



Date: August 11, 2022
Meeting Place: Microsoft Teams Meeting
 +1 323-475-1528 : Conference ID: 887 875 09#

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

Members Present:

Kenneth Tai, MD *Chief Medical Officer, North East Medical Services*; Jackie Lam, MD *Medical Director and QI Director Northeast Medical Services*; Irene Conway *SFHP Member Advisory Committee Member*; Idell Wilson *SFHP Member Advisory Committee Member*; Jaime Ruiz, MD *Chief Medical Officer, Mission Neighborhood Health Center*; Lukejohn Day, MD *Chief Medical Officer, Zuckerberg San Francisco General Hospital*; Albert Yu, MD, MPH, MBA *Chief Health Information Officer, San Francisco Department of Health*

Staff Present:

Ellen Piernot, MD *Interim Chief Medical Director*; Eddy Ang, MD *Senior Medical Director*; Hanan Obeidi, MPH CHES *Vice President, Health Services Programs*; Yves Gibbons *Senior Program Manager, Quality & Access*; Leslie Mulhern, RN, CPHQ, CHCQM *Concurrent Review & Care Transitions Nurse*; Michelle Faust, RN *Prior Authorization Nurse*; Jackie Hägg, RN, MSN, DHCS-MT *Senior Nurse Specialist*; Kaitlin Hawkins PharmD BCPS *Manager, Pharmacy Operations*; Elizabeth Sekera, RN *Manager, Population Health*; Matija Cale RN, MS *Director, Clinical Operations*; Edward Cho *Provider Relations Specialist*; Se Chung *Health Services Administrative Specialist*; José Méndez, *Senior HEDIS Program Manager*; Grace Cariño, MPH *Supervisor, Grievances and Appeals*; Jenna Colin, RN *Quality Review Nurse*; Anh Huynh *Program Manager, HSPM*; Vaishali Patankar *Manager, HSPM*; Jessica Shost, PharmD *Care Coordination Pharmacist*; Travis Tiani *Senior Manager, Member Services*

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
Call to Order	<ul style="list-style-type: none"> Meeting called to order at 7:33am with a quorum. Dr. Ellen Piernot, SFHP Interim CMO meeting facilitator. 		

Consent Calendar	Review reports. <ul style="list-style-type: none"> • Review of June 2022 Minutes • Q1 2022 ER Report • Q2 2022 Grievance Report • Q2 2022 Appeals Report • UM Committee Minutes (*April, May, June 2022) *No March UMC meeting • HE P&P Updates Summary (June, July 2022) • 2021 Grievance & Appeals Annual Report • Q2 2022 PQI Report 		Approved.
Quality Improvement	<p>• HEDIS MY2021 Update Presented by José Méndez & Anh Huynh Concluded in June 2022. Preparing for next season, MY2022.</p> <p>Key Activities Completed: upgraded to web-based tool, Quality Reporter; data improvements in member enrollment, Rx mapping, provider chase logics; completed all HDC and HSAG annual audits; completed and passed Medical Record Review (MMR); submitted preliminary and final rates; offboarded HEDIS team</p> <p>Post activities: reviewing lessons learned; program improvements; data improvements – integrate EMR and case management sources; Disparities Dashboard completed; review of MY2022 requirements.</p> <p><i>Dr. Albert Yu: Can you elaborate the integration of Electric Medical Records (EMR) and other sources?</i></p> <p><i>Anh Huynh: Currently planning on incorporating EMR and Care Management which has not previously been done. Interested in seeing what steps are needed integrate, gauge interest in hospitals are willing to share that data, excited to start the journey to bring data in. Beginning stages of project planning.</i></p> <p><i>Dr. Albert Yu: There will need to be consideration for resource mapping besides the work itself.</i></p>		

	<p>Final Rates Summary: HEDIS program has 2 measure sets: NCQA and MCAS.</p> <p>NCQA: No major findings; COVID-19 still impacting primary care services in early 2021; four new NCQA required measures: Follow-Up After High-Intensity Care for Substance Use Disorder (FUI), Plan All Cause Readmissions (PCR), Pharmacotherapy for Opioid Use Disorder (POD), Prenatal Immunization Status (PRS-E); ‘No Benefit’ measures not reported: services may be fully carved out or known data gaps includes: Annual Dental Visits (ADV), Follow-Up After Hospitalization for Mental Illness (FUH), Follow-Up After High-Intensity Care for Substance Use Disorder (FUI), Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA), Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET). Currently exploring how to remediate the data gap for substance use disorder so can reported in the future; the Health Plan Ratings (HPR) to be published in September 2022. Anticipating a continued 4.0 rating.</p> <p>MCAS: No major findings; COVID-19 still impacting some of the measures; two new DHCA measure: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA) and Follow-Up After Emergency Department Visit for Mental Illness (FUM). How to address data gaps to be included in QI workplan – clinical and data; one measure did not meet the Minimum (50th %) Performance Level (MPL) – Well-Child Visits in the First 30 Months of Life (W30). Second year reporting on measure. Measure on QI workplan; three previously unmet measures, met MPL this year – CDC Poor Control, WCC BMI, and Breast Cancer Screening.</p> <p>Quality Improvement Efforts: QI/PHM workgroup to review and prioritize measures; prioritized measures: AMR, BCS, CDC, FUA, FUM, PCR, SAA, W30; priority population and interventions are being identified.</p>		
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	<p><i>Dr. Eddy Ang: There are some measures that are tied to follow-ups for substance abuse, SMI that are challenging because the follow-up visits may not be correctly coded and secondary conditions can become the prioritized diagnosis. Secondary diagnoses are not counted in these follow up measures.</i></p> <p><i>José Méndez : Yes, you are correct. The ED visit/hospitalization and follow-up visit has to similar diagnosis in order to indicate they are related.</i></p> <p>• Consumer Assessment of Healthcare Providers and Systems (CAHPS) Review Presented by Yves Gibbons</p> <p>Contributes to 1/3 of NCQA score.</p> <p>2022 Achievements: performance improvement in Customer Service Composite; improvement projects included: seven member experience videos in five languages, incorporated health disparities data to use on five member facing programs.</p> <p>Composites that contribute to score: ex. Rating of Health Plan, Personal Doctor, Specialist Seen Most Often..., SFHP performing in 10th or below 10th %. Anticipating 1.5 out of 5 Stars.</p> <p>Key Drivers for HP CAPHS improvement: ex. questions: ease of getting needed care, rating of personal doctor, customer service provided, specialist etc. Percentages have been identified increase HP score.</p> <p>Next Steps: Continue to circulate member videos; conduct member focus groups, continue CAHPs workgroup. Phone survey planned to >150 members to collect more information regarding key driver questions. For example, “what was difficult about getting access to care and treatment “what specific services were difficult to get access to?”, “what information was difficult to get from customer service?”.</p> <p><i>Dr. Albert Yu: What has been learned from previous focus groups?</i></p> <p><i>Yves Gibbons: The member experience videos were created to give a clear guide on how to get care. Circle of Care – pamphlet created tailored for each member outlined how to get access to care.. Created better website design and explanation of Telehealth and mental health</i></p>		
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	<p><i>benefits . Next focus group specific to cultural linguistic perceptions and LGBTQ population's perceptions of care.</i></p> <p><i>Elizabeth Sekera, RN: Currently investigating how to make providers searchable by race, ethnicity and spoken language.</i></p> <p><i>Travis Trini: Internal trainings –to help with soft skills & re-training schedule to keep on top how to give members what they need.</i></p> <ul style="list-style-type: none"> • Meeting adjourned at: 8:40AM. 		
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QI Committee Chair's Signature & Date: _____

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

MEMO

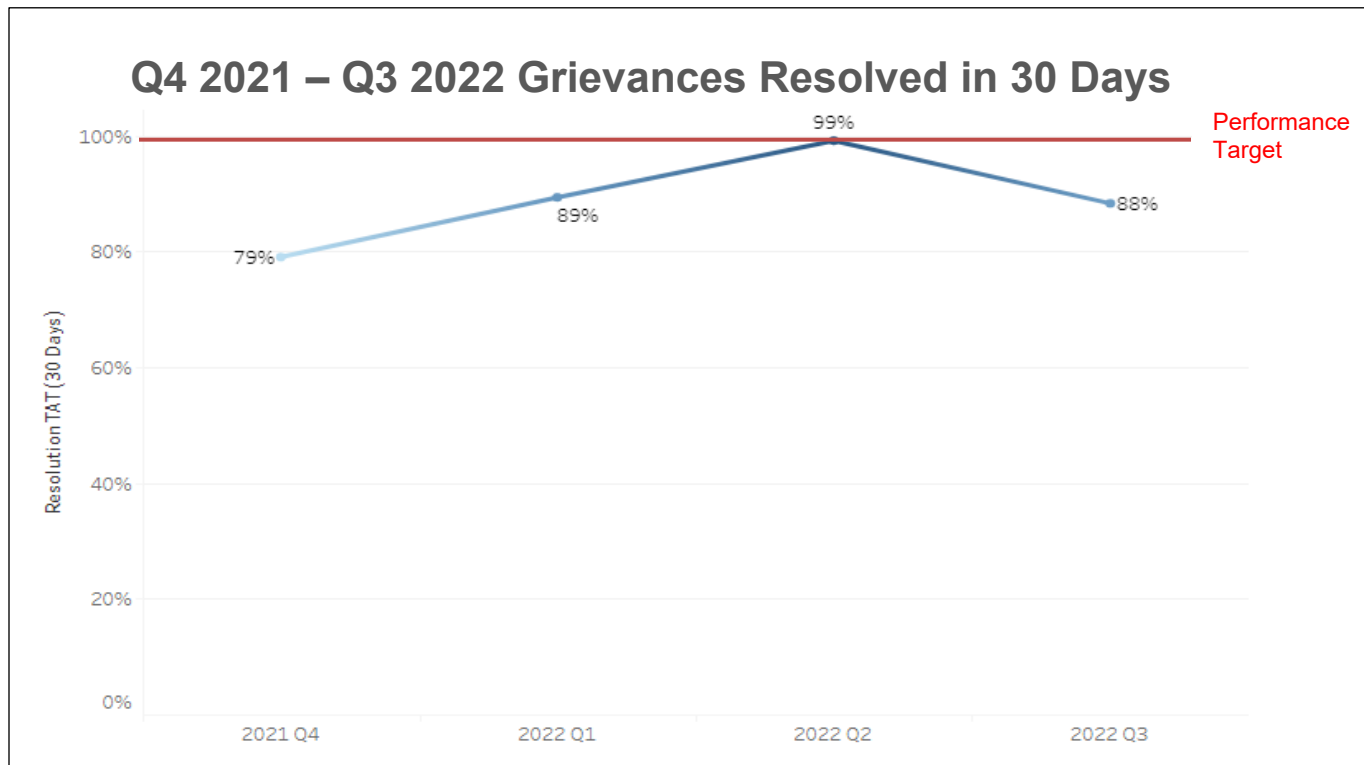
Date: October 13, 2022

To	Quality Improvement Committee
From	Lena Liu Associate Program Manager, Grievances and Appeals
Regarding	Q3 2022 Grievance Report

- SFHP received a total of 96 grievances in Q3 2022. Overall grievance volume decreased by 20% from 120 total grievances in Q2 2022.
- There are 12 grievances that are still open from Q3 2022. All the grievances from Q3 2022 that were resolved were 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).
- In Q3 2022, three acknowledgement letters were not sent out within five calendar days, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).

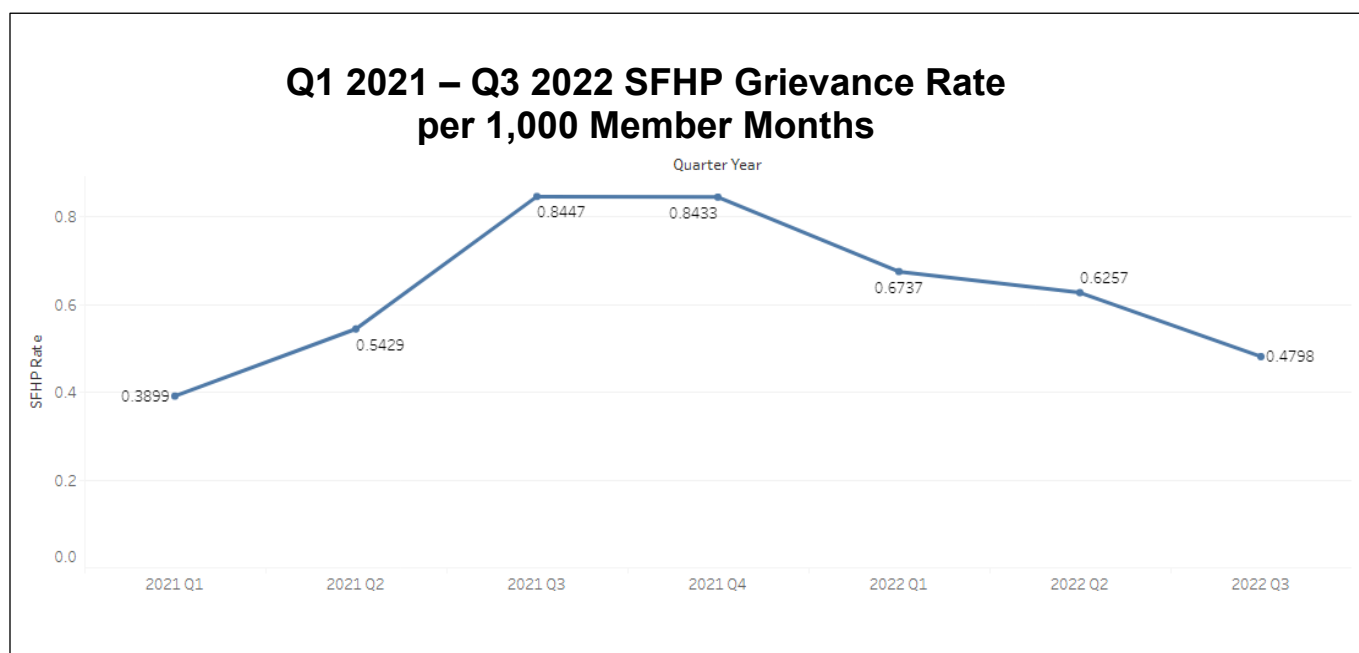
SFHP's performance threshold for closing grievances within the required timeframe of 30 days is 99%. In Q3 2022, the percentage of grievances resolved within 30 calendar days is showing as 88% as there are grievances that are still open and under investigation.

In Q3 2022, the percentage of acknowledgement letters sent out within five calendar days was 97%. SFHP did not send out three acknowledgement letters within five calendar days due the member's request to open different grievances for his concerns instead of combining it into one grievance.

