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Quality Improvement Committee Minutes

Date:	February 14, 2019
Meeting Place:	San Francisco Health Plan, 50 Beale Street, San Francisco, CA 94105
Meeting Time:	7:30AM - 9:00AM

Members Present:	Edwin Batongbacal, Ellen Chen, MD; Irene Conway; Jeffrey Critchfield, MD; Lukejohn Day, MD; Edward Evans, Jaime Ruiz, MD; Kenneth Tai, MD; Ana Valdes, MD; Joseph Woo, MD; James Glauber, MD, MPH (Chief Medical Officer, SFHP)
Staff Present:	Julie Wong, Health Services Specialist; Lisa Ghotbi, Pharm D, Director of Pharmacy; Adam Sharma, Director, Health Outcomes Improvement; Amy Petersen, Manager, Access and Care Experience; Odalis Leon, Manager, Delegation Oversight and Credentialing; Mia Schwartz, Delegate Oversight Coordinator; Sylvia Ng, Oversight Audits Specialist; Sona Suwannarat, Delegation Oversight Specialist

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 was called to order at 7:30AM with a quorum.	• No follow up needed.	• n/a
Follow Up Items	Dr. Glauber gave regulatory update, as SFHP recently received preliminary findings from the DMHC's audit from August 2018: • 5 preliminary findings, 4 minor and already corrected. • SFHP disputing the 5th finding. We disagree with the audit team's position that SFHP should override members' desire not to submit grievances, and are hopeful that the preliminary finding will be eliminated. QIC Member raised a question regarding the availability of physicians' ethnicity and gender for members via the Provider Directory. Dr. Glauber will follow-up to see if it can be found and available to members.		• n/a

Consent Calendar	• Review of Minutes – December 13, 2018
	• UM Committee Minutes
	    o November 2018
	    o December 2018
	• Q4 2018 UM Medical and Pharmacy Appeals Activity
	• Q4 2018 PQI Report
	• Q3 2018 Emergency Room Visit/Prescription Access Report
			Approved:
			o Review of Minutes – December 13, 2018
			o UM Committee Minutes
			    o November 2018
			    o December 2018
			Approved:
			    o Q4 2018 UM Medical and Pharmacy Appeals Activity
			    o Q4 2018 PQI Report
			    o Q3 2018 Emergency Room Visit/Prescription Access Report

Quality Improvement	<u>Q4 2018 Grievance Report</u>
	Amy Petersen presented the Q4 2018 Grievance Report.
	• A total of 76 grievances were received in the fourth quarter of 2018
	• Overall grievance volume increased by 2.6% from 74 total grievances in Q3 2018.
	• All grievances in Q4 2018 were closed within the required timeframe of 30 calendar days, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).
	• Two out of 76 acknowledgement letters were not sent out within five calendar days, as mandated by the Department of Managed Health Care (DMHC) and Department of Health Care Services (DHCS).
	• The percentage of grievances that met the 30 calendar day requirement in Q1-Q3 was lower than Q4 where the percentage was 100%. However, all of the grievances in Q1-Q3 that were not resolved in 30 days had an approved 14 calendar day extension except for one grievance in Q1.
			Approved:
			    o Q4 Grievance Report
			    o Initial Health Assessment (IHA) Rates and Activities
			    o Delegate Oversight Annual Audits

- Though the grievance rate gradually decreased between Q2 2017 through Q2 2018, SFHP has since seen a gradual increase. In comparison, SFHP's rate starting in Q2 2017 has continued to be lower than the DHCS statewide Medi-Cal grievance rate.
- Grievances filed by members who are Seniors and Person with Disabilities (SPD):

SFHP continues to monitor grievances filed by SPD members.

  - In Q4 2018, 20 grievances were filed by SPD members. The number of grievances filed by SPDs decreased by 33.3% compared to Q2 2018.
    - The types of grievances varied by quarter. Grievances involving quality of service, quality of care, and appeals of denied services continue to be the most common grievance category for SPD members. This is similar for grievances filed by no-SPD members. However, in Q4 there were more access related grievances than appeals.
- In comparison, SFHP's rate remains lower than DHCS' overall statewide Medi-Cal SPD rate.
  - Source of the grievances:
    - In Q4 2018, no grievance trends grievances were identified as associated with a member's PCP, the clinic staff, specialist etc. However, the source of most grievances received in Q4 involved care or services provided by the member's clinic (i.e. grievance source is "clinic").

