

Quality Improvement Committee Meeting

Thursday, November 2, 2023
8:00 – 10:00 AM

50 Beale St
12th Floor, Conference Room - Haight Ashbury
San Francisco, CA 94119

*To arrange for public building access, please contact Se
Chung at 415-615-5692*

AGENDA

Quality Improvement Committee: Open Session			
Time	Topic	Objective	Assigned
8:00	Welcome / Roll Call (15 min)	Inform	Eddy Ang, MD, MPH
	QIC quorum: 5 QIC members, 3 physicians, including Committee Chair <ul style="list-style-type: none"> CMO / SFHP Updates QIHEC Name Change 	Inform	
8:15	Consent Calendar (7 min)	Vote	Shenita Hurskin
	<ul style="list-style-type: none"> Sept 2023 QIC Minutes - (pp. 2-8) Q2 2023 ER Access Report - (pp. 9-12) UM Committee Minutes and supporting documentation <ul style="list-style-type: none"> August 2023 – (pp. 13-30) September 2023 – (pp. 31-44) Health Services Policies & Procedures (P&P) Updates Summary - (pp. 45-48) Q2 2023 PQI Report - (p.49) 	Action: Vote	
8:30	Quality Improvement (35 minutes)	Inform/ Vote	
	<ul style="list-style-type: none"> Previous Action Items Proposed change to PQI reporting calendar – (p.50) 2024 Potential Priority Quality Measures Discussion 	Inform Action: Vote Inform	Stephanie MacAller Leslie Mulhern Kaitlin Hawkins José Méndez
Quality Improvement Committee: Closed Session			
Time	Topic	Objective	Assigned
9:05	Quality Improvement (35 minutes)	Inform	
	<ul style="list-style-type: none"> 2023 Priority Quality Measures Updates (55 minutes) 	Inform	Shenita Hurskin José Méndez Kaitlin Hawkins Hilary Gillette-Walch David Ries



Date: September 7, 2023
Meeting Place: 50 Beale Street, 12th Floor
San Francisco, CA 94119

Microsoft Teams Meeting
[+1 323-475-1528,519741547#](https://teams.microsoft.com/join/+1323-475-1528,519741547#)

Meeting Time: 8:00AM – 10:00AM

QIC Members Present:

In person: Dr. Blake Gregory, Primary Care Director of Population Health and Quality; Medical Director, Complex Care Program, SFHN; Dr. David Ofman, Chief Medical Officer, San Francisco Consortium of Community Clinics (SFCCC); Ed Evans, community member; Idell Wilson, community member

Not present: Alecia Martin, Director of Quality Management, SF BHS; Dr. Albert Yu, Chief Health Information Officer, SFHN; Dr. Amy Lu, Chief Quality Officer, UCSF; Dr. Ana Valdes, Chief Healthcare Officer, HealthRight360; Dr. Jackie Lam, Medical Director/QI/QA Director, NEMS; Dr. Jaime Ruiz, Chief Medical Officer, MNHC; Dr. Kathleen Chung, Medical Director, Value Based Care, SFHN; Dr. Kenneth Tai, Chief Health Officer, NEMS; Dr. Luke Day, Chief Medical Officer, ZSFGH; Irene Conway, community member

SFHP Staff Present:

In person: Shenita Hurskin, Director, Quality Improvement; Stephanie MacAller, Associate Program Manager, Quality Improvement; Yves Gibbons, Supervisor, Quality Improvement; Kaitlin Hawkins, Pharmacy Operations Manager; David Ries, Director of Behavioral Health and Housing; Hilary Gillette-Walch, Director of Population Health; Eddy Ang, Chief Medical Officer; Jose Mendez, Manager, Health Services Product Management; Leslie Mulhern, Nurse Supervisor, Quality Review

Topic		Follow-up [if Quality Issue identified, Include Corrective Action]	Resolution, or Closed Date [for Quality Issue, add plan for Tracking after Resolution]
Call to Order	Meeting called to order at 10:10am		
Care Experience	<ul style="list-style-type: none"> SFHP measures care experience through the Health Plan CAHPS (HPCAHPS), which stands for Health Plan Consumer Assessment of Healthcare Providers and 	<ul style="list-style-type: none"> SM will connect BG with SFHP Clin Ops director 	

<p>Update (CAHPS)</p>	<p>Systems. It's an annual survey that assesses members' experiences with their healthcare.</p> <ul style="list-style-type: none"> • The presentation covers various survey groups and efforts to improve care experience in the coming year. • Membership CAHPS measures include ratings and composites, with a historical trend showing improvements over the years, although there were dips, especially due to the pandemic. • NCQA has removed some measures, and SFHP currently scores based on health plan rating, personal doctor rating, rating of all healthcare, and getting care quickly. • SFHP performs lower than other health plans in some areas, particularly regarding access to care, where they receive a two out of five-star rating. • The presentation also delves into the demographic breakdown of survey respondents and the need to improve response rates, particularly among LatinX and Black populations. • Key drivers for care experience improvement were identified, including <ul style="list-style-type: none"> ○ rating a personal doctor, ○ having a personal doctor, ○ getting urgent care when needed, ○ customer service providing needed information or help, and ○ rating specialist team or staff • Organizational goals focus on achieving a 3% absolute improvement in key areas and implementing cross-organizational initiatives related to access to care. • Provider collaboration is a key aspect of improving care experience, with a focus on communication and cultural humility training for provider network staff. • Improvement projects are in progress <ul style="list-style-type: none"> ○ addressing interpreter services ○ grievances ○ specialty care access ○ telehealth, and more. • Future plans include additional data analysis, surveys, and focus groups to refine the strategy. <p>Discussion</p> <ul style="list-style-type: none"> • <i>EE: Concerns about members not having personal doctors/ attracting more providers</i> <ul style="list-style-type: none"> ○ <i>EA: We will follow up with you offline to brainstorm ways to attract more providers</i> • <i>EE: Improving access to care for duels (D-SNP)</i> <ul style="list-style-type: none"> ○ <i>YG: We are considering a separate survey/set of focus groups for D-SNP members in order to focus on the care they need and what their experience has been</i> 		
----------------------------------	---	--	--

	<ul style="list-style-type: none"> • BG: Streamlining the prior authorization process <ul style="list-style-type: none"> ◦ EA: we will connect you with Clin Ops director to discuss PA streamlining • BG: Need for a low-barrier transportation benefit 		
2024 MCAS MPL measures & ECDS	<p>Key Points</p> <ul style="list-style-type: none"> • Expansion in January 2024: There will be an expansion happening in January 2024 for members who do not have a satisfactory immigration status, potentially adding 5,000 to 11,000 new members. This expansion could impact CAHPS and HEDIS scores. • MCAS Measures for 2024: The current prioritized MCAS measures include AMR, CDEV, FUA, FUM, TFL, and W30 6+. In 2024, these measures will continue to be held to a minimum performance level (MPL) at the 50th percentile benchmark. Colorectal cancer screening (COLE) and pharmacotherapy for opioid use disorder (POD) are potentially being added to the MPL for 2024. • Behavioral Health Measures: Depression screening measures will not be held to MPL in 2024, but they are expected to stay and may be held to MPL in 2025. Data gaps exist, and efforts are being made to gather data from EHRs. • Colorectal Cancer Screening (COLE): In the previous year, the rate for colorectal cancer screening was 41.14%. Currently at 27.85% as of the July run. The benchmark for this measure will be available later. • Pharmacotherapy for Opioid Use Disorder (POD): For POD, the rate was 26.03%, close to the 50th percentile benchmark of 28.5%. It's currently tracking at 14.77% as of July, but the data is incomplete. There are discussions about whether POD should be held to MPL in 2024, given data challenges and potential perverse incentives. • Adult Immunization Status: A new measure for 2023, but data suggests that performance may be good due to strong data sources from immunization records. • Breast Cancer Screening: The methodology for breast cancer screening is switching from traditional to ECDS measures. However, performance is strong, and the change in methodology is not expected to negatively impact the results. • Future Focus: While some measures may not be held to MPL in 2024, they are expected to remain important and may be subject to MPL in 2025. Efforts are ongoing to address data gaps and improve performance. <p>Discussion</p> <ul style="list-style-type: none"> • BG: There are concerns about pharmacotherapy for opioid use disorder (POD). There could be a perverse incentive not to start patients on Suboxone because of concerns about their ability to be retained in care. <ul style="list-style-type: none"> ◦ EA: Please send me an email outlining these concerns and we will share with LHPC 	<ul style="list-style-type: none"> • BG will send EA email re: POD issues to forward to LHPC 	

Consent Calendar	<p>Key Points</p> <ul style="list-style-type: none"> Grievance Trends: Every quarter, SFHP monitors grievance trends, which have remained consistent over the years. The top reasons for filing grievances are typically related to wait times and concerns about service quality. Change in Non-Clinical Grievances Handling: There was a recent process change regarding the handling of non-clinical grievances. These grievances, which are usually against the plan (as opposed to the provider network), were previously managed by the customer service team. However, as of about a month ago or July, the workflow was switched to the Grievance and Appeals (GNA) team. This change was internal and should not affect external stakeholders. Importance of Appeals: Appeals are closely monitored, specifically the denial rate and the overturn rate. Overturn refers to cases where initially denied services are later approved through the appeals process. A high overturn rate prompts questions about the initial review process and the need for comprehensive root cause analysis. Turnaround Time Compliance: The utilization management committee monitors the turnaround time compliance rate for prior authorization and concurrent review of inpatient services. This rate has remained high, typically between 99% and 100%. Focus on High Utilizers: A new workgroup has been formed to address high utilizers, members who frequently use acute care services such as emergency room visits and avoidable hospitalizations. The goal is to proactively connect these members to necessary outpatient services to maintain their health within the community. <p>Discussion</p> <ul style="list-style-type: none"> <i>EE: Question about the increase in the number of grievances from 2022 to 2023. Could this be attributed to people returning to regular activities after the pandemic?</i> <ul style="list-style-type: none"> <i>EA: We don't have hard evidence to confirm this, but it was possible that increased engagement with healthcare providers led to more grievances.</i> 		<p>Approved</p> <ul style="list-style-type: none"> June 2023 QIC Minutes Q2 2023 Grievance Report Q2 2023 Appeals Report Q1 2023 ER Access Report UM Committee Minutes and supporting documentation <ul style="list-style-type: none"> May 2023 June 2023 July 2023 Health Services Policies & Procedures (P&P) Updates Summary 2022 Grievance & Appeals Annual Report P&T reappointments Q1 Scorecard Q2 2023 PQI Report
HEDIS Priority Measures Updates	<p>AMR</p> <ul style="list-style-type: none"> A significant part of the recent work efforts has been directed toward engaging with pharmacies. Connecting with pharmacies has been challenging due to the change in administering the pharmacy benefit. Successful connections were made with a few pharmacies to address issues like removing albuterol from automatic refills and targeting bubble packaging. Plans for outreach to pharmacies for non-compliant members were in progress. Anticipating results from the mapping of National Drug Codes (NDCs) in the next proactive run. Ensuring the right members are excluded from the specific measure. A limitation mentioned was not receiving all necessary data from the Electronic Medical Record (EMR), like diagnoses such as COPD. 		

	<ul style="list-style-type: none"> Plans to include information about asthma prevention resources in the September provider newsletter that wasn't marketed before. Collaborations with organizations such as Breathe California (Breathe CA) were noted. Collaborative work with provider groups was found to be helpful, especially regarding data and information on outreach and interventions. <p>DEV/W30</p> <ul style="list-style-type: none"> Infant Wellness Map has potential to impact both the developmental screening (DEV) and W30 measures. The map is designed like a credit card and provides recommended visit schedules with space to record dates and developmental milestones. SFHP collaborating to use this map with WIC and other partners/agencies working with women and young children. Infant recall roster working to identify certain data issues, including unbilled claims and cases where clinics were unaware of their assigned patients. Collaboration with the Department of Early Childhood for the Sparkler app, which allows families to perform ages and stages screening at home. Efforts to obtain supplemental data for well infant visit information to bridge data gaps. Important to adhere to the specific schedule for these measures Impact of access on compliance. Inclusion of mapping baby IDs onto mother's IDs, which resulted in a 9-point improvement in the measure. Collaborative efforts with San Francisco Health Network (SFHN) to share patient ID lists to identify any persistent gaps in the data. Discussion on the proportion of the denominator with no visits, which stood at 55 out of 118 after removing Kaiser from the equation. Access to Care Link was noted as a valuable resource for addressing these issues, and there was a recognition that some members may indeed be missing visits. <p>Discussion</p> <ul style="list-style-type: none"> <i>SH: For the app, they download for free?</i> <ul style="list-style-type: none"> <i>HGW: Yes, they get a code for their physician and then the clinic gets the info automatically</i> <p>FUA/FUM</p> <ul style="list-style-type: none"> Not cautious optimism; irrational confidence The measures, particularly FUM have several challenges. The administrative features, including coding specific diagnosis codes, play a crucial role in determining compliance with these measures. 		
--	--	--	--

	<ul style="list-style-type: none"> • To meet the measure requirements, the mental health disorder diagnosis code on the follow-up must be primary; if it's secondary or tertiary, it won't count. • The immediate follow-up within 30 days is vital, but the reality is that sometimes follow-up happens weeks later, which is a challenge. • Navigation services are essential, as many patients struggle to access follow-up care, even within the same building. • Efforts are underway to hire resources for outreach calls and additional navigators to assist members in securing follow-up appointments. • Must addressing the tendency to use ED for non-emergency care. • Looking into initiating registration and engagement processes with primary care and enable navigators to work with health plans to engage members in choosing or changing primary care providers. • Street teams and mobile services, especially for seriously mentally ill patients, are potential solutions to provide care directly to patients. • Challenge of real-time notifications from emergency departments to ensure timely follow-up. Improvements in this area are needed. • Navigation resources are being funded both internally and externally to help connect patients with necessary follow-up care. <p>Discussion</p> <ul style="list-style-type: none"> • <i>DO: Members who on paper or in system are assigned primary care but are not registered with that clinic. What can we recommend to EDs in those cases?</i> <ul style="list-style-type: none"> ○ <i>DR: This workflow that we'll ask EDs to follow include screening and then referral under CalAIM to ECM. Next step is what to recommend on primary care side:</i> • <i>SH: How soon after discharge do we get that info? Is there a lag?</i> <ul style="list-style-type: none"> ○ <i>DR: Focus now is how to hand off (maybe a hot handoff, using transportation benefit) Point Click Care gives almost real time notifications but we send them weekly.</i> • <i>DO: Update on action items re: SUD indicates high risk. Suspect that this is the same on mental health visits. Are there resources within the plan, or is this expected to happen at the provider level?</i> <ul style="list-style-type: none"> ○ <i>EA: Hired someone to do follow up calls; Planning to fund SUD navigators in EDs.</i> <p>TFL</p> <ul style="list-style-type: none"> • Specific coding and administrative challenges around this measure • The measure requires patients to have two visits within a year to be counted, which doesn't align with NCQA specifications. • The age range (1-20 years) poses a challenge. 		
--	---	--	--

	<ul style="list-style-type: none"> • The focus is on encouraging providers to continue providing fluoride services to children aged zero to four or five and supporting them in their efforts. • The plan is working with LHPC to advocate for potentially changing the measure specifications in the coming year. 		
Meeting Adjourned	<ul style="list-style-type: none"> • QIC will be changing name to QIHEC: Quality Improvement and Health Equity Committee • Next year, SFHP will add more health equity measures to the committee's agenda as part of its ongoing commitment to quality improvement and health equity. • Much gratitude to our providers participating in QIC and collaborating to improve quality. • Quality in healthcare is the result of the hard work of providers and SFHP values the partnership between the plan and the providers. <p>Meeting adjourned at 9:57am</p>		

QI Committee Chair's Signature & Date:

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



Emergency Room Visit / Prescription Access Report

2nd Quarter 2023

San Francisco Health Plan Medi-Cal LOB

Goal:

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

Methodology:

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

Findings:

Section 1 - ER Visits

In 2Q2023, 13,662 members had 20,946 ER visits, averaging 1.53 ER visits per member, which is higher than the previous quarter (1.47). This reflects an ER visit by approximately 7.7% of the SFHP Medi-Cal membership within the quarter, which is lower than the previous quarter. Visits by ER facility and the number of Member ER visits increased compared to the previous quarter (18,060 and 12,279 respectively).