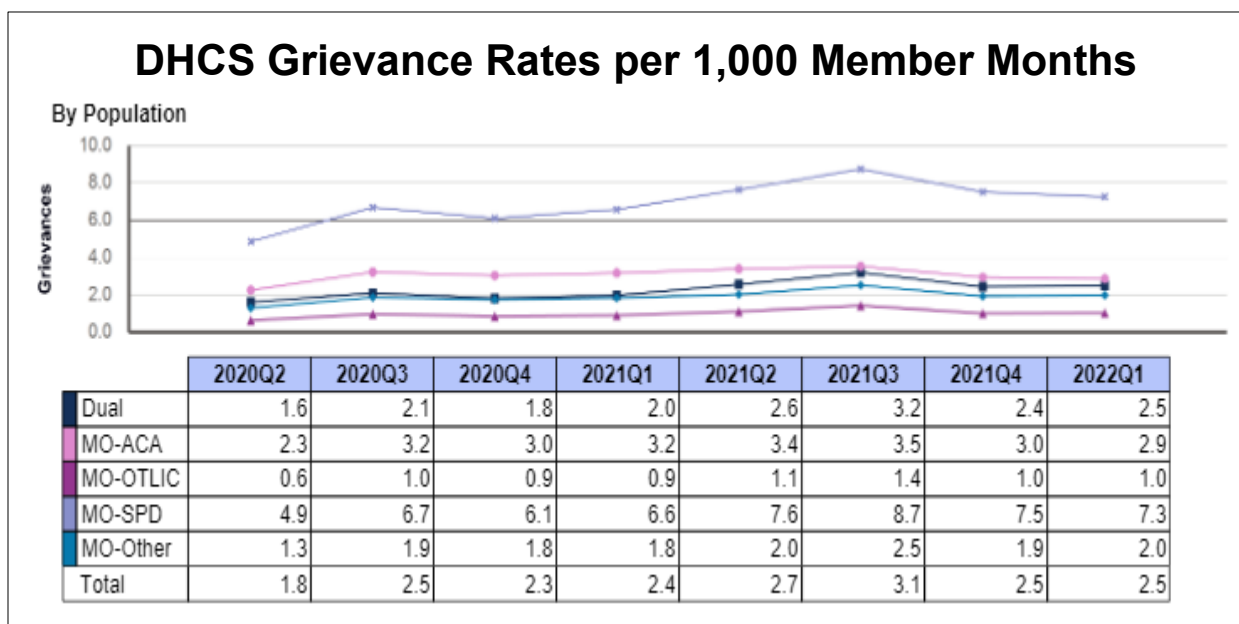


SFHP Grievance Rate

SFHP's grievance rate increased from Q1 2021 through Q3 2021. The rate then decreased from Q4 2021 through Q3 2022.



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



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

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

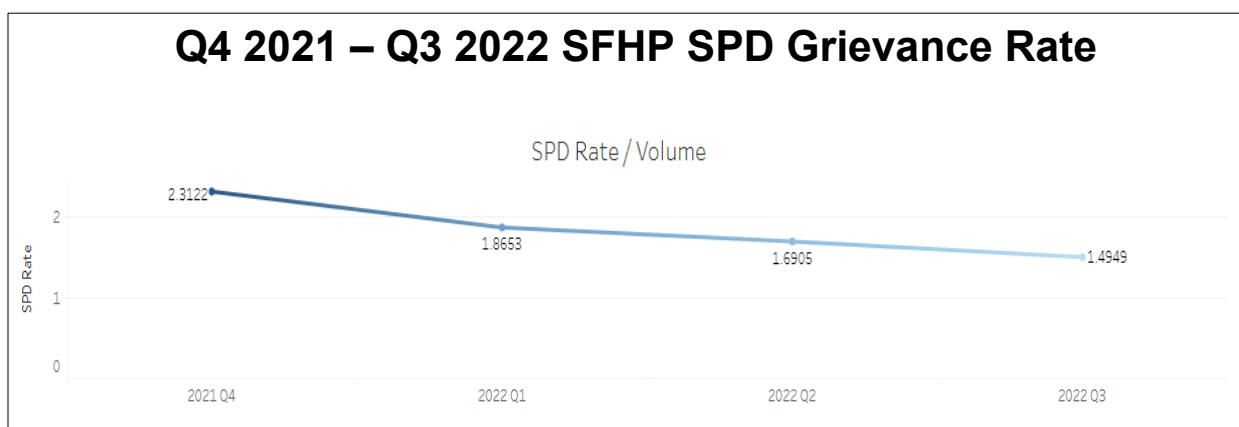
*MO-SPD: Medi-Cal Only Seniors and Persons with Disabilities

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

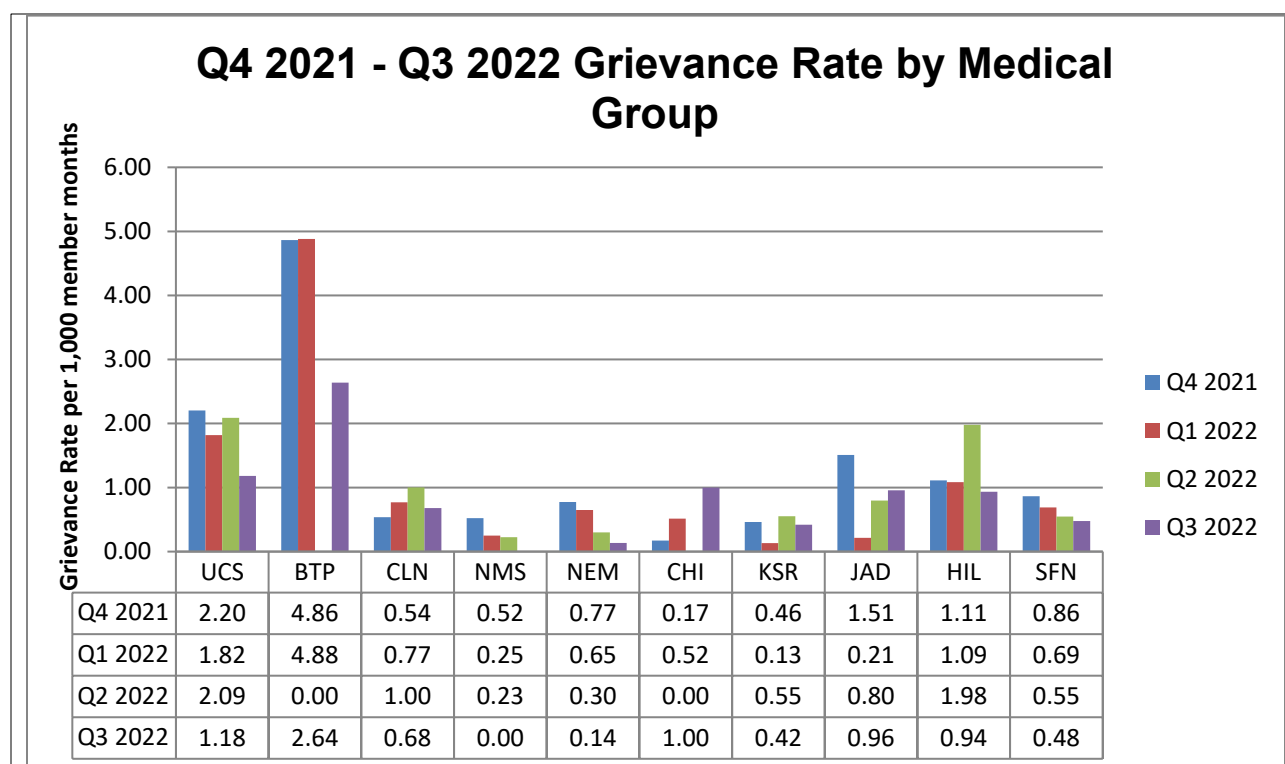
SFHP monitors grievances filed by members who are part of the SPD population.

- In Q3 2022, 32 grievances were filed by SPD members. The number of grievances filed by SPDs decreased by 33% compared to Q2 2022 when a total of 48 grievances were filed by SPD members.
- Grievances involving quality of service and quality of care continue to be the most common grievance categories for SPD members.

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



Grievance Rate by Medical Group:



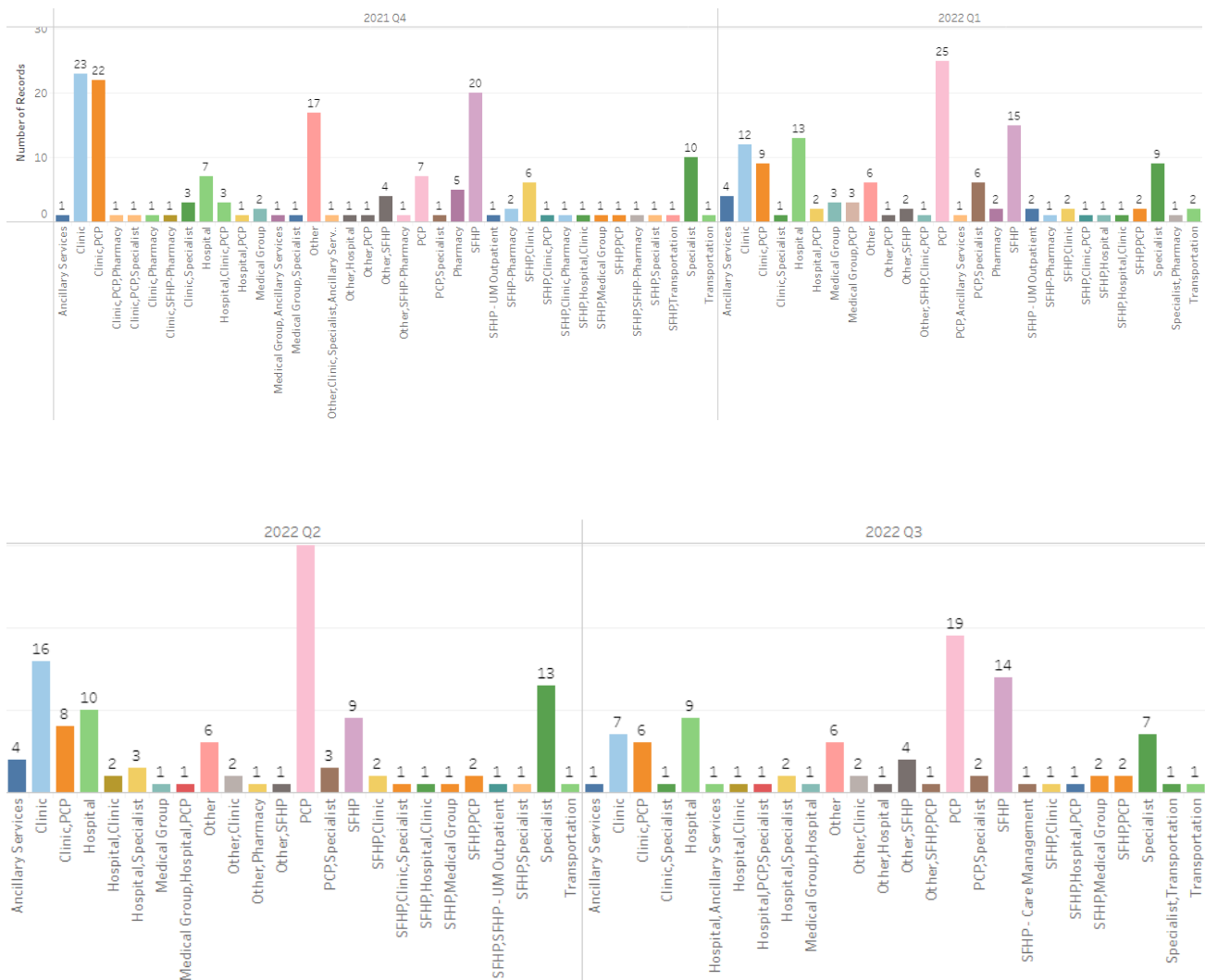
*Includes clinical and non-clinical grievances only.

In Q3 2022, three of the medical group grievance rates increased whereas the remaining seven decreased compared to Q2 2022. Although BTP's and CHI's grievance rates decreased to zero in Q2 2022, they both increased again in Q3 2022.

Source of the grievances:

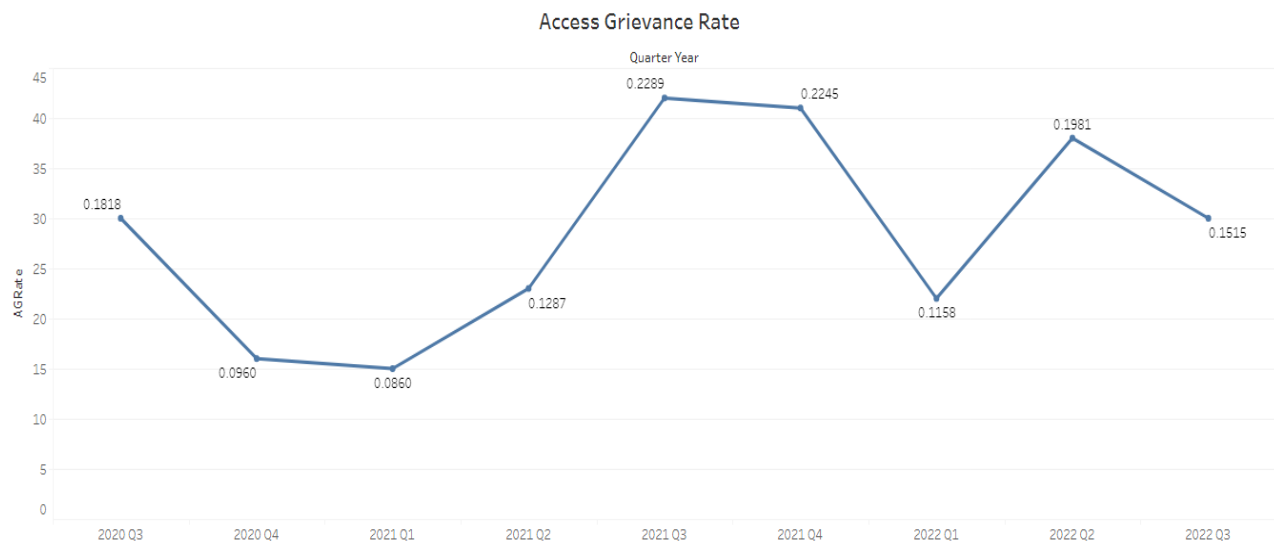
The graph below shows who was involved in the grievance e.g. member's Primary Care Provider (PCP), clinic staff, or specialist. The source of most grievances received in Q3 2022 were those involving services provided by the member's PCP followed by SFHP and the member's hospital.

