas of improvement in denial files. Sylvia is working on scheduling the first round of the DMG workgroup meetings.	2
7.7.21	Kirk	<ul style="list-style-type: none"> • To handle the follow-up questions about the Benchmark draft report: <ul style="list-style-type: none"> o ALOS metrics § Are these ONLY for DMGs who are delegated UM, or for all of the DMGS? o Inpatient Acute Days metrics § Do these figures include acute rehab, SFNF data? o ER metrics § The lower the benchmark (reverse) is better, therefore, the lower HEDIS percentiles are the ideal benchmarks. 	8.30.21 Updated data now available. Will send updated document mid-September for UMC review and will vote on this at the November 2021 UMC meeting. 9.1.21 – the vote in November will be a temporary measure given the current discussion about potentially adopting MCG's benchmarks.	2
8.04.21	Ravid/Matija	<ul style="list-style-type: none"> • Appeals MA210624001 and MA210629001 • Will follow up with the MCG representative regarding the original denials, based on the current MCG 	8.30.21 Waiting for samples from Ravid; will be sharing with MCG; Meeting to be scheduled.	2

		algorithms, and being overturned based on input from MRIoA.		
8.04.21	Monica/Matija	<ul style="list-style-type: none"> Evaluating on whether to continue the current Specialty Referral follow-up process or to modify the process. 	8.30.21 > Given the restraints of resources, only a mailing to each member will be executed for the Q1-2021 specialty referral rpt. > Will be meeting to revisit the DHCS requirements for follow-up on open Specialty Referrals.	2
8.4.21	Ralph or April (TBD)	<ul style="list-style-type: none"> Regarding the overturned UM appeal (MA210706002) Need to ask PNO who is the in-network provider for orthopedic (joint) consultation. 		2

Parking Lot

6.16.20	Monica	Will review the Private Duty Nursing EPSDT criteria at the June 2021 UMC meeting	<ul style="list-style-type: none"> Completed (8.4.21) Will be followed up --- Working w/ MCG on the PDN criteria access for review and evaluation
6.2.21	Ralph Crowder	<p>Follow-up was for the appeal - MA210426003:</p> <ul style="list-style-type: none"> > Do more requests for ENTERAL NUTRITION PRODUCTS come through the pharmacy auth process or the clin op process? > What is the auth split? > The need to align the Rx/Med criteria as an opportunity for improvement. > The ESPDT challenge of supplements is the need to include a tapering criteria requirement, transition plans to move off the enteral nutrition product. > Something to consider placing in criteria 	<ul style="list-style-type: none"> 9.1.21 <ul style="list-style-type: none"> Per Compliance: <ul style="list-style-type: none"> The DHCS APL 20-020 says that Medi-Cal Rx will be responsible for enteral nutritional products when billed on a pharmacy claim. If on a medical claim, formula is not carved out. Pumps and tubing are not carved out per the APL.

			<ul style="list-style-type: none"> ○ Will need to add to the Medical Pharmacy Carve Out Project.
3.17.20	Monica / Jim	Add to the JOC agenda the issue of members who have never contacted their assigned PCP, leading in some cases to accessing OOMG/OOA providers.	<ul style="list-style-type: none"> ● On hold to further notice.

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

Appendix

AuthSubClass: July 2021

AuthSubClass	Total Count
Acute Inpatient	469
Acute Rehab	1
Carve-Out	1
Chemotherapy	40
Diagnostics and Procedures	166
Dialysis	2
Durable Medical Equipment	149
ED to IP	8
Home Health Care	22
Home Infusion	13
Maternity	117
Medical Supplies	113
Office Visits	517
Orthotics & Prosthetics	25
Outpatient Services	113
Pediatric/Neonatal	50
Portal DME/Med Supplies	2
PT, OT, ST	94
Radiation Oncology	18
Radiology	150
Skilled Nursing Facility	41
Surgeries with Anesthesia	65
Transgender Services	69
Transportation	10

Authorizations by Type: July 2020 to July 2021

Month	Year	Inpatient Auth Count	Outpatient Auth Count
July	2020	523	1199
August	2020	516	1330
September	2020	502	1220
October	2020	584	1348
November	2020	577	1118
December	2020	540	1195
January	2021	545	1314
February	2021	526	1335
March	2021	545	1314
April	2021	567	1519
May	2021	574	1543
June	2021	590	1472
July	2021	693	1562

AuthSubClass per 1000: July 2020 to July 2021

AuthSubClass	Per 1000
Acute Inpatient	202.392
Acute Rehab	1.475
Carve-Out	0.997
Chemotherapy	11.003
Diagnostics and Procedures	61.511
Dialysis	1.634
Durable Medical Equipment	75.304
Home Health Care	12.876
Home Hospice	0.558
Home Infusion	5.422
Maternity	44.927
Medical Supplies	53.737
Office Visits	266.534
Orthotics & Prosthetics	15.109
Outpatient Services	29.739
Pediatric/Neonatal	18.617
Portal DME/Med Supplies	2.392
PT, OT, ST	30.018
Radiation Oncology	8.411
Radiology	74.347
Skilled Nursing Facility	20.092
Surgeries with Anesthesia	22.683
Transgender Services	27.905
Transportation	12.318

MEMO

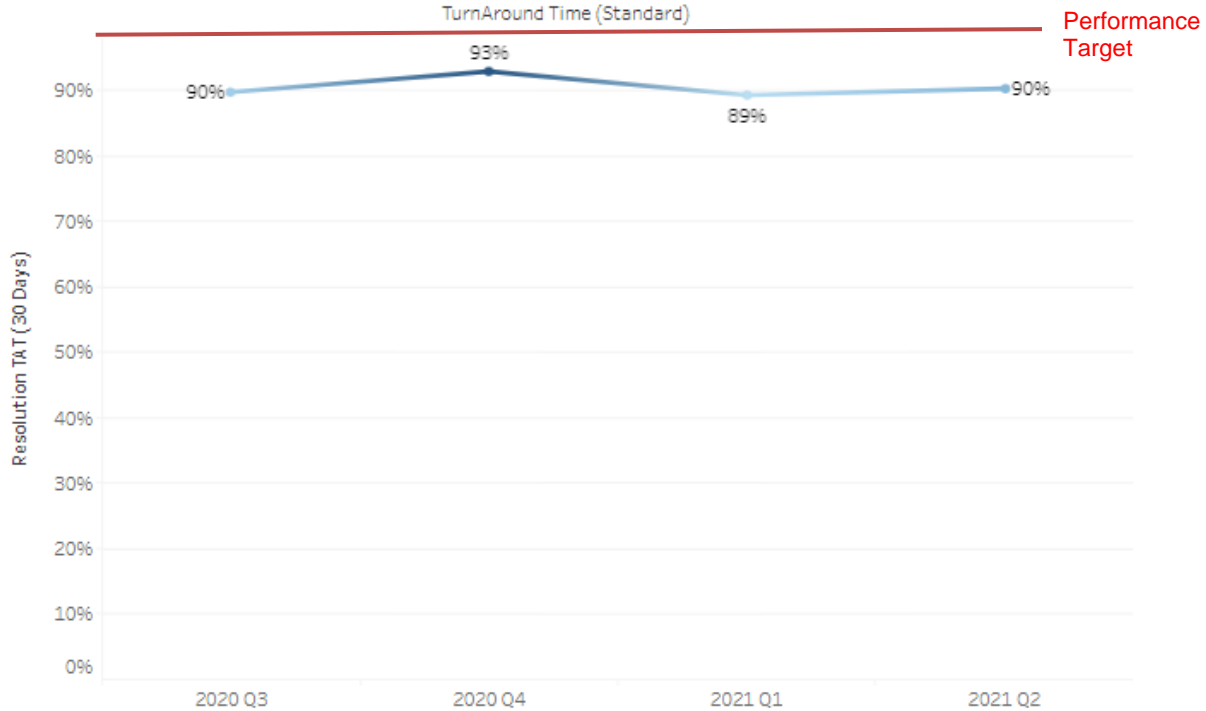
Date: September 24, 2021

To	Quality Improvement Committee
From	Grace Cariño, MPH Program Manager, Appeals & Grievances
Regarding	Q2 2021 Grievance Report

- SFHP received a total of 98 grievances in Q2 2021. Overall grievance volume increased by 44.1% from 68 total grievances in Q1 2021.
- In Q2 2021, nine out of 98 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).
 - Some grievances were not closed within 30 days because additional information was needed for a satisfactory resolution while others were not closed due to staff oversight.
- Ninety-nine percent of acknowledgement letters were sent out within five calendar days, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).

SFHP's performance threshold for closing grievances within the required timeframe of 30 days is 99%. In Q2 2021, the percentage of grievances resolved within 30 calendar days was 90%. SFHP was unable to close two cases within the 30-calendar day timeframe because SFHP did not receive timely grievance investigation responses from providers. SFHP closed these grievances after we received the responses from the providers. Three cases were not closed within the 30-calendar day timeframe because SFHP needed to obtain additional information in order to adequately address the member's concerns. SFHP closed these grievances after we obtained the information needed. Three cases were not closed due to staff oversight. Additional training for staff was provided by the Manager of Access and Care Experience. Lastly, one case is still open as SFHP wants to ensure the member's concerns are fully resolved.