Table 1A: Visits by ER Facility

ER Facility	ER Visits
ZUCKERBERG SAN FRANCISCO GENERAL HOSPITAL AND TRAUMA CENTER	4,238
ZSFG - ACUTE CARE 2	3,911
UC SAN FRANCISCO MEDICAL CENTER	3,272
ST FRANCIS MEMORIAL HOSPITAL	1,825
CPMC MISSION BERNAL - ACUTE	1,721
CPMC VAN NESS CAMPUS - ACUTE CARE	1,480
CPMC PACIFIC CAMPUS – OUTPATIENT & ER	847
ST MARYS MEDICAL CENTER	765
CHINESE HOSPITAL	668
CPMC DAVIES CAMPUS - ACUTE	555
KAISER FOUNDATION HOSPITAL SF	481
Other ED Facilities	1,183
TOTAL	20,946

Table 1B: Member ER Visits

# ER Visits	Member
1	8,802
2	2,819
3	967
4	415
5	230
6	127
7	79
8	45
9	50
10	21
11+	107
TOTAL	13,662



Section 2 - Top Diagnoses

Of the 20,946 ER visits in 2Q2023 9,162 visits (44%) resulted in a medication (from ER or pharmacy) within 72 hours of the ER Visit and 10,440 (50%) did not. Not all ER visits warranted medication treatment (i.e. chest pain, abdominal pain or altered mental status). Overall, the distribution of top ER visits by diagnoses category is shown in Table 2.

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

Top Diagnoses Categories	ICD10	ER Visits	% of Visits
Chest pain	R07.xx	1,441	6.9%
Abdominal pain	R10.xx	1026	4.9%
Shortness of breath	R06.02	374	1.8%
Alcohol Use	F10.xx	312	1.5%
Head Injury Unspecified	S09.90	291	1.4%
Headache	R51.9	266	1.3%
Acute Upper Respiratory Infection Unspecified	J06.9	264	1.3%
Abnormal Electrocardiogram	R94.31	240	1.1%
Fever Unspecified	R50.9	214	1.0%
Dizziness and Giddiness	R42	212	1.0%
Altered mental status	R41.82	208	1.0%
Cough	R05	173	0.8%
Acute Pharyngitis Unspecified	R11.10	169	0.8%
COVID-19	U07.1	162	0.8%
Urinary Tract Infection Not Specified	N39.0	159	0.8%
Nausea with Vomiting	R11.2	151	0.7%
Syncope and Collapse	R55	145	0.7%
All Other Diagnoses		15,139	72.3%
TOTAL		20,946	100.0%

Further analysis of diagnoses include 128 ER visits for substance use disorder with 41 of the visits (32%) resulted in a pharmacy intervention. Opioid abuse resulted in 75 ER visits and overdose of poison was included in 18 ER visits.

Section 3 - Key Diagnoses Category

Selected key diagnoses with a high likelihood for ER discharge prescription are reported in Table 3. In 2Q2023, more than 90% of ER visits for all key diagnoses received medication treatment within 72 hours of the visit.

Table 3: ER Visit – Key Diagnoses Category

Diagnoses Category	ICD10	RX Filled	ER Treated	No Rxs	ER Visit Total	% Treatment
COPD	J44, J44.1, J44.9	25	41	2	68	97%
Asthma Exacerbation	J45.901, J45.909, J45.902	45	29	2	76	97%
Pneumonia	J18.9	46	21	4	71	94%
UTI	N39.0	57	50	15	122	88%



Section 4 - Pharmacy Location

For the members filling a prescription from a Pharmacy within 72 hours of their ER visit date, a further analysis evaluated the location of the pharmacy relative to where the member received emergency care and the hours of operation for these pharmacies. Of the 7,887 member visits to a pharmacy after an ER discharge, the top 15 most utilized pharmacies are reported in Table 4. Access to a pharmacy after an ER visit can occur throughout the day and would not be limited to only after-hours. In this analysis, member visits are defined as unique days that prescriptions are filled for a member per unique pharmacy.

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

Pharmacy	Hours of Operation	Mbr Visits	% of Visits
SF General (1001 Potrero Ave)	9AM – 8PM M-F, 9AM-1PM Sat	843	10.69%
Walgreens 3711 (1189 Potrero Ave)	8AM – 10PM M-F, 8AM – 9PM Sat-Sun	616	7.81%
Walgreens 1327 (498 Castro St)	24 Hours	335	4.25%
Walgreens 7150 (965 Geneva Ave)	9AM – 9PM	328	4.16%
Walgreens 5487 (5300 3rd St)	8AM – 9PM	303	3.84%
Walgreens 4609 (1301 Market St)	8AM – 9PM	295	3.74%
Chinese Hospital (845 Jackson St)	8AM – 7PM M-F, 9AM-5PM Sat-Sun	294	3.73%
Walgreens 4231 (2690 Mission St)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	241	3.06%
Daniels Pharmacy (943 Geneva Ave)	9AM-6:30PM	177	2.24%
Walgreens 1626(2494 San Bruno Ave)	9AM-9PM M-F, Sat 9AM-5PM, Sun 10AM-6PM	163	2.07%
Walgreens #3558 (1301 Franklin St)	9AM-9PM M-F, 9AM-1:30PM, 2PM-5PM Sat, 10AM-1:30PM, 2PM-6PM Sun	163	2.07%
Walgreens 1054(3398 Mission St)	9AM-9PM M-F, 9AM-1:30PM, 2PM-5PM Sat, 10AM-1:30PM, 2PM-6PM Sun	163	2.07%
Walgreens 3185 (825 Market St)	8AM – 9PM M-F, 9AM – 5PM Sat, 10AM – 6PM Sun	157	1.99%
Walgreens 1283 (500 Geary St)	9AM to 1:30PM, 2PM to 7PM M-F, 9AM to 1:30PM, 2PM to 5PM Sat	153	1.94%
NEMS Chinatown (1520 Stockton St)	8AM-6PM M-F, 8AM-12PM, 1PM-5PM Sat	145	1.84%
CVS 9577 (7191 Warner Avenue, Huntington Beach, CA) Mail Order	10AM to 1:30PM, 2PM to 8PM M-F, 10AM to 1:30PM, 2PM to 6PM Sat, 11AM to 1:30PM, 2PM to 5PM Sun	132	1.67%
NEMS-San Bruno (2574 San Bruno Ave)	8AM-6PM M-F, 8AM-12PM, 1PM-5PM Sat	121	1.53%
Scriptsite Pharmacy (870 Market St #1028)	9:30AM-5:30PM M-F	112	1.42%
All Other Pharmacy Locations		3,146	39.89%
TOTAL		7,887	100.00%

Summary:

No barrier to pharmacy access during after-hours was identified in this quarter. ER utilization was higher in 2Q2023 compared to 1Q2023 (20,946 visits versus 18,060) with each member utilizing the ER at 1.53 visits. About 44% of ER visits received medication (from ER or



Here for you

pharmacy) within 72 hours of the ER visit, which was slightly lower compared to last quarter (45%). Appropriate prescription fills were seen in all four key diagnoses category. Monitoring of member access to medication treatment after an ER visit will continue.

 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 16 August 2023 1:30 – 3:00PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly meeting. Meeting frequency is a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.</p>	
<p>Present:</p>	<p><u>Clinical Operations</u> Matija Cale, SeDessie Harris, April Tarpey, Morgan Kerr, Eddy Ang, Tamsen Staniford, Chris Ball, Traci Jovancevic, Stephanie Penrod, Susan Porter</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim</p>	<p><u>Compliance</u> Crystal Garcia, Monica Fong, John Bhambra</p> <p><u>Quality Review Team</u> Leslie Mulhern Jenna Colin-Arriola</p> <p><u>Optional Attendees</u> Courtney Spalding (Clinical Operations) Rudy Wu (Business Analytics) Hilary Gillette-Walch (Population Health)</p> <p><u>Guests</u> Amelia Lao (Pharmacy Student)</p>
<p>Not Present (NP):</p>	<p>Tony Tai (Clinical Operations), Michelle Faust (Quality Review), Charles Aguilar (Clinical Operations), Amyn Nathoo (Care Management), Tammie Chau (Pharmacy), Jessica Shost (Pharmacy), Grace Carino (Appeals & Grievances), Wayne Pan, MD (Medical Director)</p>	
<p>Quorum</p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Eddy Ang; official date of hire as the CMO 2.3.23) • Senior Medical Director (vacant) • Director, Clinical Operations, RN (Matija Cale) • Senior Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • Manager, Long Term Care Nurses (Susan Porter, RN) • Manager, Clinical Operations (Morgan Kerr, MBA) 	

	<ul style="list-style-type: none"> • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Manager, Pharmacy Operations, PharmD (Kaitlin Hawkins) • Program Manager, Clinical Operations (Vacant)
--	--

Documents Presented:	<ul style="list-style-type: none"> • 7.1.23 - 7.31.23 Resolved Appeal Cases • DHCS vs SFHP IP and ED Visits_June 2022 • Draft_Agenda_UMC_August-2023_v8.10.23 • Draft_Minutes_UMC_July-2023_v7.27.23 • GPR_DRG_New_SNFD_San Francisco Health Medicaid_20230701 • Pharmacy_Operations_Dashboard_2023Q2 • SFH.IMR.CC_UMC Report_2023. 07. 12 • SFH.IMR.CC_UMC Report_2023. 08.10 • UM Director Dashboard_July 2023_08 15 23 • UM_Trending_Dashboard_V.8.14.23 • CO_Authorization_Productivity_KPI_Dashboard_July_2023_V.8.14.23 • Proposed_Additional_Retro_Exceptions_V.8.16.23
-----------------------------	--

Consent Calendar – January 2023 to December 2023

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

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

	2023 UM Program Description	<ul style="list-style-type: none"> QIC (Dec 2023) 		Description with the PAD/LTC/Pharmacy updates. <ul style="list-style-type: none"> 2023 version UMC (Nov) & QIC (Dec) 	
--	-----------------------------	--	--	---	--

	Topic	Brought By	Time	Agenda	Meeting Notes
1.	Standing Items: <ul style="list-style-type: none"> Approval of minutes Action Items review Parking lot review Medical/Pharmacy Directors' Dashboards 	Matija	1:30 PM – 1:50	<ul style="list-style-type: none"> Agenda reviewed. Action Items Approval of draft minutes CO Director Dashboard Clinical Operations – KPI Dashboard Clinical Operations – UM Trending Report Review (inpatient Admissions) Pharmacy Dashboard (will be providing the quarterly dashboard the second month of the quarter (we need the first month of the quarter to compile last quarter's data). <ul style="list-style-type: none"> Q4-2022 (April UMC) Q1-2023 (May UMC) Q2-2023 (August UMC) Q3-2023 (November UMC) 	<ul style="list-style-type: none"> Minutes Approval <ul style="list-style-type: none"> The July 2023 minutes were approved by the quorum vote. Action Items Review <ul style="list-style-type: none"> See updates in the Action Items table below. Discussion for Action Item regarding spike in admission & bed days per 1000MM for Feb 23 & March 23: <ul style="list-style-type: none"> Spike is driven by non-acute and SDN population. Discussion on potential causes: <ul style="list-style-type: none"> SDN/Medicare population have higher acuity. LTC members often bounce between acute hospital & LTC facility. Parking Lot Review <ul style="list-style-type: none"> Updates in table below but will be reviewed at the next UMC meeting before being removed. Dashboards <ul style="list-style-type: none"> Clinical Operations (CO) Authorization Productivity KPI Dashboard <ul style="list-style-type: none"> PA TATs-99.7% CCR TATs-99.9% LTC TATs-100% UM Trending

					<ul style="list-style-type: none">▪ ED & Acute IP Trends are returning to normal after past spikes.<ul style="list-style-type: none">• Business Analytics confirmed SDN Medical Group was the driver of past spikes.▪ Sepsis remains the top diagnosis for ED visits.<ul style="list-style-type: none">• Recommendation from Leslie to check if hospitals participate in Sepsis Registry-Potential opportunity for a deeper dive into this trend.▪ Readmission rates continue to rise. Discussion on potential impacts:<ul style="list-style-type: none">• Increase Enhanced Care Management (ECM) capacity and outreach turnaround times. Eddy agreed ECM utilization is a high priority for SFHP, so encouraged UMC members to share feedback with SFHP's ECM team for opportunities for improvements.• Anticipate expansion of Transitional Care Services (TCS) in 2024 to have a positive impact on readmissions.
--	--	--	--	--	--

					<ul style="list-style-type: none"> Q2-2023 Pharmacy Dashboard Highlights <ul style="list-style-type: none"> Medication Reconciliation Tasks positively increased by 64% which is associated to an increase in participation in the Medication Adherence program. The Pharmacy & Therapeutics Committee also saw a positive increase in DUR reviews. PA approval rates trended back up in the 80% range. Attributed to feedback given to Magellan regarding the application of criteria. Pharmacy phone inquiries decreased-Result of continued provider education efforts by SFHP Pharmacy team.
2.	<ul style="list-style-type: none"> Medical/Pharmacy Appeals (RAMP 0937ES): Upheld and Overturned Independent Medical Review (IMR); State Fair Hearings (SFH). Consumer Complaints 	<ul style="list-style-type: none"> April – DMG appeal cases Leslie Mulhern– CHN/UCSF cases Eileen – Pharmacy Appeals Monica – Compliance 	1:50 PM – 2:05	<ul style="list-style-type: none"> Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> UM – Appeals - 8 <ul style="list-style-type: none"> Upheld appeals – 3 Overturned appeals – 5 Pharmacy – Appeals - 2 <ul style="list-style-type: none"> Upheld appeals – 0 Overturned appeals – 2 Compliance <ul style="list-style-type: none"> IMR – 0 July & 0 August SFH – 0 July & 2 August Consumer Complaints – 4 July & 4 August 	<ul style="list-style-type: none"> UM Appeals <ul style="list-style-type: none"> MA230718001 <ul style="list-style-type: none"> Refer to table below for details. MA230707001 <ul style="list-style-type: none"> Refer to table below for details. NEMS Medical Group (MG) does not have in-network specialties such as Neuro-Oncology so Wayne Pan, SFHP MD is having ongoing discussions with NEMS MG CMO on appropriateness of in-network specialty vs need for a specific cross-functional specialist. MA230726002 <ul style="list-style-type: none"> Refer to table below for details. MA230731001 <ul style="list-style-type: none"> Refer to table below for details.