Q4 2021 – Q3 2022 Grievance Source



Access to Care Grievances:

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

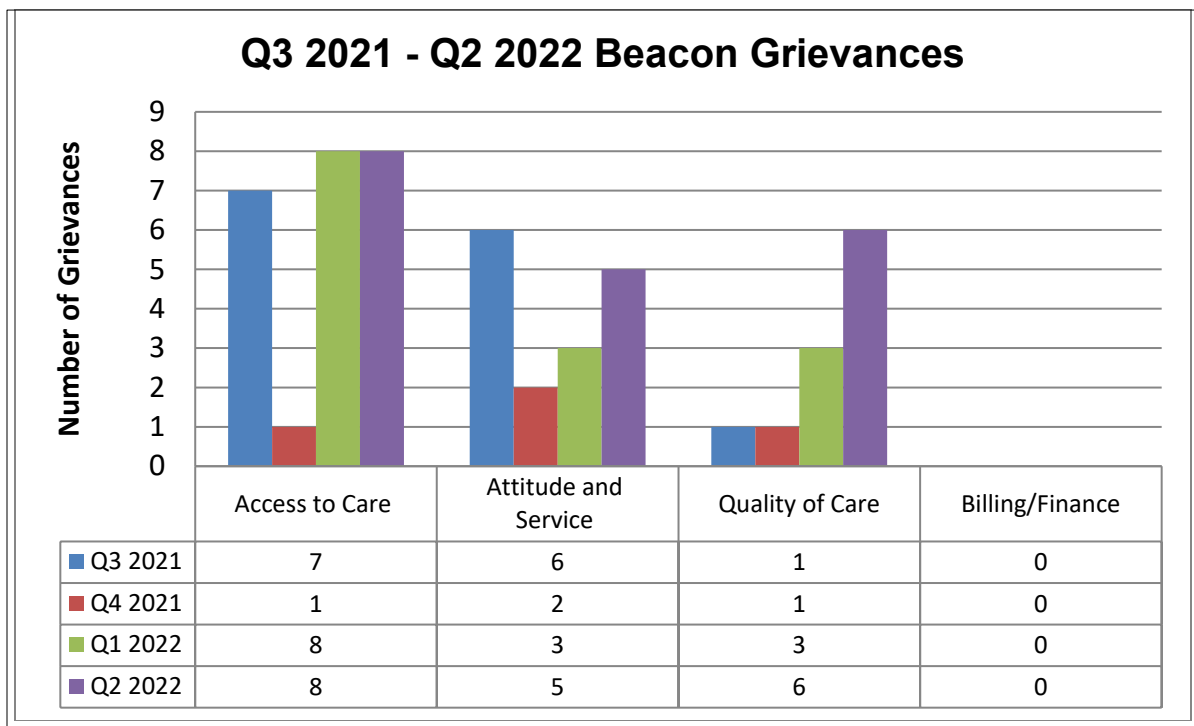


Access Grievances per 1,000 Member Months

Access Grievance Rate By Medical Group				
	Quarter Year			
	2021 Q4	2022 Q1	2022 Q2	2022 Q3
BTP	3.47	0.66		1.32
CHI	0.00	0.17		0.50
CLN	0.24	0.06	0.39	0.21
HIL	0.00	0.50	0.00	0.47
JAD	0.00	0.00	0.20	0.38
KSR	0.00	0.00	0.06	0.06
NEM	0.27	0.14	0.07	0.05
NMS	0.13	0.12	0.11	
SFN	0.22	0.08	0.20	0.13
UCS	0.45	0.38	0.70	0.44

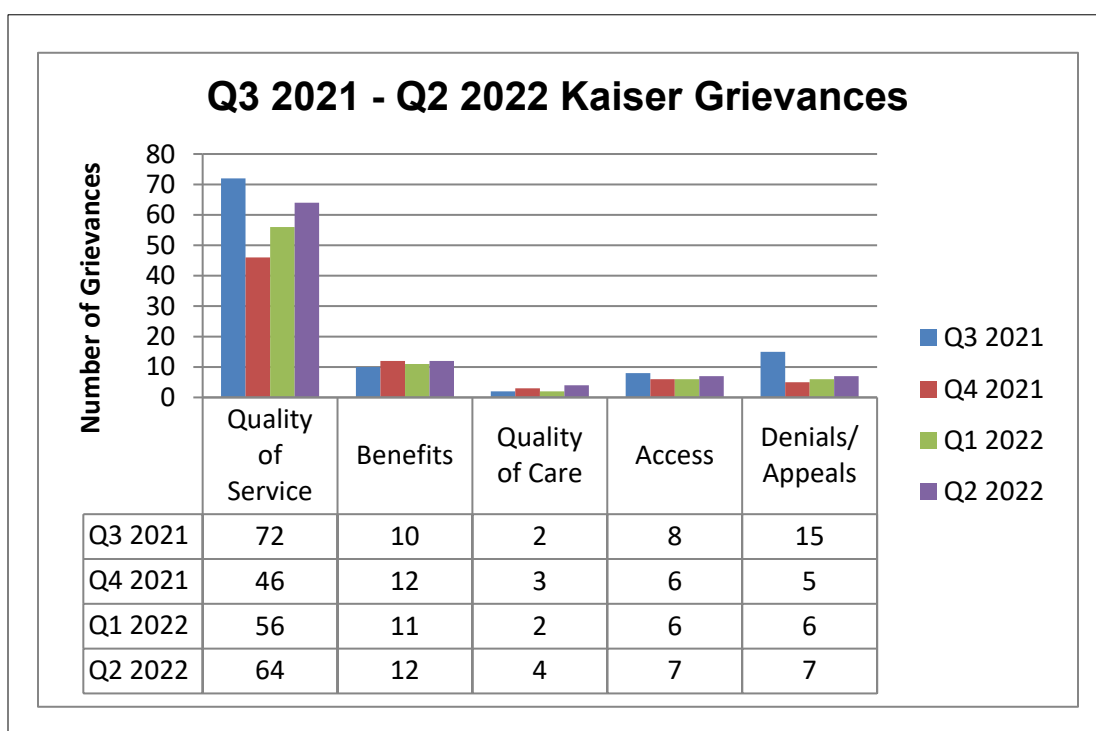
Beacon:

Beacon Health Options is SFHP's non-specialty mental health provider. Beacon is partially delegated to process grievances. Beacon's data for Q3 2022 is not available yet. The data for Q3 2022 will be shared in the next quarter. Below is data from Q3 2021 – Q2 2022.



Kaiser:

Kaiser is fully delegated to investigate and resolve grievances. Kaiser's data for Q3 2022 is not available yet. The data for Q3 2022 will be shared in the next quarter. Below is the data from Q3 2021 – Q2 2022.





MEMO

Date: October 11, 2022

To	Quality Improvement Committee
From	Grace Cariño, MPH Supervisor, Grievances and Appeals
Regarding	Q3 2022 UM Medical and Pharmacy Appeals Activity

Q3-2022 Appeals Activity – Overview

During Q3-2022, there were a total of 9 appeals filed (medical – 7/pharmacy – 2)ⁱ. In Q3-2022, there were a total of 5,529 authorizationⁱⁱ requests (medical – 5,383/pharmacy – 146) and a total of 69 denials (medical – 19/pharmacy – 50).

On a per 1,000 total authorization basis:

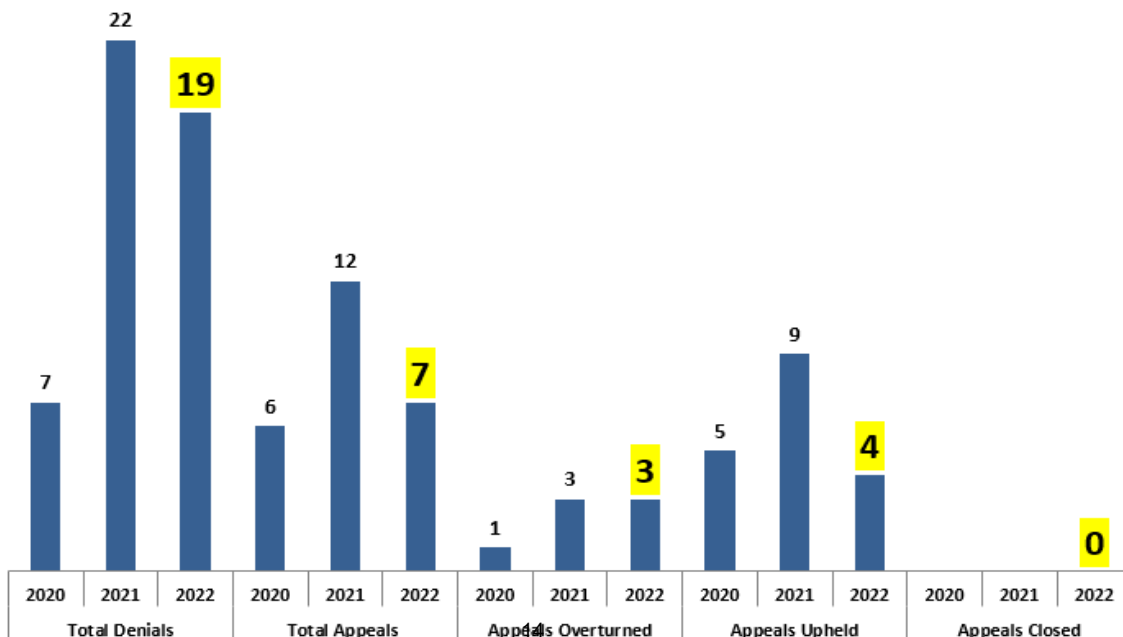
- 1.63 total appeals per 1,000 total authorizations
- 1.27 medical appeals per 1,000 total authorizations
- 0.36 pharmacy appeals per 1,000 total authorizations

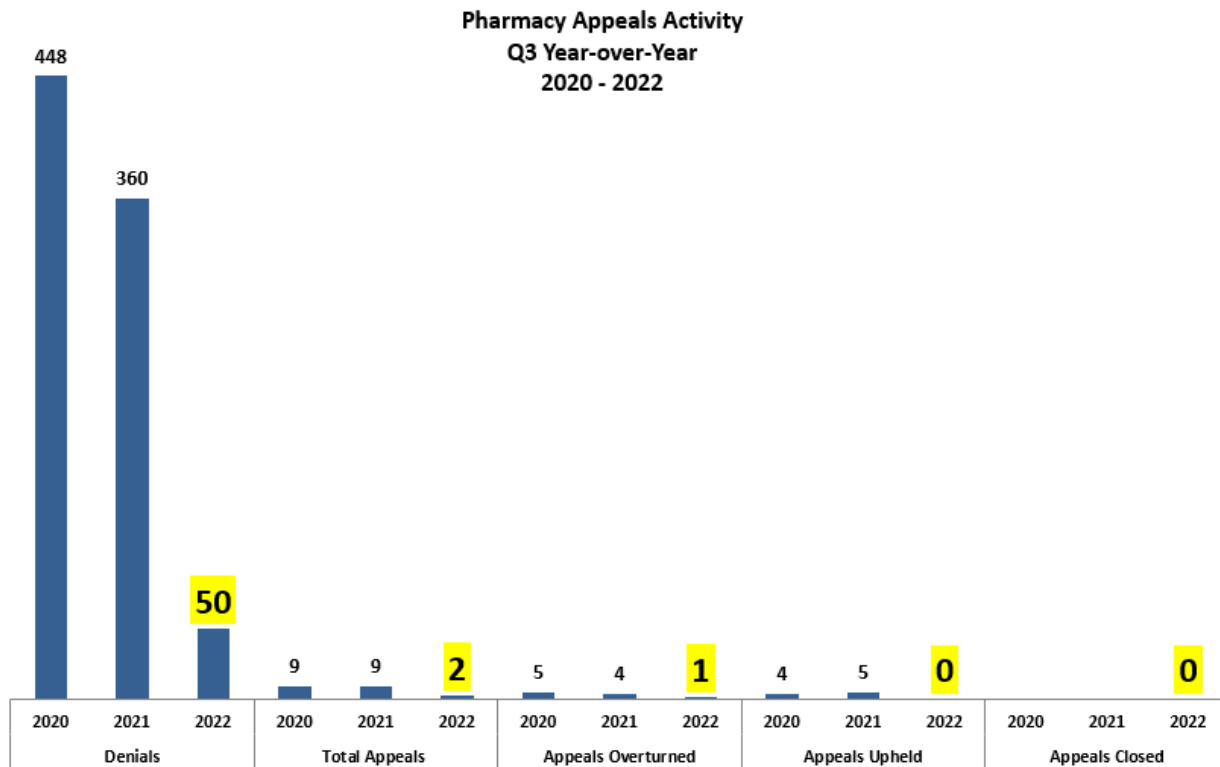
Comparing appeal activity in Q3-2022 to Q2-2022:

- 9 appeals in Q3-2022 vs. 16 appeals in Q2-2022
- 1.63 appeals/1000 in Q3-2022 vs. 3.38 appeals/1000 in Q2-2022

Of the 9 appeals in Q3-2022, 4 appeals were overturned (medical – 3/pharmacy – 1), which is a 44% overturn rate. This compares to a 56% overturn rate in Q1-2022 (9 overturned out of 16 appeals). Please note one pharmacy appeal is still open during the creation of this report.

**Medical Appeals Activity
Q3 Year-over-Year
2020- 2022**





Analysis

Q3-2021 – Q3-2022 Medical Denial Rates

Between Q3-2021 and Q3-2022, the medical denial rates ranged from 0.35% (Q3-2022) to 1.48% (Q2-2022):

	Medical Authorizations	Medical Denials	Medical Denial Rate
Q3-2021	3,989	22	0.55%
Q4-2021	3,759	26	0.69%
Q1-2022	5,136	24	0.47%
Q2-2022	4,595	68	1.48%
Q3-2022	5,383	19	0.35%

Q3-2021 – Q3-2022 Pharmacy Denial Rates

Between Q3-2021 and Q3-2022, the denial rates ranged from 18.19% (Q3-2021) to 34.24% (Q3-2022):

	Pharmacy Authorizations	Pharmacy Denials	Pharmacy Denial Rate
Q3-2021	1,979	360	18.19%
Q4-2021	1,856	453	24.41%
Q1-2022	120	35	29.12%
Q2-2022	135	31	22.96%
Q3-2022	146	50	34.24%

Q3-2021- Q3-2022 Collective Medical & Pharmacy Appeal Rates per 1000 Denials

Between Q3-2021 and Q3-2022, the collective medical and pharmacy appeal rates per 1000 denials ranged from 16.16 (Q2-2022) to 57.4 (Q4-2021):

	Medical + Pharmacy Denials	Medical + Pharmacy Appeals	Medical + Pharmacy Appeals / 1000 Denials
Q3-2021	556	21	37.8
Q4-2021	453	26	57.4
Q1-2022	59	21	35.6
Q2-2022	99	16	16.16
Q3-2022	69	9	13.04

Q3-2022 Collective Medical & Pharmacy Appeal Adjudication Turn-Around-Time

One hundred percent of the medical and pharmacy appeals were adjudicated within 30-days in Q3-2022 compared to 94% in Q2-2022. Please note one pharmacy appeal was still open during the creation of this report.

	Q2-2022		
	Total (Med + Pharm)	Medical	Pharmacy
Number (#) of Appeals	8	7	1
Percentage (%) of Appeals Adjudicated within 30-days	100%	100%	100%

Q3-2022 Member and Provider Appeal Activity

Of all appeals filed in Q3-2022, 78% were member initiated and 22% were provider initiated.

Of all appeals filed in Q3-2022, one appeal was expedited.

		Q3-2022		
		Total (Med + Pharm)	Medical	Pharmacy
Member	# of Initiated Appeals	7	7	0
	% of Total Appeals	78%	78%	0%
Provider	# of Initiated Appeals	2	0	2
	% of Total Appeals	22%	0%	22%
Member	# of Expedited Appeals	1	1	0
	% of Initiated Appeals	14%	14%	0%
Provider	# of Expedited Appeals	0	0	0
	% of Initiated Appeals	0%	0%	0%

Q3-2022 Basis for Overturned Appeals

One hundred percent of overturned appeals in Q3-2022 were based on additional clinical information submitted.