Q3 2020 – Q2 2021 Grievances Resolved in 30 Days



SFHP Grievance Rate

SFHP's grievance rate significantly decreased in Q1 2020 and Q2 2020 due to the COVID-19 pandemic. SFHP's grievance rate then increased in Q3 2020, decreased in Q4 2020 and Q1 2021, then increased again in Q2 2021.

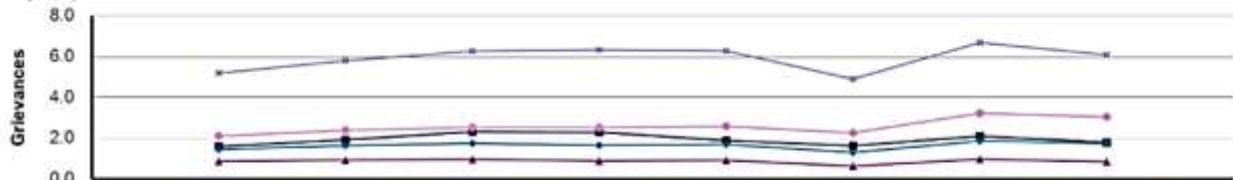
SFHP's grievance rate continues to be lower than the DHCS grievance rate. Please see the graph below titled "DHCS Grievance Rates per 1,000 Member Months" for DHCS' grievance rates. Please note DHCS data is two quarters behind.

Q4 2019 – Q2 2021 SFHP Grievance Rate per 1,000 Member Months



DHCS Grievance Rates per 1,000 Member Months

By Population



	2019Q1	2019Q2	2019Q3	2019Q4	2020Q1	2020Q2	2020Q3	2020Q4
Dual	1.6	1.9	2.3	2.3	1.9	1.6	2.1	1.8
MO-ACA	2.1	2.4	2.5	2.5	2.6	2.3	3.2	3.1
MO-OTLIC	0.9	0.9	1.0	0.9	0.9	0.6	1.0	0.9
MO-SPD	5.2	5.8	6.3	6.3	6.3	4.9	6.7	6.1
MO-Other	1.5	1.7	1.8	1.7	1.7	1.3	1.9	1.8
Total	1.8	2.1	2.2	2.2	2.2	1.8	2.5	2.3

*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.

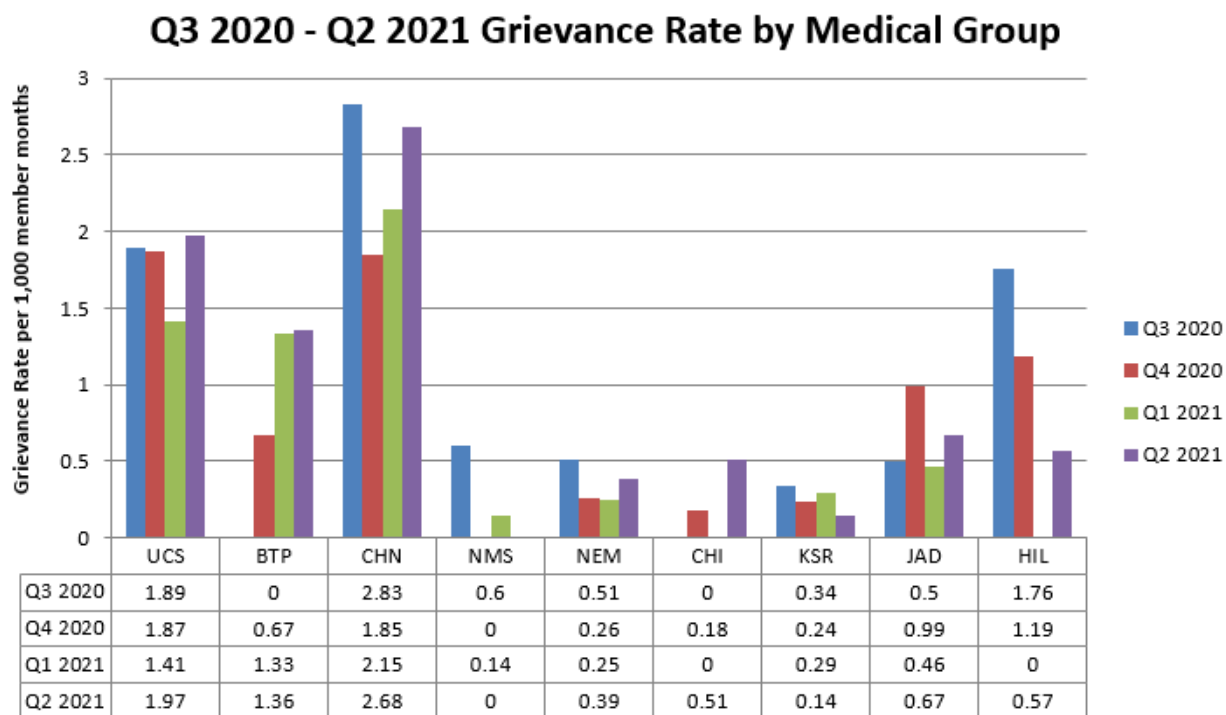
- In Q2 2021, 32 grievances were filed by SPD members. The number of grievances filed by SPDs increased by 39% compared to Q1 2021 when a total of 23 grievances were filed by SPD members.
- Grievances involving quality of service and quality of care continue to be the most common grievance categories for SPD members. This is similar for grievances filed by non-SPD members.

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

Q3 2020 – Q2 2021 SFHP SPD Grievance Rate



Grievance Rate by Medical Group:



*Includes clinical and non-clinical grievances only.

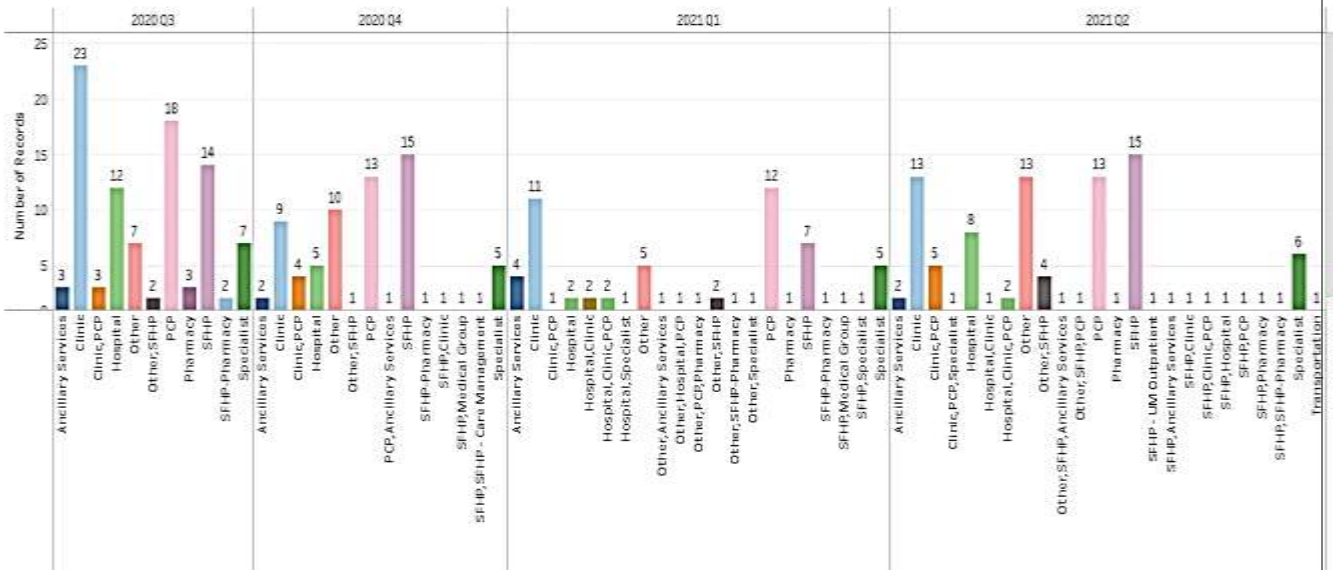
*Please note CHN split into two new medical groups called San Francisco Health Network (SFN) and Community Clinic Network (CLN) as of July 2021. The next QIC Report will reflect this change.

In Q2 2021, seven of the medical group grievance rates increased whereas the remaining two decreased compared to Q1 2021.