Access to Care Grievances:
  - In Q4 2018, no access trends were identified.

	The highest rate of access grievances was in Q3 2018 followed by a decrease in Q4. In Q3 2018, a trend involving access issues was identified at UCSF. SFHP is engaging University of California, San Francisco (UCSF) leadership to determine next steps. • Beacon Health Options is SFHP's non-specialty mental health provider. Beacon is partially delegated for grievances. No grievance trends identified in Q4 2018. • Kaiser is fully delegated for grievances. In Q4 2018, a large increase in access grievances from previous quarters was noted. This will be discussed at subsequent Joint Administrative Meetings with Kaiser Medi-Cal leadership. o Quality of Service – 12 o Benefits – 0 o Quality of Care – 0 o Access – 15 o Denials/Appeals - 5 Initial Health Assessment (IHA) Rates and Activities 2018 Amy Petersen presented Initial Health Assessment (IHA) Rates and Activities 2018. The Department of Health Care Services (DHCS) requires all Medi-Cal members receive an Initial Health Assessment (IHA) within 120 days of plan enrollment, with limited exceptions. The IHA is a comprehensive assessment that supports care teams to assess and manage the acute, chronic and preventive health needs of members. The IHA includes a complete physical and mental health exam and a comprehensive medical history including a complete social history, an Individual Health Education Behavioral Assessment (IHEBA), and the provision of appropriate preventative services. Completion rates are calculated based on number of newly-enrolled Medi-Cal members who received an IHA divided by		

newly-enrolled Medi-Cal members eligible for an IHA. For reporting purposes, an IHA is deemed "complete" based on specific Evaluation & Management (E&M) codes from SFHP's provider claims and encounter data. IHA completion rate by medical group was shared with the QIC.

2018 QI Activities
From January through August of calendar year 2018, SFHP sent a list of new members to each SFHP provider office. The list included a cover letter encouraging the provider to contact new patients to conduct an IHA. In April and June, provider offices received IHA Rate Reports, informing each office of its completion rate. From August through October of 2018, SFHP developed a new IHA process in response to provider feedback and identified improvements to better align IHA-related staff resources. Members lists are now sent electronically (via email) by SFHP's Provider Relations team to medical group leadership. SFHP did not make changes to the member list or rate report specifications. SFHP did not make changes to new member outreach materials (e.g. New Member Welcome mailing).

The SFHP IHA completion rate has improved from 20% in 2014 to 28% in 2018.

Delegate Oversight Annual Audits
Odalis Leon presented the Delegate Oversight Annual Audits. Itis a requirement of the Department of Health Care Services (DHCS) and the National Committee for Quality Assurance (NCQA).
- The following is a summary of audit results:
  - Beacon Health Options
    - Routine limited scope audit.
    - SFHP conducted a review of the Utilization Management (UM) and Credentialing Programs, policies for New Provider Training, and Network Management.

- Summary of Findings: SFHP identified 23 findings, 13 of which were corrected prior to this report. Findings that remained open as of the closing of the audit will be followed up on prior to the next annual audit.
  - Credentialing (1)
  - New Provider Training (5)
  - Claims and Provider Dispute Resolution (PDRs) (8)
  - Network Management (9)
- Kaiser Foundation Health Plan
  - Routine limited scope audit.
  - SFHP conducted a review of the UM and Credentialing Programs, policies for Care Management (CM), New Provider Training, Network Management, Pharmacy Services.
  - Summary of Findings: SFHP identified 18 findings; all of which are pending a response. Kaiser's response to the request for corrective action is due 02/06/2019.
    - Utilization Management (3)
    - New Provider Training (3)
    - Claims and PDRs (3)
    - Case Management and Coordination of Care (2)
    - Appeals and Grievances (3)
    - Network Management (1)
    - Pharmacy (3)
- Brown and Toland Physicians (BTP)
  - Routine limited scope audit.
  - SFHP conducted a review of the UM and Credentialing Programs, and policies for CM and New Provider Training.
  - Summary of Findings: SFHP identified 12 findings, 5 of which were corrected prior to