Q3-2022			
	Total (Med + Pharm)	Medical	Pharmacy
# of Overturned Appeals	4	3	1
% of Total Appeals	44%	33%	11%
# of Appeals overturned due to additional clinical information offered	4	3	1
% of Appeals overturned due to additional clinical information offered	100%	75%	25%
# Appeals overturned due to decision based on the same submitted clinical information	0	0	0
% Appeals overturned due to decision based on the same submitted clinical information	0%	0%	0%

Actions


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

ⁱ 0937ES Essette Grievance Report, Case Receipt Date 7/1/2022 - 9/30/2022 as of 10/11/22 10:41AM.

ii Source for Medical data: Original_Q3-2022_AllAuthorizationsData. As of 5.2020, the following data classes are no longer counted in the authorization (auth) total:

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

Source for Pharmacy Data: E-mail from 10/10/22

 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 6 July 2022 2PM – 3:30PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
Meeting called by:	Matija Cale	
Type of meeting:	Mandatory – Monthly Recurring	Recorder: K. M. McDonald
Present:	<p><u>Clinical Operations</u> Matija Cale, Monica Baldzikowski; SeDessie Harris; Morgan Kerr; Tony Tai; Eddy Ang; Kirk McDonald; Leslie Mulhern; Michelle Faust; Ellen Piernot</p> <p><u>Pharmacy</u> Kaitlin Hawkins</p>	<p><u>Compliance</u> Betty DeLos Reyes Clark; Monica Fong; Crystal Garcia</p> <p><u>Access and Care Experience</u></p> <p><u>Guests</u> Rudy Wu</p>
Not Present:	Tammy Chau (LOA), Tamsen Staniford (OOO), Nicole Ylagan, April Tarpey, Eileen Kim	
<i>Quorum (details after the Action Items section below)</i>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Ellen Piernot) • Senior Medical Director, (Eddy Ang) • Director, Clinical Operations, RN (Matija Cale) • Senior Manager, Prior Authorization, RN (Monica Baldzikowski) • Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Program Manager, Clinical Operations, PhD (Kirk McDonald) 	
	Not Present: Tamsen Staniford	
Documents Presented:	Draft_Agenda_UMC_July_v6.29.22 Draft_Minutes_UMC_June_v6.28.22 0937ES Essette Grievance Report_v6.28.22 SFH.IMR.CC_UMC Report_2022.07.06 Pharmacy_Operations_Dashboard_2Q2022	

	Draft_DMG_SpecialtyReferral_AnnualEval_Q1-Q4_2021_v4.7.22 Draft_DMG_WorkPlans_AnnualEval_Q1-Q4-2021_v4.11.22 DRAFT_Q1-2022_SpecialtyReferralReport-UMC_v6.16.22 DRAFT-Q1-2022_UM-12_ElemB_UMSystemsControlOversight_vRevised_5.26.22 PAD_UMC-Mtg_v7.6.22 UM Phone Metrics - May 2022_v6.13.22
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Consent Calendar – January to December 2022

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

7.	Revised Gender Affirmation Criteria	<ul style="list-style-type: none"> April 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved by quorum vote. Document - <i>SFHP Gender Affirming Services Medical Necessity Criteria_DRAFT_for UMC Vote 3-31-22</i> 	<ul style="list-style-type: none">
8.	MCG Updates	<ul style="list-style-type: none"> June 2022 UMC Meeting 	<ul style="list-style-type: none"> UMC approved, by quorum vote, to accept the MCG updates. 	<ul style="list-style-type: none">
9.	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services UM Criteria for EPSDT Private Duty Nursing PP CO-57	<ul style="list-style-type: none"> 2022 Annual Review (UMC) 2022 Annual Review (QIC) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
10.	2022 UM Program Description	<ul style="list-style-type: none"> Annual (Q4) UMC QIC 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
11.	2022 UM Program Evaluation	<ul style="list-style-type: none"> Annual (Q1-2023) 	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">

May UMC Agenda

	Topic	Brought By	Time	Agenda	Minutes
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	Matija	2:00 – 2:20	<ul style="list-style-type: none"> Agenda reviewed Action Items Approval of April draft minutes Approval of May draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard 	<ul style="list-style-type: none"> The DHCS findings were discussed. <ul style="list-style-type: none"> No UM findings. The Clin Ops Team is working on DHCS opportunities for improvement plan to prepared for the March 2023 audit. UMC quorum approved the June minutes. Action items were reviewed, details below. CO Director dashboard still in production. Trending Dashboard <ul style="list-style-type: none"> Remember there is a 3-month lag in data. Readmission Rate table reviewed. <ul style="list-style-type: none"> Hill has a high readmission rate. Why? <ul style="list-style-type: none"> Rudy to investigate.

	Topic	Brought By	Time	Agenda	Minutes
					<ul style="list-style-type: none">▪ Any correlation between the high readmission rates and PCP visits? High/low PCP follow-up visits for members?▪ Perhaps members discharged without a PCP appt?▪ Premature discharge?▪ Medication can be a barrier w/ discharges.▪ Having a Targeted Case Management (TCM) program in-house might be helpful with reducing a high readmission rate.▪ Need to look at the top diagnoses for readmission.▪ PCP follow-up rate in 7-days vs. 14-days might be a metric to review.▪ Keeping a log of potentially premature discharges<ul style="list-style-type: none">• Was informally tracked in the past by CCR.• Can resume doing an anecdotal log (SeDessie action item).• PQI follow-ups if needed.▪ Can the readmission data be parsed by hospitals? (Rudy action item).• The 1,500 count of authorizations does not include auths received through the Provider Portal or auths that were modified, which is a significant number.<ul style="list-style-type: none">○ Year over year, authorization volume is up by 9%.• Denial rate is low

	Topic	Brought By	Time	Agenda	Minutes
					<ul style="list-style-type: none"> • Turn-around-time (TAT) rate is consistently meeting the benchmark. • Total admissions are down month-over-month, but up year-over-year • IP auths denials were reviewed. • The Pharmacy Team document - Pharmacy_Operations_Dashboard_2Q2022 – was tabled and will be reviewed at the August 3rd UMC meeting.
2.	<ul style="list-style-type: none"> • Medical/Pharmacy Appeals: Upheld and Overturned • Independent Medical Review (IMR) • State Fair Hearings (SFH) • Consumer Complaints 	<ul style="list-style-type: none"> • April – DMG appeal cases • Leslie Mulhern; Michelle Faust – CHN/UCSF cases • Jessica – Pharmacy Appeals • Betty 	2:20 – 2:30	<ul style="list-style-type: none"> • Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> ○ UM – Appeals - 1 <ul style="list-style-type: none"> ▪ Upheld appeals – 1 ▪ Overturned appeals – 0 ○ Pharmacy – Appeals - 1 <ul style="list-style-type: none"> ▪ Upheld appeals – 1 ▪ Overturned appeals – 0 • Compliance <ul style="list-style-type: none"> ○ IMR – ○ IMR/SFH – ○ SFH – ○ Consumer Complaints – 	<ul style="list-style-type: none"> • No overturned appeals this month. • State Fair Hearing <ul style="list-style-type: none"> ○ Infertility benefit <ul style="list-style-type: none"> ▪ Member is requesting coverage of fertility preservation, which is excluded from Medi-Cal coverage. Member requested two postponements previously. New hearing is now scheduled. ○ Hyperbaric oxygen treatments <ul style="list-style-type: none"> ▪ DHCS asked if we have followed up w/ the requesting providers. ▪ SFHP has followed up w/ the requesting provider as to why we have denied the auths. ○ Eddy will follow-up with the Kaiser cases.
3.	<ul style="list-style-type: none"> • COC / Transition to In-Network 	Leslie Mulhern	2:30 – 2:35	COC, specifically how to ensure orderly transition of care back into the network. We’ve had 2 appeals this month .	<ul style="list-style-type: none"> • A 3rd appeal in the pipeline. • An issue of continuity of care is the need to eventually move providers/members back into network when the timeframe is appropriate. • The COC letter explains this; includes a handout. <ul style="list-style-type: none"> ○ Tamsen is working on improving the content. • The member does not receive any written instructions about the need to go back in-

	Topic	Brought By	Time	Agenda	Minutes
					<p>network.</p> <ul style="list-style-type: none"> Do the delegated medical groups need to follow the same process as SFHP? Does medical group change qualify as a COC? From one in-medical group to another in-medical group. <ul style="list-style-type: none"> Regardless if a member changed medical group, if SFHP approves the COC, the new medical provider has to honor the COC. What type of system would track this? <ul style="list-style-type: none"> Member services might be able to track this. Leslie will follow-up with Travis.
4.	<ul style="list-style-type: none"> DHCS/DMHC <ul style="list-style-type: none"> Q1-2022 Internal Audit DRAFT_Q1-2022_SpecialtyReferralReport-UMC_v6.16.22 NCQA <ul style="list-style-type: none"> Annual DMG Work Plans and Specialty Referral Reports Evaluations (2021) DRAFT-Q1-2022_UM-12_ElemB_UMSystemsControlOversight_vRevised_5.26.22 	Kirk	2:35 – 3:00	<ul style="list-style-type: none"> Documentation of UMC reviews for audits (DHCS, DMHC, NCQA) No vote required 	<ul style="list-style-type: none"> To be tabled and presented at the August 3rd UMC meeting.
5.	PADS – Background / Vote	Kirk	3:00 – 3:20	<ul style="list-style-type: none"> NCQA 	<ul style="list-style-type: none"> UMC, by eVote, approved the PAD narrative to be included in the UM Program Description, and related NCQA documents. PADS are covered under Medicare Part B, not

	Topic	Brought By	Time	Agenda	Minutes
					Part D.
6.	Recap / Action Item Review	Kirk	3:20 – 3:25	Review the new action items	•

Action Items – July 2022 UMC

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Kirk	<ul style="list-style-type: none"> Add Rudy Wu to the permanent invite list. 	7.25.22 - done
2.	Rudy	<ul style="list-style-type: none"> Rudy to follow-up on why Hill's readmission rate is high – 37.6. Can the Readmission Rate be parsed out by hospital? 	
3.	SeDessie	<ul style="list-style-type: none"> To begin keeping an informal, anecdotal log of members who potentially were prematurely discharged. 	
4.	Eddy	<ul style="list-style-type: none"> To follow-up with the following Kaiser Cases listed on the document - <i>SFH.IMR.CC_UMC Report_2022.07.06</i>: 3/4/2022 Consumer Complaint Compensation for misdiagnosis, pain, and suffering Forwarded to Kaiser; Pending DMHC Response Kaiser member wants compensation for misdiagnosis, pain and suffering as a result of treatment. 5/2/2022 Consumer Complaint Out-of-network mental health care Forwarded to Kaiser; Pending DMHC Response Kaiser member wants reimbursement for OON mental health care received when no in-network providers had availability 5/27/2022 Consumer Complaint Report poor experience with blood draw Forwarded to Kaiser; Pending DMHC Response Kaiser member wanted to report poor experience with nurse performing blood draw. 6/1/2022 Consumer Complaint Compensation for broken ankle Kaiser found to be compliant Kaiser member alleges that broken ankle was not treated at two ER visits 7/1/2022 Consumer Complaint Food therapy appointment, speech therapy Forwarded to Kaiser 	

		Parent filed on behalf of a Kaiser member. Parent alleges that improper care related to a food therapy appointment and speech therapy.	
5.	Eddy	<ul style="list-style-type: none"> To follow-up with Finance regarding the APRDRG audit results report. 	
6.	Kaitlin, Shelley, and Eddy	<ul style="list-style-type: none"> COVID therapeutic reporting requirements for DHCS need to be discussed. Will set up a planning meeting. 	
7.	Leslie	<ul style="list-style-type: none"> To follow-up w/ Travis/Member Services to determine if there is a method for tracking Continuity of Care (COC) members. 	

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
6.2.22	Leslie/Michelle	<ul style="list-style-type: none"> Regarding the overturned UM appeal (MA210706002) Need to ask PNO who is the in-network provider for orthopedic (joint) consultation. 	6.30.22 - CCHCA required a pediatric orthopedic physician. SFHP identified an in-network provider and the referral information was shared with CCHCA and the case was closed.	3
4.06.22	Leslie/Michelle	<ul style="list-style-type: none"> Appeal MA220228001 (NEMS) Appealed for a new mask for the member's CPAP machine but was denied because of an annual limit of one new mask per year. Need to follow up on the denial of the CPAP mask. 	7.6.22 – Michelle Faust – overturned appeal. Did not received the overturned appeal and was not aware of the appeal. Michelle/Leslie working on improving the process.	2
4.06.22	Leslie/Michelle	<ul style="list-style-type: none"> Appeal MA220307001 (CCHCA) Member received a denial letter for a CT scan PA, stating the clinic did not perform any X-Rays on the member so therefore the request was denied. Need to follow-up 	7.6.22 – Michelle Faust – overturned appeal. Did not received the overturned appeal and was not aware of the appeal. Michelle/Leslie working on improving the process.	2
5.4.22	April	Share DMG audit tool and performance results with Eddy	6.2.22 -Meeting invite sent for 6/13/22	2
5.4.22	SeDessie	Request APRDRG Audit results from Finance	7.6.22 – Matija has followed up w/ Rand. Re. the sepsis question. Eddy to follow-up with Finance about the APRDRF audit results.	2

5.4.22	Rudy	For ALOS metric, assess whether an indicator can be added to identify if high ALOS is/isn't attributed to a one-off case.	7.6.22 – still in progress; to be included in the sepsis 6.1.22 item below.	2
6.1.22	Eddy / Matija / Rudy	<p>Need to investigate the sepsis rate deeper.</p> <p>The next steps suggested are:</p> <ul style="list-style-type: none"> • For the 5 members dive deeper into their cases. • We need to slice/dice to obtain granularity of the sepsis data. • Drivers can be other comorbidities so need to look at secondary diagnosis. • Currently there is a filter to disallow the download of individual, member data so is why the secondary diagnosis might not be immediately available. • Other specified sepsis category should be included in the general Sepsis category. 	<p>6.29.22</p> <ul style="list-style-type: none"> • Matija, Eddy to meet with Hanan and Aryn about CM/Population Health programs <ul style="list-style-type: none"> ▪ Discuss possibly feeding top diagnosis to CM monthly to help prioritize high utilizers. • After meeting reached out to Rudy about the following: <ul style="list-style-type: none"> ○ Add to dashboard: <ul style="list-style-type: none"> ▪ Secondary diagnosis <ul style="list-style-type: none"> • Can we stratify by MGs? ▪ Which members are in CM? ▪ Which members are homeless? <ul style="list-style-type: none"> • BA doesn't have a rule for how to use it. Will need to build logic. Need the business rule. • Leslie- to reach out to Tyuen about homeless coding. • Steve to send Leslie current codes • Matija to ask Rand about the Varis findings regarding spike in sepsis diagnosis. <ul style="list-style-type: none"> ○ Matija reached out to Rand; Rand to follow-up w/ Skip. • Tony can download list of members once in dashboard as an explorer. 	2
6.1.22	Kaitlin	<ul style="list-style-type: none"> • COVID-19: Paxlovid is the oral medication and is effective to abate inpatient care for COVID-19. • Provide the Paxlovid efficacy rate. 	<p>6.29.22</p> <ul style="list-style-type: none"> • Monitor COVID vaccine rate . Kaitlin tracks this. Rudy to send link on 6/24/22. • Kaitlin and Eddy to monitor the distribution of OP medications needs to be given within 5 days <ul style="list-style-type: none"> ○ Teladoc not prescribing ○ Eddy to follow-up with Kaitlin about Paxlovid utilization. • 7.7.22 – Tableau had the COVID vax rate. Can slice the info from Magellan that members are receiving their medication appropriately. Magellan does have data; and the prior PBM has information. Medication use vs. the population dashboard. DHCS equitable vaccination distribution could be included in this effort – services disparities. Need to identify the data to be included in such a data report. COVID therapeutic reporting requirements for DHCS need to be discussed 	2

6.1.22	Kaitlin	Will follow-up with the physician on appeal MA220517002.	7.5.22: reached out to Dr. Pan regarding the appeal and discussed our recommendation from the meeting for no criteria updates, with no further updates or discussion needed at this time.	3
6.1.22	Eddy	To follow-up with Betty about the Kaiser items about consumer complaints.		2

Parking Lot

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

Appeals / Overturned – July 2022

There were no overturned appeals.