Source of the grievances:

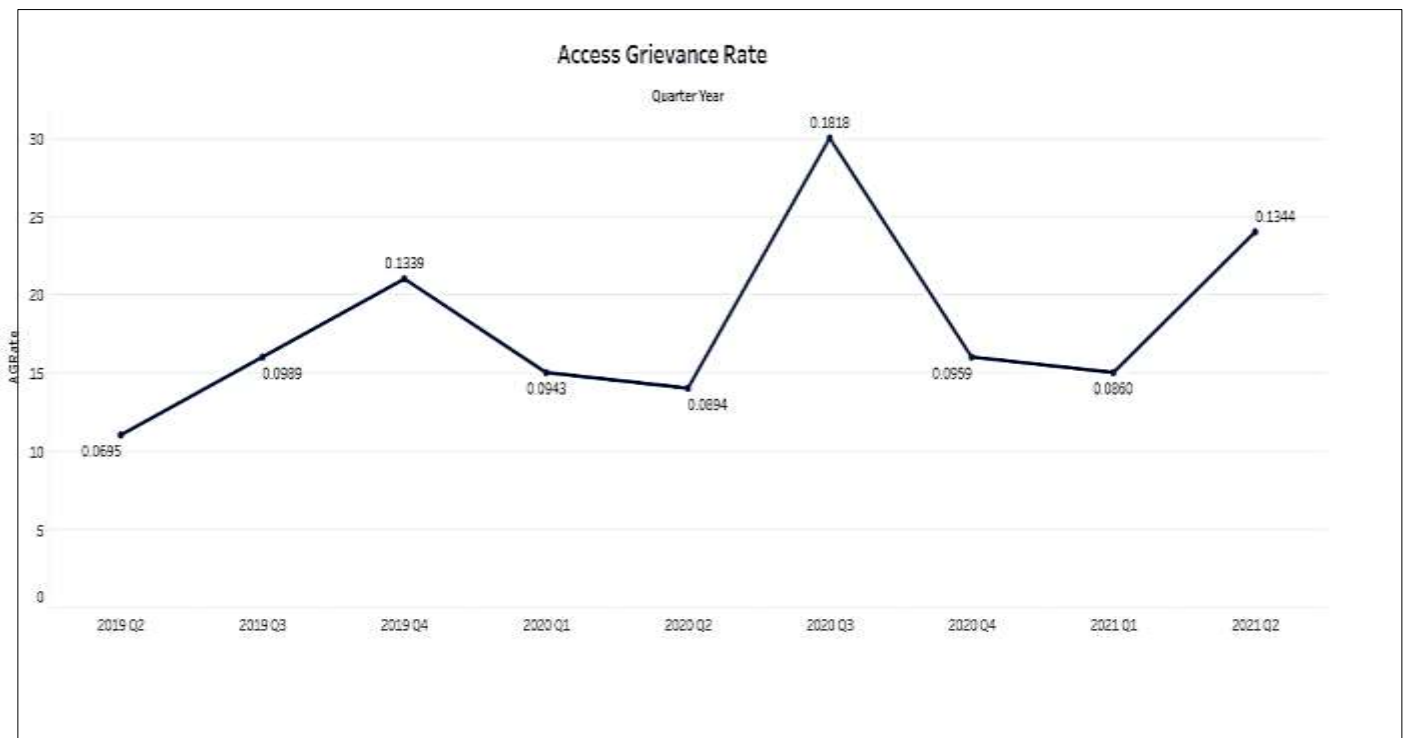
The graph below shows who was involved in the grievance e.g. member's Primary Care Provider (PCP), clinic staff, or specialist. The source of most grievances received in Q2 2021 were those involving services provided by SFHP followed by the member's PCP and clinic.

Q3 2020 – Q2 2021 Grievance Source



Access to Care Grievances:

From Q2 2019 to Q4 2019, the access grievance rate increased and then decreased in Q1 2020 and Q2 2020. In Q3 2020, the rate increased significantly. It then decreased in Q4 2020 and Q1 2021 and increased again in Q2 2021.

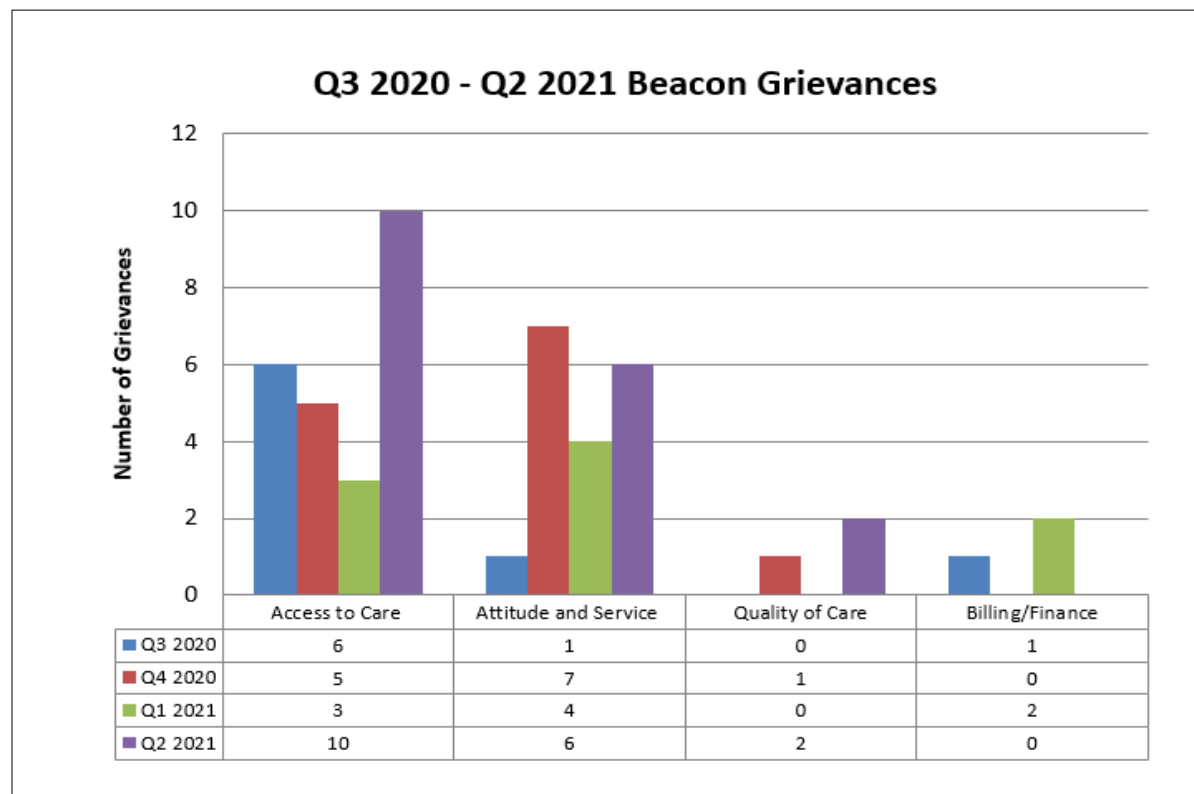


Access Grievances per 1,000 Member Months

Access Grievance Rate By Medical Group					
	Quarter Year				
	2019 Q2	2019 Q3	2019 Q4	2020 Q1	2020 Q2
BTP	0.00	0.00	0.62	0.00	
CHI	0.16	0.00	0.00	0.00	
CHN	0.26	0.57	0.76	0.62	0.50
HIL			0.56	0.00	0.00
JAD	0.00			0.26	
KSR	0.00	0.00	0.10	0.09	0.19
NEM	0.00	0.06	0.09	0.05	0.03
NMS		0.00	0.19	0.00	
UCS	0.48	0.40	0.08	0.24	0.41

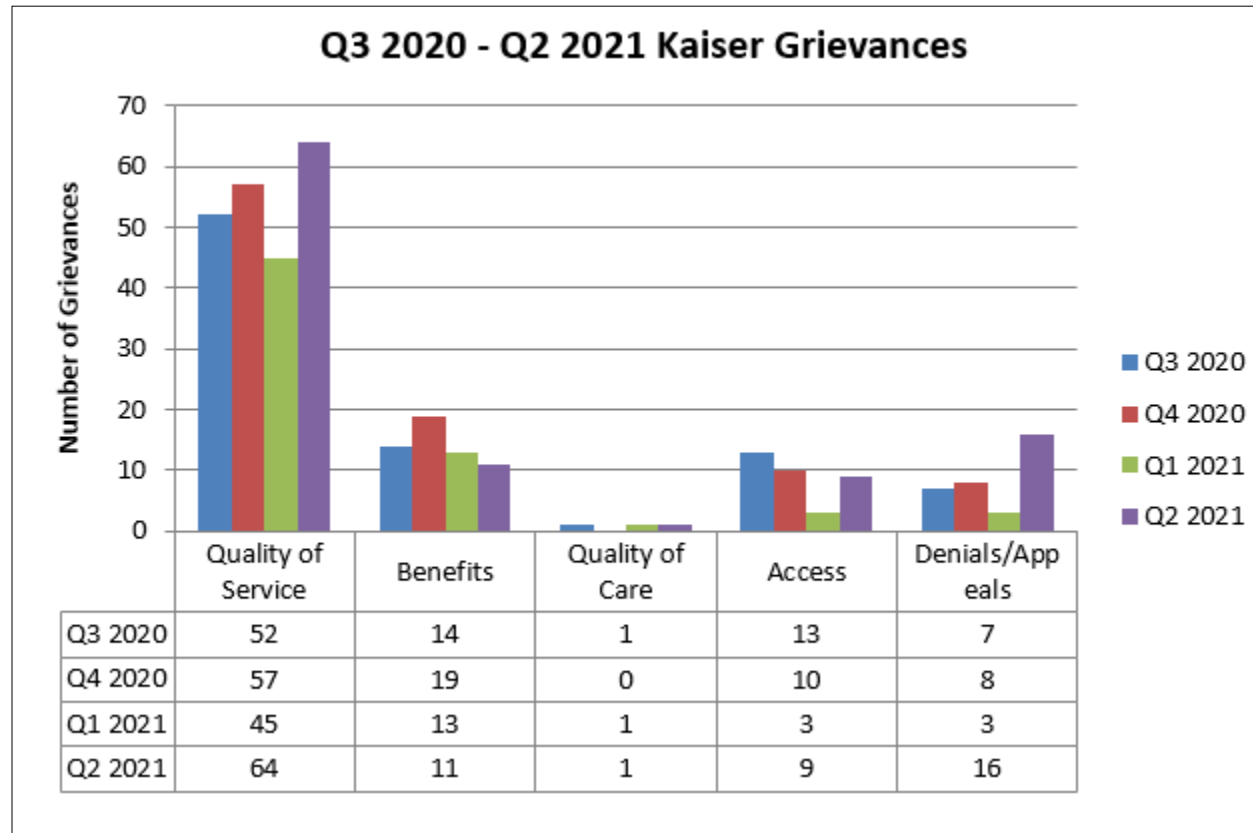
Beacon:

Beacon Health Options is SFHP's non-specialty mental health provider. Beacon is partially delegated to process grievances. Most grievances received in Q2 2021 involved Access to Care followed by Attitude and Service. SFHP is currently working with Beacon to improve their services.