					<ul style="list-style-type: none">▪ Overturned for Continuity of Care, but NEMS MG questioning if they can require member to get services such as labs in network. The committee has some concerns about fragmentation of care, so ongoing discussions are needed with SFHP & NEMS MG.○ MA230717001<ul style="list-style-type: none">▪ Refer to table below for details.▪ Another overturned case for Continuity of Care. See note below for trend.○ BTP Appeal (No case number)<ul style="list-style-type: none">▪ Refer to table below for details.▪ BTP will be reminded they are not delegated to process appeals.• Pharmacy Appeals<ul style="list-style-type: none">○ MA230705001<ul style="list-style-type: none">▪ Refer to table below for details.○ MA230721001<ul style="list-style-type: none">▪ Refer to table below for details.• <u>Appeals trend identified:</u> Continuity of Care (COC) denials for NEMs MG. SFHP will continue to have conversations with NEMS MG on COC process.• Compliance<ul style="list-style-type: none">○ July Report:<ul style="list-style-type: none">▪ 5/05/23 DMHC Consumer Complaint closed. See report for details.○ August Report:
--	--	--	--	--	--

					<ul style="list-style-type: none"> ▪ 10/05/22 DMHC Consumer Complaint: See report for details. ▪ 6/05/23 Consumer Complaint: Member was able to complete appointment earlier than anticipated but SFHP will have an internal root cause discussion to ensure SFHP is compliant with timely access. ▪ 7/05/23-SFH: See report for details. ▪ 7/10/23-Consumer Complaint: See report for details. ▪ 7/11/23-SFH: Ongoing, but SFHP already completed appeal process and the member is scheduled for DME fitting. See report for additional details. ▪ 8/01/23-Consumer Complaint: See report for details.
3.	<ul style="list-style-type: none"> • Quarterly Varis/APRDRG 	<ul style="list-style-type: none"> • Crystal 	2:05 PM – 2:20	<ul style="list-style-type: none"> • Reviewing data as of 6.30.23 	<ul style="list-style-type: none"> • Postponed to the next UMC meeting due to meeting time limitations.
4.	<ul style="list-style-type: none"> • CO-55 & Exceptions Handling Process 	<ul style="list-style-type: none"> • Crystal 	2:20 PM- 2:35	<ul style="list-style-type: none"> • Exception Handling Request: <ul style="list-style-type: none"> ○ Adult Preventive Service Codes ○ Drug Testing 	<ul style="list-style-type: none"> • Exception Handling Discussion: <ul style="list-style-type: none"> ○ The objective of UMC exception handling review is for clinical input & vote, but final decisions are made by SFHP Executive team. • Adult Preventative Service Codes <ul style="list-style-type: none"> ○ Current issue: Service codes are not included in the Medi-Cal fee schedule; specifically, an issue for Initial Health Assessments (IHAs). ○ Discussion: <ul style="list-style-type: none"> ▪ This is a clinical related request, so UMC can review & vote.

					<ul style="list-style-type: none">▪ Next steps: data analysis needs to be brought back & presented to UMC for review and vote.• Drug Testing<ul style="list-style-type: none">○ Current issue: National Labs has an outstanding unpaid balance for SFHP members who received drug testing during services with County Behavioral Health Services (CBHS). SFHP has received written confirmation these labs are not SFHP's responsibility, but Fee-for-Service continues to redirect provider to SFHP. SFHP Compliance team is recommending making an exception to support the provider.○ Discussion:<ul style="list-style-type: none">▪ The Committee in agreement this is not a clinical related exception, so will not proceed with a vote. The Committee offered following recommendations:<ul style="list-style-type: none">• Bring back to Executive Team for a final decision.• Consider not requiring prior authorization if adopted as SFHP responsibility to prevent major Prior Authorization impacts.• Pay balance as a courtesy to provider then attempt to recover from responsible entity.• Update SFHP website & public
--	--	--	--	--	---

					facing material to specify what type of labs SFHP covers.
5.	<ul style="list-style-type: none"> Retro Policy Changes Proposal Vote or eVote 	<ul style="list-style-type: none"> Tamsen 	2:35 PM-2:45	<ul style="list-style-type: none"> Details in Proposed_Additional_Retro_Exceptions_V.8.16.23 	<ul style="list-style-type: none"> Moved to review by email & eVote due to meeting time limitations.

Action Items August 2023

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Leslie	<ul style="list-style-type: none"> Check if UCSF hospitals participate in Sepsis registry. 	
2.	Tamsen/Crystal/Morgan	<ul style="list-style-type: none"> Crystal-Submit request in Clarizen & develop data analysis to present to UMC on Adult Preventative Service Codes exception. CO-55 Exception Handling Process review & update. 	
3.	April	<ul style="list-style-type: none"> Remind BTP Medical Group appeals are processed by SFHP only. 	
4.	April/Crystal/Leslie/Wayne	<ul style="list-style-type: none"> Discuss Continuity of Care with NEMS Medical Group and provide more guidance on handling Continuity of Care requests. 	
5.	Stephanie/Chris	<ul style="list-style-type: none"> Send committee Proposed_Additional_Retro_Exceptions_V.8.16.23 by email for feedback/questions. If no feedback/questions, send eVote. 	

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
------------------	----------	----------------	----------	--------

10.5.22	Tamsen/Tony	<ul style="list-style-type: none"> PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. 	<p>1.9.23 - Jan 2023- relying on manual check implemented for Health Services KPI spreadsheet until Tableau KPI report logic updates can be prioritized into BA work. Tamsen to follow up with Tony and Jay for new timeline.</p> <p>2.24.23- oh hold through March while focusing on processing SDN and preparing for SFN FFS auth volume.</p> <p>4.18.23-On hold in April for same reason.</p> <p>6.16.23-Relying on manual check for accurate monthly count & plans to fix dashboard are on hold until Jiva implementation.</p> <p>7.19.23-Tamsen confirmed this remains on hold until Jiva implementation.</p>	4
12.07.22	Morgan	<ul style="list-style-type: none"> Review Specialty Referral Tracking process for opportunities. Suggestions: <ul style="list-style-type: none"> Can we drill down on specialty care type and volume per specialty type? Demonstrate impact of member not getting specialty care timely (e.g., increase in ED or IP services). What is economic impact? Share findings with provider stakeholders 	<p>1.9.23 – will address formally after DHCS Audit prep is completed.</p> <p>5.15.23 – In progress. The RAMP report is being updated to provide discrete member demographics and diagnostic information.</p> <p>6.13.23 - Working w/ the QI Team regarding CAHPs.</p> <p>7.03.23-Re-assigned to Morgan Kerr due to Kirk's transition out of the UMC Committee and Clinical Operations team.</p> <p>8.16.23-Updated report is almost complete and anticipate bringing new report to September UMC meeting.</p>	2
1.11.23	Crystal	<ul style="list-style-type: none"> The PMPM costs are strictly related to inpatient acute. The overall PMPM rate is lower. Is Varis doing a better job following up? 	<p>5.16.23 - VARIS recommended combining existing DRG Review service with their new Clinical Validation and Readmissions programs.</p> <p>5.19.23-VARIS on hold until there are updates that can be presented to UMC.</p> <p>Next steps - Presentation to be scheduled with VARIS to learn more about these added services.</p> <p>7.18.23-Meeting occurred Wednesday 6/14. Follow-up communication regarding pricing details is pending.</p>	2

			8.16.23-Matija requested to take over ownership of action item and will review information with Eddy to decide if moving forward with VARIS's Clinical Validation and Readmissions programs.	
5.19.23	Tamsen	<ul style="list-style-type: none"> PA Process Updates 	<p>5.15.23 – to be tabled until June UMC meeting.</p> <p>6.16.23-Tabeled until July UMC meeting.</p> <p>7.19.23-PA Process Updates provided via presentation by Chris, Tamsen, and Stephanie. See PowerPoint in July UMC folder for details.</p>	3
5.19.23	Matija	<ul style="list-style-type: none"> Form a cross-functional Health Services team to dissect ED data; include Hilary, Director of Population Health Management. Conduct a more in-depth analysis of top diagnosis for ED visits & IP admissions with a focus on race and ethnicity to help develop strategies such as increasing the use of Teladoc and targeting specific populations for ECM services. 	<p>6.16.23-UMC invite sent to Hilary; creation of cross-functional subcommittee pending.</p> <p>6.21.23-Matija will assume responsibility of creating a cross-functional subcommittee.</p> <p>6.21.23-Matija will assume responsibility of creating a cross-functional subcommittee.</p> <p>7.12.23-Targeted date to kick off cross-functional subcommittee is August/September.</p> <p>8.16.23-Meeting is scheduled for September.</p>	2
6.21.23	Morgan	<ul style="list-style-type: none"> Research spike in admission & bed days per 1000MM for Feb 23 & March 23 since this does not appear to match admission trends and the ED visits 1000MM. Follow up with Rudy in BA. 	<p>6.29.23-Morgan sent Rudy an email requesting more information.</p> <p>6.30.23-Rudy confirmed this was due to a recent update on the backend encounter table on the non-acute IP admissions and the UM Dashboard will be fixed ASAP.</p> <p>7.18.23-Stephanie sent a follow up email to Rudy to confirm if UM Dashboards have been updated.</p> <p>8.16.23-Rudy provided an explanation for spike & confirmed data accuracy. See August UMC Meeting Minutes for details.</p>	2
6.21.23	Morgan	<ul style="list-style-type: none"> Confirm HIL MG high utilization for CBAS services is accurate. If accurate, reach out to HIL to understand their strategies for connecting 	6.29.23-Morgan is working with Tony Tai. to confirm data accuracy.	2

		members to CBAS services to increase utilization for all SFHP members.	<p>7.18.23- Initial analysis indicates data is accurate. Membership assigned to Hill is approx. 1.3%. However, Hill members make up 8% of total CBAS population. In addition, Hill members are attending CBAS more frequently than groups with comparable (i.e., CHI) or slightly greater (i.e., UCS) total CBAS members. This pattern continues in Q1 2023.</p> <p>7.19.23-Committee requested a deeper analysis on why delegated medical groups have low utilization of CBAS services and develop strategies to work with delegate medical groups to increase CBAS utilization.</p> <p>8.03.23-Morgan sent email to cross functional SFHP teams to collaborate on how SFHP can work with network providers and delegated medical groups to develop strategies to increase CBAS utilization. Discussions in process.</p> <p>8.16.23-Efforts in process to increase utilization: Post recorded CBAS webinar to the SFHP Website, CBAS Dashboard enhancements, & develop a system to identify CBAS eligible members and share information with Primary Care Providers to encourage referrals for CBAS services.</p>	
6.21.23	April	<ul style="list-style-type: none"> Verify NEMS UM understands housing status should not be included in DME power wheelchair criteria and confirm they are using the Medi-Cal criteria. 	<p>7.13.23-April is developing a message to send to NEMS UM Department.</p> <p>7.19.23-April will communicate criteria to all delegated medical groups in addition to NEMs. Communication is targeted to be sent out in 1-2 months.</p> <p>8.16.23-Still in progress and on target.</p>	2
7.19.23	Stephanie	<ul style="list-style-type: none"> Send eVote to UMC Quorum Members to vote on UM 2023 Workplan 	<p>7.25.23-Sent to UMC Quorum members.</p> <p>8.09.23-Complete. All 7 UMC Quorum members voted to approve UMC Charter update.</p>	3
7.19.23	Stephanie	<ul style="list-style-type: none"> Set up a meeting with Rudy to discuss UM Trending Dashboard Follow Ups: <ul style="list-style-type: none"> Why is the ED & Acute IP Top 10 Diagnosis only displaying data through December 2022? Can we add the Average & Median data points to the dashboard? 	8.09.23-Scheduled for 8.21.23	2

		<ul style="list-style-type: none"> ○ Explain the logic and alignment of the visit type & visit subtype on the UM Trending Summary page. 		
7.19.23	Matija	<ul style="list-style-type: none"> • Conduct a more in-depth analysis of top diagnosis for ED visits & IP admissions with a focus on race and ethnicity to help develop strategies such as increasing the use of Teladoc and targeting specific populations for ECM services. 	<p>7.21.23-Matija, Eddy & Hilary discussed via email. See "DHCS vs SFHP IP and ED Visits_June 2022" document in August UMC Meeting folder.</p> <p>8.16.23-Combine with 5.19.23 Action Item to form cross-functional Health Services team to dissect ED data.</p>	2
7.19.23	Leslie/Traci	<ul style="list-style-type: none"> • Discuss and develop an internal community site to store UM process changes that cross functional teams can access. 	8.23.23- Not started but will plan to meet soon.	2

Parking Lot

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

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


Appeals / Overturned – July 2023

Grievance ID	Case Type	Medical Group	Decision	Case Category	Name of Service Or Medication	Case Summary
MA230705001	Member Appeal	SFN	Overturned	SFHP-Pharmacy	Cosentyx	HW member with severe psoriasis, unable to do phototherapy due to work obligations. Unclear if this information was included in the initial PA. Denial overturned as considered an inability to receive phototherapy.
MA230718001	Member Appeal	SFN	Overturned	SFHP	Pentasa 500mg ER Capsules	65 yo F with newly diagnosed Crohns disease affecting both small and large intestine. Other formulation of Pentasa release drug at terminal ileum and beyond. Determined to be medically necessary with the additional info not provided in initial PA request.

MA230721001	Member Appeal	SFN	Overtured	SFHP- Pharmacy	Cimzia 200mg Syringes	50 yo F currently on prednisone and hydroxychloroquine for RA with recent debilitating flair requiring therapy escalation. The provider indicates that the member is actively trying to become pregnant, so would like to change to Cimzia, as it is the safest to use pre-conception, during pregnancy, and while breastfeeding. It appears that this information was included with the initial PA request.
MA230707001	Member Appeal	NEM	Overtured	SFHP	Neuro-Oncology Follow-up Visits at UCSF	43 yo M with glioblastoma and recent MSSA brain abscess requested 2nd opinion at UCSF Neuro-Oncology clinic. Wants to continue to receive care there, denied by NEMS for OON, however NEMS does not have in-network neuro-oncology.
MA230726002	Member Appeal	NMS	Overtured	Medical Group	Blood Draw, Infusion Port Irrigation, and Heparin Sodium Solutions at University of California, San Francisco (UCSF)	65 yo M w/GI cancer became eligible with SFHP on 7/1/23. Previously undergoing treatment with UCSF GI oncology. Has port which has been used for chemo although currently only requiring maintenance visits for blood draws, port irrigation and heparin instillation until next round of chemo. Denied by NEMS as OON. Overtured as CoC issue. Also concerns about delay of care as member would have to establish with PCP to obtain a referral to an in-network infusion center for maintenance of his port.