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

Authorization Activity for May 2022

The new authorization data table is still in UAT.

Clinical Operations Phone Metrics – May 2022

May Phone Metrics:

Legend – in line with FY 19-20 Goals

97% or greater calls answered <30 seconds = GREEN

96.99-93% calls answered <30 seconds = YELLOW

92.99% or less calls answered <30 seconds = RED

Year	Month and Year	Department	ASA < 30 secs	Total Calls	Answered Calls	Abandoned Calls	Abandonment Rate (%)	FlowOut (Voicemails)
2021	July 2021	Inpatient	90.17%	185	173	4	2.162162162	8
2021	July 2021	Outpatient	99.19%	763	742	17	2.228047182	4
2021	August 2021	Inpatient	96.67%	217	180	15	6.912442396	22
2021	August 2021	Outpatient	99.03%	836	822	10	1.196172249	4
2021	September 2021	Inpatient	98.01%	172	151	2	1.162790698	19
2021	September 2021	Outpatient	99.32%	772	739	27	3.497409326	6
2021	October 2021	Inpatient	98.80%	171	166	1	0.584795322	4
2021	October 2021	Outpatient	98.61%	663	647	15	2.262443439	1
2021	November 2021	Inpatient	98.46%	147	130	6	4.081632653	11
2021	November 2021	Outpatient	99.34%	624	607	13	2.083333333	4
2021	December 2021	Inpatient	98.71%	203	155	20	9.852216749	28
2021	December 2021	Outpatient	97.81%	575	549	23	4	3
2022	January 2022	Inpatient	96.45%	169	141	7	4.142011834	21
2022	January 2022	Outpatient	97.70%	547	522	24	4.387568556	1
2022	February 2022	Inpatient	95.27%	172	148	4	2.325581395	20
2022	February 2022	Outpatient	96.25%	643	620	19	2.954898911	4
2022	March 2022	Inpatient	96.02%	196	176	8	4.081632653	12
2022	March 2022	Outpatient	98.66%	776	746	24	3.092783505	6
2022	April 2022	Inpatient	91.11%	152	135	7	4.605263158	10
2022	April 2022	Outpatient	94.93%	697	641	18	2.582496413	38
2022	May 2022	Inpatient	91.25%	182	160	15	8.241758242	7
2022	May 2022	Outpatient	95.10%	678	653	18	2.654867257	7

Here's the data for May 2022. ASA and volume holding steady with Inpatient continuing to be in the red. Currently the department average is at 96.68% (the average of the ASA < 30 seconds column) with 1 month left to go. Let's get it!

Just keeping this message here as a PSA: Please be sure that your status changed in the interaction client, if you step away from your computer or phone. Make sure your client is setting your status to be automatically changed to away when you are locking your computer when stepping away.

Goal of avg abandonment rate = 4%


Average abandonment rate by team:

IP = 4.37%

OP = 2.81%

Total Avg = 3.59%



 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 3 August 2022 3PM – 4:30PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
Meeting called by:	Matija Cale	
Type of meeting:	Mandatory – Monthly Recurring	Recorder: K. M. McDonald
Present:	<p><u>Clinical Operations</u> Matija Cale, SeDessie Harris; April Tarpey; Morgan Kerr; Tony Tai; Eddy Ang; Kirk McDonald; Ellen Piernot; Tamsen Staniford</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim; Jessica Shost</p>	<p><u>Compliance</u> Betty Clark; Monica Fong; Crystal Garcia</p> <p><u>Quality Review Team</u> Michelle Faust Leslie Mulhern Jenna Colin</p> <p><u>Guests</u> Rudy Wu</p>
Not Present:	Tammy Chau (LOA); Monica Baldzikowski (OOO)	
Quorum (details after the Action Items section below)	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Ellen Piernot) • Senior Medical Director, (Eddy Ang) • Director, Clinical Operations, RN (Matija Cale) • Senior Manager, Prior Authorization, RN (Monica Baldzikowski) • Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Program Manager, Clinical Operations, PhD (Kirk McDonald) 	
	Not Present:	
Documents Presented:	Draft_Agenda_UMC_August_v8.1.22 Draft_Minutes_UMC_July_v7.25.22 Pharmacy_Operations_Dashboard_2Q2022	

	<p>Tableau Pharmacy Dashboard Member Poly-Rx-MD 7.2022</p> <p>0937ES Essette Grievance Report_v8.1.22</p> <p>SFH.IMR.CC_UMC Report_2022.08.03</p> <p>Draft_DMG_SpecialtyReferral_AnnualEval_Q1-Q4_2021_v4.7.22</p> <p>Draft_DMG_WorkPlans_AnnualEval_Q1-Q4-2021_v4.11.22</p> <p>DRAFT_Q1-2022_SpecialtyReferralReport-UMC_v6.16.22</p> <p>DRAFT_Q2-2022_SpecialtyReferralReport-UMC_v7.22.22</p> <p>DRAFT-Q1-2022_UM-12_ElemB_UMSystemsControlOversight_vRevised_5.26.22</p> <p>UM Phone Metrics - June 2022</p>
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Consent Calendar – January to December 2022

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

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

May UMC Agenda

	Topic	Brought By	Time	Agenda	Notes
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	Matija	3:00 – 3:30	<ul style="list-style-type: none"> Agenda reviewed Action Items Approval of July draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard (Quarterly) <ul style="list-style-type: none"> Q2-2022 (presented 8.3.22) 	<ul style="list-style-type: none"> July minutes were approved by quorum. Action items reviewed and updated (see below). Pharmacy Dashboard <ul style="list-style-type: none"> PA <ul style="list-style-type: none"> Appeals increased due to outliers situations. P&T Committee <ul style="list-style-type: none"> Still focusing on post-Medi-Cal members during the transition.

	Topic	Brought By	Time	Agenda	Notes
				<ul style="list-style-type: none"> ○ Q3-2022 ○ Q4-2022 	<ul style="list-style-type: none"> ○ MTM Tasks <ul style="list-style-type: none"> ▪ Still provide full services to Medi-Cal members ○ Tableau dashboard data <ul style="list-style-type: none"> ▪ Pg 2, The top user accessed fourteen separate pharmacies. <ul style="list-style-type: none"> • These metrics will be a priority; focus on medication reconciliation. ▪ Pg 3, The top user saw forty-six providers. ▪ Suggested CM might use this data to tweak their assessment form for members eligibility for CM services. • UM Dashboards <ul style="list-style-type: none"> ○ Maternity kick trending high in Feb due to being a short month. ○ PA volume is high. <ul style="list-style-type: none"> ▪ No outliers for this month. ○ KPI dashboard <ul style="list-style-type: none"> ▪ Preauthorization volume high. ▪ TAT is slightly below 100% goal <ul style="list-style-type: none"> • Staffing is stretched on a number of other projects. ▪ UM Tending is lagging <ul style="list-style-type: none"> • 3/month lag, but this version needs to be refreshed. ▪ Will be using over/under data in this KPI dashboard in the future – currently being finalized by Matija / Eddy.
2.	<ul style="list-style-type: none"> • Medical/Pharmacy Appeals: Upheld and Overturned 	<ul style="list-style-type: none"> • April – DMG appeal cases • Leslie Mulhern; 	3:30 – 3:45	<ul style="list-style-type: none"> • Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> ○ UM – Appeals - 2 	<ul style="list-style-type: none"> • Appeals <ul style="list-style-type: none"> ○ UM <ul style="list-style-type: none"> ▪ MA220701001

	Topic	Brought By	Time	Agenda	Notes
	<ul style="list-style-type: none"> Independent Medical Review (IMR) State Fair Hearings (SFH) Consumer Complaints 	<ul style="list-style-type: none"> Michelle Faust – CHN/UCSF cases Jessica – Pharmacy Appeals Betty 		<ul style="list-style-type: none"> <ul style="list-style-type: none"> Upheld appeals – 0 Overtured appeals – 2 Pharmacy – Appeals - 0 <ul style="list-style-type: none"> Upheld appeals – 0 Overtured appeals – 0 Compliance <ul style="list-style-type: none"> IMR – 2 IMR/SFH – 0 SFH – 1 Consumer Complaints – 1 	<ul style="list-style-type: none"> Overtured for continuity of care due to patients being transferred to a new physician who happen to be OON but was brought into in-network. No change to policy or process MA220715001 reviewed. No change to policy or process. Compliance <ul style="list-style-type: none"> Only yellow highlighted items Line 19 <ul style="list-style-type: none"> Judge reviewed the Provider Medicaid manual. Stated if SFHP receives a TAR and it is medically necessary the benefit needs to be provided. DHCS has been asked for guidance. Judge wants to continue the hearing to hear what DHCS has to say. Line 29 <ul style="list-style-type: none"> Betty will send the conditions for obtaining a medical bracelet (per the Welfare & Institutional Code) to update SFHP's member services collateral and will send the information to Clin Ops to share w/ Monica/Tamsen.
3.	<ul style="list-style-type: none"> DHCS/DMHC <ul style="list-style-type: none"> Q1-2022 Internal Audit DRAFT_Q1- 	Kirk	3:45 – 4:15	<ul style="list-style-type: none"> Documentation of UMC reviews for audits (DHCS, DMHC, NCQA) No vote required 	<ul style="list-style-type: none"> All reports presented UMC members verbally approved the reports as is.

	Topic	Brought By	Time	Agenda	Notes
	<ul style="list-style-type: none"> 2022_SpecialtyReferralReport-UMC_v6.16.22 <ul style="list-style-type: none"> ○ DRAFT_Q2-2022_SpecialtyReferralReport-UMC_v7.22.22 • NCQA <ul style="list-style-type: none"> ○ Annual DMG Work Plans and Specialty Referral Reports Evaluations (2021) ○ DRAFT-Q1-2022_UM-12_ElemB_UMSystemsControlOver sight_vRevised_5.26.22 				
4.	Recap / Action Item Review	Kirk	4:15 – 4:20	Review the new action items	•

Action Items – August 2022 UMC

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Kaitlin	<ul style="list-style-type: none"> • Regarding the member who accessed fourteen separate pharmacies, reach out to Amyn with the Data. 	
2.	Kirk	<ul style="list-style-type: none"> • Add Hanan and Amyn to UMC invite list. • Will be included in UMC on a trial basis and reassessed if a standing inclusion in UMC has value for Hanan and Amyn. 	Completed.
3.	Betty	<ul style="list-style-type: none"> • Has DHCS ever approved fertility preservation? SFHP is offering parity for benefits currently. • The judge's judgment will set a precedent. If parity is required, and is approved for the transgender member, SFHP will have to offer the benefit to all Medicaid members, in California, as well as SFHP and has a significant financial 	

		impact. <ul style="list-style-type: none"> 8.17 is the next hearing. 	
4.	Betty	<ul style="list-style-type: none"> Will send the conditions to obtain a medical bracelet in the Welfare code to update the member services collateral and to send to Clin Ops to share w/ Monica/Tamsen. 	Completed.
5.	Kirk	<ul style="list-style-type: none"> Provide a table showing, (1) the date of the Specialty Referral report, the date of the specialty referrals used in the report and the date of the claims lag (90/120 days) to document integrity of the Specialty Referral follow-up. 	

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
4.06.22	Leslie/Michelle	<ul style="list-style-type: none"> Appeal MA220228001 (NEMS) Appealed for a new mask for the member's CPAP machine but was denied because of an annual limit of one new mask per year. Need to follow up on the denial of the CPAP mask. 	<p>7.6.22 – Michelle Faust – overturned appeal. Did not received the overturned appeal and was not aware of the appeal. Michelle/Leslie working on improving the process.</p> <p>8.3 – completed. Issue of continuity of care. Met w/ the DMG in July and working with the issue of updating the DMG about the outcome of the A&G process. Will be developing at DTP.</p>	2
4.06.22	Leslie/Michelle	<ul style="list-style-type: none"> Appeal MA220307001 (CCHCA) Member received a denial letter for a CT scan PA, stating the clinic did not perform any X-Rays on the member so therefore the request was denied. Need to follow-up 	<p>7.6.22 – Michelle Faust – overturned appeal. Did not received the overturned appeal and was not aware of the appeal. Michelle/Leslie working on improving the process.</p> <p>8.3 – complete. Issue of continuity of care. . Met w/ the DMG in July and working with the issue of updating the DMG about the outcome of the A&G process. Will be developing a DTP.</p>	2
5.4.22	Rudy	For ALOS metric, assess whether an indicator can be added to identify if high ALOS is/is not attributed to a one-off case.	8.2.22 – Will be added in the next release.	2

6.1.22	Eddy / Matija / Rudy Leslie	<p>Need to investigate the sepsis rate deeper.</p> <p>The next steps suggested are:</p> <ul style="list-style-type: none"> • For the 5 members dive deeper into their cases. • We need to slice/dice to obtain granularity of the sepsis data. • Drivers can be other comorbidities so need to look at secondary diagnosis. • Currently there is a filter to disallow the download of individual, member data so is why the secondary diagnosis might not be immediately available. • Other specified sepsis category should be included in the general Sepsis category. 	<p>6.29.22</p> <ul style="list-style-type: none"> • Matija, Eddy to meet with Hanan and Aryn about CM/Population Health programs <p>8.3 –still in process of discussion.</p> <p>§ Discuss possibly feeding top diagnosis to CM monthly to help prioritize high utilizers.</p> <ul style="list-style-type: none"> • After meeting reached out to Rudy about the following: <ul style="list-style-type: none"> o Add to dashboard: <p>§ Secondary diagnosis</p> <ul style="list-style-type: none"> • Can we stratify by MGs? <p>§ Which members are in CM?</p> <p>§ Which members are homeless?</p> <ul style="list-style-type: none"> • BA does not have a rule for how to use it. Will need to build logic. Need the business rule. <ul style="list-style-type: none"> • Leslie- to reach out to Tyuen about homeless coding. • Steve to send Leslie current codes • Matija to ask Rand about the Varis findings regarding spike in sepsis diagnosis. <p>8.3 – did recoup based on the Varis findings from the various hospitals by miscoding. But still determining the reasons for the miscoding. Eddy states some was based on upcoding but will need to continue monitoring the coding.</p> <ul style="list-style-type: none"> o Matija reached out to Rand; Rand to follow-up w/ Skip. • Tony can download list of members once in dashboard as an explorer. 	2
6.1.22	Eddy	To follow-up with Betty about the Kaiser items about consumer complaints.	8.1.22 - Completed	2
7.6.22	Rudy	<ul style="list-style-type: none"> • Rudy to follow-up on why Hill's readmission rate is high – 37.6. • Can the Readmission Rate be parsed out by hospital? 	<p>8.2.22 – Hills account for ~1% of our total admit. Its readmission rates are higher than the other MGs especially in 2020 and 2021, averaging mid-30s. It also fluctuates a lot due to the small admit number (~20).</p> <p>A new dashboard page will be added in the next release. The new page will focus on readmission, with breakdown of readmission rate per hospital. Also, top diagnosis for readmission, follow up after inpatient stay.</p>	2