Kaiser:

Kaiser is fully delegated to investigate and resolve grievances. Most grievances received in Q2 2021 were grievances involving Quality of Service and Denials/Appeals.



MEMO

Date: September 29, 2021

To	Quality Improvement Committee
From	Grace Cariño, MPH Program Manager, Appeals & Grievances
Regarding	Q2 2021 UM Medical and Pharmacy Appeals Activity

Q2-2021 Appeals Activity – Overview

During Q2-2021, there were a total of 22 appeals filed (medical – 13/pharmacy – 9)ⁱ. In Q2-2021, there were a total of 5,952 authorizationⁱⁱ requests (medical – 3,801/pharmacy – 2,151) and a total of 556 denials (medical – 13/ pharmacy – 543).

On a per 1,000 total authorization basis:

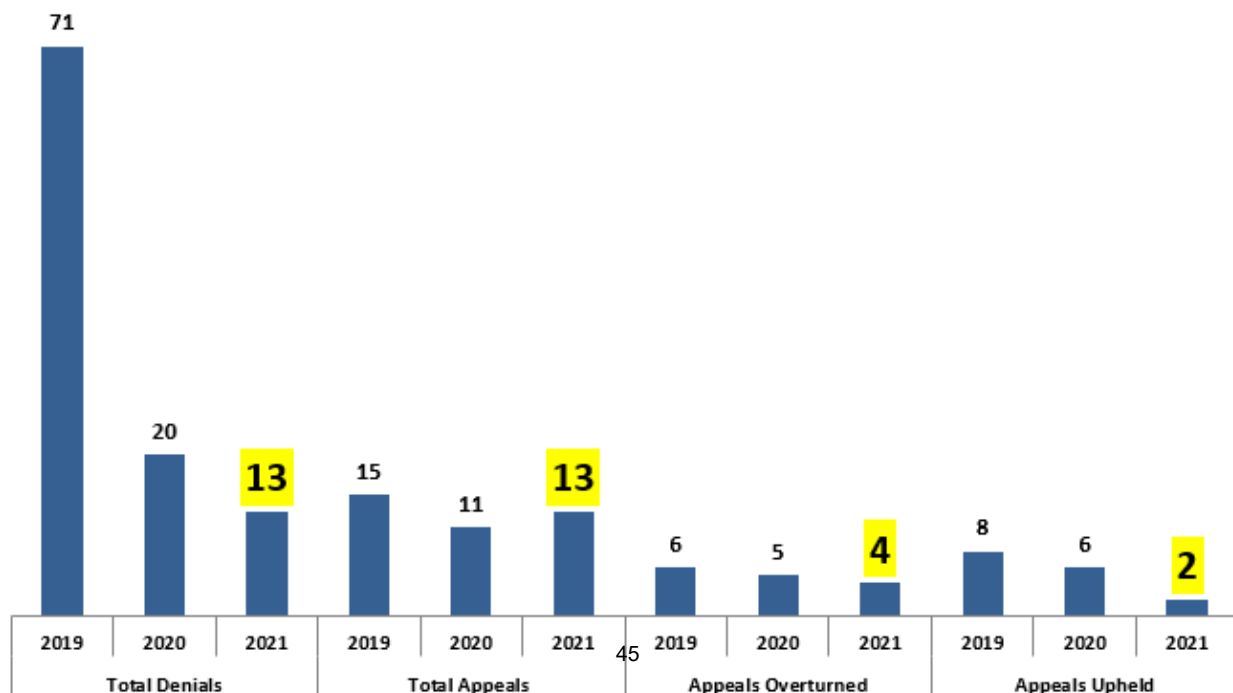
- 3.7 total appeals per 1,000 total authorizations
- 2.2 medical appeals per 1,000 total authorizations
- 1.5 pharmacy appeals per 1,000 total authorizations

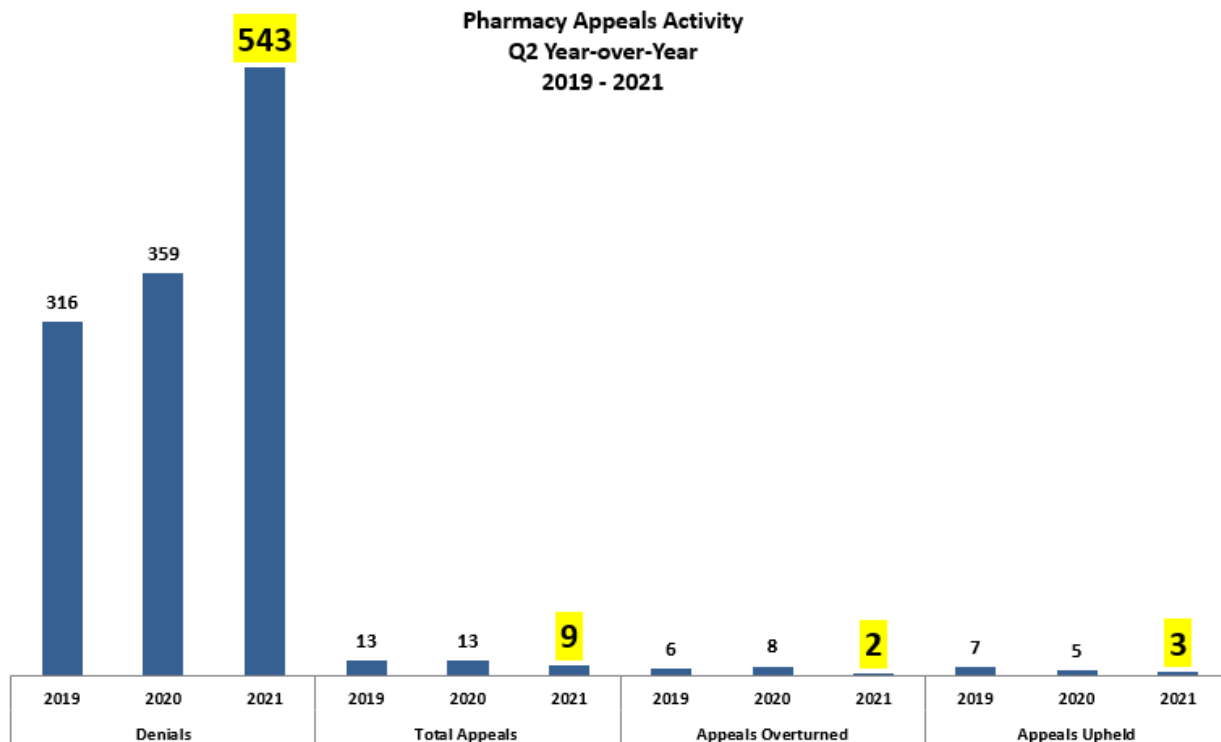
Comparing appeal activity in Q2-2021 to Q1-2021:

- 22 appeals in Q2-2021 vs. 20 appeals in Q1-2021
- 3.7 appeals/1000 in Q2-2021 vs. 3.6 appeals/1000 in Q1-2021

Of the 22 appeals in Q2-2021, 6 appeals were overturned (medical – 4/ pharmacy – 2), which is a 27% overturn rate. This compares to a 35% overturn rate in Q1-2021 (7 overturned out of 20 appeals).

Medical Appeals Activity
Q2 Year-over-Year
2019 - 2021





Analysis

Q2-2020 – Q2-2021 Medical Denial Rates

Between Q2-2020 and Q2-2021, the medical denial rates ranged from 0.16% (Q3-2020) to 0.50% (Q2-2020):

	Medical Authorizations	Medical Denials	Medical Denial Rate
Q2-2020	3,970	20	0.50%
Q3-2020	4,319	7	0.16%
Q4-2020	4,373	14	0.32%
Q1-2021	3,762	12	0.32%
Q2-2021	3,801	13	0.34%

Q2-2020 – Q2-2021 Pharmacy Denial Rates

Between Q2-2020 and Q2-2021, the denial rates ranged from 23.81% (Q2-2020) to 27.70% (Q1-2021):

	Pharmacy Authorizations	Pharmacy Denials	Pharmacy Denial Rate
Q2-2020	1,508	359	23.81%
Q3-2020	1,678	448	26.70%
Q4-2020	1,689	431	25.52%
Q1-2021	1,798	498	27.70%
Q2-2021	2,151	543	25.24%

Q2-2020- Q2-2021 Collective Medical & Pharmacy Appeal Rates per 1000 Denials

Between Q2-2020 and Q2-2021, the collective medical and pharmacy appeal rates per 1000 denials ranged from 29.2 (Q4-2020) to 63.3 (Q2-2020):

	Medical + Pharmacy Denials	Medical + Pharmacy Appeals	Medical + Pharmacy Appeals / 1000 Denials
Q2-2020	379	24	63.3
Q3-2020	455	15	33.0
Q4-2020	445	13	29.2
Q1-2021	510	20	39.2
Q2-2021	556	22	39.6

Q2-2021 Collective Medical & Pharmacy Appeal Adjudication Turn-Around-Time

100% of the medical and pharmacy appeals were adjudicated within 30-days in Q2-2021:

	Q2-2021		
	Total (Med + Pharm)	Medical	Pharmacy
Number (#) of Appeals	22	13	9
Percentage (%) of Appeals Adjudicated within 30-days	100%	100%	100%
# of Appeals Upheld	9	6	3
# of Appeals Overturned	6	4	2
# of Appeals Closed	7	3	4

Q2-2021 Member and Provider Appeal Activity

Of all appeals filed in Q2-2021, 64% were member initiated and 36% were provider initiated.