MA230731001	Member Appeal	NEM	Overtured	Medical Group	Oncology consultation and follow-up visits with Dr. Paul Fanta at University of California, San Diego (UCSD).	47 yo M w/GIST on oral chemo became eligible with SFHP on 7/1/2023, prior to that had a PPO. Chose to see oncologist in San Diego after his dx in 2021 and has continued to receive his oncology care there. Requires surveillance visits (telehealth) q3 months with pre-visit abdominal/chest/pelvis CTs and blood work. Visits denied by NEMS as being OON. CT and lab work not requested as yet. Denial overturned for CoC with additional recommendation to approve requests for pre-visit labs and CTs to continue to be done at UCSF to prevent fragmentation of care.
MA230717001	Member Appeal	NEMS	Overtured by DMG	Medical Group	Endocrinology follow-up visits at UCSF	44 year old pregnant diabetic female who recently became eligible for SFHP (7/1/23) and was assigned NEMS but had been seeing specialists at UCSF (endocrinology/OB/GYN), had an embryo transfer on 2/10/23, and first + HCG 2/19/23) and is around 24 weeks pregnant. She has a history of Hashimoto's thyroiditis, and prior to enrollment @ SFHP (7/1/23) was followed by UCSF endocrinology. SFHP Medical Director made decision to overturn for CoC, but NEMS had already overturned denial despite not being delegated for appeals.

NA	Member Appeal	BTP	Upheld by DMG	Medical Group	Request for approval of IP admission denied by BTP as procedure could have been done as ambulatory/OP. CPMC appealed and BTP upheld initial decision.	This case found on audit, appeal submitted in March 2023.
----	---------------	-----	---------------	---------------	---	---

 <p>SAN FRANCISCO HEALTH PLAN™</p>	<p>Utilization Management Committee (UMC) 20 September 2023 1:30 – 3:00PM</p> <p>Meeting Invite / Conference connection through Microsoft Teams</p>	
<p>Meeting called by:</p>	<p>Matija Cale</p>	
<p>Type of meeting:</p>	<p>Mandatory – Monthly meeting. Meeting frequency is a maximum of 12 times per year or a minimum of 6 times per year depending on the priorities of the agenda for a given month.</p>	<p>Recorder: Morgan Kerr/Christopher Ball</p>
<p>Present:</p>	<p><u>Clinical Operations</u> Matija Cale, SeDessie Harris, April Tarpey, Morgan Kerr, Tamsen Staniford, Susan Porter</p> <p><u>Pharmacy</u> Kaitlin Hawkins, Eileen Kim</p> <p><u>Physicians</u> Monique Yohanan</p>	<p><u>Compliance</u> Crystal Garcia</p> <p><u>Quality Review Team</u> Jenna Colin-Arriola</p> <p><u>Optional Attendees</u> Courtney Spalding (Clinical Operations) Charles Aguilar (Clinical Operations) Aryn Nathoo (Care Management) Tammie Chau (Pharmacy) Jessica Shost (Pharmacy) Rudy Wu (Business Analytics) Grace Carino (Appeals & Grievances) Hilary Gillette-Walch (Population Health) Wayne Pan, MD (Medical Director)</p> <p><u>Guests</u></p>
<p>Not Present (NP):</p>	<p>Leslie Mulhern, Eddy Ang, Tony Tai, Traci Jovancevic, Stephanie Penrod (LOA), Monica Fong, John Bhambra</p>	
<p>Quorum</p>	<ul style="list-style-type: none"> • Chief Medical Officer, MD (Eddy Ang; official date of hire as the CMO 2.3.23) • Senior Medical Director (Monique Yohanan) • Director, Clinical Operations, RN (Matija Cale) 	

	<ul style="list-style-type: none"> • Senior Manager, Concurrent Review and Care Transitions, RN (SeDessie Harris) • Manager, Long Term Care Nurses (Susan Porter, RN) • Manager, Clinical Operations (Morgan Kerr, MBA) • UM Nurse Manager, Prior Authorizations, RN (Tamsen Staniford) • Manager, Pharmacy Operations, PharmD (Kaitlin Hawkins) • Program Manager, Clinical Operations (Juan Dunn, MBA)
--	--

Documents Presented:	<ul style="list-style-type: none"> • CO_Authorization_Productivity_KPI_Dashboard_August_2023_V.9.14.2023 • UM_Trending_Dashboard_V.9.14.2023 • UM Director Dashboard_Aug 2023_09 15 23 • Copy of 8.1.23 - 8.31.23 Resolved Appeal Cases (002) • GPR_DRG_New_SNFD_San Francisco Health Medicaid_20230701 • UM-1B_Eval_Draft_2021 Member-Provider Experience Eval_v09.19.2023 • UM-1B_Eval_Draft_2022 Member-Provider Experience Eval_v09.19.2023 • UM5_ElemD_F1,3_UM Timeliness Report_v9.13.23 • UM12_ElemB_UMSystemsControl_AnnualMonitoringRpt_9.8.23 • Q1-2023_SpecialtyReferralReport-UMC_9.18.23 • 2023 Auth requirement change log_SeptUMCUpdate • ZSFG formulary PADs Proposal_SeptUMC • SFH.IMR.CC_UMC Report_2023. 09.18 - 1
-----------------------------	--

Consent Calendar – January 2023 to December 2023

ITEM #	Document	Review Schedule	Outcome	Comments	Meeting notes
1.	Quarterly Varis/APRDRG	<ul style="list-style-type: none"> • Dec 2022 • March 2023 • June 2023 • September 2023 • December 2023 	•	•	<ul style="list-style-type: none"> • Compliance Team / UMC 1.23 presented • Compliance Team to present on 9/20/2023
2.	UM Criteria for Non-Genital Gender Confirmation Services UM Criteria for Genital Gender Confirmation Services	<ul style="list-style-type: none"> • Gender Affirming Services (Jan 2023 UMC) • QIC February 2023 • September/October 2023 (All criteria) 	<ul style="list-style-type: none"> • Jan 2023: Gender Affirming Services criteria approved. • Feb 2023: QIC approved all criteria (reference the document <i>QIC_Annual_ClinicalCriteriaReview_Feb-23_Mtg_v2.15.23</i>). 	•	•

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

8.	2022 UM Program Description 2023 UM Program Description	<ul style="list-style-type: none"> • UMC Q1-2023 (Final version) • UMC (Nov 2023) • QIC (Dec 2023) 	•	<ul style="list-style-type: none"> • Oct 2022 UMC meeting. Reviewed the 2022 Interim UM Program Description with the PAD/LTC/Pharmacy updates. • 2023 version UMC (Nov) & QIC (Dec) 	•
----	--	---	---	---	---

	Topic	Brought By	Time	Agenda	Meeting Notes
1.	Standing Items: <ul style="list-style-type: none"> • Approval of minutes • Action Items review • Parking lot review • Medical/Pharmacy Directors' Dashboards 	Matija	1:30 PM – 1:50	<ul style="list-style-type: none"> • Agenda reviewed. • Action Items • Approval of draft minutes • CO Director Dashboard • Clinical Operations – KPI Dashboard • Clinical Operations – UM Trending Report Review (inpatient Admissions) • Pharmacy Dashboard (will be providing the quarterly dashboard the second month of the quarter (we need the first month of the quarter to compile last quarter's data). <ul style="list-style-type: none"> ○ Q4-2022 (April UMC) ○ Q1-2023 (May UMC) ○ Q2-2023 (August UMC) ○ Q3-2023 (November UMC) 	<ul style="list-style-type: none"> • Minutes Approval <ul style="list-style-type: none"> ○ The August 2023 minutes were approved by the quorum vote. • Action Items Review <ul style="list-style-type: none"> ○ See updates in the Action Items table below. • Parking Lot Review <ul style="list-style-type: none"> ○ No updates. • Dashboards <ul style="list-style-type: none"> ○ Clinical Operations (CO) Authorization Productivity KPI Dashboard <ul style="list-style-type: none"> ▪ PA TATs- 99.97% ▪ CCR TATs- 100% ▪ LTC TATs- 100% ○ UM Trending <ul style="list-style-type: none"> ▪ Q1-Q2 decrease in Cost PMPM 15.97%. Sepsis is driving the decrease despite an increase in visits. ▪ Previous month action item involves the creation of a work group to do a deeper dive into the dashboard and decide how to proceed. ▪ PMPM decrease may be an impact of VARIS. Through their claim and medical record audits, VARIS has confirmed significant upcoding for Sepsis resulting in recouped funds over several million dollars. Dr. Yohanan, Senior Medical Director-InterQual created new observation guideline for Sepsis now available as an alternative way to code Sepsis. Hospitals may be

					referring to the new guideline and ordering/billing OBS versus IP. <ul style="list-style-type: none"> Pharmacy Dashboard Highlights <ul style="list-style-type: none"> Presenting at November UMC
2.	<ul style="list-style-type: none"> Medical/Pharmacy Appeals (RAMP 0937ES): Upheld and Overturned Independent Medical Review (IMR); State Fair Hearings (SFH). Consumer Complaints 	<ul style="list-style-type: none"> April – DMG appeal cases Leslie Mulhern; Michelle Faust – CHN/UCSF cases Eileen – Pharmacy Appeals Monica – Compliance 	1:50 PM – 2:05	<ul style="list-style-type: none"> Appeals (See appendix for brief summary of overturned appeals.) <ul style="list-style-type: none"> UM – Appeals - <ul style="list-style-type: none"> Upheld appeals – 5 Overturned appeals – 1 Pharmacy – Appeals - <ul style="list-style-type: none"> Upheld appeals – 1 Overturned appeals – 2 Compliance <ul style="list-style-type: none"> IMR – 0 August & 1 September SFH – 0 August & 0 September Consumer Complaints – 1 August & 2 September 	<ul style="list-style-type: none"> UM Appeals <ul style="list-style-type: none"> MA230809001 <ul style="list-style-type: none"> Refer to table below for details. Given access issues to PCPs, it might be prudent to keep a log of access time for initiating care with PCP for new members. Most facilities are going to require a PCP referral to get established with a specialty. If members can't get into a PCP timely, they won't be able to get to a specialist timely. SFHP's Access Committee is being re-formed. Access issues identified should be reported to the committee. Pharmacy Appeals <ul style="list-style-type: none"> MA230801001 <ul style="list-style-type: none"> Refer to table below for details. Magellan closed request as a duplicate despite new diagnosis present. They have received coaching. MA230829001 <ul style="list-style-type: none"> Refer to table below for details. No change in process. This was a case by case exception. Compliance <ul style="list-style-type: none"> See report for details.
3.	<ul style="list-style-type: none"> Medical Auth Requirement Changes 	<ul style="list-style-type: none"> Tamsen 	2:05 PM – 2:20		<ul style="list-style-type: none"> Medical Auth Requirement Changes Log (previous changes and upcoming proposals) <ul style="list-style-type: none"> Tamsen reviewed with Matija, Dr. Eddy, Dr. Yohanan, and finance representatives. Of the existing changes, PMPM for medical supplies and hearing aids has gone up. Tamsen will continue to monitor; it may be a result of increased membership due to duals carve-in.

					<ul style="list-style-type: none"> Received Medical Directors' and Finance's support for upcoming auth requirement changes. Physician Administered Drugs: Dr. Tuot (Associate CMO of Specialty Care and Diagnostics at ZSFG) requested removal of several PADs. Rationale: ZSFG reviews formulary bi-annually to assess if providers are using appropriately against established criteria. Given this work is being done by ZSFG coupled with an low auth denial (1 denial in last year), Pharmacy, Medical Directors, and CMO agreed with proposed changes. Motion to approve Auth Requirement Changes called by Matija. Changes approved by the quorum vote.
4.	<p>NCQA Audit Deliverables</p> <ul style="list-style-type: none"> UM1B 2022 & 2021 Member and Provider Satisfaction Analysis UM5D UM Timeliness Report UM 12B Denial System Control Audit Report 	<ul style="list-style-type: none"> Morgan/Matija 	2:20 PM – 2:30		<ul style="list-style-type: none"> NCQA Audit- CO Admin team is preparing non-file evidence. <ul style="list-style-type: none"> Member and Provider Experience Data <ul style="list-style-type: none"> Feedback received from NCQA Consultant: Annual Evaluation did not include sufficient analysis of provider (annual survey) and member satisfaction (CAHPS). Recommendation made to retrospectively amend 2021 and 2022 UM Evals to include greater detail. Provider satisfaction decreased in all five categories from 2020 to 2021. From 2021 to 2022, further decreases occurred in two categories. Decreases attributed to the impacts of the COVID pandemic. Member satisfaction increased from 2020 to 2021 in the Getting Needed Care category, but declined from 2021 to 2022. Decline attributed to member's frustration in obtaining specialty services. Project initiated by QI team to address. See report for details. UM Timeliness <ul style="list-style-type: none"> Authorization Timeliness Report- NCQA wants Non-Behavioral and PAD denial metrics separated out. UM5D requires a minimum of 6 months of data. See report for details. Denial Systems Control Audit Report <ul style="list-style-type: none"> Audit focused on the monitoring auth receipt date and time modifications. <ul style="list-style-type: none"> Staff must indicate via drop-down why the receipt date and time was modified.

					<ul style="list-style-type: none"> No staff can change the written receipt date and time. No non-compliant findings. See report for details.
5.	<ul style="list-style-type: none"> Varis/APRDRG Report 	<ul style="list-style-type: none"> Crystal 	2:30 PM – 2:40		<ul style="list-style-type: none"> VARIS Report <ul style="list-style-type: none"> 2023 reflects a reduction in incorrectly coded procedures. UCSF received over 283 incorrectly coded claims. DRG Diagnoses 7204 and 7203 represent the highest incorrect DRGs. See report for details.
6.	<ul style="list-style-type: none"> Q1-2023 Specialty Referral Report Results (New & Improved) 	<ul style="list-style-type: none"> Morgan 	2:40 PM – 2:50		<ul style="list-style-type: none"> Specialty Referral Report <ul style="list-style-type: none"> Report and process enhancements live. Q1 2023: 373 of 1060 (35.19%) of specialty referral auths were not attached to a claim. <ul style="list-style-type: none"> Hispanic members had the largest quantity of unused referrals See slide deck for additional details. Morgan shared findings with the QI team considering current specialty referral initiative to address member satisfaction/CAHPS scores.