			Rudy to discuss with Priya on the priority of the release. Action item – Completed (8.4.22) Matija has submitted a ticket to Rudy to add a hospital and Medicare slicers.	
7.6.22	SeDessie	• To begin keeping an informal, anecdotal log of members who potentially were prematurely discharged.	8.3.22 – in process	2
7.6.22	Eddy	<ul style="list-style-type: none"> • To follow-up with the following Kaiser Cases listed on the document - SFH.IMR.CC_UMC Report_2022.07.06: • 3/4/2022 Consumer Complaint Compensation for misdiagnosis, pain, and suffering Forwarded to Kaiser; Pending DMHC Response Kaiser member wants compensation for misdiagnosis, pain and suffering as a result of treatment. • 5/2/2022 Consumer Complaint Out-of-network mental health care Forwarded to Kaiser; Pending DMHC Response Kaiser member wants reimbursement for OON mental health care received when no in-network providers had availability • 5/27/2022 Consumer Complaint Report poor experience with blood draw Forwarded to Kaiser; Pending DMHC Response Kaiser member wanted to report poor experience with nurse performing blood draw. • 6/1/2022 Consumer Complaint Compensation for broken ankle Kaiser found to be compliant Kaiser member alleges that broken ankle was not treated at two ER visits • 7/1/2022 Consumer Complaint Food therapy appointment, speech therapy Forwarded to Kaiser Parent filed on behalf of a Kaiser member. Parent alleges that improper care related to a food therapy appointment and speech therapy. 	8.1.22 - Completed	2
7.6.22	Eddy	• To follow-up with Finance regarding the APRDRG audit results report.	8.1.22 - In progress. Matija is working w/ Rand/Skip.	2
7.6.22	Leslie	To follow-up w/ Travis/Member Services to determine if there is a method for tracking Continuity of Care (COC) members.	8.3 – completed.	2

Parking Lot

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

				how this request should be prioritized against current regulatory requests from SFHP for SFN (Compliance reporting, auditing, etc.)
2.	2.24.22	AI UMC Members	<ul style="list-style-type: none"> Remain cognizant about identifying what agenda items brought to UMC are out-of-scope and whether an item should be included in the UMC Charter as an out-of-scope item. 	<ul style="list-style-type: none"> 2.24.22 - This is ongoing for 2022
3.	4.06.22	SeDessie / Eddy Ang	<ul style="list-style-type: none"> <ul style="list-style-type: none"> Work w/ Eddy Ang on OBS metrics. Need to be consistent in how OBS rules are applied. 	<ul style="list-style-type: none"> 5.4.22: SeDessie, Matija, Eddy working on priorities--medium category

Appendix

Appeals / Overturned – August 2022

APPEALS AND GRIEVANCES							
Grievance ID	Case Type	Medical Group	Decision	Case Category	Description	Resolution	Name of Service or Medication
MA220701001	Member Appeal	BTP	Overturned	Medical Group	Member called with his brother and personal representative to appeal for the denial to see Dr. ----. Member has been seeing Dr. ---- as their neurology specialist, but the member received a denial due to out of network. Member's representative stated Dr. ---- has always accepted the member's home medical group in the past, and the member's next appointment with Dr. ---- will be in August. Upon receipt of denial and phone call, SFHP reached out to ---- Provider Relations, ---- Medical Group Provider Relations and SFHP Provider Relations inquiring how to become contracted. SFHP received no response. Recently was advised by ---- that they were not the ones to be reaching out to, it was SFHP who needed to be contracted with ---- because they would have the ability to approve the authorization request.	[Field was blank]	Office visits with Dr. ----
MA220715001	Member Appeal	BTP	Overturned	Medical Group	Member called to file an urgent appeal for the Laparoscopy surgery by Dr. ---- at St Francis Memory Hospital with CPT codes: 58662,58661,58555, 52000, and 58350 were denied. The member stated they contacted BTP for PA status today	Spoke with ---- at Dignity Health Medical group specifically asked if Dr. ---accepted Medi-cal rates. The Dignity representative states that Dr. --- does accept Medi-cal.	Surgery with Dr. ----

					<p>but was told the PA was denied due to not being covered under the plan and Out of Network. BTP referred the member to contact SFHP to file an urgent appeal. Member stated their OGBYN doctor referred the member to see Dr. ----, The member, did not know this doctor was not part of BTP; the member's last appointment with Dr. --- was in July 2022. The member stated that Dr.---- requested the blood work and MRI, and it has been approved. The member stated that they were diagnosed with Endometriosis and Dr. ---- treated the member for UTI. The member said they went to the hospital in May for the same issue. The member stated they feel more comfortable seeing and getting treated by Dr. ----.</p>		
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Authorization Activity for May 2022

The new authorization data table is still in UAT.

Clinical Operations Phone Metrics – June 2022

June Phone Metrics:

Legend – in line with FY 19-20 Goals

97% or greater calls answered <30 seconds = GREEN

96.99-93% calls answered <30 seconds = YELLOW

92.99% or less calls answered <30 seconds = RED



Year	Month and Year	Department	ASA < 30 secs	Total Calls	Answered Calls	Abandoned Calls	Abandonment Rate (%)	Flow Out (Voicemails)
2021	July 2021	Inpatient	90.17%	185	173	4	2.162162162	8
2021	July 2021	Outpatient	99.19%	763	742	17	2.228047182	4
2021	August 2021	Inpatient	96.67%	217	180	15	6.912442396	22
2021	August 2021	Outpatient	99.03%	836	822	10	1.196172249	4
2021	September 2021	Inpatient	98.01%	172	151	2	1.162790698	19
2021	September 2021	Outpatient	99.32%	772	739	27	3.497409326	6
2021	October 2021	Inpatient	98.80%	171	166	1	0.584795322	4
2021	October 2021	Outpatient	98.61%	663	647	15	2.262443439	1
2021	November 2021	Inpatient	98.46%	147	130	6	4.081632653	11
2021	November 2021	Outpatient	99.34%	624	607	13	2.083333333	4
2021	December 2021	Inpatient	98.71%	203	155	20	9.852216749	28
2021	December 2021	Outpatient	97.81%	575	549	23	4	3
2022	January 2022	Inpatient	96.45%	169	141	7	4.142011834	21
2022	January 2022	Outpatient	97.70%	547	522	24	4.387568556	1
2022	February 2022	Inpatient	95.27%	172	148	4	2.325581395	20
2022	February 2022	Outpatient	96.29%	643	620	19	2.954898911	4
2022	March 2022	Inpatient	96.02%	196	176	8	4.081632653	12
2022	March 2022	Outpatient	98.66%	776	746	24	3.092783505	6
2022	April 2022	Inpatient	91.11%	152	135	7	4.605263158	10
2022	April 2022	Outpatient	94.93%	697	641	18	2.582496413	38
2022	May 2022	Inpatient	91.25%	182	160	15	8.241758242	7
2022	May 2022	Outpatient	95.10%	678	653	18	2.654867257	7
2022	June 2022	Inpatient	96.89%	187	161	9	4.812834225	17
2022	June 2022	Outpatient	92.27%	691	660	26	3.762662808	5

Here's the data for June 2022. The end of the fiscal year! Volume held steady but IP and OP teams switched colors. Great improvement by the IP team and OP team, please be sure to check your auto-statues. ASA for the fiscal year for both teams are at 96.5%.

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

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

P&P Updates:

August:

Policy	Summary of New Policy and Updates
CL-10 Notifying Members of Claims Denials	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> Accountable Lead updated Procedure section, added language “NOA letter sent in the members; threshold languages etc”
CO-02 Members Admitted to Lower Level of Care (LLOC) Facilities	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> Accountable Lead updated
CR-07 Credentialing Verification Sources	<u>Policy Updates DHCS approved:</u> <ul style="list-style-type: none"> Procedure section, Primary sources for provider type updated Definitions added, Organizational provider, and practitioner
CR-08 Practitioner Rights and Responsibilities	<u>Policy Updates DHCS approved:</u> <ul style="list-style-type: none"> Policy statement updated to include language notifying practitioners of their rights and responsibilities. Under procedure section, address updated to send written requests
CS-12: Non-Medical Transportation	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> Accountable Lead updated Minor revisions to certain words under procedure NMT claims language removed due to no claims for NMT
HR-09 Medical Director License Verification	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> Accountable Lead added
IS-23: QNXT User Security Guide	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> Accountable Lead updated No other revisions needed
LD-01: Learning and Development Policy	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> Accountable lead added Minor word revisions throughout Clarifying language added under VI. Tuition Reimbursement

Policy	Summary of New Policy and Updates
PR-07 Provider Network Composition and Capacity	<u>Policy Updates DMHC approved:</u> <ul style="list-style-type: none"> Section D. Network Composition – Specialists # 3 revised and shortened Monitoring section, 1st bullet point updated (Member-to Provider Ratios (Quarterly) previously was annually.
PR-16: PCP Selection or Assignment for New Members	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> Policy statement revised to elaborate on PCP assignment Under Step 2, RTZ removed to now state IHSS Sean to add what happens to members assigned to SDN.
PR-18 Block Transfers	<u>Policy Updates (Biennial Review) DMHC approved:</u> <ul style="list-style-type: none"> Added Accountable Lead Formatting changed throughout Affected departments revised to include Health Services Operations
Policy (For Discussion)	Summary of New Policy and Updates
Care-10 Behavioral Health Services	<u>Policy Updates (Biennial Review) DHCS approved:</u> <ul style="list-style-type: none"> Procedure section updated to satisfy APL 22-006 Coordination of Care updated to satisfy APL 22-005 Non-Specialty Mental Health Services Criteria updated to satisfy APL 22-005 & 22-006 Added language under Alcohol and Substance Use Disorder Treatment Services Payer of Services page 6 added language “SFHP does not deny or disallow reimbursement for NSMHS etc.” Added language to Coordination of benefits Monitoring section, language deleted and numbering of paragraphs updated.
CL-20 Adult Sterilization	<u>Policy Updates (Biennial Review)</u> <ul style="list-style-type: none"> Monitoring section, language updated to include SFHP’s Quality assurance program BS-02 cited in Monitoring section PM 330 to be addressed in DTP not P&P
CR-03 Reporting to Authorities	<u>Policy Updates DHCS approved:</u> <ul style="list-style-type: none"> Procedure section updated with added language Section 7 Notification to Authorities revised to add language on Restrictions imposed on participation in SFHP’s provider network. Definitions added: Organizational Provider, and Practitioner Peer Review Committee guidelines removed from bottom.
CR-09 Ongoing	<u>Policy Updates DHCS approved:</u>

Policy	Summary of New Policy and Updates
Monitoring of Licenses and Other Key Documents	<ul style="list-style-type: none"> • Procedure section, language removed from Practitioner license • DEA Certification section removed from policy • Liability Insurance section changed to Organizational Provider language • Language added under Organizational provider license • Section C. Organizational Provider Accreditation (if applicable added) • Section D. Organizational Provider site visits (if applicable) added with clarifying language • Definitions section updated
HR-06 Employee Background Checks	<u>Policy Updates (Biennial Review):</u> <ul style="list-style-type: none"> • Background check updates for new employees
IS-29: Permitted and Appropriate Use of Electronic Assets	<u>Policy Updates (Biennial Review)</u> <ul style="list-style-type: none"> • Accountable Lead added • Section IV Appropriate Use of Electronics Assets was revised with added language, For Internal Audience, and External Audience • Section VII was added "Video Conferencing with External Guests" • Definition of Business Email Compromise was added

September

Policy (For Consent)	Summary of New Policy and Updates
CARE-12: California Children Services CCS	<u>Policy Updates (Biennial Review):</u> Page 1 <ul style="list-style-type: none"> • Updated the CCS contact information Page 2 <ul style="list-style-type: none"> • Updated title of "Overview of CCS Medical Eligibility" to be consistent with DHCS website • Corrected consistent use of term, "CO nurse" • Added PCPs acronym Page 3 <ul style="list-style-type: none"> • Added full term, "durable medical equipment" to DME acronym • Under C. Member and Provider Education - Section 2 - Clarified actions by expanding description and organizing common actions together Page 4 <ul style="list-style-type: none"> • Under Monitoring - Sections 3 - Updated departments involved in the quarterly meetings, process improvement areas to include transitions, • Under Monitoring - Sections 4 - Noted that SFHP CCS Liaison

	<p>servers as internal point of contact for delegates as well, and updated SFHP Medical Officers title</p> <ul style="list-style-type: none"> • Under Monitoring - Sections 4 - Removed from Section 4 due PEDI falling under the responsibility of the SFHP CCS PEDI Liaison <p>Page 5</p> <ul style="list-style-type: none"> • Added Neonatal Intensive Care Unit to acronym, "NICU" • Added Pediatric Electronic Data Interchange to acronym, "PEDI," and Service Authorization Requests to acronym, "SARs" • Added Service Authorization Requests to acronym, "SARs," and added definition • Added Durable Medical Equipment to acronym, "DME," and added definition
CO-04: Second Opinion Medical Services	<p><u>Policy Updates:</u> PROCEDURE</p> <ul style="list-style-type: none"> • Updated – Medical group references to “medical group / network”, throughout P&P, in preparation for SDN • Clarified – Second opinions provided within a members assigned medical group / network do not require prior authorization
CO-06: Abortion Services	<p><u>Policy Updates:</u> PROCEDURE</p> <ul style="list-style-type: none"> • Updated – Medical group references to “medical group / network”, throughout P&P, in preparation for SDN • Added – If an Inpatient Abortion Service is not available within the SFHP network, SFHP will approve an out-of-plan request.
CO-12: Emergency & Urgent Medical and Psychiatric Services	<p><u>Policy Updates:</u> PROCEDURE</p> <ul style="list-style-type: none"> • Updated – Medical group references to “medical group / network”, throughout P&P, in preparation for SDN
CO-14: Mastectomy Coverage	<p><u>Policy Updates:</u> PROCEDURE</p> <ul style="list-style-type: none"> • Updated – Medical group references to “medical group / network”, throughout P&P, in preparation for SDN
CO-19: Specialty Care and Standing Referrals	<p><u>Policy Updates:</u> PROCEDURE</p> <ul style="list-style-type: none"> • Updated – Medical group references to “medical group / network”, throughout P&P, in preparation for SDN
Pharm -01: Pharmacy and Therapeutics Committee	<p><u>Policy Updates (Annual Review) DMHC approved:</u></p> <ul style="list-style-type: none"> • Page 1, under policy statement, removed line referencing APL 20-012