Of all appeals filed in Q2-2021, three appeals were expedited.

		Q2-2021		
		Total (Med + Pharm)	Medical	Pharmacy
Member	# of Initiated Appeals	14	9	5
	% of Total Appeals	64%	41%	23%
Provider	# of Initiated Appeals	8	4	4
	% of Total Appeals	36%	18%	18%
Member	# of Expedited Appeals	2	2	0
	% of Initiated Appeals	67%	100%	0%
Provider	# of Expedited Appeals	1	0	1
	% of Initiated Appeals	33%	0%	100%

Q2-2021 Basis for Overturned Appeals

Of the 6 overturned appeals in Q2-2021, one of the overturned decisions were based on the original clinical information submitted. 83% of the overturned decisions were based on additional clinical information submitted:

	Q2-2021		
	Total (Med + Pharm)	Medical	Pharmacy
# of Overturned Appeals	6	4	2
% of Total Appeals	27%	18%	9%
# of Appeals overturned due to additional clinical information offered	5	5	0
% of Appeals overturned due to additional clinical information offered	83%	83%	0%
# Appeals overturned due to decision based on the same submitted clinical information	1	1	0
% Appeals overturned due to decision based on the same submitted clinical information	17%	17%	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 4/1/2021 - 6/30/2021 as of 9/29/21 9:25:00 AM.

ⁱⁱ Source for Medical data: Original_Q2-2021_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: 202013 Prior Authorization Summaries-San Fran_v06.2.21.



Date: October 13, 2021

To	Quality Improvement Committee
From	Ralph Custodio, RN Quality Review Nurse Appeals & Grievances
Regarding	Q3, 2021 Potential Quality Issue Report

Case Reviews

Q3 2021 - Case types reviewed		Count
Total cases reviewed for PQI		187
	Appeals	23
	Decline to File Grievances (Clinical)	40
	Grievances (Clinical)	122
	Internal referrals (not including grievances)	2
	External referrals	0
	Provider Preventable Condition (PPC)	0

Outcomes		Count
	Opened for PQI investigation	2
	Formal PQI investigation (PQI letter)	2
	Cases requiring external physician review or peer review	1
	Confirmed Quality Issue	1
	PQI cases resulting in Corrective Action Plan (CAP)	0
	Confirmed Provider Preventable Condition (PPC)	0
	PQI cases closed within 60-day turnaround time	2
	PQI cases closed outside 60-day turnaround time	0

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

PQI Final Determination
PRACTITIONER PERFORMANCE AND SYSTEM RANKING

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

Analysis: No trends identified during Q3 2021

Confirmed Quality Issues

Case #1

Initial Complaint/Findings:

A Medi-Cal member presented to a primary care physician clinic to get a second dose of COVID-19 vaccine. The member filed a grievance and reported receiving a Pfizer for his first dose of COVID-19 vaccine but was given Moderna for the second dose of COVID-19 vaccine. According to the Centers for Disease Control and Prevention (CDC) at the time the quality issue was opened, a mixed series of mRNA COVID-19 vaccines (PfizerBioNTech and Moderna) is considered an administration error that requires reporting. In addition, member's primary language is Spanish and was not offered a Spanish translator and may have contributed to the breakdown in communication.

Investigation:

In addition to investigating the member's grievance, SFHP requested a quality review from the clinic. The clinic identified an opportunity and corrective actions were implemented including debriefing the entire vaccination staff and reviewing workflow to ensure check-in, screening questions, VIS and vaccination process are language concordant. Members are asked if they have any questions or concerns in their language before the vaccine is given. In addition, an extra step of confirming previous vaccines on electronic health record, California registration agency (CAIRS), and vaccine card was added.

Findings:

Upon review of all available information, San Francisco Health Plan's (SFHP) Associate Medical Director, Dr. Ravid Avraham, confirmed a minor provider and system quality issue (P1/S1) with opportunity for improvement identified.

Follow-up/Recommendations:

No further action required as provider has identified improvement opportunity in COVID-19 administration process as previously detailed.

Measure	Measure Description	Denominator	Baseline	Target	Current Performance	Planned Activities	Update on Activities in Q1 2021
Screening For Clinical Depression	Increase the percentage of clients in Care Management programs successfully screened for clinical depression	63	83.1%	85.0%	86%	<ul style="list-style-type: none"> •Coaching including role-playing activities to reduce the rate of members declining PHQ-9 screening. •Train staff in mental health, particularly on severe mental illness (SMI), in order to ensure that staff is equipped to identify signs and symptoms of clinical depression and address client safety. •Review monthly reports with staff and Clinical Supervisors to coach staff to ensure members are screened and receive appropriate follow up. •Monitor the rate of members declining the PHQ-9 screening via additional report tracking. •Complete bi-monthly staff self-audits; this enables Coordinators to identify and remedy any gaps in the member's care plan including completing the PHQ-9 screening when indicated. •Clinical Supervisors conduct quarterly audits to ensure best practices and regulatory requirements are met. 	<ul style="list-style-type: none"> • Provided the following trainings for the Care Coordinators and Care Management Nurses this quarter: Living with Chronic Pain; Activates of Daily Living; Provider Tool Review; Community-Based Adult Services overview.
Follow Up On Clinical Depression	Increase the percentage of clients in Care Management programs who screen positive for depression and receive follow up care	44	85.7%	89.0%	89%	<ul style="list-style-type: none"> •Coaching including role-playing activities to reduce the rate of members declining PHQ-9 screening. •Train staff in mental health, particularly on severe mental illness (SMI), in order to ensure that staff is equipped to identify signs and symptoms of clinical depression and address client safety. •Review monthly reports with staff; Clinical Supervisors to coach staff to ensure members at risk of clinical depression receive appropriate follow up. •Complete bi-monthly staff self-audits; this enables Coordinators to identify and remedy any gaps in the member's care plan including completing the PHQ-9 screening when indicated. •Clinical Supervisors conduct quarterly audits to ensure best practices and regulatory requirements are met. 	<ul style="list-style-type: none"> • Provided the following trainings for the Care Coordinators and Care Management Nurses this quarter: Living with Chronic Pain; Activates of Daily Living; Provider Tool Review; Community-Based Adult Services overview.
Care Management Client Perception Of Health	Improve Care Management client's perception of their health based on change in self-reported health status	78	50.5%	55.0%	62%	<ul style="list-style-type: none"> •Clinical Supervisors and Medical Director provide coaching to the Care Management Nurses and Community Coordinators to assess for client barriers and gaps in health education and connection to PCP. •Care Management Nurses complete bi-monthly self-audits; this enables them to identify and remedy any gaps in the member's care plan. •Clinical Supervisors and Medical Director conduct quarterly audits to ensure best practices and regulatory requirements are met including members having chronic condition self-management goals as part of their care plans as indicated.. •Utilization of Milliman Care Guidelines (MCG) condition specific assessments and MCG health education materials by Care Management Nurses. 	<ul style="list-style-type: none"> • Medical Director met weekly with the Care Management Nurses and joined the Care Management Nurses and Clinical Supervisors meetings to provide individual feedback on health coaching and education efforts as needed • Pharmacy team provided the Care Management team with a training on Use of Steroid Treatment in Autoimmune Conditions and a review of the Pharmacy Tool.
Health Homes CB-CME Case Conference Rate	This measure shows the percent of unique HHP enrolled members that have had at least one case conference during their time in the program.	671	44.0%	51.0%	47%	<ul style="list-style-type: none"> •Provide CB-CMEs with education on importance of case conferences, the definition of case conference, and reminder that this measure is being tracked. •Train new Care Management staff on HHP workflow. •Review of quarterly metrics with team by Clinical Supervisors highlighting both strengths as well as areas for improvement. •Completion of bi-monthly self-audits by staff to identify and remedy any gaps in the member's care plan including completing case conferences. •Completion of quarterly audits by Clinical Supervisors to ensure best practices and regulatory requirements are met. 	<ul style="list-style-type: none"> • Completed all planned activities.