Action Items September 2023

ITEM #	OWNER	ACTION ITEMS	STATUS
1.	Tamsen	<ul style="list-style-type: none"> Continue monitoring PMPM for medical supplies and hearing aids. 	

Legend

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

UMC Meeting Date	Owner(s)	Action Item(s)	Comments	Status
------------------	----------	----------------	----------	--------

10.5.22	Tamsen/Tony	<ul style="list-style-type: none"> PA TAT Compliance Rate in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. Total Pre-Auth metrics in the CO KPI Dashboard needs to be adjusted to provide a more accurate rate. 	<p>1.9.23 - Jan 2023- relying on manual check implemented for Health Services KPI spreadsheet until Tableau KPI report logic updates can be prioritized into BA work. Tamsen to follow up with Tony and Jay for new timeline.</p> <p>2.24.23- oh hold through March while focusing on processing SDN and preparing for SFN FFS auth volume.</p> <p>4.18.23-On hold in April for same reason</p> <p>6.16.23-Relying on manual check for accurate monthly count & plans to fix dashboard are on hold until Jiva implementation.</p> <p>7.19.23-Tamsen confirmed this remains on hold until Jiva implementation.</p>	4
12.07.22	Morgan	<ul style="list-style-type: none"> Review Specialty Referral Tracking process for opportunities. Suggestions: <ul style="list-style-type: none"> Can we drill down on specialty care type and volume per specialty type? Demonstrate impact of member not getting specialty care timely (e.g., increase in ED or IP services). What is economic impact? Share findings with provider stakeholders 	<p>1.9.23 – will address formally after DHCS Audit prep is completed.</p> <p>5.15.23 – In progress. The RAMP report is being updated to provide discrete member demographics and diagnostic information.</p> <p>6.13.23 - Working w/ the QI Team regarding CAHPs.</p> <p>7.03.23-Re-assigned to Morgan Kerr due to Kirk's transition out of the UMC Committee and Clinical Operations team.</p> <p>8.16.23-Updated report is almost complete and anticipate bringing new report to September UMC meeting.</p> <p>9.1.23- Report enhancement complete. Q1 to be presented in Sept 2023 UMC</p>	3
1.11.23	Crystal/Matija	<ul style="list-style-type: none"> The PMPM costs are strictly related to inpatient acute. The overall PMPM rate is lower. Is Varis doing a better job following up? 	<p>5.16.23 - VARIS recommended combining existing DRG Review service with their new Clinical Validation and Readmissions programs.</p> <p>5.19.23-VARIS on hold until there are updates that can be presented to UMC.</p>	2

			<p>Next steps - Presentation to be scheduled with VARIS to learn more about these added services.</p> <p>7.18.23-Meeting occurred Wednesday 6/14. Follow-up communication regarding pricing details is pending.</p> <p>8.8.23- Pricing & details are still being reviewed.</p> <p>8.16.23-Matija requested to take over ownership of action item and will review information with Eddy to decide if moving forward with VARIS's Clinical Validation and Readmissions programs.</p> <p>9.8.23-Review in progress.</p> <p>9.20.23- Matija to review</p>	
6.21.23	Morgan	<ul style="list-style-type: none"> Confirm HIL MG high utilization for CBAS services is accurate. If accurate, reach out to HIL to understand their strategies for connecting members to CBAS services to increase utilization for all SFHP members. 	<p>6.29.23-Morgan is working with Tony Tai. to confirm data accuracy.</p> <p>7.18.23- Initial analysis indicates data is accurate. Membership assigned to Hill is approx. 1.3%. However, Hill members make up 8% of total CBAS population. In addition, Hill members are attending CBAS more frequently than groups with comparable (i.e., CHI) or slightly greater (i.e., UCS) total CBAS members. This pattern continues in Q1 2023.</p> <p>7.19.23-Committee requested a deeper analysis on why delegated medical groups have low utilization of CBAS services and develop strategies to work with delegate medical groups to increase CBAS utilization.</p> <p>8.03.23-Morgan sent email to cross functional SFHP teams to collaborate on how SFHP can work with network providers and delegated medical groups to develop strategies to increase CBAS utilization. Discussions in process.</p> <p>8.16.23-Efforts in process to increase utilization: Post recorded CBAS webinar to the SFHP Website, CBAS Dashboard</p>	2

			<p>enhancements, & develop a system to identify CBAS eligible members and share information with Primary Care Providers to encourage referrals for CBAS services.</p> <p>9.8.23-CBAS webinar posting has been completed and it is available on SFHP.org. Will be creating an article for the October provider newsletter. Due to competing BA priorities, CBAS Dashboard won't be final for several more months.</p>	
6.21.23	April	<ul style="list-style-type: none"> Verify NEMS UM understands housing status should not be included in DME power wheelchair criteria and confirm they are using the Medi-Cal criteria. 	<p>7.13.23-April is developing a message to send to NEMS UM Department.</p> <p>7.19.23-April will communicate criteria to all delegated medical groups in addition to NEMS. Communication is targeted to be sent out in 1-2 months.</p> <p>8.16.23-Still in progress and on target.</p> <p>9.8.23-Covered in DMG UM workgroup. Completed.</p>	3
7.19.23	Stephanie/Rudy	<ul style="list-style-type: none"> Set up a meeting with Rudy to discuss UM Trending Dashboard Follow Ups: <ul style="list-style-type: none"> Why is the ED & Acute IP Top 10 Diagnosis only displaying data through December 2022? Can we add the Average & Median data points to the dashboard? Explain the logic and alignment of the visit type & visit subtype on the UM Trending Summary page. 	<p>8.09.23-Scheduled for 8.21.23</p> <p>8.21.23-Meeting completed. The following outcomes occurred:</p> <ul style="list-style-type: none"> Dashboard defaults to December 2022. Rudy will add a date option to the dashboard filter for ED & Acute IP Top 10 Diagnosis, so it is easier for users to filter for current data. There is potential to add Average & Median data but tabled for now. If continue to see spikes in UM trends that need a deeper drill down, UM will provide BA with requested report specs for the next phase of dashboard enhancements. Rudy will provide Visit Type & Subtype definitions to UM & add a primary diagnosis to the Top 10 APRDRG data. <p>9.8.23-Completed.</p>	3
7.19.23	Matija	<ul style="list-style-type: none"> Conduct a more in-depth analysis of top diagnosis for ED visits & IP admissions with a focus on race and ethnicity to help develop strategies such as increasing the use of Teladoc and targeting specific populations for ECM services. 	<p>7.21.23-Matija, Eddy & Hilary discussed via email. See "DHCS vs SFHP IP and ED Visits_June 2022" document in August UMC Meeting folder.</p>	3

			8.16.23-Combine with 5.19.23 Action Item to form cross-functional Health Services team to dissect ED data.	
			9.8.23-Established a monthly Workgroup.	
7.19.23	Leslie/Traci	<ul style="list-style-type: none"> Discuss and develop an internal community site to store UM process changes that cross functional teams can access. 	8.23.23- Not started but will plan to meet soon.	2
8.16.23	Leslie	<ul style="list-style-type: none"> Check if UCSF hospitals participate in Sepsis registry. 		2
8.16.23	Tamsen/Crystal/Morgan	<ul style="list-style-type: none"> Crystal-Submit request in Clarizen & develop data analysis to present to UMC on Adult Preventative Service Codes exception. CO-55 Exception Handling Process review & update. 	10.3.23- Tamsen needs to go into Clarizen and add the codes for the exception process. For CO-55 Exception Handling Process, Morgan completed an initial review. Tamsen and Morgan to meet with Matija.	2
8.16.23	April/Crystal	<ul style="list-style-type: none"> Remind BTP Medical Group appeals are processed by SFHP only. 	10.3.23- Talked with all the BTP Medical Groups at the DMG Work Group about delegation oversight. April to create an attestation to confirm that groups have been told. Crystal to work with Suzanna on verbiage.	3
8.16.23	April/Crystal/Leslie/Wayne	<ul style="list-style-type: none"> Discuss Continuity of Care with NEMS Medical Group and provide more guidance on handling Continuity of Care requests. 	9.8.23-Will be discussed with NEMS at next JOC meeting. 10.3.23- Waiting for Leslie (on PTO) to weigh in. Crystal proposes two-fold approach: continuity of care update to all delegates and get NEMS specific information about where they were not doing what they were supposed to do.	2
8.16.23	Stephanie/Chris	<ul style="list-style-type: none"> Send committee Proposed_Additional_Retro_Exceptions_V.8.16.23 by email for feedback/questions. If no feedback/questions, send eVote. 	9.8.23- eVote complete and committee approved.	3

Commented [MK1]: During meeting, April mentioned she would forward case details. Need to confirm if complete or additional info is needed from Leslie.

Parking Lot

ITEM #	DATE	OWNER	ACTION ITEMS	STATUS
1.	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

Appeals / Overturned – September 2023

Grievance ID	Case Type	Medical Group	Decision	Case Category	Name of Service Or Medication	Description	Resolution
MA230801001	Member Appeal	SFN	Overtured - Favor of the member	SFHP- Pharmacy	Xifaxan (Rifaximin) 550 mg	<p>While working related grievance (MGC230727002) assisted member with having PA for rx Xifaxan. PA was denied due to criteria not met.</p> <p>"For diagnosis of irritable bowel syndrome-diarrhea predominant (IBS-D), approve if:</p> <ul style="list-style-type: none"> o Patient is ≥ 18 years of age AND o There is documentation of trial and failure, intolerance, contraindication, or inability (i.e., drug interaction, allergy, adverse reaction, etc.) to use at least one other medication (e.g., loperamide)" <p>Called the member to see if she wanted to appeal the denial. The member requested an appeal.</p> <p>The member stated that she had tried other medications that have not worked. She also noted that PCP wants her to see GI, but GI wants her to try this medication first.</p> <p>Please note original PA was sent to an incorrect fax, and an incorrect form was used (to be addressed in the grievance) .</p> <p>If contacting TWUCH for information, please ensure they know where to send info.</p> <p>NOA and Xifaxan Criteria are attached.</p> 	<p>You appealed the denial of Xifaxan (Rifaximin) 550 mg. Rifaximin is a medicine that treats traveler's diarrhea and irritable bowel syndrome - diarrhea predominant (IBS-D). (IBS-D is an intestinal disorder that causes diarrhea.)</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because SFHP got more information showing that Rifaximin is medically needed for you.</p> <ul style="list-style-type: none"> • SFHP got new information that you have a diagnosis of possible small intestinal bacterial overgrowth (SIBO). SIBO is an indication for treatment by Rifaximin. <p>Please talk to your prescriber, Dr. Elizabeth Abbs, if you have any questions about the medicine. You may call Dr. Abbs's clinic, Tom Waddell Urban Health Clinic, at (415) 355-7500.</p>
MA230809001	Member Appeal	SFN	Overtured - Favor of the member	SFHP - UM Inpatient	Hip surgery at Stanford	<p>DESCRIBE THE PROBLEM:</p> <p>The member called to file a grievance because her hip surgery at Stanford was denied. The member stated he wanted to file an expedite grievance so he can have the hip surgery.</p> <p>The member mentioned that he was informed that the surgery was denied</p>	<p>You appealed the denial of hip surgery with Dr. Lawrence Henry Goodnough and a 1-day inpatient stay at Stanford Medical Center.</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p>

						<p>because it was out of the coverage area. The member wanted to know why it was denied, because he was scheduled for the surgery already. The member stated that he is in pain, and that it is urgent.</p> <p>WHAT WOULD THE MEMBER LIKE US TO DO ABOUT THIS PROBLEM? or WHAT IS THE EXPECTED OUTCOME?:</p> <p>1.) The member wanted to file an expedited appeal to get approved to have their surgery at Stanford Medical Center.</p> <p>WHAT HAS BEEN DONE SO FAR TO TRY TO SOLVE THE PROBLEM?:</p> <p>1.) Provided DMHC's phone number (888-466-2219).</p> <p>2.) Contacted Utilization Management (UM) department spoke to Michelle. Michelle stated that Authorization # A000298987 was denied for the initial consult, and authorization # A000298457 was denied for the surgery. UM department informed me that the denial letter was sent to Stanford Medical Center.</p>	<p>This is because redirecting your care to in-network providers may delay your care.</p> <ul style="list-style-type: none"> SFHP is approving this request so you can get timely access to care at Stanford. <p>You may contact Dr. Goodnough at Stanford if you have questions or concerns about getting your care there. The phone number for Dr. Goodnough's office is (510) 974-2319.</p>
MA230829001	Member Appeal	SFN	Overtured - Favor of the member	SFHP-Pharmacy	Jardiance 10 mg	<p>DESCRIBE THE PROBLEM:</p> <p>We received an appeal via fax on 08/24/2023 at 4:19 PM from the provider Dr. Steven Chang from Ocean Park Health Center. The appeal states:</p> <p>"Patient does not have CKD. EGFR is 94. Need to reduce Albuminuria and patient cannot take ACEi/ARB due to low blood pressure. Please see attached for study showing effectiveness of Empagliflozin in reducing Albuminuria."</p>	<p>Dr. Steven Chang, on your behalf, appealed the denial of Jardiance 10 mg. Jardiance is a medication that treats Type 2 Diabetes.</p> <p>San Francisco Health Plan (SFHP) has reviewed your appeal and decided to overturn the original denial decision. This request is now approved.</p> <p>This is because SFHP got more information showing that Jardiance is medically needed for you.</p>

						<p>Please refer to the two attachments for details.</p> <p>WHAT WOULD THE MEMBER LIKE US TO DO ABOUT THIS PROBLEM? or WHAT IS THE EXPECTED OUTCOME?:</p> <p>1.) The provider wanted to help the member get Jardiance 10 mg.</p> <p>WHAT HAS BEEN DONE SO FAR TO TRY TO SOLVE THE PROBLEM?</p> <p>1.) Called the member and left a message.</p>	<p>• SFHP reviewed your medical condition and made an exception to the SFHP Healthy Workers HMO formulary criteria to approve this medication.</p> <p>Please talk to your prescriber, Dr. Chang, if you have any questions about the medication. You can call Dr. Chang's office at (415) 682-1900.</p>
--	--	--	--	--	--	--	---

Policies and Procedures (P&Ps) Updates and Monitoring
October & November

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

P&P Updates:

September:

Policy	Summary of New Policy and Updates
Care-11 Behavioral Health Treatment (BHT) For Members Under Age 21 Services	<p>Policy Update, APL 23-010 approval:</p> <ul style="list-style-type: none"> Policy statement updated to cite WIC section 14197 <p>Procedure section highly revised to meet the RT for APL 23-010</p>
CL-18: Changes to Service Codes	<p><u>Policy Update Biennial Review</u></p> <ul style="list-style-type: none"> Remains unchanged
CO-10: Dental Anesthesia	<p><u>Policy Update Biennial Review</u> (Contract Requirements)</p> <p>POLICY STATEMENT</p> <ul style="list-style-type: none"> Added SFHP covers dental screenings and oral health assessments for all members. Clarified SFHP covers medically necessary FRADS performed by medical professionals, but dental services provided by dental providers are carved out to Denti-Cal. Current DHCS contract requirement. <p>PROCEDURE</p> <ul style="list-style-type: none"> Removed “contractually covered prescription drugs until implementation of Medi-Cal Rx.” <p>MONITORING</p> <ul style="list-style-type: none"> Updated UMC meeting frequency. Updated Health Outcomes Improvement name to Health Services Programs. Removed reference to retired Dental General Anesthesia monitoring report. Updated delegated oversight monitoring reference. <p>RELATED POLICIES & PROCEDURES AND OTHER RELATED DOCUMENTS</p> <ul style="list-style-type: none"> Removed Dental Anesthesia DTP reference since report is retired. <p>REFERENCES</p> <p>Removed MMCD Policy Letter 13-002 reference since superseded by APL 15-012.</p>
CO-12: Emergency & Urgent Medical and Psychiatric Services	<p><u>Policy Update</u> (Updates to align with DMHC Filing & DHCS APL 23-009):</p> <p>HEADER</p> <p>Updated Accountable Lead to ClinOps Analyst</p> <p>POLICY STATEMENT</p>

Policy	Summary of New Policy and Updates
	<ul style="list-style-type: none"> Clarified SFHP is responsible for coverage and payment of emergency and post-stabilization care services regardless if provider is contracted with SFHP to comply with APL 23-009. <p>DEFINITIONS</p> <ul style="list-style-type: none"> Added Psychiatric emergency medical condition definition for DMHC filing. <p>AFFECTED DEPARTMENTS/PARTIES</p> <ul style="list-style-type: none"> Added Operations-Provider Relations. <p>RELATED POLICIES AND PROCEDURES AND OTHER RELATED DOCUMENTS</p> <ul style="list-style-type: none"> Added PR-26: Telehealth Services. <p>REFERENCES</p> <ul style="list-style-type: none"> Added 1300.71.4 code & DHCS APL 23-009.
CR-06: Initial Credentialing, Recredentialing, Screening, and Enrollment of Practitioners	<p><u>Policy Update NCQA Updates</u></p> <ul style="list-style-type: none"> Page 3, Initial Credentialing and Recredentialing A. revised Page 11, title update Page 12, documents reviewed updated with deletions
CS-03 Monitoring of Telephone Calls	<p><u>Policy Update Biennial Review</u></p> <ul style="list-style-type: none"> Position updated under procedure HSF and ESR added under what will be monitored
FA-02: Facility Access Controls and Building Access	<p><u>Policy Update</u></p> <ul style="list-style-type: none"> Newly added language finalized for the NCQA survey
FI-06: APL 23-008 Proposition 56 Family Planning	<p><u>New Policy</u></p> <ul style="list-style-type: none"> Recently approved policy per APL 23-008
Policy (For Discussion)	Summary of New Policy and Updates
FA-01: Ergonomic Assessment and Analysis	<p><u>Policy Update Biennial Review</u></p> <ul style="list-style-type: none"> Policy statement updated Procedure section, Ergonomics evaluation request form updated
PR-26: Delegation and Subcontractor Network Certification	<p><u>New Policy</u></p> <ul style="list-style-type: none"> <u>New Policy per 23-006</u>

October:

Policy (For Consent)	Summary of New Policy and Updates
CRA-02: Document and Data Retention	<p><u>Policy Update Biennial Review</u></p> <ul style="list-style-type: none"> Policy statement updated based on HIPPA standards to maintain records for 6 years List of document retention removed to shorten paragraph B.

CRA-04: Documentation and Accounting of Disclosures	<u>Policy Update Biennial Review</u> <ul style="list-style-type: none"> Policy remains unchanged
CRA-16: Personal Representatives	<u>Policy Update Biennial Review</u> <ul style="list-style-type: none"> Policy remains unchanged
CRA-20: CPRA Requests	<u>Policy Update Biennial Review</u> <ul style="list-style-type: none"> Policy remains unchanged
FI-08: Directed Payments For Developmental Screening Services	<u>New Policy, APL 23-016 approval</u> <ul style="list-style-type: none"> New Policy approved by DHCS Discusses screening services for members as a part of the early periodic screening Policy outlines reporting requirements to DHCS, and how to handle provider disputes
FI-09: Directed Payments For Adverse Childhood Experiences Screening Services	<u>New Policy, APL 23-017 approval</u> <ul style="list-style-type: none"> New Policy approved by DHCS Policy outlines Supplemental payments to support clinically appropriate trauma screenings for children and adults with full-scope Medi-Cal coverage, as well as Provider training for trauma screenings. Payments to eligible providers on page 2 Proper reporting techniques to DHCS in the Encounter Data submission.
PHM-02 IHA	<u>Policy Update</u> <ul style="list-style-type: none"> Will be housed under the moniker PHM instead of HECLS Updates made to policy in response to the CAP findings Policy statement outlines the timing requirement for the IHA and on page 3 Monitoring section updated
PHM-03 Pop Needs assessment	<u>Policy Update</u> <ul style="list-style-type: none"> Will be housed under the moniker PHM instead of HECLS the annual PNA Action Plan deliverable to DHCS is replaced by a new annual PHM Strategy, which will be informed by the redesigned PNA process. Main changes remain in the policy statement
Policy (For Discussion)	Summary of New Policy and Updates
CRA-23: Privacy Impact Assessment	<u>Policy Update Biennial Review</u> <ul style="list-style-type: none"> Policy statement revised to discuss the process in conducting security assessment to ensure PHI collection and exchange complies with HIPPA standards.

	<ul style="list-style-type: none"> • Policies ADM-01,03, FI-05, and ITS-08 referenced
CRA-35: DHCS Sanctions	<p><u>New Policy, APL 23-012 approval</u></p> <ul style="list-style-type: none"> • New Policy approved by DHCS • Policy discusses enforcement actions and Monetary fines • Outlines DHCS's authority to require SFHP to develop and submit corrective action plans.
PHM-01: Pop Health	<p><u>New Policy, APL 23-024 approval</u></p> <ul style="list-style-type: none"> • New Policy approved by DHCS • Will be housed under the moniker PHM instead of HECLS • Discusses the PHM Program on how it supports the Quadruple Aim goals from the Institute for Healthcare Improvement while aiming to improve the health of our population
QI-20: Comprehensive Perinatal Services	<p><u>Policy Update Biennial Review</u></p> <ul style="list-style-type: none"> • Procedure section updated to include coverage of prenatal and postpartum doula services



Date: 10/26/2023

To	Quality Improvement Committee
From	Leslie Mulhern, RN Nurse Supervisor, Quality Review Appeals & Grievances
Regarding	Quarter 3, 2023 Potential Quality Issue Report

Case Reviews

Q2 2023 - Case types reviewed		Count
Total cases reviewed for PQI		300
	Appeals	30
	Decline to File Grievances (Clinical and Non-clinical)	64
	Grievances (Clinical and non-clinical)	219
	Internal referrals (not including GRC)	31
	External referrals	0
	Provider Preventable Condition (PPC)	0

Outcomes		Count
	Opened for PQI investigation	37
	Formal PQI investigation (PQI letter)	37
	Cases requiring external physician review or peer review	2
	Confirmed Quality Issue	1
	PQI cases resulting in Corrective Action Plan (CAP)	0
	Confirmed Provider Preventable Condition (PPC)	0
	PQI cases closed within 180-day turnaround time	2
	PQI cases closed outside 180-day turnaround time	0

*Data retrieved from Ramp 937 Case Reports



MEMO

To	QIC
From	Leslie Mulhern RN, Nurse Supervisor Quality Review
Regarding	Proposed change to PQI reporting calendar

Current Reporting Calendar: QR reports on the previous quarter's PQIs. This is presented quarterly to QIC

Proposed Reporting Calendar: QR reports on PQI results from 2 quarters prior. This will continue to be done on a quarterly basis

Rationale: Current reporting schedule doesn't allow for case closure and thus the reports are incomplete. QIC does not have an accurate overview of the PQI process and results of the related investigations or corrective action plans.

If approved, schedule for 2024 will be as follows:

QIC Meeting Month	Quarter Reported
February	Q3 2023
May	Q4 2023
August	Q1 2024
November	Q2 2024

Quality Improvement Committee

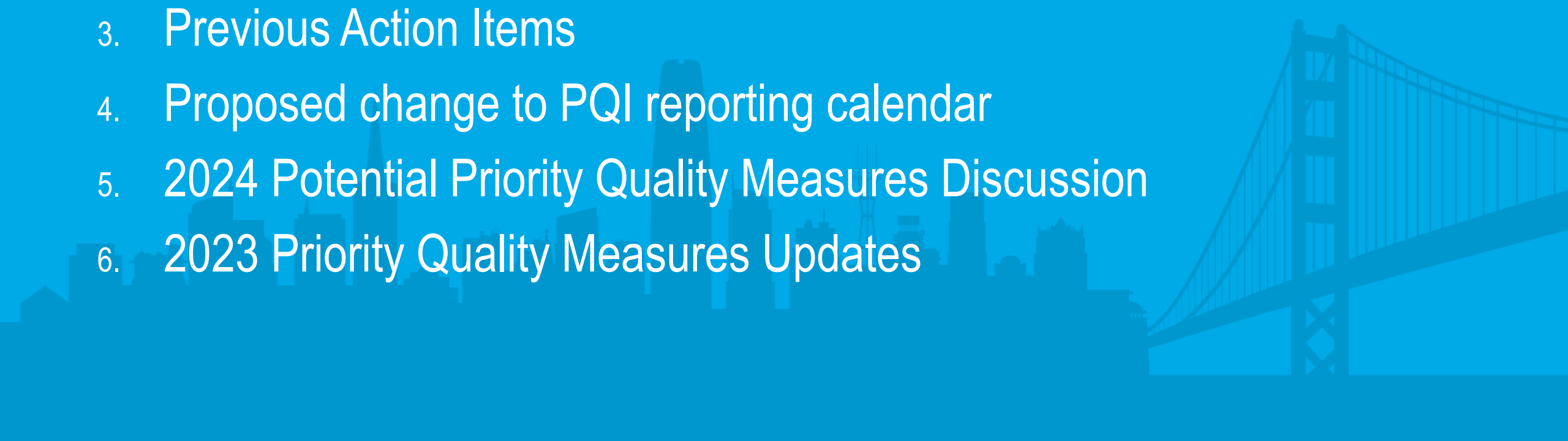
**SAN FRANCISCO
HEALTH PLAN™**



Here for you

Thursday, November 2, 2023

Agenda

1. Welcome/Roll Call
 2. Consent Calendar
 3. Previous Action Items
 4. Proposed change to PQI reporting calendar
 5. 2024 Potential Priority Quality Measures Discussion
 6. 2023 Priority Quality Measures Updates
- 
- A silhouette of the San Francisco skyline and the Golden Gate Bridge is visible in the background of the slide. The skyline includes various skyscrapers, and the bridge is shown on the right side, extending from the foreground into the distance.

Consent Calendar

- Sept 2023 QIC Minutes - (pp. 2-8)
- Q2 2023 ER Access Report - (pp. 9-12)
- UM Committee Minutes and supporting documentation
 - August 2023 – (pp. 13-30)
 - September 2023 – (pp. 31-44)
- Health Services Policies & Procedures (P&P) Updates Summary - (pp. 45-48)
- Q2 2023 PQI Report - (p.49)

2024 Proposed Priority Quality Measures Discussion

- POD
- PCE-Systemic Corticosteroid
- SPC Received Statin Therapy
- SAA
- COL-E
- PCR

Discussion Questions

General:

- Describe any active quality efforts at your organization which are related to this measure or might impact this measure.
- What barriers do you see to improving this measure?
- What opportunities for collaboration do you see related to this measure? What support would be helpful from the plan?

PCR-Only:

- What is your process for following up with a member post-discharge?
- Do you have any strategies in place to reduce readmission? What are some barriers?

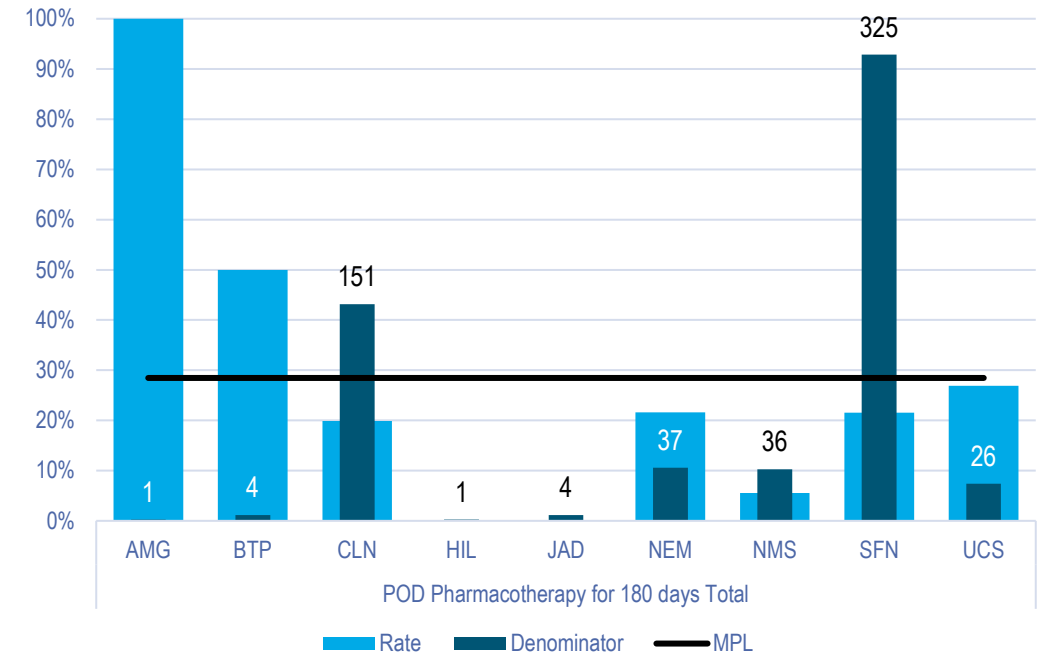


POD

MY 2022		October 2023	
SFHP Rate	26.03%	SFHP Rate	20.61%
50th %ile	28.5%	50 th %ile	28.49%

Pharmacotherapy for Opioid Use Disorder

- The percentage of opioid use disorder (OUD) pharmacotherapy treatment events among members age 16 and older that continue for at least 180 days (6 months).