	this report. Findings that remain open as of the closing of the audit will be followed up prior to the next annual audit.
	   ■ Utilization Management (4)
	   ■ New Provider Training (1)
	   ■ Claims and PDRs (4)
	   ■ Case Management and Coordination of Care (3)
	 ○ Chinese Community Health Care Association (CCHCA)
	  • Non-Routine full scope audit of UM, and Routine limited scope audit of Credentialing, Claims, and PDRs.
	  • Summary of UM Findings: SFHP identified six (6) major findings, one (1) of which was corrected prior to this report.
	  • Summary of CM Findings: SFHP identified one (1) major finding.
	  • Summary of Claims and PDR Findings: SFHP identified eleven (11) findings, all of which are in the process of being corrected.
	  • Additional Oversight Activities:
	   ■ Starting 11/18/19, SFHP's Medical Director or CMO conduct weekly retroactive review of all denials and provide feedback to CCHCA and Excel Managed Services Organization (MSO). CCHCA must correct any findings within one week following SFHP's review, including a reversal of a denial, if needed.
	   ■ In January 2019, SFHP conducted an on-site audit at Excel, CCHCA's Managed Services Organization (MSO) of UM files (denials and		

| | | approvals); claims files (paid and denied), and PDR files. As of the date of this report, this audit was still in progress. | | |
| | | | | |

- Next Steps: SFHP continues to work with CCHCA in the resolution of these findings.
- o Chinese Hospital
    - Routine limited scope audit of claims.
    - Summary of Findings: SFHP identified 3, 2 of which were corrected prior to this report. Findings that remained open as of the closing of the audit will be followed up prior to the next annual audit.
- o Hill Physicians Medical Group
    - Routine full scope audit.
    - SFHP conducted a review of the UM and Credentialing Programs, and policies for CM, New Provider Training, Cultural and Linguistic Services, and Compliance.
    - Summary of Findings: SFHP identified 15 findings, 6 of which were corrected prior to this report. Findings that remained open as of the closing of the audit will be followed up prior to the next annual audit. The following findings have been corrected unless otherwise noted.
        - Utilization Management (5)
        - Credentialing (3)
        - New Provider Training (1)
        - Claims and PDRs (1)
        - Cultural and Linguistic Services (1)
        - Case Management and

Coordination of Care (1)
- Compliance (3)
- North East Medical Services (NEMS)
  - Routine limited scope audit.
  - SFHP conducted a review of the UM and Credentialing Programs, and policies for CM and New Provider Training.
  - Summary of Findings: SFHP identified 11 findings, all of which were corrected prior to this report.
    - Utilization Management (3)
    - Credentialing (2)
    - New Provider Training (2)
    - Claims and PDRs (2)
    - Case Management and Coordination of Care (2)
- San Francisco Health Network (SFHN)
  - Routine limited scope audit.
  - SFHP conducted a review of the UM and Credentialing Programs, and policies for Cultural and Linguistic Services. Findings that remained open as of the closing of the audit will be followed up prior to the next annual audit.
  - Summary of Findings: SFHP identified 7 findings, all of which are pending corrective action.
    - Credentialing (4)
    - New Provider Training (1)
    - Cultural and Linguistic Services (2)
- Teladoc
  - Routine full scope audit of delegated functions.

	- SFHP conducted a review of the Credentialing Program and policies for Cultural and Linguistic Services. Findings that remained open as of the closing of the audit will be followed up prior to the next annual audit. - Summary of Findings: SFHP identified 12 findings, all of which are pending correction by Teladoc. - Credentialing (4) - New Provider Training (2) - Cultural and Linguistic Services (6) - University of California, San Francisco (UCSF) - Routine full scope audit. - SFHP conducted a review of the Credentialing Program and policies for Cultural and Linguistic Services. Findings that remained open as of the closing of the audit will be followed up prior to the next annual audit. - Summary of Findings: SFHP identified 6 findings, 1 of which was corrected prior to this report. Findings that remained open as of the closing of the audit will be followed up prior to the next annual audit. The following findings have been corrected : - Credentialing (5) - Cultural and Linguistic Services (1)		

QI Committee Chair's Signature & Date _____3/28/19_____

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