Measure	Measure Description	Denominator	Baseline	Target	Current Performance	Planned Activities	Update on Activities in Q1 2021
Percentage of Members who completed Hepatitis C Treatment	Improve the percentage of members with any past history of Hepatitis C who have completed the Hepatitis C treatment regimen	3,956	37.3%	40.0%	37%	<ul style="list-style-type: none"> •Develop a member-focused awareness campaign and a provider education outreach campaign for targeted clinics and offices. •Address stigma for Hepatitis C treatment by partnering with providers to ensure access to treatment in their practice. •Provide treatment support through SFHP's Care Transitions and Care Management programs. 	<ul style="list-style-type: none"> • Revised and implemented hepatitis C reports for internal reporting and review.
Diabetes Prevention Program (DPP) – Do 150 Mins of Physical Activity Per Week	Achieve at least 150 minutes of physical activity per week for 25% of eligible members completing the Diabetes Prevention Program	8	100.0%	95.0%	100%	<ul style="list-style-type: none"> •Offer virtual and in-person classes. •Provide DPP enrollees with home exercise equipment, such as jump ropes or stretch bands. •Develop targeted training for providers to improve program referrals. 	<ul style="list-style-type: none"> • Currently working with Department of Public Health to discuss doing roadshows with the YMCA for their providers to educate them on how to refer members to the DPP. •The YMCA continues to offer virtual DPP classes but now also offers in-person.
Diabetes Prevention Program (DPP) – Satisfaction	Improve satisfaction with the Diabetes Prevention Program	5	91.0%	90.0%	100%	<ul style="list-style-type: none"> •Offer virtual and in-person classes. •Provide DPP enrollees with home exercise equipment, such as jump ropes or stretch bands. •Develop targeted training for providers to improve program referrals. •Provide training to YMCA staff on health inequities impacting SFHP members. Topics may include food insecurity and LGBTQIA+ identities. 	<ul style="list-style-type: none"> • Currently working with Department of Public Health to discuss doing roadshows with the YMCA for their providers to educate them on how to refer members to the DPP. •The YMCA continues to offer virtual DPP classes but now also offers in-person.
Diabetes Prevention Program (DPP) - Weight Loss	Achieve at least 5% weight loss for 25% of eligible members completing the Diabetes Prevention Program	8	18.8%	25.0%	37%	<ul style="list-style-type: none"> •Offer virtual and in-person classes. •Provide DPP enrollees with home exercise equipment, such as jump ropes or stretch bands. •Develop targeted training for providers to improve program referrals. 	<ul style="list-style-type: none"> • Currently working with Department of Public Health to discuss doing roadshows with the YMCA for their providers to educate them on how to refer members to the DPP. •The YMCA continues to offer virtual DPP classes but now also offers in-person.
Medication Therapy Management (MTM)	Increase the percentage of members who are engaged in Care Management and Care Transitions programs and have had an initial medication reconciliation completed by a Pharmacist	98	85.0%	87.0%	87%	<ul style="list-style-type: none"> •Monitor the pharmacist resource requirements needed to support the population of members engaged in Care Management and Care Transitions team. •Assess for efficiencies in workflow and member assessment configurations. •Continue reviewing members in the initial assessment process which recommends an MTM assessment and establishes the denominator population for this measure. 	<ul style="list-style-type: none"> • Identified technical issues in the new medication reconciliation tool and resolved it. • Updated pharmacist and pharmacy technician workflow on workaround when technical issues were occurring. • Ordered Medi-sets for delivery along with fanny packs to improve medication adherence for clients identified during medication reconciliation.
Opioid Safety - Buprenorphine Prescription	Increase the percentage of members with Opioid Use Disorder with a buprenorphine prescription	1,734	12.3%	15.0%	20%	<ul style="list-style-type: none"> •Outreach to methadone clinic providers in order to better support the use of MAT. •Disseminate educational material to members on MAT options. 	<ul style="list-style-type: none"> • Reviewed the frequency of prescribed buprenorphine fills, focusing on members with only one fill during 2020.

Measure	Measure Description	Denominator	Baseline	Target	Current Performance	Planned Activities	Update on Activities in Q1 2021
Opioid Safety - Opioid and Benzodiazepine Co-prescribing	Reduce the rate of opioid and benzodiazepine co-prescribing	2,898	10.7%	8.0%	9%	<ul style="list-style-type: none"> Develop provider information how to taper members off benzodiazepines and alternate treatments for anxiety and insomnia. 	No planned activities were completed during Q2 2021.
Chlamydia Screening (CHL)	Improve the Chlamydia Screening rate for SFHP members	2,073	58.1%	61.1%	60%	<ul style="list-style-type: none"> Continue to include chlamydia screening as a pay-for-performance measure in the Practice Improvement Program (PIP). Complete lab data analysis for other data sources to identify data and/or clinical quality issues potentially contributing to the screening rate and make recommendations for improvement. Include chlamydia screening in member and provider communications. Budget for and develop educational materials about STDs for teens. Explore expanding the Well Child member incentive population to the age of 21, and include chlamydia screening in the Adult Wellness member incentive to cover ages 22-24. 	<ul style="list-style-type: none"> Included chlamydia screening information in the provider newsletters and Spring 2021 "Your Health Matters" .
Well-Child Visits In The First 15 Months Of Life (W30)	Improve the Well-Child Visits for first 15 Months rate for SFHP members	673	46.9%	49.9%	45%	<ul style="list-style-type: none"> Restructure incentives report to filter for members who have not had a visit in past 9 months to send incentive form 3 months before next birthday. Previous reporting mechanisms timing didn't incentivize visits, new mechanism will incentivize visits that have not yet occurred and allow three months for members to receive incentive within the reporting year. Determine age groupings for target populations for Health Ed materials to be categorized by appropriate age milestones and will be sent on an annual basis. Health education materials will be added to incentive form to help inform parents/guardians of importance of visit. Explore ways to support Provider Network to promote telehealth visit options—provider newsletter, webpage updates, our Health Matters newsletter. Though this measure is not currently in PIP 2020-2021 program year, participants have optional quality improvement project funding to increase telehealth capacity. 	<ul style="list-style-type: none"> Updated report of members who have turned 3 months and 13 months who have not had PCP visits to incentivize getting 6 well child visits before 15 month birthday. Added health education materials to the incentive form to help inform parents and guardians of importance of the well-child visit.
Breast Cancer Screening (BCS)	Improve the Breast Cancer Screening rate for SFHP members	8,357	65.9%	68.9%	54%	<ul style="list-style-type: none"> Provide Health Education materials to Black/African American SFHP members. Partner with Ameri Corps to offer patient navigation services for Black/African American members due for a breast cancer screening. 	<ul style="list-style-type: none"> Initiated a contract with SF Women's Cancer Network for a .5 FTE placement of a patient navigator at the Rafiki Coalition who's mission is to eliminate health inequities in San Francisco's Black and marginalized communities through education, advocacy, and by providing holistic health and wellness services in a culturally affirming environment. Hired patient navigator. Developed health education materials for Black members.
Health Plan Consumer Assessment of Healthcare Providers and Systems (HP-CAHPS) Rating of Specialist	Increase the rate of NCQA Rating of Specialist	78	57.5%	59.5%	64%	<ul style="list-style-type: none"> Increase monitoring of network access and request Corrective Actions when needed. Identify access-related issues via the Access Compliance Committee and develop plans to address found issues. Conduct member focus groups. Promote SFHP's telehealth services to increase access to care. Implement a cross functional-work group to create a work plan to improve member engagement with the health plan. Interview health plans high performing in HP-CAHPS to collect best practices for member experience improvement. 	No planned activities were completed during Q2 2021.

Measure	Measure Description	Denominator	Baseline	Target	Current Performance	Planned Activities	Update on Activities in Q1 2021
Cultural and Linguistic Services (CLS)	The organization uses provider data to determine the race/ethnic and languages spoken by 10 percent of individual practitioners in network	N/A	N/A	10.0%	N/A	<ul style="list-style-type: none"> Explore ways to collect information about languages in which a practitioner is fluent when communicating about medical care -Possible Source: Practitioner survey, credentialing application, provider relations script, CVO, medical association or medical specialty directories Collect information about language services available through the practice Explore ways to collect practitioner race/ethnicity data Sources of practitioner language and race/ethnicity information Publish individual practitioner languages in the provider directory 	No planned activities were completed during Q2 2021.
Primary Care Utilization	Restore overall primary care utilization rate to pre-pandemic levels of Q2 2019 by Q2 2021	N/A	Q3 2020 rate	≥ Q2 2019 rate: 302.14	315	<ul style="list-style-type: none"> Inform members of the importance of primary care visits through marketing to members. Continue inclusion of the PCP visit rate in SFHP's pay-for-performance program. Participate in a Disparities Leadership Program with the aim to increase primary care engagement among SFHP's Black members. Conduct outreach to members high risk for COVID-19 to facilitate connection to care. Conduct Early and Periodic Screening, Diagnostic and Treatment calls mandated by DHCS Provide member financial incentive for adult wellness visit and expand age of target population for well child visit incentive. This targets adults without PCP visits in the last year, and a couple other target populations. Utilize Prop 56 Value Based Purchasing for several types of preventive and chronic care visits. Provide grants to SF Community Clinic Consortium for the purchase of Personal Protective Equipment for front line providers. This will make it safer for targeted providers to provide in-person care when indicated. Implement a cross functional-work group to create a work plan to improve member engagement with the health plan. 	No planned activities were completed during Q2 2021.
Percentage Of Members Utilizing The Non Specialty Mental Health (NSMH) Benefit With More Than Two NSMH Visits	Increase the rate of members with more than two NSMH visits in the past 12 months of members utilizing the NSMH benefit	2075	39.8%	42.8%	45%	<ul style="list-style-type: none"> Promote tele-behavioral health benefit to members through member communications. Communicate weekend and after-hours appointment access to members. 	No planned activities were completed during Q2 2021.
Telehealth Utilization	Increase percentage of primary care visits delivered by telehealth modalities	528,838	N/A	25.0%	50%	<ul style="list-style-type: none"> Promote tele-health services to members. Provide incentives for registration of tele-health services and for younger members to receive preventative health visits. Provide grants to provider network to invest in telehealth infrastructure. Implement a cross functional-work group to create a work plan to improve member engagement with the health plan. 	<ul style="list-style-type: none"> Completed a contract with SullivanLuallin to administer three trainings on telehealth to the SFHP provider network. The three trainings above were completed by June 30, 2021.