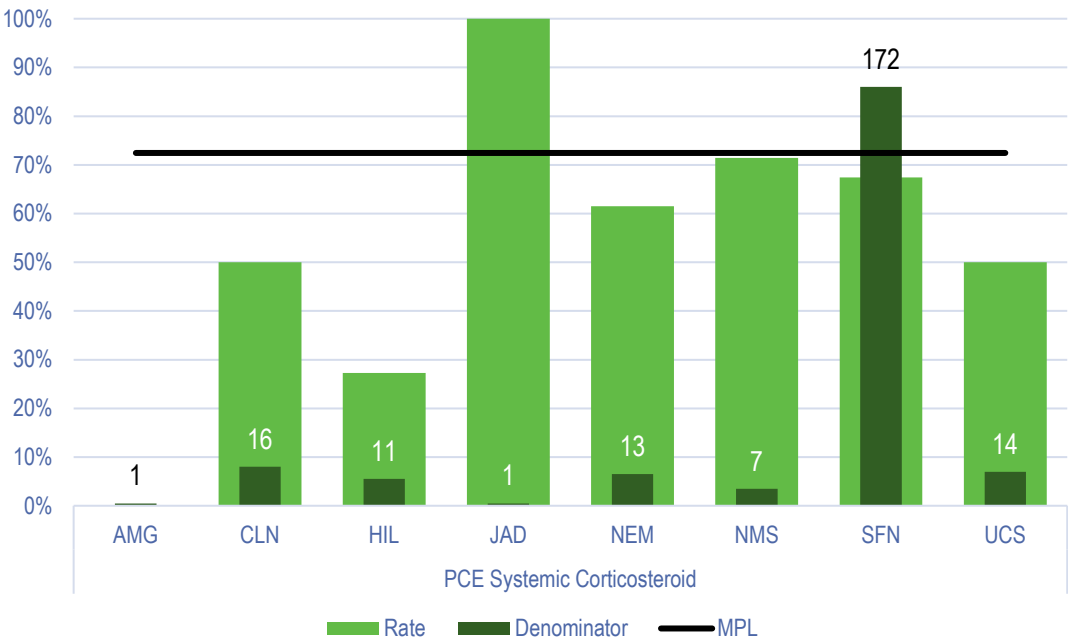


PCE-Systemic Corticosteroid

MY 2022		October 2023	
SFHP Rate	68.42%	SFHP Rate	62.87%
50th %ile	71.6%	50 th %ile	72.46%

Pharmacotherapy Management of COPD Exacerbation

- Assesses chronic obstructive pulmonary disease (COPD) exacerbations for adults 40 years of age and older who had appropriate medication therapy to manage an exacerbation.
- A COPD exacerbation is defined as an inpatient or ED visit with a primary discharge diagnosis of COPD.

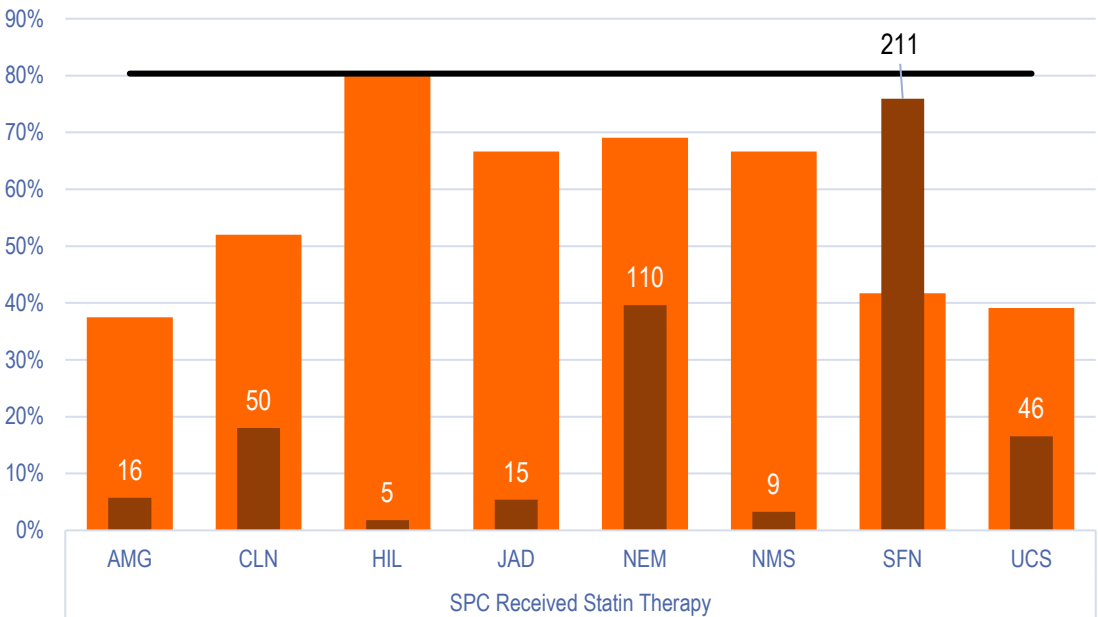


SPC Received Statin Therapy

MY 2022		October 2023	
SFHP Rate	81.4%	SFHP Rate	53.85%
50th %ile	80.83%	50th %ile	80.83%

Statin Therapy for Patients With Cardiovascular Disease

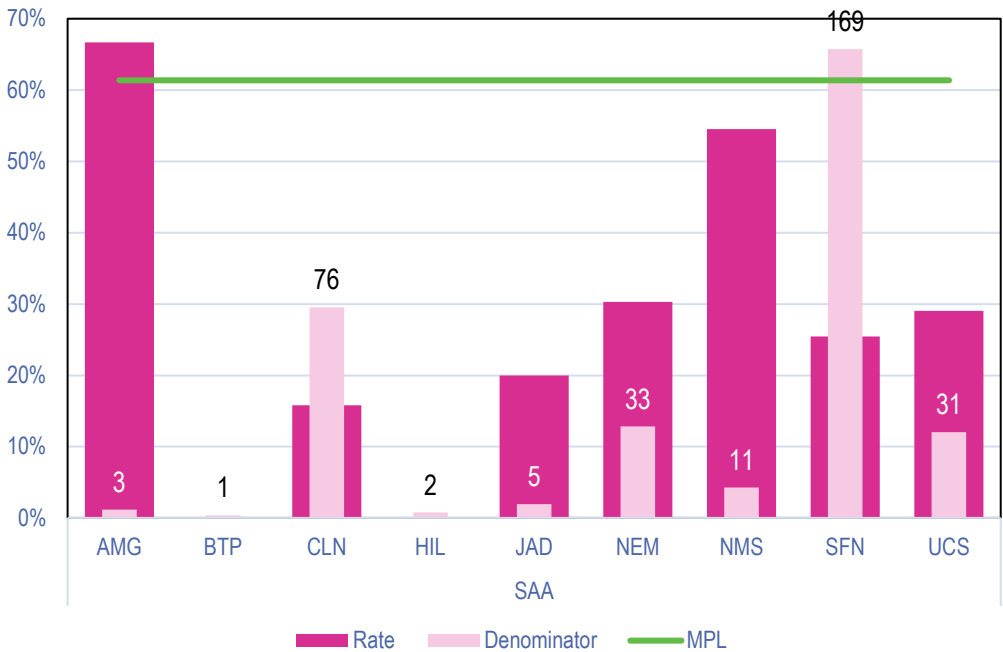
- Males 21–75 years of age and females 40–75 years of age who have clinical atherosclerotic cardiovascular disease (ASCVD) and who received and adhered to statin therapy.



MY 2022		October 2023	
SFHP Rate	62.64%	SFHP Rate	27.75%
50th %ile	61.59%	50 th %ile	61.39%

Adherence to Antipsychotic Medications for Individuals With Schizophrenia

- Adults 18 years of age and older who have schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80 percent of their treatment period.

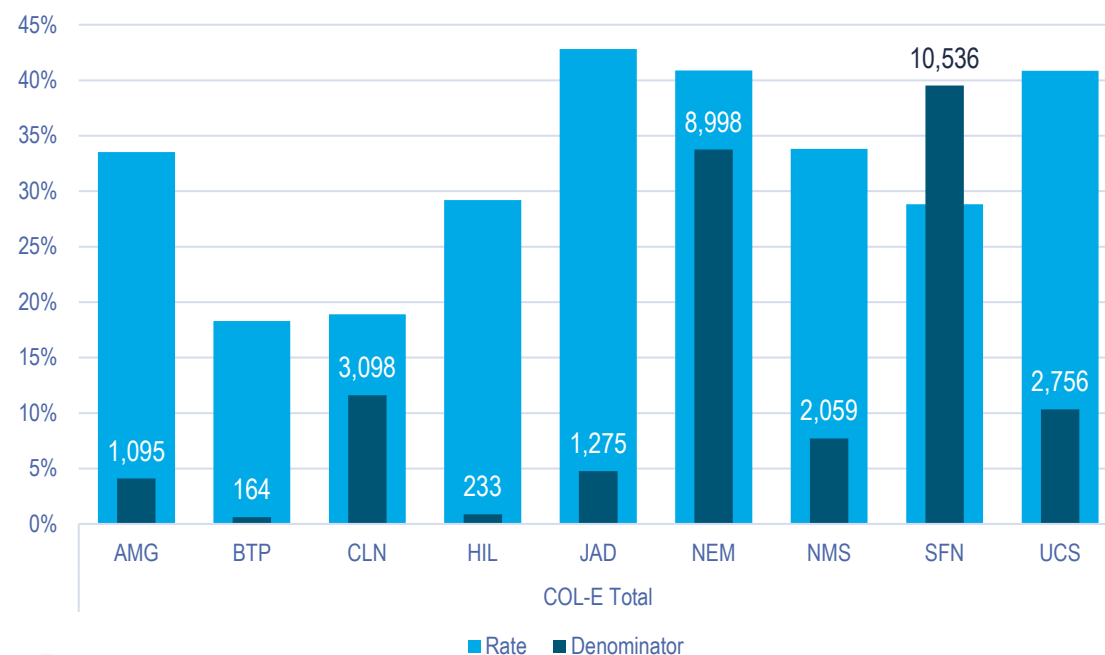


COL-E

MY 2022		October 2023	
SFHP Rate	41.14%	SFHP Rate	35.03%
50th %ile	n/a	50 th %ile	n/a

Colorectal Cancer Screening - ECDS

- Adults 50–75 who had appropriate screening for colorectal cancer with any of the following tests:
 - annual fecal occult blood test
 - flexible sigmoidoscopy every 5 years
 - colonoscopy every 10 years
 - computed tomography colonography every 5 years
 - stool DNA test every 3 years



PCR

MY 2022		October 2023	
SFHP OE Ratio	0.9690	SFHP OE Ratio	1.6349
50th %ile	0.996	50 th %ile	0.9853

Plan All-Cause Readmissions

- For members 18 – 64 years of age, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission.

PCR Discussion Questions:

1. What is your process for following up with a member post-discharge?
2. Do you have any strategies in place to reduce readmission? What are some barriers?



2023 Priority Quality Measures Updates

- AMR
- CDEV
- W30
- TFL
- FUA
- FUM





Data Quality

Data Completeness

- Final rates in April 2024
- 90-day+ lag for most data
- Multiple event measures (ex: TFL) incomplete
- Assumed eligibility
- No Kaiser Run supplemental data

Data Improvements

- Measure specific improvements
- Member Eligibility
- Provider Specialty/ Rendering Provider Mapping
- EHR Data
- Monthly gap in care lists
- Provider Measure Guides

60 Day Action Plan

- Review of business requirements with ITS
- Further development of QA/UAT process
- Development of additional tools for measure analysis
- Continue work with providers to obtain EHR data





Measure Rate Summary

	MY 2022 - Final			MY 2023 YTD - October Proactive			Overall Risk
	SFHP Rate	MPL	Denominator	SFHP Rate	MPL	Denominator	
Asthma Medication Ratio - AMR	55.30%	64.26%*	783	67.95%	65.61%	1,145	Not At Risk
Developmental Screening in the First 3 Years of Life - CDEV	35.10%	33.50%*	3,812	42.98%	34.70%	3,511	Not At Risk
Well Child Visits in the First 15 Months of Life 6+ - W30 6+	49.11%	55.72%	955	47.40%	58.38%	749	At Risk
Topical Fluoride Application - TFL	16.06%	No CMS Median*	40,308	1.72%	19.30%	39,508	At Risk
Follow up After ED Visit for Substance Use Within 30 Days – FUA 30	22.30%	21.24%	2,220	21.31%	36.34%	1,835	At Risk
Follow up After ED Visit for Mental Illness Within 30 Days – FUM 30	52.80%	54.51%	1,214	17.29%	54.87%	833	At Risk

*Not held to MPL in MY2022



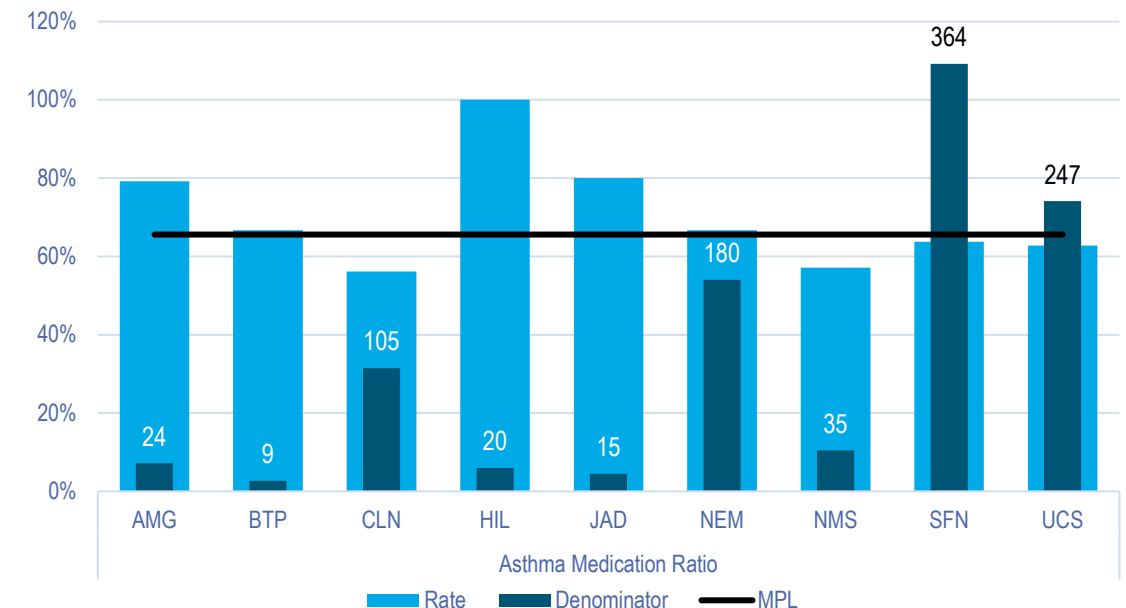


MY 2022		MY 2023		Status	Metric Owner
Rate	MPL	Oct. Rate	MPL		
55.3%	64.26%	67.95%	65.61%	● Not at Risk	Kaitie Hawkins

Asthma Medication Ratio

Accomplishments

- Added generic NDC Mapping to NCQA Code set
- Medication Adherence Program (MAP)
- Partnership with network pharmacies
- Provider education materials





AMR

Barriers

- Major practice paradigm shift
- Engaging pharmacy network under Medi-Cal Rx
- Additional data refinement: exclusions