	<ul style="list-style-type: none"> • Under Procedure, Voting members, statement added on therapeutics committee in response to DMHC comments • Added clarifying line under voting members that at least 1 physician is an expert in the area of mental health • Added line clarifying “A MH/SUD expert is required when making decisions involving MH/SUD” although its stated under voting members, also required under this section • Page 4, MH/SUD lines added <p>Removed multiple references</p>
Policy (For Discussion)	Summary of New Policy and Updates
CO-22: Authorization Requests	<p><u>Policy Updates:</u></p> <p>POLICY STATEMENT</p> <ul style="list-style-type: none"> • Added –SFHP Direct Network (SDN) section. Includes effective date (1/1/2023), SDN population (Medi-Medi and LTC members), and network accessibility. • Clarified – Physician Administered Drugs (PADs) are a medical benefit and follow medical authorization procedures. <p>PROCEDURE</p> <ul style="list-style-type: none"> • Added – For SDN, updated medical group references to “medical group / network” throughout P&P. • Removed – Modification language. Modifications are not a practice of Clinical Op’s • Added – PADs section which includes definition, parity requirement, and NCQA FDA Market Withdrawal monitoring requirement • Removed – CO Nurse phone notification process for concurrent review. • Updated – Concurrent Review/PA Review decision time frame table. <p>REFERENCES</p> <ul style="list-style-type: none"> • Added - DHCS APL 22-010 Cancer Biomarker Testing <p>APPENDIX</p> <ul style="list-style-type: none"> • Added - Cancer Biomarker Testing PA requirement • Added - PAD PA requirements • Added – SDN
CO-57: UM Clinical Criteria	<p><u>Policy Updates:</u></p> <p>POLICY STATEMENT</p> <ul style="list-style-type: none"> • Clarified – Physician Administered Drugs (PADs) are a medical benefit and follow medical criteria application procedure. <p>PROCEDURE</p> <ul style="list-style-type: none"> • Updated – Gender Affirming Services criteria title due to document merger • Added - Custodial Care (effective 1/1/2023) • Removed – Application of criteria order requirement. Rational – hierarchy is a guide (should have flexibility per MD) • Added – Pathways an MD may take upon evaluation of a request

	<p>that does not meet medical necessity criteria. Addition requested by GRC</p> <p>MONITORING</p> <ul style="list-style-type: none"> Updated – Gender Affirming Services criteria title due to document merger <p>RELATED DOCUMENTS</p> <ul style="list-style-type: none"> Updated – Gender Affirming Services criteria title and hyperlink Added - UM Criteria for Custodial Long-Term Care <p>REFERENCES</p> <ul style="list-style-type: none"> Added - The World Professional Association for Transgender Health (WPATH) Standards of Care, 7th Version (SOC 7).
CR-02: Enrollment of Organizational Providers	<p><u>Policy Updates: (Page 8)</u></p> <ul style="list-style-type: none"> Pg. 12, under credentialing decisions lines discussing disciplinary actions added Pg. 13 Medi-Cal enrollment, lines discussing Medi-Cal provider agreement added. Declining provider under same section added.
CR-06: Initial Credentialing Recredentialing Screening and Enrollment	<p><u>Policy Updates: (page 3)</u></p> <ul style="list-style-type: none"> updated “annual” review to “two years” to align with SFHP’s policy revision practice, pg 3. Initial credentialing and credentialing, clarified how SFHP staff pull and review reports Table B. pg 8 updated section on continuing education requirements for practitioners Table B. pg.9 added language on History of any suspension or curtailment of hospital and clinic privileges Pg.11 Site visits added to clarify that site visits are required for pcp sites Pg. 13 section credentialing decisions updated to include language “in the event of serious quality deficiency” Pg.14 language on practitioners Must complete Medi-Cal Provider agreement added, and enrollment few lines under Definitions updated



Date: 10/20/2022

To	Quality Improvement Committee
From	Jenna Colin, MSN, RN Michelle Faust, RN, BSN Leslie Mulhern, RN, CPHQ, CHCQM Quality Review Nurse Appeals & Grievances
Regarding	Quarter 3, 2022 Potential Quality Issue Report

Case Reviews

Q 2 2022 - Case types reviewed		Count
Total cases reviewed for PQI		138
	Appeals	9
	Decline to File Grievances (Clinical)	27
	Grievances (Clinical)	88
	Internal referrals (not including grievances)	14
	External referrals	0
	Provider Preventable Condition (PPC)	0

Outcomes		Count
	Opened for PQI investigation	25
	Formal PQI investigation (PQI letter)	25
	Cases requiring external physician review or peer review	0
	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	6
	PQI cases closed outside 60-day turnaround time	2

*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 2022

Confirmed Quality Issues

Case #1

Initial Complaint/Findings: Member reports she was sexually assaulted during a visit to the ED for constipation, stating the provider inserted his fingers into her vagina. She believes this happened in 2018 or 2019 but is not sure, stating that she has been significantly impacted by this event emotionally/psychologically and is still dealing with the aftermath. States she initially reported it to the hospital and received a response letter from them, but no longer has it.

Investigation: SFHP contacted the facility to request ED visit records as well as provided support through Care Management for the member, referring her to police and Legal Aid if she chooses to pursue this matter further.

Findings: The hospital provided records of all ED visits from 2018 and on and none were found to match the member's account. The hospital also reported no record of such a complaint having been received. They report they do not have a policy regarding the availability of chaperones for sensitive exams and do not have signs posted alerting patients to the availability of chaperones.

Follow-up/Recommendations: Because SFHP cannot substantiate the allegation of sexual assault, neither CAP nor referral to credentialing committee is recommended, but Medical Director would like to discuss whether and how we should require providers to inform the patient of the availability of chaperones during medical examinations.

Quarter Three 2022 QI Scorecard

Measure	Measure Definition	Denom-inator	Baseline	Target	Current Performance	Planned Activities	Updates on Activities
Cultural & Linguistic Services: Provider Data	The organization uses provider data to determine the race/ethnicity and spoken languages by 10 percent of individual practitioners in network	6,397	N/A	10%	23.0% language 2.5% race /ethnicity	<ul style="list-style-type: none">· Explore ways to collect information about languages in which a practitioner is fluent when communicating about medical care· Collect information about language services available through the practice· Explore ways to collect practitioner race/ethnicity and practitioner language data· Publish individual practitioner languages in the provider directory· Publish language services available through the practice in the provider directory· Provide practitioner race/ethnicity on request and/or explore publishing practitioner race/ethnicity in the provider directory	<ul style="list-style-type: none">· Data on languages in which a practitioner is fluent when communicating about medical care was collected.· Race ethnicity data is not routinely gathered from providers; 158 providers submitted their race/ethnicity.· Individual practitioner languages is published in the provider directory. Directory will be enhanced so members can filter by language.· Publish language services available through the practice in the provider directory· Provide practitioner race/ethnicity not yet viewable to members in the provider directory.
Complex Care Management Follow Up on Clinical Depression	Increase the percentage of clients in Complex Care Management programs who screen positive for depression and receive follow up care	3	60%	80%	66%	<ul style="list-style-type: none">· Train staff in mental health, particularly on severe mental illness (SMI) and community resources, in order to ensure that staff is equipped to identify signs and symptoms of clinical depression, address client safety including connection to behavioral health services.· Clinical Supervisors to review monthly reports with staff and to coach staff to ensure members are screened and receive appropriate follow up.· Coach and conduct role-playing activities to reduce the rate of members declining PHQ-9 screening.· Complete bi-monthly staff self-audits which will enable Coordinators to identify and remedy any gaps in the member’s care plan including completing the PHQ-9 screening when indicated.· Clinical Supervisors to conduct quarterly audits to ensure best practices and regulatory requirements are met.	<ul style="list-style-type: none">· Clinical Supervisors reviewed monthly reports and newly developed CM Dashboard with staff and coached staff to ensure members were screened and received appropriate follow up.· Completed bi-monthly staff self-audits; this enabled Coordinators to identify and remedy any gaps in the member’s care plan including completing the PHQ-9 screening when indicated.· Clinical Supervisors conducted quarterly audits to ensure best practices and regulatory requirements were met.
Care Management Follow Up on Clinical Depression	Increase the percentage of clients in Care Management programs who screen positive for depression and receive follow up care	28	89%	90%	96%	<ul style="list-style-type: none">· Train staff in mental health, particularly on severe mental illness (SMI) and community resources, in order to ensure that staff is equipped to identify signs and symptoms of clinical depression, address client safety including connection to behavioral health services.· Clinical Supervisors to review monthly reports with staff and to coach staff to ensure members are screened and receive appropriate follow up.· Coach and conduct role-playing activities to reduce the rate of members declining PHQ-9 screening.· Complete bi-monthly staff self-audits which will enable Coordinators to identify and remedy any gaps in the member’s care plan including completing the PHQ-9 screening when indicated.· Clinical Supervisors to conduct quarterly audits to ensure best practices and regulatory requirements are met.	<ul style="list-style-type: none">· Clinical Supervisors reviewed monthly reports and newly developed CM Dashboard with staff and coached staff to ensure members were screened and received appropriate follow up.· Completed bi-monthly staff self-audits; this enabled Coordinators to identify and remedy any gaps in the member’s care plan including completing the PHQ-9 screening when indicated.· Clinical Supervisors conducted quarterly audits to ensure best practices and regulatory requirements were met.

Quarter Three 2022 QI Scorecard

Measure	Measure Definition	Denom -inator	Baseline	Target	Current Performance	Planned Activities	Updates on Activities
Complex Care Management Client Perception of Health	Improve Complex Care Management client's perception of their health based on change in self-reported health status	9	58%	60%	44%	<ul style="list-style-type: none"> Clinical Supervisors and Medical Director coaching the CM Nurses and Community Coordinators to assess for client barriers and gaps in health education and connection to PCP. CM Management have developed a 2-year training syllabus for the team, to include trainings on subjects the team have identified gaps in and areas management feel would benefit the team in their ongoing work with members. Review of self-management goal report with CM Nurses to ensure that members have 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 CM Nurses. 	<ul style="list-style-type: none"> Associate Medical Director met bi-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 MedTalks on: Chronic Kidney Disease/ Cholesterol/ Transgender and Gender affirming care/Drug coverage for Medicare beneficiaries/COVID 19 vaccines and treatmentCOVID 19 vaccines and treatment
Care Management Client Perception of Health	Improve Care Management client's perception of their health based on change in self-reported health status	79	61.5%	63%	54%	<ul style="list-style-type: none"> Clinical Supervisors and Medical Director coaching the CM Nurses and Community Coordinators to assess for client barriers and gaps in health education and connection to PCP. CM Management have developed a 2-year training syllabus for the team, to include trainings on subjects the team have identified gaps in and areas management feel would benefit the team in their ongoing work with members. Review of self-management goal report with CM Nurses to ensure that members have 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 CM Nurses. 	<ul style="list-style-type: none"> Associate Medical Director met bi-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 MedTalks on: Chronic Kidney Disease/ Cholesterol/ Transgender and Gender affirming care/Drug coverage for Medicare beneficiaries/COVID 19 vaccines and treatmentCOVID 19 vaccines and treatment
Complex Care Management Client Satisfaction	Improve Complex Care Management client's satisfaction with Care Management Services to achieve their health goals	3	100%	90%	33%	<ul style="list-style-type: none"> Maintain a process to triage members into longer-term case management programs when requested by member or indicated by member's self-efficacy skills. Provide more thorough life skills, health education and training to members as it pertained to their health maintenance. Improve communication of care plan goal progress between Care Management staff and members. CM staff completes a 6 month reassessment and review of care plan including goals with member 	<ul style="list-style-type: none"> Offered the following trainings for the Coordinators and RNs: Conservatorship/ECM Provider Core Tenets trainings/Palliative and Hospice Care: Supporting clients during end of life/ Intensive Case Management: Overview and referral process/Domestic Violence 101 /Cognitive Behavioral Therapy and MedTalks on Chronic Kidney Disease/ Cholesterol/ Transgender and Gender affirming care/Drug coverage for Medicare beneficiaries/Safety Precaution and De-escalation/COVID 19 vaccines and treatment. Supervisors tracked completion of 6 month reassessments. Chronic condition assessments added to Essette. SFHP Health Education library updated.

Quarter Three 2022 QI Scorecard

Measure	Measure Definition	Denom -inator	Baseline	Target	Current Performance	Planned Activities	Updates on Activities
Care Management Client Satisfaction	Improve Care Management client's satisfaction with Care Management Services to achieve their health goals	48	97%	90%	71%	<ul style="list-style-type: none"> · Maintain a process to triage members into longer-term case management programs when requested by member or indicated by member's self-efficacy skills. · Provide more thorough life skills, health education and training to members as it pertained to their health maintenance. · Improve communication of care plan goal progress between Care Management staff and members. · CM staff completes a 6 month reassessment and review of care plan including goals with member 	<ul style="list-style-type: none"> · Offered the following trainings for the Coordinators and RNs: Conservatorship/ECM Provider Core Tenets trainings/Palliative and Hospice Care: Supporting clients during end of life/ Intensive Case Management: Overview and referral process/Domestic Violence 101 /Cognitive Behavioral Therapy and MedTalks on Chronic Kidney Disease/ Cholesterol/ Transgender and Gender affirming care/Drug coverage for Medicare beneficiaries. · Completed the Spring 2022 Member Survey cycle.
Project Open Hand Member Satisfaction	Improve satisfaction for members engaged in the Project Open Hand Program	46	N/A	85%	96%	<ul style="list-style-type: none"> · Partner with Project Open Hand, a community organization which will deliver medically tailored meals and/or groceries to SFHP members with chronic conditions and evaluate members' food needs through appointments with dieticians. 	<ul style="list-style-type: none"> · Program enrolled 75 total participants who received medically tailored meals or groceries depending on their preference.
Opioid & Benzodiazepine Co-prescribing	Reduce the rate of opioid and benzodiazepine co-prescribing	3,195	8.5%	7%	6.0%	<ul style="list-style-type: none"> · Work with mental health and substance use specialist providers to create and distribute provider information how to taper members off benzodiazepines and alternate treatments for anxiety and insomnia. 	<ul style="list-style-type: none"> · SFHP staff are working on educational materials for providers.
Buprenorphine Prescription	Increase the percentage of members with Opioid Use Disorder with a buprenorphine prescription	2,961	22%	30%	28.6%	<ul style="list-style-type: none"> · Outreach to methadone clinic providers in order to better support the use of MAT. · Monitor buprenorphine adherence using the repository. · Consider targeted outreach to members with buprenorphine single fills or their providers. · Disseminate educational material to members on MAT options. 	<ul style="list-style-type: none"> · Monitoring of buprenorphine adherence ongoing. · Provider outreach is delayed due to the barriers of the ongoing COVID-19 pandemic and the pharmacy transition from Medi-Cal managed care.
High Dose Opioid Prescriptions	Reduce the number of members on high dose opioid prescriptions	3,195	8%	6%	21.0%	<ul style="list-style-type: none"> · Work with mental health and substance use specialist providers to create and distribute provider information on buprenorphine prescribing 	<ul style="list-style-type: none"> · Provider outreach is delayed due to the barriers of the ongoing COVID-19 pandemic and the pharmacy transition from Medi-Cal managed care.
COVID-19 Vaccination	Increase the rate of members vaccinated for COVID-19	164,625	N/A	≤ 10% less than percent age of SF residen ts who have receive d first dose	74.5%	<ul style="list-style-type: none"> · Incentivize members 12 years and up to receive vaccination through the COVID Vaccine Incentive. · Conduct letter outreach and live phone outreach to unvaccinated members 12 years and up to provide vaccine information and coordination of vaccination appointments and transportation to vaccination appointments. · Provide grants to provider groups and community-based organizations for outreach to underserved populations. · Coordinate with the SF Department of Public Health and community organizations via weekly meetings. · Letter outreach to members 5 – 11 to communicate need for members to be vaccinated. · Provider outreach via provider newsletters and SFHP website update. 	<ul style="list-style-type: none"> · Coordinated with the SF Department of Public Health and other community organizations throughout the implementation of all COVID-19 vaccine activities.
Breast Cancer Screening	Improve the Breast Cancer Scre	1,281	36.00%	50.00%	44.00%	<ul style="list-style-type: none"> · Provide Health Education materials to Black/African American SFHP members. · Provide patient navigation services through Rafiki Coalition for Black/African American members due for a breast cancer screening. 	<ul style="list-style-type: none"> · African American members recive patient navigation.