MEMO

To	QIC Committee
From	Luke Nelson, Pharmacy Analyst
Regarding	2021-2023 P&T Re-appointments & New Committee Members

07/30/21

List below are San Francisco Health Plan's 2021-2023 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
1	Lisa	Ghotbi	Pharm. D	SFHP	
2	James	Glauber	MD	SFHP	Pediatrics
3	(Jerome) Nicholas	Jew	MD	Chinese Community Health Care Association	Internal Medicine
4	Joseph	Pace	MD	San Francisco Dept. of Public Health (SFDPH)	Internal Medicine
5	Ron	Ruggiero	Pharm. D	UCSF Department of Clinical Pharmacy-Retired	OB/GYN Women's Health
6	Jaime	Ruiz	MD	Mission Neighborhood Health Center	Pediatrics
7	Linda	Truong	Pharm. D	San Francisco Health Network (SFHN)	
8	Robert (Brad)	Williams	MD	Mission Neighborhood Health Center	Internal Medicine
9	Steven	Wozniak	MD	South of Market Mental Health	Psychiatry
10	Maria	Lopez	Pharm. D	Mission Wellness Pharmacy	
	New Appointment*				
1	Bindu	Sheth	RPh	Walgreens	

* Resume provided if requested, recommended by Dr. Glauber.

Policies and Procedures (P&Ps) Updates and Monitoring Summary
August – September 2021

P&P Updates:

Policy (on consent)	Summary of New Policy and Updates
CARE-01: Care Management Programs	<u>Biennial Review</u> <ul style="list-style-type: none"> Updated references of CHN to SFN, Community Clinic Network
CARE-04: Complex Care Management	<u>Biennial Review (submit for MOT)</u> <ul style="list-style-type: none"> Updated reference of CHN to SFN, Community Clinic Network Under Procedure IV added, “Undergone major surgery, including Major Organ Transplant” as one of criteria for members to benefit from clinical intervention by CM staff
CO-31: Breastfeeding and Lactation Management	<u>Biennial Review</u> PROCEDURE <ul style="list-style-type: none"> Under C, Supplemental Nutrition, added WIC program and SFHP’s PNO’s role to inform providers regarding WIC through Provider Manual Under E, Health Education Programs, specified SFHP’s Population Health team that promotes breastfeeding through internal health education and incentive programs; also added reference to CLS-05. MONITORING <ul style="list-style-type: none"> Added CO’s role to monitor turnaround times to process members’ benefit/service requests Added CO performs IRR audits at least annually Added UMC monthly reviews appeals, IMRs, and SFH Specified SFHPs Health Services Programs evaluates member grievances Referenced DO-02 and FSR-02 for monitoring as relevant Under Section D, remove Pharmacy reference as UMC Charter already captures the fact that pharmacy is reviewed at UMC
CO-61: Gender Affirmation	<u>New Policy (DHCS APL 20-018; DHCS approved 9/14; pending DMHC for SB855 comment letter)</u> SFHP Gender Affirmation (GA) Services policies and criteria apply to transgender, nonbinary and gender-expansive members who desire gender affirming services to align their physical appearance with their gender. In accordance with the Insurance Gender Nondiscrimination Act (IGNA) and Affordable Care Act (ACA), SFHP does not discriminate against individuals on the basis of race, color, national origin, disability, age, sex, sexual orientation or gender, including gender identity or gender expression. SFHP treats each member in a manner consistent with their gender identity and provides transgender, nonbinary and gender-expansive members with the same level of health care benefits available to cisgender members. The common core set of benefits provided to all SFHP members are known as Essential Health

	Benefits (EHB).
QI-20: Comprehensive Perinatal Services	<p><u>Biennial Review (DHCS approved 9/10/21)</u></p> <ul style="list-style-type: none"> • Removed Healthy Kids HMO LOB <p>PROCEDURE</p> <ul style="list-style-type: none"> • Added language to clarify how SFHP covers Licensed Midwife services provided during home births or at a freestanding birth center. • Updated Affected Departments and Related P&Ps as relevant <p>Per SFHP’s contract with DHCS (Exhibit A, Attachment 10, Provision 7), SFHP covers and ensures the provision of all medically necessary services for pregnant women.</p>

MEMO

To	Quality Improvement Committee
From	Fiona Donald, MD Chief Medical Officer, SFHP
Regarding	Summary of HE P&Ps Updates (August - September 2021)

10/13/21

Please review the following summary of updates of HE P&Ps from August thru September 2021.
This is a FYI for the committee.

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

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



MEMO

To	Quality Improvement Committee
From	Nicole A. Ylagan, Program Manager Access & Care Experience
Regarding	Initial Health Assessment (IHA) Reinstated

BACKGROUND:

The Department of Health Care Services (DHCS) requires all new members complete an Initial Health Assessment (IHA), including an Individual Health Education and Behavioral Assessment (IHEBA) using the Staying Health Assessment (SHA) or other SFHP approved tool. An IHA is required within 120 days of enrollment with San Francisco Health Plan (SFHP). Per DHCS, providers should document assessment outcomes in the member's medical record.

The DHCS All Plan Letter ([APL 20-004](#): Emergency Guidance for Medi-Cal Managed Care Health Plans in Response to COVID-19) allowed Health Plans to suspend this requirement until the COVID-19 emergency declaration is withdrawn.

On September 9, 2021, DHCS revised the APL 20-004 to reinstate IHA activities on October 1, 2021 that was suspended for newly enrolled members from December 1, 2019 – September 30, 2021.

RECOMMENDED PLAN:

San Francisco Health Plan (SFHP) will resume IHA requirements starting October 1, 2021. If approved by QIC, the following IHA schedule will be sent to medical groups:

- In October 2021: Medical Groups will receive IHA lists of new members from 12/1/2019 – 3/31/2020.
- In January 2022: Medical Groups will receive IHA lists of new members from 4/1/2020 – 6/30/2020.
- In April 2022: Medical Groups will receive IHA lists of new members from 7/1/2020 – 10/31/2020.
- In July 2022: Medical Groups will receive IHA lists of new members from 11/1/2020 – 2/28/2021.
- In October 2022: Medical Groups will receive IHA lists of new members from 3/1/2021 – 6/30/2021.
- In January 2023: Medical Groups will receive IHA lists of new members from 7/1/2021 – 10/31/2021.

Health Plan CAHPS 2021
















Quality Improvement Committee

Yves Gibbons

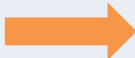



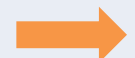

Senior Program Manager, Access & Care Experience

- Rating
 - Rating of All Healthcare maintained higher performance
- Improvement Projects
 - Teladoc Registration Campaigns & Increased Utilization
 - Increase percentage of primary care visits through telehealth
 - Member Experience Video Series

NCQA Scores and Comparison

Composite	2015-2021 Trend	2021	Percentile	NCQA Stars Out of Five
Rating of Health Plan		59.3%	10 th	
Rating of Personal Doctor		67.4%	10 th	
Rating of Specialist Seen Most Often		64.1%	10 th	
Rating of All Health Care		57.8%	33 rd	
Getting Needed Care		74.1%	Below 10 th	
Getting Care Quickly		70.5%	Below 10 th	
Coordination of Care		82.7%	10 th	
Customer Service		⁶³ 80.6%	Below 10 th	NA

Top Priorities for Improvement










Current Key Driver Performance		Room for Improvement on Key Driver	Overall Improvement Opportunity
2021 Plan Rates		Percentage Point Difference Between Current Key Driver Score and the Best Practice Score	Expected Percentage Point Improvement in Rating of Health Plan score if Key Driver Performs at Best Practice Level
Ease of getting needed care, tests, or treatment:	77.33%	+16.79%  94.12%	 +4.20%
Rating of Personal Doctor:	67.39%	+8.24%  75.63%	 +3.42%
Customer service provided needed information or help:	74.58%	+17.23%  91.80%	 +2.04%

- CAHPS Workgroup
 - Planning FY 21/22 off cycle CAHPS surveying
 - Providing feedback and guidance to member experience projects
- Organizational Goals – Health Equity
 - Meet NCQA Health Equity Accreditation Standard for Race/Ethnicity, Language Data, Sexual Orientation and Gender Identity Data
 - Develop and implement a process to use health disparities data in at least into two member-facing programs/activities