60 Day Action Plan

- Ongoing referral to MAP
- Build partnership with pharmacies
- Enhance provider group outreach: quality journey
- Leverage problem list data



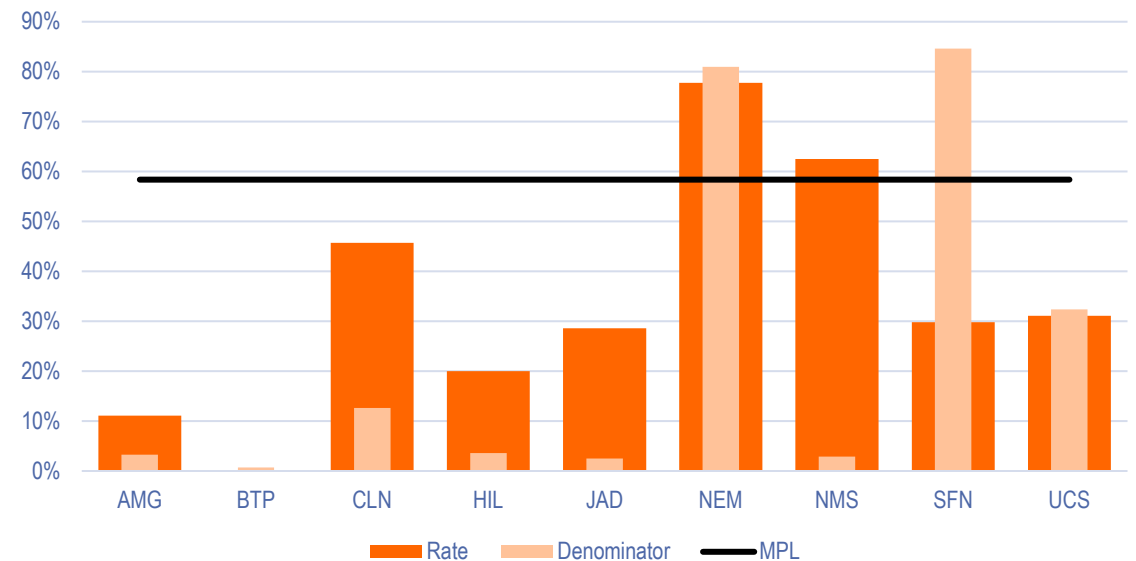


MY 2022		MY 2023		Status	Metric Owner
Rate	MPL	Oct. Rate	MPL		
35.1%	35.6%	42.98%	34.70%	● Not at Risk	Hilary Gillette-Walch

Developmental Screening in the First 3 Years of Life

Accomplishments

- CPT/HCPCS code mapping of visit codes in State files.
- Met with larger providers and reinforced correct coding
- Secured supplemental data
- Partnership with Department of Early Childhood (DEC)





CDEV

Barriers

- Providers not billing for screening
- EHRs not configured to add CPT code for screening
- Delay in getting recall reports to PCPs

60 Day Action Plan

- Continue partnership with DEC for the promotion of the Sparkler Application
- Collect supplemental data from SFHN
- Initiate distribution of the infant wellness map



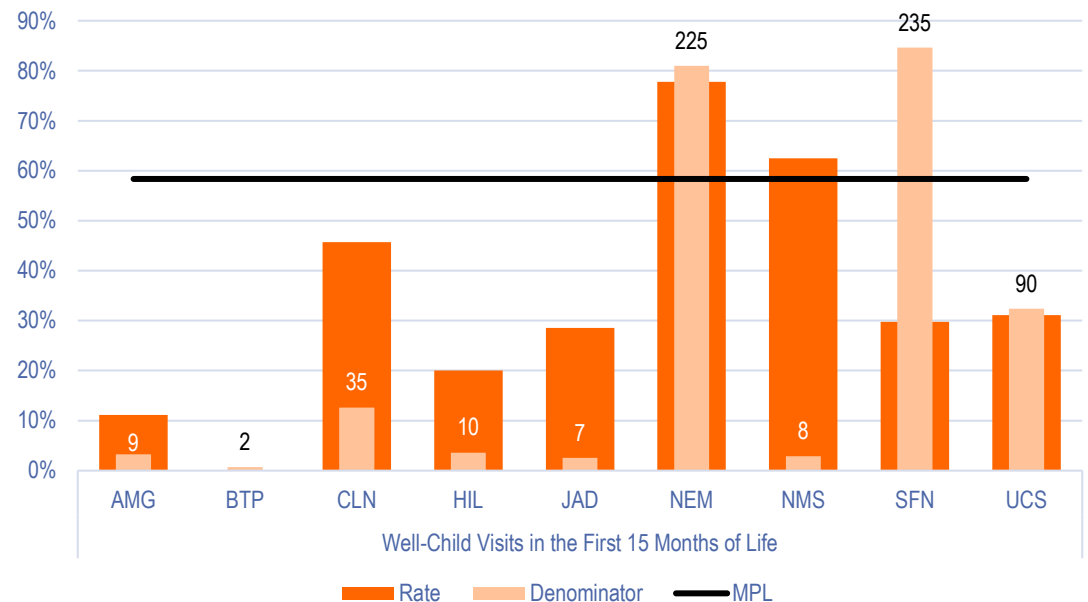


MY 2022		MY 2023		Status	Metric Owner
Rate	MPL	Oct. Rate	MPL		
49.11%	55.72%	47.40%	58.38%	● At Risk	Hilary Gillette-Walch

Well Child Visits in the First 15 Months of Life 6+

Accomplishments

- Identified and fixed some Provider Specialty mapping for Primary Care Practitioner.
- Engaged providers on coding accuracy for well child visits
- Infant Wellness Map
- W30 early Well Child visit logic





W30

Barriers

- Ongoing data gaps: infant covered under mother's ID
- Provider coding practices
- Delays from DM

60 Day Action Plan

- Distribute and train partners on use of the Infant Wellness Map
- Secure file from SFHN on mother-child claims
- Initiate calls to families who just need 1-2 visits



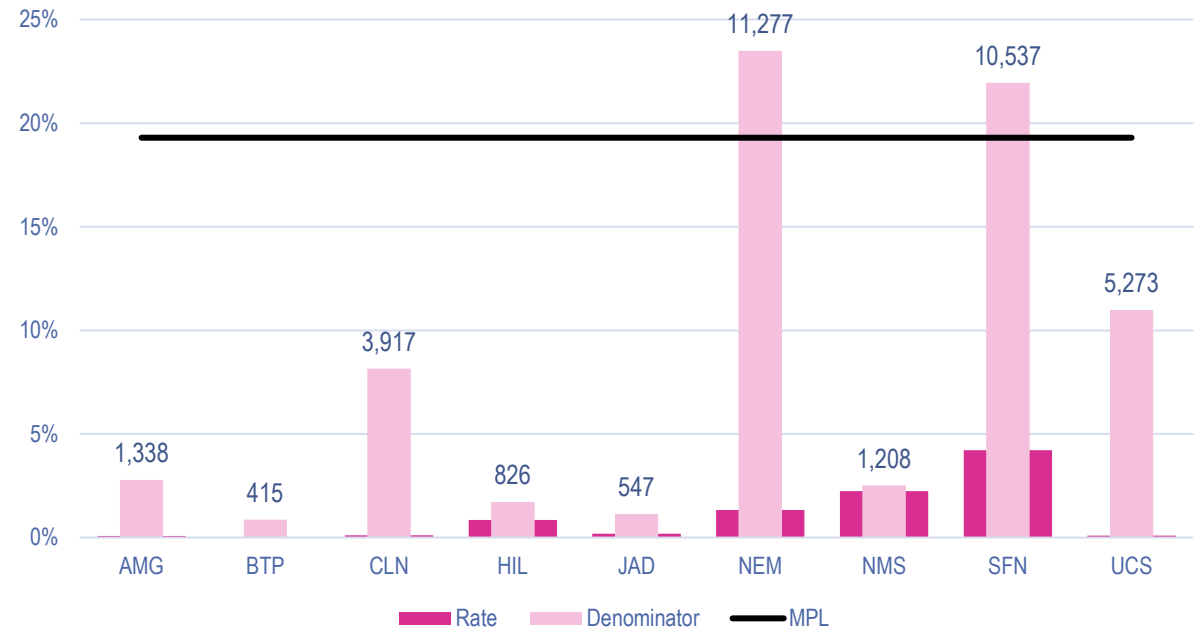


MY 2022		MY 2023		Status	Metric Owner
Rate	MPL	Oct. Rate	MPL		
16.30%	No CMS Median	1.72%	19.3%		
				● At Risk	Hilary Gillette-Walch

Topical Fluoride Application

Accomplishments

- Identified and fixed CPT/HCPCS code mapping in State files
- CHDP staff to train providers on fluoride varnish application
- Advocated for measure alignment with USPSTF/AAP





Barriers

- DHCS TFL specs
- Requires 2 applications/year for compliance
- Data lags

60 Day Action Plan

- Explore the expansion of benefit to cover children 0-20 years
- Continue to offer Fluoride varnish application training in conjunction with CHDP



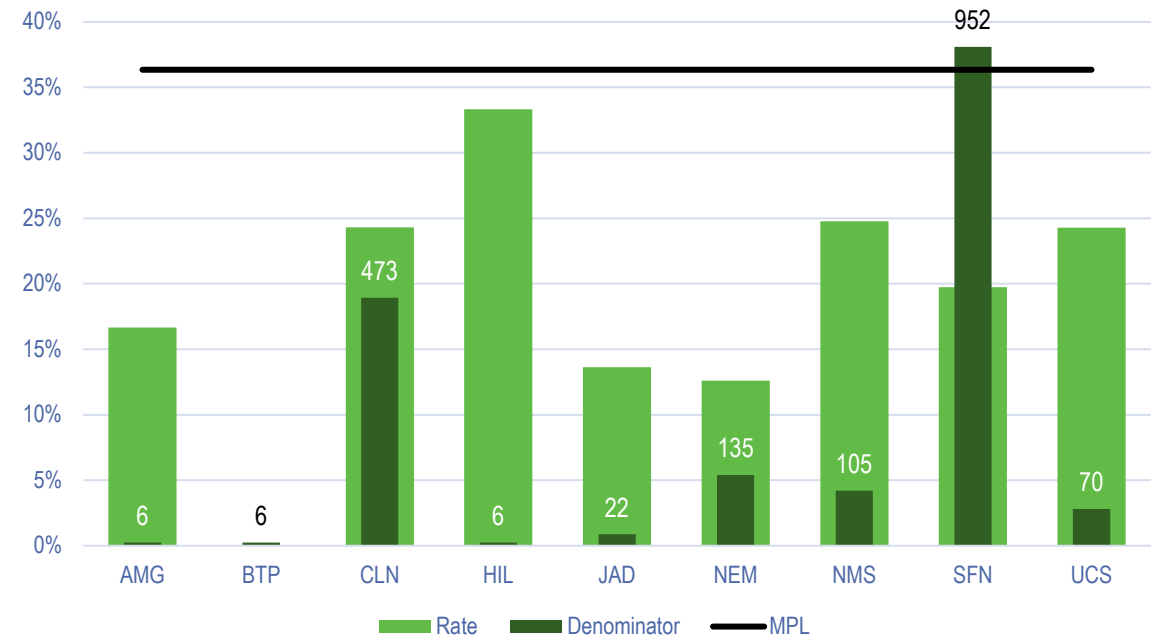


MY 2022		MY 2023		Status	Metric Owner
Rate	MPL	Oct Rate	MPL		
22.3%	21.24%	21.31%	36.34%	● At Risk	David Ries

Follow up After ED Visit for Substance Use Within 30 Days

Accomplishments

- Workflow for CalBridge ED navigators
- Member outreach
- ED visit report to providers
- Coordination with SF BHS
- CPT/HCPCS code mapping of visit codes in State files





FUA

Barriers

- Members are difficult to engage due to SUD, homelessness
- DHCS limits data-sharing, for now
- DHCS increased 2023 MPL

60 Day Action Plan

- Increase member outreach
- Obtain supplemental data from DPH
- Leverage ED Navigators to make timely engagement with members prior to discharge



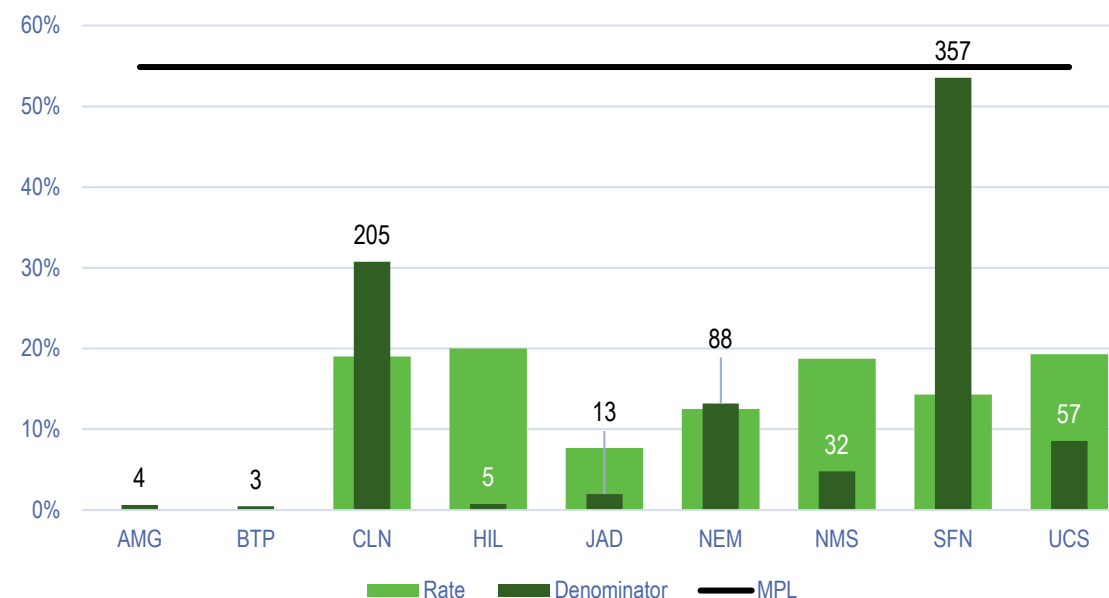


MY 2022		MY 2023		Status	Metric Owner
Rate	MPL	Oct Rate	MPL		
55.3%	64.26%	17.29%	65.61%	At Risk	David Ries

Follow up After ED Visit for Mental Illness Within 30 Days

Accomplishments

- Sharing weekly lists with SF-BHS
- Making follow-up calls from SFHP
- Expand BHS's mobile services via HHIP
- Workflow for CalBridge ED navigators





FUM

Barriers

- Members are difficult to engage due to SMI, homelessness
- May not be appropriate for primary care follow-up
- Some follow-ups not billed to Medi-Cal (MHSA)

60 Day Action Plan

- Increase member outreach
- Seek supplemental data from DPH
- Leverage ED Navigators for screening and referrals to Specialty or Non-specialty Mental Health