James Frederic Lee, MD

2574 San Bruno Ave
San Francisco, CA 94134
415-391-9686, fax 415-352-5063
CA license G77416, DEA # FL4535502

Experience

05/2022-present	Medical Director, North East Medical Services
04/2014- present	Staff Physician, North East Medical Services
07/1996- 09/2022	Private Practice, River Bend Medical Associates, Sacramento, CA
07/1996- 09/2022	Medical Staff Member- Sutter Medical Center, Sacramento Mercy Healthcare, Sacramento
01/2010-12/2012	Chair- Family Medicine Dept, Sutter Medical Center, Sacramento
07/2009-10/2014	Medical Director, Asian Community Nursing Home, Sacramento,

Education

Board Certification, American Board of Family Practice, 2002-present

Residency and Internship, University of California, Davis
Department of Family Medicine, 1992-1995

M.D., University of California, San Diego School of Medicine
June 1992

B.A., Biochemistry, University of California, Berkeley

Academic Awards

Clinical Honors: Obstetrics and Gynecology, Pediatrics
Phi Beta Kappa, junior year member
Honors Program in Biochemistry, UC Berkeley

Activities

Population Health Committee, Hill Physicians, 6/2018- 7/2022
Board Member, My Sister's House (Domestic Violence Safe Haven), 2002-4
Team Physician, River City High School, West Sacramento, CA, 1999-2006

Membership

American Academy of Family Physicians
California Academy of Family Physicians
Hill Physicians IPA
Sutter IPA

Personal

Date of Birth: July 9, 1965, Oakland, California
Email: james.lee@nems.org

References

Available upon request



Here for you

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

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

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

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

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

Signature James Lee

Print name JAMES LEE

Date 10-5-2022



**Pharmacy and Therapeutics Committee
CONTACT INFORMATION**

JAMES F. LEE
Name/Degree

M D
Title

NEMS (NORTH EAST MEDICAL SERVICES)
Company

2574 SAN BRUNO AVENUE, SAN FRANCISCO, CA, 94134
Address

415-391-9686
Phone

james.lee@nems.org
Email



Here for you

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

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

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

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

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

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

Name: JAMES F. LEE

Signature: James F. Lee

Title: MD

Date: 10-05-2022

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

2023 Quality Improvement Program Draft Workplan Measures October 2022

QI Domains

Utilization of
Services

Quality of Service
and Access to Care

Managing Multiple
Chronic Illnesses

Managing Members
with Emerging Risk

Patient Safety or
Outcomes Across
Settings

Keeping Members
Healthy

Considerations for Review

- **Alignment:** where is there alignment with SFHP's measures and SFHP's network priorities?
- **Missing priorities:** are there priorities of SFHP's network not represented in the workplan?
- **Activities:** What activities to improve measure would you recommend or like to see?

Utilization of Services

Antidepressant
Medication
Management
(AMM)

Inpatient
Admissions

Antipsychotic
Adherence (SAA)

Quality of Service and Access to Care

Provider
Directory -
Language

Provider
Directory -
Race/Ethnicity

Appointment
Availability -
Routine Specialty

HP-CAHPS
Getting Needed
Care

HP-CAHPS Rating
of Specialist

Managing Multiple Chronic Conditions

Care Management
Depression Follow-
up

Care Management
Perception of
Health

Care Management
Client Satisfaction

Complex Care
Management
Depression Follow-
up

Complex Care
Management
Perception of
Health

Complex Care
Management
Client Satisfaction



Managing Members with Emerging Risk

Hepatitis C
Treatment

Diabetes Care -
HbA1c in poor
control (CDC-h9)

Project Open Hand
Client Satisfaction

Diabetes Care – Eye
Exams (CDC-eye)

Asthma Medication
Ratio (AMR)

Prenatal Care for
Black & Native
American Members
(PPC-Pre)

Postpartum Care for
Black & Native
American Members
(PPC-Post)

Postpartum
Depression
Screening (PDSE)



Patient Safety or Outcomes Across Settings

Buprenorphine
Prescription

High Dose Opioids

Medication Therapy
Management –
Multiple Prescribers

Follow-Up After ED
for Alcohol or Other
Drugs (FUA)

Follow-Up After ED
for Mental Health
(FUM)

SFHN All Cause
Readmission (PCR)



Keeping Members Healthy

Breast Cancer
Screening for
Black Members

Well Child Visits
in the first 0-15
months (W30-6)

Well Child Visits
in the first 15-30
months (W30-2)



NCQA QI3 and QI4 Standards: QI/PHM and DUR Combined Efforts Jessica Shost, PharmD.

Background

- In 2022, a cross-functional team was assembled at SFHP to identify HEDIS (Healthcare Effectiveness Data and Information Set) measures that should be addressed by the Quality Improvement (QI) program.
- These measures will be used in our NCQA QI3 and QI4 submissions
- HEDIS is a comprehensive set of standardized performance measures designed to compare of health plan performance.
- Once a HEDIS measure was chosen, a report was created on demographic data for the members identified.

HEDIS Measures

Asthma Medication Ratio (AMR): ratio of controller medications to total asthma medications during the measurement year

Antidepressant Medication Management (AMM): percentage of members 18 years or age or older with a diagnosis of major depression who remain on an antidepressant medication

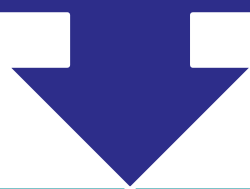
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA): adherence to antipsychotic medications for members with schizophrenia or schizoaffective disorder, measured using Proportion of Days Covered (PDC)

HEDIS Measures Cont.

- Multiple diabetes measures were investigated – including A1C testing, A1C control, and annual eye exam adherence

Demographics Report

Demographic data for members in the reviewed HEDIS data was assembled in a BA report



Demographic information analyzed included:

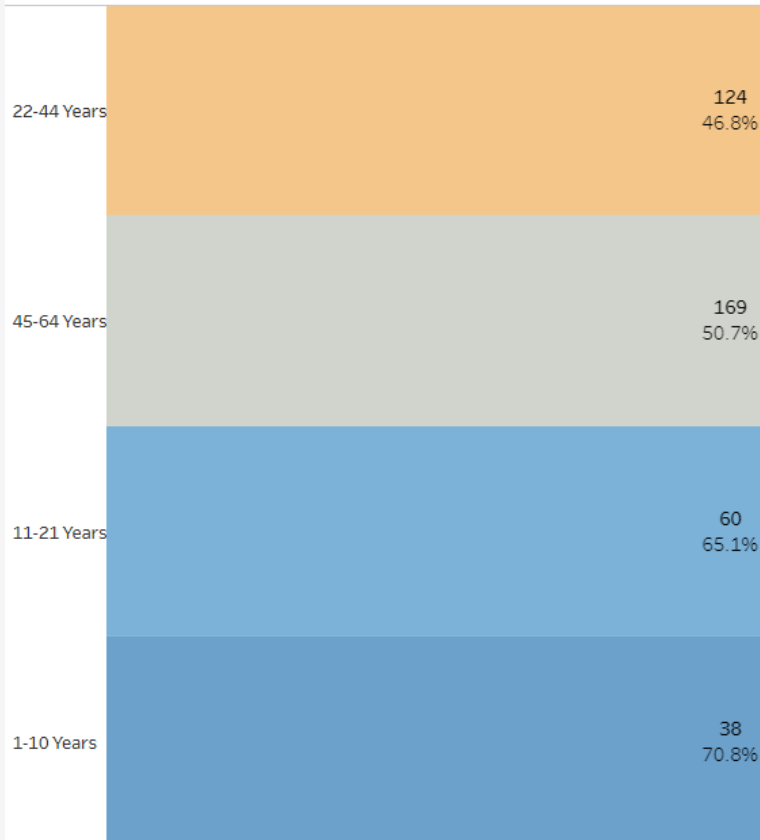
Age group	Ethnicity	Spoken language	Medical group	PCP/non-pcp visit count	IP visit count/ED visit count
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Demographic Report, example

Asthma Medication Ratio

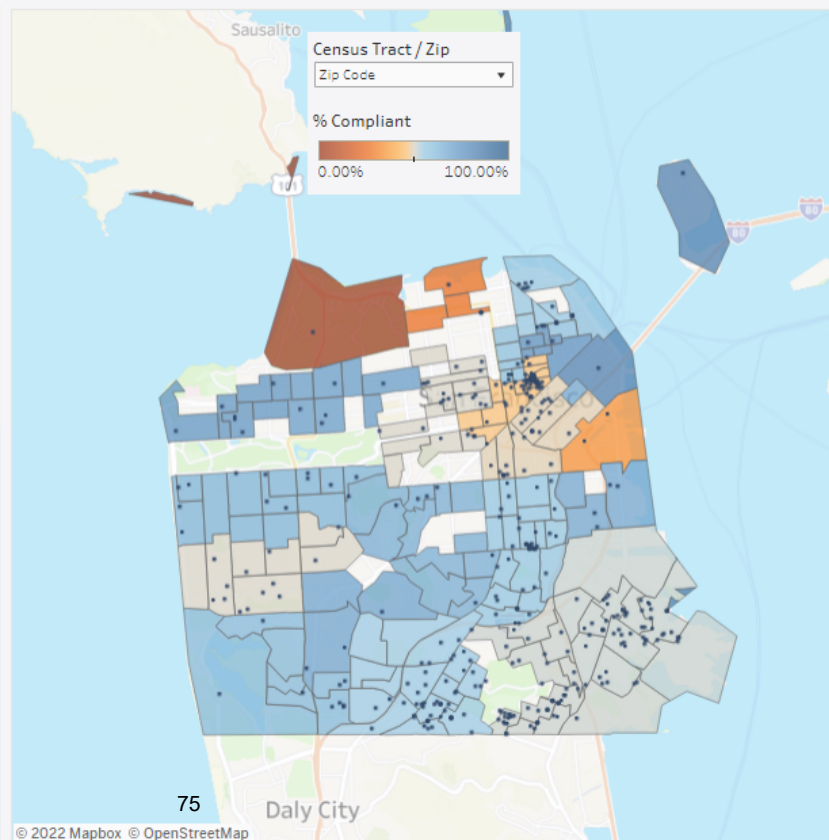
Demographic Breakdown X-axis Age Group Y-axis ALL

Null



Non-compliant Member Total Eligible Member % Non-Compliant

391 878 44.5%



Dashboard Filters

SUBMEASURE_BUCKET
Total

Medical Group
(All)

MemberLanguageCategory
(All)

Age_Group
(All)

SPD Flag
(All)

SPMI
(All)

Gender
(All)

Transgender
(All)

Housed
Housed

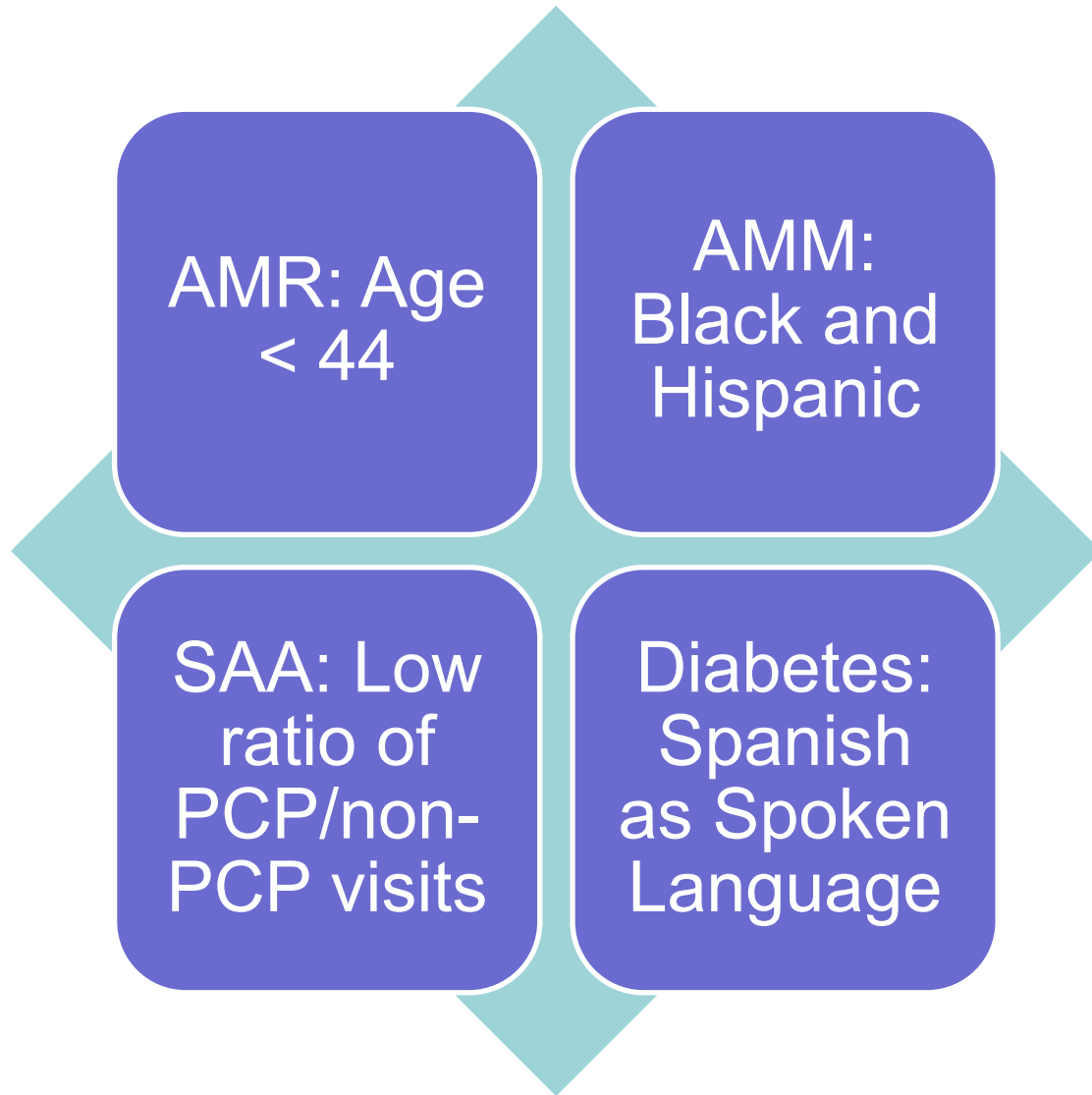
IP Visit Count Group
(All)

OP Visit Count Group
(All)

ED Visit Count Group
(All)

Spacer Rx in past 12 months
(All)

Identified Populations



Steps Taken

- Informed providers of the identified at risk populations September and October 2022 provider newsletters
- SFHP Pharmacy hosted a “MedTalk” with Care Management staff focused on asthma treatment and place in therapy of rescue versus maintenance inhalers
- Updated the Asthma Brochure for patients, integrating the newest guidelines (to be published on sfhp.org once translated)

Future Populations

- Ensure all members identified as “non-compliant” in the HEDIS data are on the enrollment list for Comprehensive Care Management (CCM) or Enhanced Care Management (ECM)
- Enroll members who are not eligible for CCM or ECM in the planned pharmacist-led Medication Therapy Management (MTM) program