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

Member Experience Survey – CAHPS

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

Ratings and Composites	2015-2021 Trend	2020	2021	2021 Target	National percentile comparison	Summary of 2021 Improvement Efforts
Rating of Health Plan		57.5%	59.3%	58.5%	10 th	<ul style="list-style-type: none"> Member Experience Video Series – SFHP implemented a cross functional-work group to create YouTube videos in Chinese, English, Russian, and Vietnamese to plan to improve member engagement with the health plan. Videos included guides to access members' care network, access to PCPs and specialists, and members right to interpreter services. Increased Teladoc Registration & Utilization - 880 more members have access to telehealth care 24 hours a day, 7 days a week. SFHP also increased appointments by over 300% from 152 appointments in fiscal year 2019-20 to 490 in 2020-21. Incentivized access performance in Clinic and Group CAHPS in SFHP Pay for Performance program. Three medical groups or clinics worked to increase the use of telehealth modalities. Three medical groups or clinics worked to increase primary care utilization to pre-COVID levels. One medical group representing the largest portion of SFHP membership implemented a project to address care disparities experiences by Black/African American membership.
Rating of Personal Doctor		63.4%	67.4%	64.4%	10 th	
Rating of Specialist Seen Most Often		62.8%	64.1%	63.8%	10 th	
Rating of All Health Care		53.5%	57.8%	54.5%	33 rd	
Getting Needed Care		72.3%	74.1%	73.3%	Below 10 th	
Getting Care Quickly		72.2%	70.5%	73.2%	Below 10 th	
Coordination of Care		79.8%	82.7%	80.8%	10 th	
Customer Service		80.4%	80.6%	81.4%	Below 10 th	
How Well Doctors Communicate		91.4%	88.5%	93.4%	Below 10 th	

Results Key

Green Scores meet 2021 target

Orange Scores do not meet 2021 target











Methodology & Response Rate

Fielding: February 16th to May 13th, 2021

Sample: 1350 Medi-Cal members

Response rate: 23% (n=313)

Administration mode: email, mail, phone

Network	Year	Rating of Health Plan	Rating of Personal Doctor	Rating of Specialist Seen Most Often	Rating of All Health Care	Getting Needed Care	Getting Care Quickly	Coordination of Care	Customer Service	How Well Doctors Communicate
	2020	57.5%	63.4%	62.8%	53.5%	72.3%	72.2%	79.8%	80.4%	91.4%
	2021	59.3%	67.4%	64.1%	57.8%	74.1%	70.5%	82.7%	80.6%	88.5%
	2020	61.5%	67.3%	76.7%	57.7%	83.6%	75.1%	87.5%	88.7%	93.3%
	2021	46.5%	54.8%	66.7%	56.3%	81.7%	74.3%	79.2%	84.3%	92.2%
	2020	55.9%	62.7%	59.0%	55.2%	60.4%	65.1%	72.3%	72.0%	81.7%
	2021	52.3%	54.0%	53.3%	53.9%	72.2%	69.4%	84.2%	70.3%	88.5%
	2020	62.1%	65.3%	75.0%	48.1%	79.2%	66.6%	80.8%	92.2%	91.9%
	2021	65.9%	63.4%	70.4%	56.9%	79.7%	77.6%	66.7%	83.3%	87.5%
	2020	51.4%	60.4%	56.9%	55.9%	52.8%	60.1%	66.0%	65.4%	84.3%
	2021	55.6%	60.3%	61.4%	54.2%	63.5%	63.3%	71.8%	73.2%	90.3%
	2020	57.7%	65.6%	59.2%	52.9%	79.5%	89.9%	84.0%	81.7%	92.5%
	2021	64.9%	58.5%	73.2%	57.1%	84.2%	77.6%	81.3%	84.5%	91.0%
	2020	57.8%	62.8%	68.4%	53.2%	69.6%	69.9%	79.6%	79.3%	88.7%
	2021	59.1%	66.1%	65.5%	53.7%	71.5%	62.4%	70.3%	78.9%	87.1%
	2020	51.9%	61.4%	69.6%	50.0%	76.4%	80.2%	92.9%	89.3%	93.8%
	2021	69.7%	63.6%	65.2%	61.7%	74.0%	61.8%	89.3%	87.6%	88.1%
	2020	50.5%	63.4%	58.8%	44.3%	71.6%	70.1%	75.0%	80.7%	89.3%
	2021	51.5%	77.6%	62.5%	60.0%	81.3%	75.0%	95.5%	76.2%	92.0%
	2020	60.6%	67.4%	69.2%	62.2%	75.2%	81.6%	87.5%	87.1%	95.4%
	2021	59.6%	63.1%	57.7%	51.4%	75.1%	82.6%	81.6%	87.2%	90.4%

Results Key

Orange	Scores decreased by ≥1% from 2020 to 2021
Green	Scores increased by ≥1% from 2020 to 2021

SFHP Prioritizes Improvement in CAHPS

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

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

Massachusetts General Hospital Disparities Leadership Program

2020-2021 SFHP Participation Report Back

SFHP

San Francisco Health Plan Quality Improvement Program

Potential Quality Issue

Potential Quality Issue (PQI)



- Identified adverse variation from expected clinical standard of care requiring further investigation. A PQI can lead to a confirmed provider or system quality issue and opportunity for improvement.
- **Policy and Procedure QI-18**
- **Oversight and Monitoring:**
 - Confirmed Quality Issues and Severity Ranking are presented to Quality Improvement Committee (QIC) quarterly
 - IRR process
 - Staff training to identify PQI and referral

The Potential Quality Issue (PQI) Team



Ralph Custodio, RN
Quality Review Registered Nurse (QRRN)



Dr. Fiona Donald
Chief Medical Officer, Board-Certified in Internal Medicine



Jackie Hagg, RN
Facility Site Review Nurse



Dr. Wayne Pan
Medical Director, Board-Certified in Orthopedics



Nicole Ylagan
Interim Supervisor of Appeals & Grievances

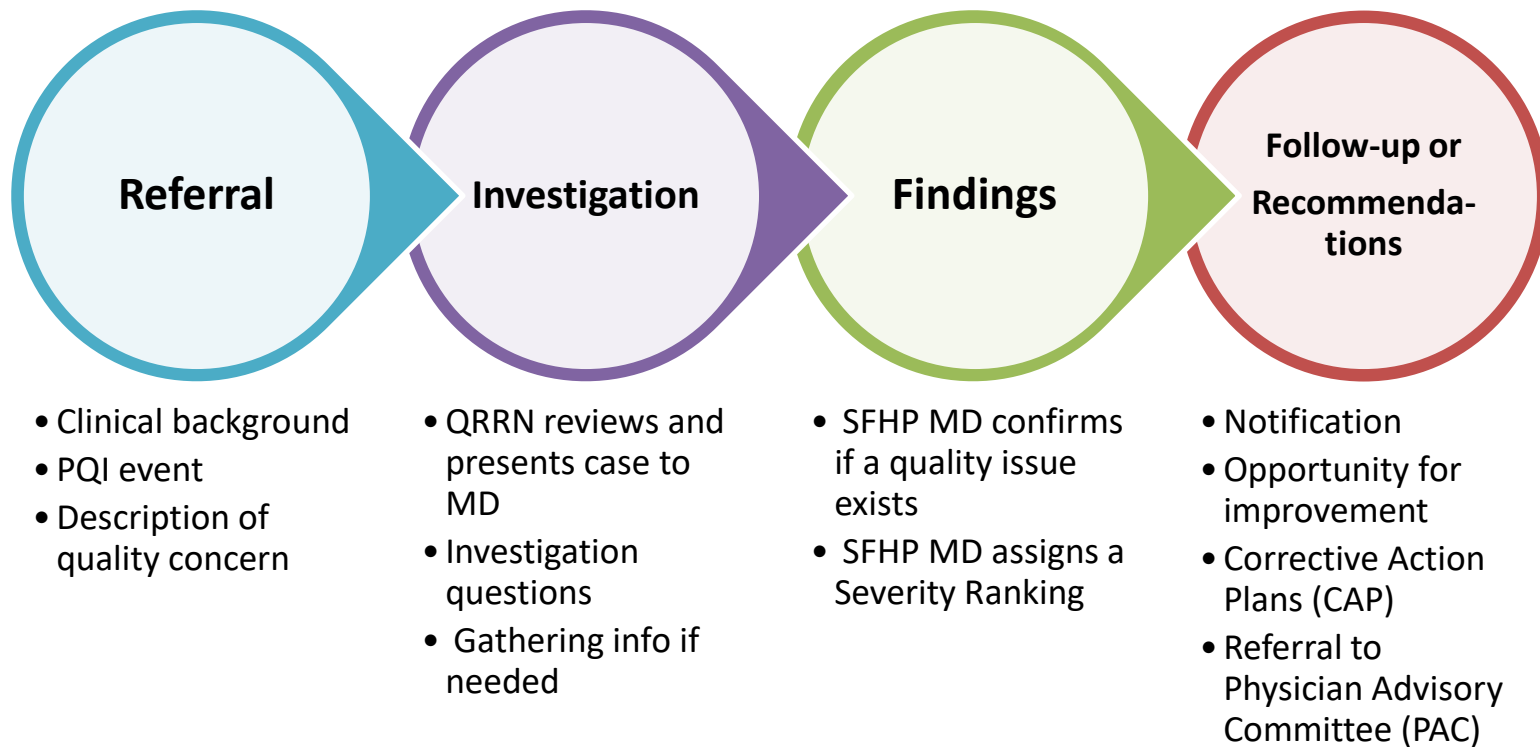
Key Contributors to PQI



Sources of PQI



PQI High Level Process



Turnaround time is **within 60 calendar days** from date referral was received